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Health Canada

2015–16

Report on Plans and Priorities

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

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Minister's Message

As Minister of Health, I am pleased to present Health Canada's 2015-16 Report on Plans and Priorities. Canadians are among the healthiest people in the world, living longer and enjoying more quality years in good health than ever before. The priorities outlined in this report will help ensure the Government can continue to help Canadians maintain and improve their health.



Health Canada is committed to protecting the health and well-being of all Canadians. By supporting healthcare innovation, we can achieve a more responsive, efficient and financially sustainable health system for generations to come. The recommendations of the Advisory Panel on Healthcare Innovation will help us move forward with this important priority. We will also continue working with the public health community, stakeholders, provinces and territories to make better use of existing resources to improve services and outcomes for Canadians.

We will also **accelerate our commitment to openness and transparency**. Health Canada will roll out new initiatives under the world-leading *Regulatory Transparency and Openness Framework and Action Plan*. As a result, Canadians will have access to more health and safety information than ever before about the products they use every day for themselves and their families.

At the same time, we will continue to modernize health protection legislation, regulations and delivery. With the recent passage of the [*Protecting Canadians from Unsafe Drugs Act*ⁱⁱ](#), or Vanessa's Law, Health Canada will have the authority to remove unsafe drugs from store shelves and enforce tougher criminal sentences for selling unsafe products, and impose higher fines. The Government is also committed to working on a number of other initiatives including improving the way nutrition information is presented on packaged foods and combatting prescription drug abuse.

Health Canada will also continue its efforts towards **improving service delivery models in First Nations communities**, to support modern, sustainable, high quality healthcare, by advancing alignment and coordination of primary healthcare programs and services with provinces and territories. We will also work with other government departments and First Nations and Inuit partners to invest in culturally-appropriate community-based programs focused on community health, disease prevention, mental wellness, addiction prevention and treatment services.

As we look to the year ahead, I am confident that by achieving the objectives we have set out in this plan, we will continue to improve the health and safety of all Canadians.

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

Section I: Organizational Expenditure Overview

Organizational Profile

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

Institutional Head: Simon Kennedy

Ministerial Portfolio: Health

Enabling Instrument(s): [*Canada Health Act*](#)ⁱⁱⁱ, [*Canada Consumer Product Safety Act*](#)^{iv}, [*Controlled Drugs and Substances Act*](#)^v, [*Food and Drugs Act*](#)^{vi}, [*Tobacco Act*](#)^{vii}, [*Hazardous Products Act*](#)^{viii}, [*Hazardous Materials Information Review Act*](#)^{ix}, [*Department of Health Act*](#)^x, [*Radiation Emitting Devices Act*](#)^{xi}, [*Pest Control Products Act*](#)^{xii}.

[List of Acts and Regulations](#)^{xiii}

Year of Incorporation / Commencement: 1913

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

Organizational Context

Raison d'être

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

The Minister of Health is responsible for this organization.

Responsibilities

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

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

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

Strategic Outcome(s) and Program Alignment Architecture

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

- [illegible]

Organizational Priorities

Organizational Priorities

Priority	Type ¹	Strategic Outcome(s) [and/or] Program(s)
Priority I – Support health system innovation	Ongoing	1.1 1.3
Description		
<p>Why is this a priority?</p> <p>The health care system is vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial and territorial jurisdiction, the federal government has an ongoing role in providing financial support through fiscal transfers to the provinces and territories, maintaining the core principles of the Canada Health Act, and supporting health care innovation and collaboration across the country. Health Canada can contribute to improving the quality and sustainability of health care as the system continues to evolve in a context of technological and social changes, demographic shifts and fiscal pressures.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Work with provinces, territories and other health care partners on health system renewal, innovation and sustainability, building on the recommendations of the Minister's Advisory Panel on Healthcare Innovation. • Address priority health issues through collaboration with stakeholders and key pan-Canadian organizations, and the management of contribution programs and grants. 		

1. Type is defined as follows: previously committed to—committed to in the first or second fiscal year prior to the subject year of the report; ongoing—committed to at least three fiscal years prior to the subject year of the report; and new—newly committed to in the reporting year of the Report on Plans and Priorities or Departmental Performance Report.

Priority	Type	Strategic Outcome(s) [and/or] Program(s)
Priority II – Strengthen openness and transparency as modernization of health protection legislation, regulation and delivery continues	Previously committed to	SO2
Description		
<p>Why is this a priority?</p> <p>Health Canada's operating environment is constantly evolving. For example, ongoing globalization creates international supply chains; the speed of innovation continues to accelerate; and there is increased demand for greater openness and transparency. Credible and timely information is critical for empowering Canadians to make informed health decisions and supports businesses' responsibility for the safety of their products. Therefore, continuing to modernize Health Canada's regulatory frameworks and service delivery models, as well as ongoing efforts to further strengthen our openness and transparency, remains a key priority for the Department. This will enable Health Canada to maintain a sustainable, modern regime that meets the needs of Canadians both now and into future.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Implement Health Canada's Regulatory Transparency and Openness Framework Action Plan by pro-actively releasing regulatory information in useful formats, engaging Canadians and creating opportunities to dialogue with our stakeholders. • Modernize nutritional information on food labels and promote awareness, understanding and use of food labels to support Canadians in making healthy eating decisions. • Implement the Globally Harmonized System of Classification and Labelling of Chemicals, through ongoing stakeholder engagement and the provision of guidance regarding the new Hazardous Products Regulations^{xiv}. • Review, update, and improve Pest Control Product Regulations^{xv}, focusing on those that guide incident reporting and generic pesticides, and those that align its regulatory approaches with major Organization for Economic Co-operation and Development countries. 		

Priority	Type	Strategic Outcome(s) [and/or] Program(s)
Priority III – Strengthen First Nations and Inuit health programming	Ongoing	SO3
Description		
<p>Why is this a priority?</p> <p>First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. Health Canada works with partners on innovative approaches to strengthen access to, and better integration of health services, as well as to encourage greater control of health care delivery by First Nations and Inuit. In addition, Health Canada also continues to work with partners to further the implementation of a Strategic Plan, which provides stronger coherence and direction for Health Canada's activities in this area, and demonstrates how the Department collectively contributes to improving health outcomes for First Nations and Inuit.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Strengthen access, quality and safety across the continuum of health services. • Advance collaborative efforts with First Nations and Inuit, provinces/territories and other federal government departments, the Health Portfolio, and other key partners to ensure quality and effective service delivery. • Improve quality and availability of comprehensive mental health and addictions services. • Support effective delivery of Non-Insured Health Benefits. • Pursue long-term service transformation opportunities. • Improve availability of and access to high quality data to strengthen primary care and public health service delivery models and to better inform decision making, performance measurement and reporting. 		

Priority	Type	Strategic Outcome(s) [and/or] Program(s)
Priority IV – Maintain and foster an engaged, high performing and diverse workforce and workplace	New	Internal Services
Description		
<p>Why is this a priority?</p> <p>Health Canada's greatest strength is an engaged, empowered and well equipped workforce with employees that have the competencies, tools and opportunities to succeed in the pursuit of excellence in program and service delivery.</p> <p>One of the key priorities for the Government of Canada, as referenced in the Clerk's 21st Report to the Prime Minister for Public Service Modernization, is to ensure a highly engaged, healthy, productive and effective workforce. Health Canada is achieving this by cultivating innovation and respect, communication, and recognition, which will lead to improved productivity and excellence in service to Canadians in our ever changing work environment.</p> <p>What are the plans for meeting this priority?</p> <ul style="list-style-type: none"> • Empower staff to focus on higher value analytical and advisory functions, and respond rapidly to changing needs by integrating financial and non-financial planning as the foundation of accessible and accurate decision-ready performance information. • Continue to implement the Performance Management initiative, and a new Canada School of Public Service learning model as part of an overall talent management strategy to support and sustain a culture of high performance. • Continue to implement the Multi-Year Diversity and Employment Equity Plan ensuring a diverse workforce. • Continue to implement Workplace 2.0 including collaborative tools, mobile devices and applications, and Public Works and Government Services Canada workplace standards. 		

Risk Analysis

Health Canada operates in a dynamic environment and faces many challenges and opportunities as it delivers its mandate and contributes towards the achievement of the Government of Canada's priorities and commitments. Effective risk management equips Health Canada to respond proactively to change and uncertainty by defining and understanding its operating environment and the factors that drive risks.

A well-defined governance structure has been established within Health Canada to implement and sustain effective risk-management practices throughout the organization. The governance structure and processes for risk management are set out in detail in the recently updated Departmental Integrated Risk Management Framework.

A key output of the integrated risk management approach at Health Canada is the Corporate Risk Profile (CRP). The CRP, which is aligned with the Report on Plans and Priorities and updated annually, positions Health Canada to be able to communicate the key threats and opportunities that have the potential to affect the achievement of its mandate and the management strategies to address these risks. This year, as part of the process to develop the annual CRP, senior management had several discussions on the key risks facing the Department and risk response strategies.

Through these discussions, it became apparent that Canada's changing demographic profile is impacting the type and scope of programs that Health Canada provides and supports. In addition, the interconnected information society where Canadians have rapid access to a plethora of information from numerous sources of varying scientific quality and accuracy is challenging the Department to find new ways to provide credible health information to Canadians in a timely, open and transparent manner. The speed with which new innovative health products and processes are being developed and brought to the marketplace both nationally and internationally is also challenging our regulatory framework and processes.

The following table outlines Health Canada's key external corporate risks and opportunities. It also includes proposed strategies to manage the risks and how they link to Health Canada's Program Alignment Architecture. Each risk will be monitored to ensure the associated risk response strategies are helping to reduce the risk's impact.

Key Risks

Risk	Risk Response Strategy	Link to Program Alignment Architecture
Risks exist with the ability of legislative and regulatory reform initiatives to keep pace with innovation: <ul style="list-style-type: none"> Accelerated development of innovative, new substances, technologies, products, foods 	<ul style="list-style-type: none"> Engage industry and other stakeholders to help identify future trends. 	SO2

Risk	Risk Response Strategy	Link to Program Alignment Architecture
<p>and emerging product categories.</p> <ul style="list-style-type: none"> Effective engagement of stakeholders to enable them to help inform government decision-making impacting the health and well-being of Canadians. 	<ul style="list-style-type: none"> Design legislative and regulatory frameworks that are flexible and responsive to current and future needs. Continue to provide information and opportunities for engagement in decision-making processes in an open and transparent manner. 	
<p>Risks exist with the ability to meet regulatory performance commitments efficiently:</p> <ul style="list-style-type: none"> Alignment with international regulators. 	<ul style="list-style-type: none"> Use and integrate foreign regulatory information. Align and/or harmonize Health Canada with foreign regulators. Develop partnerships (non-governmental organizations, other governments) to determine priorities and share responsibility for solutions. 	SO2
<p>Risks exist with the ability to deliver high quality and comprehensive health services to First Nations and Inuit, specifically:</p> <ul style="list-style-type: none"> Gaps and barriers in health services along the continuum of care. Sustainability and growth of health services. 	<ul style="list-style-type: none"> Implement strategies to recruit, train and retain health workers to deliver health services in First Nations communities. Standardize the level of quality in health planning, management and delivery of health services by initiating the accreditation of nursing stations, continuing the accreditation of community health services, and implementing mandatory training for nurses. Expand telehealth sites and support existing health centres with electronic medical records sites. Implement a five-year Primary Care Reform Implementation of the National Nursing Contract. Work with expert advisors, 	SO3

Risk	Risk Response Strategy	Link to Program Alignment Architecture
<ul style="list-style-type: none"> • Availability of and access to sufficient information to inform program design and adjustments, effective monitoring, reporting and accountability. 	<p>stakeholders and other key players to identify further improvements to the Non-Insured Health Benefits program.</p> <ul style="list-style-type: none"> • Advance a surveillance and information framework that is aligned with First Nations/Inuit/provincial/territorial surveillance strategies and relevant at the community and regional levels. 	
<p>Risks exist with First Nations and Inuit Health Systems Innovation (Regional transformation and linkages to local health delivery systems), specifically:</p> <ul style="list-style-type: none"> • Numerous jurisdictions involved in First Nations and Inuit health. • Complexity of health systems. • Alignment between Health Canada and local health needs. 	<ul style="list-style-type: none"> • Improve service delivery models in remote and isolated First Nations communities to support modern, sustainable, high quality health care for First Nations communities. • Promote integrated planning programs and projects aimed at better meeting the needs of First Nations and Inuit. • Advance alignment and coordination of primary care programs and services with provinces/territories, and other partners for the benefit of First Nations and Inuit. • Support regional trilateral tables in their pursuit of First Nations management and/or control of health programs and services. 	SO3
<p>Risks exist with our ability to communicate with Canadians in an increasingly complex environment to maintain our reputation and remain a trusted source of health information:</p> <ul style="list-style-type: none"> • Facilitate the open and transparent, two-way exchange of information with Canadians. • Communicate relevant health information to Canadians in a 	<ul style="list-style-type: none"> • Develop guidelines for public engagement at Health Canada and the Public Health Agency of Canada (PHAC). • Promote the use of the corporate consultations and 	SO1, SO2, SO3, IS

Risk	Risk Response Strategy	Link to Program Alignment Architecture
<p>timely manner, which accounts for a 24/7 news cycle and evolving social media.</p> <ul style="list-style-type: none"> Communicate health information to Canadians in innovative ways. 	<p>stakeholder information management system.</p> <ul style="list-style-type: none"> Continue to lead the Health theme under the Government of Canada's Web Renewal Action Plan. Implement social media framework and strategy for Health Canada and the PHAC, including guidelines and tools. Expand the use of consumer and corporate social media channels. Develop social marketing campaigns and partnerships to support the promotion of health and safety. Need to innovate to meet the needs of Canadians in a rapidly changing communications environment. 	

Next Steps

Health Canada will complete the development of its 2015-16 CRP and continue to promote the application of risk management in relevant areas and activities. The objective is to be comprehensive, systematic, proactive and adaptive in response to strategic and operational uncertainties through effective risk management of departmental priorities and program commitments.

Planned Expenditures

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
3,658,770,349	3,658,770,349	3,487,074,387	3,455,350,238

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
9,072	8,451	8,456

Budgetary Planning Summary for Strategic Outcomes and Programs (dollars)

Strategic Outcome(s), Program(s) and Internal Services	2012–13 Expenditures	2013–14 Expenditures	2014–15 Forecast Spending	2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
Strategic Outcome 1: A health system responsive to the needs of Canadians							
1.1 Canadian Health System Policy	405,697,982	353,877,280	256,705,671	260,390,118	260,390,118	279,235,095	200,467,447
1.2 Specialized Health Services	19,926,803	16,475,781	18,740,043	19,133,053	19,133,053	18,594,271	18,594,271
1.3 Official Language Minority Community Development	39,011,188	25,830,789	37,527,825	37,528,856	37,528,856	38,090,836	35,336,436
Subtotal	464,635,973	396,183,850	312,973,539	317,052,027	317,052,027	335,920,202	254,398,154
Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians							
2.1 Health Products	164,654,898	179,564,797	152,211,619	148,110,784	148,110,784	144,368,697	144,424,788
2.2 Food Safety and Nutrition	69,655,161	71,238,491	62,241,747	67,838,730	67,838,730	63,411,776	63,406,776
2.3 Environmental Risks to Health	103,655,546	101,141,190	106,402,739	100,282,109	100,282,109	32,895,947	32,812,947
2.4 Consumer Product and Workplace Chemical Safety	28,148,044	35,535,627	37,761,574	37,689,337	37,689,337	32,920,119	32,651,768
2.5 Substance Use and Abuse	115,533,278	88,591,578	88,272,395	86,731,215	86,731,215	87,710,622	87,173,821
2.6 Radiation Protection	15,303,974	21,420,658	21,133,764	20,282,587	20,282,587	13,097,382	12,829,033
2.7 Pesticides	42,148,137	46,299,835	40,694,301	40,190,336	40,190,336	35,248,559	34,980,210
Subtotal	539,099,038	543,792,176	508,718,139	501,125,098	501,125,098	409,653,102	408,279,343
Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status							
3.1 First Nations and Inuit Primary Health Care	945,580,413	927,125,272	859,272,384	809,838,696	809,838,696	746,688,679	765,425,944
3.2 Supplementary Health Benefits for First Nations and Inuit	1,140,213,493	1,071,034,484	1,133,145,081	1,128,474,836	1,128,474,836	1,077,480,363	1,078,433,629
3.3 Health Infrastructure	356,715,000	525,066,806	620,843,440	635,463,846	635,463,846	664,358,695	695,911,497

Strategic Outcome(s), Program(s) and Internal Services	2012-13 Expenditures	2013-14 Expenditures	2014-15 Forecast Spending	2015-16 Main Estimates	2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
Support for First Nations and Inuit							
Subtotal	2,442,508,906	2,523,226,562	2,613,260,905	2,573,777,378	2,573,777,378	2,488,527,737	2,539,771,070
Internal Services Subtotal	374,914,169	364,976,909	336,639,043	266,815,846	266,815,846	252,973,346	252,901,671
Total	3,821,158,086	3,828,179,497	3,771,591,626	3,658,770,349	3,658,770,349	3,487,074,387	3,455,350,238

Note: For the 2012-13 to 2014-15 periods, total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board votes. For the 2015-16 to 2017-18 periods, total spending corresponds to planned spending where funding through Supplementary Estimates and carry forward adjustments are not reflected and hence totals for these years are lower.

The 2013-14 expenditures are greater than future years' planned spending primarily due to savings achieved through simplifying and streamlining operations and the expiration of certain time-limited spending authorities for which renewals may be sought. However, Strategic Outcome 3 does show an increase in 2014-15 over 2013-14 due to the inclusion of funding for the stabilization of First Nations Inuit health programming and the British Columbia Tripartite Framework agreement.

The increase in planned spending in 2016-17 under Strategic Outcome 1 is mainly due to the reprofiling of the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund to advance knowledge for the treatment of brain disorders.

The decrease in planned spending in 2016-17 under Strategic Outcome 2 is mainly due to the sunset of time-limited spending authorities relating to the following initiatives: Chemicals Management Plan, Clean Air Regulatory Agenda, Adaptation to Climate Change under Canada's Clean Air Agenda, and Funding relating to the assessment, management, and remediation of federal contaminated sites.

The decrease in planned spending in 2016-17 under Strategic Outcome 3 is mainly due to the sunset of time-limited spending authorities relating to the Indian Residential Schools Resolution Health Support Program and First Nations Water and Wastewater Action Plan.

The decrease in planned spending in 2016-17 under Internal Services is mainly due to the sunset of time-limited spending authorities indicated under Strategic Outcomes 2 and 3.

The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Alignment of Spending With the Whole-of-Government Framework

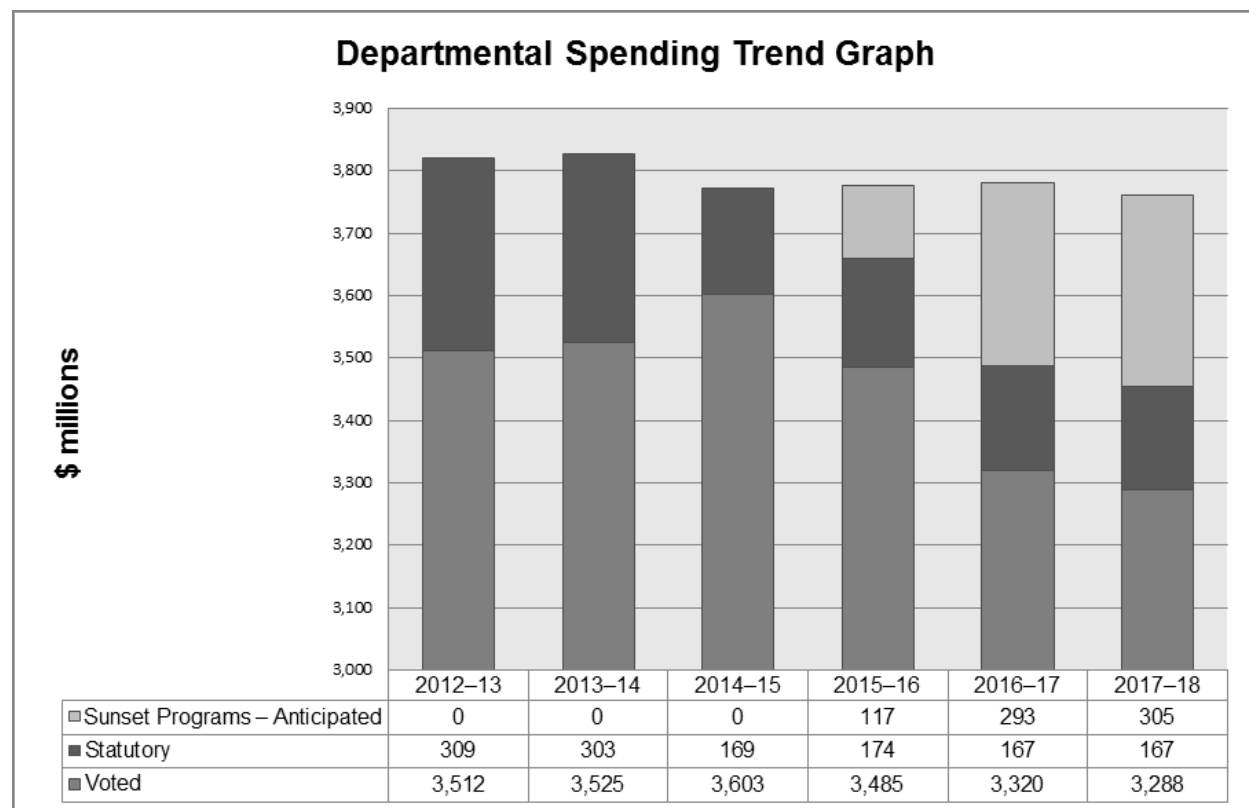
Alignment of 2015–16 Planned Spending With the [Whole-of-Government Framework](#)^{xvi} (dollars)

Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2015–16 Planned Spending
SO1: A health system responsive to the needs of Canadians	1.1 Canadian Health System Policy	Social Affairs	Healthy Canadians	260,390,118
	1.2 Specialized Health Services	Social Affairs	Healthy Canadians	19,133,053
	1.3 Official Language Minority Community Development	Social Affairs	Healthy Canadians	37,528,856
SO2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians	2.1 Health Products	Social Affairs	Healthy Canadians	148,110,784
	2.2 Food Safety and Nutrition	Social Affairs	Healthy Canadians	67,838,730
	2.3 Environmental Risks to Health	Social Affairs	Healthy Canadians	100,282,109
	2.4 Consumer Product and Workplace Chemical Safety	Social Affairs	Healthy Canadians	37,689,337
	2.5 Substance Use and Abuse	Social Affairs	Healthy Canadians	86,731,215
	2.6 Radiation Protection	Social Affairs	Healthy Canadians	20,282,587
	2.7 Pesticides	Social Affairs	Healthy Canadians	40,190,336
SO3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	3.1 First Nations and Inuit Primary Health Care	Social Affairs	Healthy Canadians	809,838,696
	3.2 Supplementary Health Benefits for First Nations and Inuit	Social Affairs	Healthy Canadians	1,128,474,836
	3.3 Health Infrastructure Support for First Nations and Inuit	Social Affairs	Healthy Canadians	635,463,846

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic affairs	
Social affairs	3,658,770,349
International affairs	
Government affairs	

Departmental Spending Trend



The changes in planned spending are associated primarily with the renewal of certain sunset programs that are under further review and consideration by the government. These are partially offset by continued savings identified as part of the Economic Action Plan 2012, which include:

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

Estimates by Vote

For information on Health Canada's organizational appropriations, consult the [2015–16 Main Estimates on the Treasury Board of Canada Secretariat website](#).^{xvii}

Section II: Analysis of Programs by Strategic Outcome

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

Program 1.1: *Canadian Health System Policy*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
260,390,118	260,390,118	279,235,095	200,467,447

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
238	238	238

Note: The increase in planned spending in 2016-17 is mainly due to the reprofiling of the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund to advance knowledge for the treatment of brain disorders.

The decrease in the planned spending in 2017-18 is mainly due to the sunset of current funding for the: Multi-Year Contribution Agreement to establish the Canada Brain Research Fund, and Territorial Health Investment Fund. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Acts as a catalyst to address current and emerging health issues and priorities.	# of actions taken (e.g. Grant and Contribution signed) to respond to current and emergent issues.	6	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority I, described in the section [Organizational Priorities](#). As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Based on the recommendations of the Minister's Advisory Panel on Healthcare Innovation, expected in May 2015, work with stakeholders, including provincial and territorial governments, non-government organizations, pan-Canadian health partners, and Canadians to strengthen the contribution of Health Canada's policies and programs in support of and the sustainability of the health system.
- Work with Canada Health Infoway in collaboration with provinces and territories and other stakeholders to advance innovation in the health system through electronic health technologies.
- Continue to modernize processes for the management of grants and contributions, including completing an automated performance measurement pilot, strengthening knowledge translation and financial oversight, and enhancing the new Grants and Contributions Information Management System.
- Conduct research, analysis and policy work on healthcare system issues such as health expenditures and funding, palliative and end-of-life care, aging and disease patterns, mental health, and health technology with a focus on equity, sustainability, and affordability in the Canadian healthcare system.
- Monitor and analyze emerging trends and drivers in health technologies policy both in Canada and internationally and brief on the potential impact on health technology management and approaches to advance this area in Canada.

Sub-Program 1.1.1: *Health System Priorities*

Description

Through the Health System Priorities program, Health Canada works closely with provincial and territorial governments, domestic and international organizations, health care providers, and other stakeholders to develop and implement innovative approaches, improve accountability, and responses to meet the health priorities and health services needs of Canadians. Key activities

include increasing the supply of health professionals, timely access to quality health care services, and accelerating the development and implementation of electronic health technologies.

This program uses funding from the following transfer payments: Brain Canada Foundation, Canadian Agency for Drugs and Technologies in Health, Canadian Institute for Health Information (CIHI), Canadian Partnership Against Cancer, Canadian Patient Safety Institute, Health Care Policy Contribution Program, Mental Health Commission of Canada, Mood Disorders Society of Canada, Canada Health Infoway, McMaster University's Teams Advancing Patient Experience: Strengthening Quality, Pallium Foundation of Canada, and Canadian Foundation for Health Care Improvement.

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

Budgetary Financial Resources (dollars)

2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
258,498,798	277,345,519	198,577,871

Human Resources (FTEs)

2015-16	2016-17	2017-18
219	219	219

Note: The increase in planned spending in 2016-17 is mainly due to the reprofiling of the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund to advance knowledge for the treatment of brain disorders.

The decrease in the planned spending in 2017-18 is mainly due to the sunset of current funding for the: Multi-Year Contribution Agreement to establish the Canada Brain Research Fund, and Territorial Health Investment Fund. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Improved and maintained strategic partnerships with key national provinces/territories regional partners (e.g., through funding such as Grants & Contributions) to advance health system priorities.	# and type of new/maintained and/or improved collaborative working arrangements and/or agreements between Government of Canada, provinces/territories, and stakeholders to advance health system renewal.	10	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority I, described in the section [Organizational Priorities](#). As part of this program, Health Canada will continue to support initiatives contributing to health system improvements. For 2015-16, this will include:

- Support to build capacity in palliative care by developing training resources for front-line healthcare providers via a contribution of \$ 3 million over four years to the Pallium Foundation of Canada.
- Support for innovative brain research through the Canada Brain Research Fund, whereby resources raised by the Brain Canada Foundation will be matched by Health Canada, up to \$20 million.
- Continue annual support of \$14 million for the Mental Health Commission of Canada and its priorities of fostering change in the mental health system, reducing the stigma associated with mental illness, combatting suicide, supporting mental health education and awareness, and promoting Changing Directions, Changing Lives – Canada's national mental health strategy.
- Provide \$47.5 million in funding to the Canadian Partnership Against Cancer Corporation to continue its work on key health issues on cancer control such as high-quality cancer screening, population health research, Canadians living in rural and remote areas, and First Nations, Inuit and Métis people Action Plan on Cancer Control.
- Strategic management of the Canadian Agency for Drugs and Technologies in Health contribution agreement with funding of \$16.1 million, support for the expanded mandate of the Common Drug Review program and the renewed focus on Health Technology.
- Support for the Canadian Institute for Health Information with a contribution of \$ 77.7 million.
- Support health system innovation, access to health human resources, and the integration of internationally educated health professionals by providing up to \$25.7 million in funding to advance the objectives of the Health Care Policy Contribution Program, whereby Health Canada will work to enhance collaborative working relationships with government and non-government stakeholders through the implementation of contribution agreements, and through a variety of stakeholder engagement activities.
- Support to the Canadian Patient Safety Institute's efforts to improve the safety of healthcare, for which the Department is committing \$7.6 million, including support to develop an Integrated Patient Safety Action Plan.
- Work with the Canadian Foundation for Healthcare Improvement in support of its mandate to accelerate healthcare improvement and transformation as it draws \$11 million down from its endowment funding.

Sub-Program 1.1.2: *Canada Health Act Administration*

Description

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
1,891,320	1,889,576	1,889,576

Human Resources (FTEs)

2015–16	2016–17	2017–18
19	19	19

Note: The decrease in planned spending in 2016-17 is due to incremental funding transferred to the Canada School of Public Service to support enterprise-wide approach learning.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Provincial and territorial compliance with the requirements of the Canada Health Act .	% of Canada Health Act compliance issues concluded.	100	March 31, 2016

Planning Highlights

Health Canada will continue to monitor provincial and territorial health care insurance plans and work with provinces and territories to address possible compliance issues. Health Canada will also pursue, in collaboration with provincial and territorial health departments, activities to encourage better reporting and compliance with the principles of the [Canada Health Act](#).

Program 1.2: Specialized Health Services

Description

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

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

Health Canada delivers occupational health and occupational hygiene consultative services to ensure that public servants meet medical requirements to safely and effectively perform their duties and to prevent work-related illness and injury. Health Canada pro-actively contributes to reducing the number of work days lost to illness across the federal government through the provision of the occupational and psycho social health services to federal public servants.

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

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

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
19,133,053	19,133,053	18,594,271	18,594,271

Human Resources (Full-Time Equivalents [FTEs])

2015-16	2016-17	2017-18
266	260	260

Note: The decrease in planned spending and FTEs in 2016-17 is due to the sunset of time-limited spending authorities relating to the Government of Canada's Provision of Essential Federal Services to the Toronto 2015 Pan American and Parapan American Games. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Federal employees are able to manage their psycho-social issues during and immediately following, stressful or traumatic events.	% of psycho-social cases that are closed within 8 Employee Assistance Program sessions.	70	March 31, 2016
Reduced absenteeism in the workplace for employees who access employee assistance services.	% reduction in absenteeism in the 30 days that follow an employee's last Employee Assistance Program session versus the 30 days prior.	25	March 31, 2016
Internationally Protected Persons have access to health services and medical treatment they might require when they are in Canada for regular visits or to participate in major International events.	% of client assessments in which service provided was rated as satisfactory or strong.	100	March 31, 2016

Planning Highlights

In addition to the expected results identified above, as part of this program, Health Canada will support the Government of Canada's obligation to protect the health of its employees and Internationally Protected Persons visiting Canada in 2015-16.

Health Canada will also continue to collaborate with the Treasury Board Secretariat and other departments to contribute to the Government of Canada's Workplace Wellness and Productivity Strategy.

Program 1.3: *Official Language Minority Community Development*

Description

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

This program includes: consulting with Canada's official language minority communities on a regular basis; supporting and enabling the delivery of contribution programs and services for official language minority communities; reporting to Parliament and Canadians on Health Canada's achievements under Section 41; and, coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities.

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

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

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
37,528,856	37,528,856	38,090,836	35,336,436

Human Resources (Full-Time Equivalents [FTEs])

2015-16	2016-17	2017-18
10	10	10

Note: The increase in planned spending in 2016-17 followed by a reduction in planned spending in 2017-18 is due to changes in funding levels received for the Official Language Roadmap for Canada's Linguistic Duality.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Official Language Minority Communities have access to health care services in the official language of their choice.	% of healthcare professionals who successfully complete Health Canada funded training programs.	70	March 31, 2016
	% of program trained health professionals who are retained.	86	March 31, 2016

Planning Highlights

In addition to the expected results identified above, as part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Support the implementation and management of its programs and services to Canadians taking into account the diversity and geographic distribution of official language minority communities across Canada. The Department will continue to provide funding to community-based organizations and academic institutions to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada.
- Conduct public consultations with official language minority communities and monitor progress in the implementation of Health Canada's initiatives under the horizontal Roadmap for Canada's Official Languages 2013-2018: Immigration, Education, Communities.
- Support health organizations contributing to the improved access to health services in the minority official language:
 - Provide \$7 million to the Société Santé en français and \$5.01 million to the Community Health and Social Services Network to fund the operation of 36 active health networks, which will carry out projects within English and French-speaking minority communities.
 - Provide \$17.3 million to the Consortium national de formation en santé and its member institutions for French-language health programs in colleges and universities outside Quebec, and \$4.43 million to McGill University to offer language training to healthcare staff members to better serve English-speaking communities in Quebec.
 - Provide \$2.66 million to government and community organizations to carry out innovative health services access and retention projects, including new recipients such as the Association canadienne française de l'Alberta (Régionale de Calgary), the Association of Faculties of Medicine of Canada, Action on Mental Illness Quebec, the Ottawa Cancer Foundation, the Centre communautaire Sainte-Anne, the Fédération des parents du Manitoba, and Health Prince Edward Island.

Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians

Program 2.1: *Health Products*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
148,110,784	148,110,784	144,368,697	144,424,788

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
1,915	1,908	1,916

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan and the Canadian HIV Vaccine Initiative. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending and FTEs in 2017-18 is mainly due to the 2% increase in user fees relating to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health products available to Canadians on the Canadian market are safe and effective.	% of regulated parties who are deemed to be in compliance with the Food and Drugs Act and its associated Regulations.	95	March 31, 2016

Planning Highlights

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

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Use new authorities under the [Protecting Canadians from Unsafe Drugs Act](#) as required, such as the power to recall unsafe drugs, the power to require labelling or packaging changes, and increased fines and penalties. New requirements to disclose certain drug information and decisions are expected to increase transparency of drug safety information.
- Improve access to information on health products to better inform Canadians on healthy choices. In particular, new health product datasets will be available publicly to support the Department's Transparency and Openness Framework.

Sub-Program 2.1.1: *Pharmaceutical Drugs*

Description

The [Food and Drug Regulations](#)^{xix} provide the regulatory framework to develop, maintain and implement the Pharmaceutical Drugs program, which includes pharmaceutical drugs for human and animal use, including prescription and non-prescription drugs, disinfectants, and sanitizers with disinfectant claims.

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
56,574,855	55,008,516	55,056,450

Human Resources (FTEs)

2015–16	2016–17	2017–18
969	964	969

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending and FTEs in 2017-18 is mainly due to the 2% increase in user fees relating to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Pharmaceutical drugs meet regulatory requirements.	% of pharmaceutical product submissions that meet regulatory requirements.	80	March 31, 2016
Canadians and stakeholders are informed of risks associated with the use of pharmaceutical drugs.	% of identified risks that result in risk communications.	80	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority II, described in the section [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovations as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Improve the safe use of drugs by making drug labels and safety information easier to read and understand. Canadians and stakeholders will be better informed of the risks associated with the use of pharmaceutical drugs.
- Improve stewardship of medically important antimicrobial drugs used in veterinary medicine and livestock production by working with stakeholders in strengthening the regulatory framework for veterinary drugs, including facilitating access to alternatives.

Sub-Program 2.1.2: *Biologics and Radiopharmaceuticals*

Description

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

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
57,044,453	55,387,099	55,456,599

Human Resources (FTEs)

2015–16	2016–17	2017–18
451	451	452

Note: The decrease in planned spending in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan and the Canadian HIV Vaccine Initiative. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending and FTEs in 2017-18 is mainly due to the 2% increase in user fees relating to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Biologics, Radiopharmaceutical and Genetic Therapies meet regulatory requirements.	% of biologic and radiopharmaceutical, and gene therapy product submissions that meet regulatory requirements.	80	March 31, 2016
Canadians and stakeholders are informed of risks associated with the use of biologics, radiopharmaceuticals, and gene therapies.	% of identified risks that result in risk communications.	80	March 31, 2016

Planning Highlights

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

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Enhance Canadians' access to drugs for rare diseases by advancing the Orphan Drugs framework that supports a regulatory life-cycle approach, from designation to ongoing post-market oversight.
- Support regenerative medicine research initiatives by developing clear regulatory guidance documents and working closely with Canadian cell therapy investigators to navigate federal safety regulations applicable to advanced cell therapy products for human use.

- Implement internationally recognized standards for Biologics business processes as a World Health Organization collaborating centre and seeking ISO 9001 certification by July 2015. The resulting business improvements facilitate the provision of high quality and timely risk-based decisions on the safety, effectiveness and quality of biologics and radiopharmaceuticals for Canadians.
- Continue to fund the CBS under a five-year agreement ending March 31, 2018, to conduct research and development projects and carry out knowledge exchange activities related to blood, blood components and hematopoietic stem cells, and transfusion science and medicine in order to generate evidence-based knowledge.
- Improve the framework for regulating human blood and its components. Specific regulations for human blood and its components intended for transfusion or for further manufacturing into human drugs have come into force. Work to support these new regulations will continue in 2015-16.
- The CBS Organ and Tissue Donation and Transplantation (OTDT) six-year agreement ended March 31, 2014. Following Federal/Provincial/Territorial (F/P/T) discussion, CBS was requested to submit a three-year F/P/T integrated proposal for the OTDT program. This proposal received Health Canada approval on August 11, 2014. It is expected that a Health Canada contribution funding agreement will be signed with CBS for a total of \$10.74 million over three years ending March 31, 2017. This federal funding will enable the enhancement of national governance in the organ system and national data analytics, public education, and professional education. Over the course of the next three years, Health Canada and the P/T Blood Liaison lead will collaborate more closely on the OTDT program.

Sub-Program 2.1.3: *Medical Devices*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
13,068,089	12,933,583	12,909,939

Human Resources (FTEs)

2015–16	2016–17	2017–18
311	313	315

Note: The decrease in planned spending in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in FTEs is mainly due to the 2% increase in user fees relating to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Medical Devices meet regulatory requirements.	% of applications (Class III and IV*) that meet regulatory requirements *(Classes I and II present very low health and safety risk to Canadians).	80	March 31, 2016
Canadians and stakeholders are informed of risks associated with the use of medical devices.	% of identified risks that result in risk communications.	80	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority II, described in the section [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovations as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Align Health Canada with other international regulators to facilitate the efficient processing of medical device applications and enhance the collection and analysis of problem reports by developing the necessary IT tools.
- Develop a Medical Devices Single Audit Program intended to establish a common set of guidelines and standards for audits of Medical Device manufacturers globally.

Sub-Program 2.1.4: *Natural Health Products*

Description

The [*Natural Health Product Regulations*](#)^{xxiii} provide the regulatory framework to develop, maintain and implement the Natural Health Products program, which includes herbal remedies, homeopathic medicines, vitamins, minerals, traditional medicines, probiotics, amino acids, and essential fatty acids.

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
21,423,387	21,039,499	21,001,800

Human Resources (FTEs)

2015–16	2016–17	2017–18
184	180	180

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending in 2017-18 is mainly relating to streamlining government import regulations and border processes for commercial trade.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Natural Health Products meet regulatory requirements.	% of natural health product submissions that meet regulatory requirements.	80	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority II, described in the section [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovations as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiative in 2015-16:

- Develop a new approach for consistent and aligned regulation of consumer health products, natural health products; non-prescription drugs including disinfectants; and cosmetics, that balances safety with appropriate oversight.

Program 2.2: *Food Safety and Nutrition*

Description

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
67,838,730	67,838,730	63,411,776	63,406,776

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
594	563	563

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Foodborne illness, outbreaks and food safety incidents are effectively prevented and managed.	% of the time that Canada maintains a ranking amongst the top 5 jurisdictions internationally in responding effectively to food safety recalls. (Note: The Food Safety Performance World Ranking initiative is designed to help identify relative strengths and weaknesses in Canada's food safety performance by comparing across 16 countries).	100	March 31, 2016
Canadians make informed eating	% of Canadians who consult Health Canada's	40	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
decisions.	healthy eating information (e.g. Canada's Food Guide) to inform their decisions.		

Planning Highlights

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

As part of this program, Health Canada will undertake the following key initiative in 2015-16:

- Improve nutritional information on food labels and promote awareness, understanding and use of food labels to support Canadians in making healthy eating decisions.

Sub-Program 2.2.1: *Food Safety*

Description

The [Food and Drug Regulations](#) provide the regulatory framework to develop, maintain, and implement the Food Safety program.

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

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

Budgetary Financial Resources (dollars)

2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
63,267,053	58,882,101	58,877,101

Human Resources (FTEs)

2015–16	2016–17	2017–18
559	528	528

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Timely response to emerging food and nutrition safety incidents including foodborne illness outbreaks.	% of health risk assessments provided to the Canadian Food Inspection Agency within standard timelines to manage food safety incidents.	90	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority II, described in the section [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovations as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiative in 2015-16:

- Enhance capacity in health risk assessment in support of horizontal Government of Canada commitments to strengthen and modernize food safety.

Sub-Program 2.2.2: *Nutrition Policy and Promotion*

Description

The [Department of Health Act](#) provides the authority to develop, maintain and implement the Nutrition Policy and Promotion program.

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
4,571,677	4,529,675	4,529,675

Human Resources (FTEs)

2015–16	2016–17	2017–18
35	35	35

Note: The decrease in planned spending in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to a renewed Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

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

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority II, described in the section [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovations as described in the section [Risk Analysis](#).

As part of this sub-program, Health Canada will undertake the following key initiative in 2015-16:

- Work in collaboration with stakeholders to advance commitments in the F/P/T Framework on Curbing Childhood Obesity through targeted knowledge development and exchange initiatives.
- Implement a more regular evidence review cycle to help ensure Canada's dietary guidance remains scientifically sound, relevant and useful.
- Develop innovative, interactive and targeted tools as a means to communicate healthy eating information to Canadians.

Program 2.3: *Environmental Risks to Health*

Description

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

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

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

Budgetary Financial Resources (dollars)

2015-16 Main Estimates	2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
100,282,109	100,282,109	32,895,947	32,812,947

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
718	404	404

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to the following initiatives: Chemicals Management Plan, Clean Air Regulatory Agenda, Adaptation to Climate Change under Canada's Clean Air Agenda, and Funding relating to the assessment, management, and remediation of federal contaminated sites. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians, institutions and government partners have the guidance and tools they need to respond to potential and actual environmental risks associated with health.	% of planned guidance materials completed.	100	March 31, 2016
Chemical substances deemed to be harmful to human health are managed in a timely manner.	% of substances assessed to be harmful to human health for which at least one risk management instrument was developed by category of substance (new and existing).	100	March 31, 2016

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this program will contribute to meeting the Department's Priority II, described in the section on [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovation as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Identify and actively address the health risks associated with chemical substances using substance groupings (i.e. grouping substances based on similarities in production, toxicity and physical-chemical properties), rapid screening, research and bio-monitoring activities, in partnership with Environment Canada.
- Provide expert advice, guidance and tools to partners on the health impacts of environmental factors such as indoor and outdoor air pollution, water contaminants and a

changing climate, as well as expert advice and oversight in support of activities associated with federal contaminated sites and projects undergoing federal environmental assessments.

- Conduct outreach and engagement activities to support stakeholder and public involvement in the program and raise awareness of the risks and safe use of substances.

Sub-Program 2.3.1: *Climate Change and Health*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
1,431,386	156,790	156,790

Human Resources (FTEs)

2015–16	2016–17	2017–18
11	1	1

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to Adaptation to Climate Change under Canada's Clean Air Agenda. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

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

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

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

Sub-Program 2.3.2: *Air Quality*

Description

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

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

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

Budgetary Financial Resources (dollars)

2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
23,638,485	3,385,685	3,385,685

Human Resources (FTEs)

2015-16	2016-17	2017-18
114	17	17

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to the Clean Air Regulatory Agenda. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians, stakeholders, and governments have access to information on air quality and health effects.	% of Canadians with access to the AQHI.	80	March 31, 2016
	% of planned federal air quality health assessments and risk management actions published or distributed externally.	100	March 31, 2016
Government partners have access to scientific information on the impacts of air quality on health.	% of targeted knowledge transfer activities accomplished related to air quality (e.g. client meetings, poster/conference presentations and peer-reviewed publications).	100	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

- Continue to support the implementation of the National Air Quality Management System, co-lead the development of new Canadian Ambient Air Quality Standards for sulphur dioxide and nitrogen dioxide, and review the current 2020 standards for fine particulate matter and ozone.

- Conduct research and assessments on air pollutant control measures for industry, fuels, and transportation-related sources, and collaborate with US partners on research to investigate transboundary air pollution issues.
- Continue to update health messaging to communicate the health impacts of outdoor air pollution through the AQHI and expand the use of the AQHI in Ontario and the North.
- Conduct research, assessments and communication activities on indoor air pollutants in order to provide health-based guidance to Canadians, and develop a draft product emissions standard for Volatile Organic Compound emissions from building materials in collaboration with independent standards setting organizations.

Sub-Program 2.3.3: *Water Quality*

Description

The Water Quality program works with key stakeholders and partners, such as the provinces and territories, under the authority of the [Department of Health Act](#), to establish the [Guidelines for Canadian Drinking Water Quality](#)^{xxiv}. These guidelines are used by provinces, territories, and the Government of Canada as the basis for establishing their water quality requirements.

The program also works with national and international standard-setting organizations to develop health-based standards for materials that come into contact with drinking water.

In the delivery of this program, key activities include the development and dissemination of water quality guidelines guidance documents, strategies and other tools.

The program objective is to help manage potential risks to the health of Canadians associated with water quality.

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
3,861,865	3,861,865	3,861,865

Human Resources (FTEs)

2015–16	2016–17	2017–18
35	35	35

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Federal, Provincial and Territorial partners use Health Canada water quality guidelines as the basis for their regulatory requirements to manage risks to the health of Canadians.	# of water quality guidelines / guidance documents approved by provinces and territories.	5	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

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

Sub-Program 2.3.4: *Health Impacts of Chemicals*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
71,350,373	25,491,607	25,408,607

Human Resources (FTEs)

2015–16	2016–17	2017–18
558	351	351

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunseting of time-limited spending authorities relating to the following initiatives: Chemicals Management Plan and Funding relating to the assessment, management, and remediation of federal contaminated sites. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

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

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

- Conduct research, biomonitoring and surveillance activities in support of the CMP.
- Conduct risk assessments of existing substances to meet public commitments regarding the publication of draft and final Screening Assessment Reports of chemicals identified as priorities under the CMP.
- Publish risk management scopes, approaches and instruments for existing substances harmful to human health, as required.
- Conduct a scoping exercise for data collection activities for the third phase of the Domestic Substances List Inventory Update.
- Undertake engagement and outreach activities with industry, experts and non-government organizations to support the CMP.
- Conduct risk assessments on approximately 450 new substances including products of biotechnology, nanomaterials, and new substances in products regulated under the [Food and Drugs Act](#), and develop any needed risk management measures, in collaboration with Environment Canada.
- Prioritize of the remaining substances on the revised In Commerce List (ICL), and review any nominations to the revised ICL, as required.
- Provide expert advice and oversight in support of activities associated with federal contaminated sites under the Federal Contaminated Sites Action Plan, and projects undergoing federal environmental assessments under the [Canadian Environmental Assessment Act](#).
- Implement the results of program evaluations for the CMP, Phase II, Adaptation to Climate Change and the Clean Air Regulation Agenda.
- Publish the Canadian Health Measures Survey Cycle 3 Report on Biomonitoring Results.

Program 2.4: *Consumer Product and Workplace Chemical Safety*

Description

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

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

The [Hazardous Products Act](#) and the [Hazardous Materials Information Review Act](#) provide the authorities for the Workplace Chemical Safety program to maintain a national hazard communication standard of cautionary labelling and material safety data sheets for hazardous

chemicals supplied for use in Canadian workplaces and to protect related confidential business information.

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
37,689,337	37,689,337	32,920,119	32,651,768

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
300	269	268

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to funding of the Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Risks associated with consumer products and cosmetics in the Canadian marketplace are appropriately managed.	% of non-compliant products identified through the Cyclical Enforcement Plan and incident reporting, for which risk management action is taken in accordance with established operating procedures and timelines.	85	March 31, 2016
Confidential Business Information is protected in accordance with the requirements of the Hazardous Materials Information Review Act .	# of breaches of confidentiality.	0	March 31, 2016

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this program will contribute to meeting the Department's Priority II, described in the section on [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovation as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to implement the Food and Consumer Safety Action Plan including the CCPSA, which provides Health Canada with a robust set of tools to engage in active prevention, targeted oversight and rapid response to address dangers to human health or safety that are posed by consumer products.
- Continue to elaborate on the authorities under the Act and to develop supporting policy frameworks, which will help industry understand its obligations under the CCPSA and support the Department's Regulatory Transparency and Openness Framework.
- Continue to implement the Globally Harmonized System of Classification and Labelling of Chemicals.

Sub-Program 2.4.1: *Consumer Product Safety*

Description

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

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
33,647,514	28,878,296	28,609,945

Human Resources (FTEs)

2015–16	2016–17	2017–18
266	235	234

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to funding of the Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Targeted Canadian industries are aware of regulatory requirements related to consumer products and cosmetics.	% of targeted Canadian industry stakeholders indicating that they are aware of regulatory requirements.	95	March 31, 2016
Early detection of potentially unsafe consumer products and cosmetics.	% of incident reports received and triaged within service standard.	90	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of the sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Review the suite of regulations under the CCPSA to verify if the approach taken is consistent with current legislative objectives, regulatory practices or government objectives in support of the Government of Canada's Regulatory Modernization Initiative.
- Enhance the development and use of standards on consumer product safety with industry, standard setting bodies and international counterparts, and share best practices as appropriate.

- Enhance compliance promotion efforts to increase industry's awareness of their obligations.
- Continue to collaborate on consumer product safety with the United States, Mexico and China, and with multi-jurisdictional organizations such the International Cooperation on [Cosmetics Regulations](#), and the Organization for Economic Cooperation and Development.
- Continue to use a risk-based approach to provide timely and credible health and safety information to Canadians, including using social media, so that they can make informed decisions on the safe use of consumer products and cosmetics.
- Continue to apply a risk-based approach for the early detection of potentially unsafe consumer products and cosmetics by triaging and assessing incident reports, notifications, and complaints, as well as the identification of emerging trends for assessment, the Cyclical Enforcement Plan and other enforcement activities.

Sub-Program 2.4.2: *Workplace Chemical Safety*

Description

The [Hazardous Products Act](#) and the [Hazardous Materials Information Review Act](#) provide the authorities for this program to protect the health and safety of Canadian workers.

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
4,041,823	4,041,823	4,041,823

Human Resources (FTEs)

2015–16	2016–17	2017–18
34	34	34

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Service delivery standards are maintained.	% of claims for exemption registered within 7-day service standard.	100	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

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

Program 2.5: *Substance Use and Abuse***Description**

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

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
86,731,215	86,731,215	87,710,622	87,173,821

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
394	394	393

Note: The increase in planned spending in 2016-17 is mainly due to a funding level increase for Preventing Prescription Drug Abuse.

The decrease in planned spending in 2017-18 is due to the sunseting of time-limited spending authorities relating to streamlining government import regulations and border processes for commercial trade and a funding level decrease for Preventing Prescription Drug Abuse. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Reduction in tobacco prevalence.	% of current Canadian (aged 15+) smokers reduced.	<17	March 31, 2016
Reduction in illicit drug use.	% of Canadians (aged 15+) who abuse psychoactive drugs reduced.	<10	March 31, 2016
	% of youth (aged 15-24) who abuse psychoactive drugs reduced. Note: The % of Canadians who abuse psychoactive drugs is defined as using at least one of the following substances at least once in the past 12 months: cannabis, cocaine/crack,	<23	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	meth/crystal meth, ecstasy, hallucinogens, salvia, inhalants, heroin and pain relievers, stimulants or sedatives to get high.		

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this program will contribute to meeting the Department's Priority II, described in the section on [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovation as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue the implementation of key strategies such as the NADS, including initiatives to address prescription drug abuse, and the Federal Tobacco Control Strategy.
- Conduct ongoing surveillance and monitoring through the Canadian Student Tobacco Alcohol and Drug Survey and the Canadian Tobacco Alcohol and Drug Survey.
- Support the Parliamentary process for the [Respect for Communities Act](#)^{xxvi} regarding the establishment of supervised consumption sites.
- Continue to advance the proposed regulatory amendments to restrict further flavoured tobacco products.
- Undertake an evaluation of the Tobacco Quit line telephone and web services.

Sub-Program 2.5.1: *Tobacco*

Description

The [Tobacco Act](#) provides the authority for the Tobacco program to regulate the manufacture, sale, labelling, and promotion of tobacco products.

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
26,662,425	26,834,902	26,834,902

Human Resources (FTEs)

2015–16	2016–17	2017–18
121	121	121

Note: The increase in planned spending in 2016-17 is mainly due to the refocussing of the department's Federal Tobacco Control Strategy.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Industry is compliant with the Tobacco Act and its regulations.	% of products that are deemed to be non-compliant with the Tobacco Act and its regulations related to manufacturing and importing.	<5	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will undertake the following key initiatives in 2015-16:

- Policy development for the renewal of the Federal Tobacco Control Strategy.
- Continue to engage stakeholders including non-governmental organizations, provinces and territories, international organizations and project partners.
- Continue to implement the Break It Off young adult cessation public awareness and outreach campaign.
- Continue to disseminate public education materials on tobacco use prevention, cessation and second-hand smoke.

Sub-Program 2.5.2: *Controlled Substances*

Description

Through the administration of the CDSA and its regulations, the program regulates the possession, production, provision and disposition of controlled substances and precursor chemicals.

Key activities include: reviewing and updating the regulatory framework and Schedules for controlled substances and precursor chemicals as required; administering regulations for licensing and compliance monitoring activities; analyzing seized materials (Drug Analysis Services); providing training as well as scientific knowledge on illicit drugs and precursor chemicals; providing assistance in investigating and dismantling clandestine laboratories; monitoring the use of drugs through surveys; and working with national and international partners for the recommendation of appropriate and scientifically sound drug analysis procedures.

As a partner in the NADS, Health Canada supports initiatives to address illicit drug use and prescription drug abuse, including: education; prevention; health promotion; and treatment for Canadians, as well as compliance and enforcement initiatives.

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
60,068,790	60,875,720	60,338,919

Human Resources (FTEs)

2015-16	2016-17	2017-18
273	273	272

Note: The increase in planned spending in 2016-17 is mainly due to a funding level increase for Preventing Prescription Drug Abuse.

The decrease in planned spending in 2017-18 is due to the sunset of time-limited spending authorities relating to streamlining government import regulations and border processes for commercial trade and a funding level decrease for Preventing Prescription Drug Abuse.

The decrease in FTE in 2017-18 is due to the sunset of time-limited spending authorities relating to streamlining government import regulations and border processes for commercial trade.

The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Holders of licences, authorizations and permits for controlled substances and precursor chemicals are compliant with the CDSA and its regulations.	% regulated parties that are deemed to be compliant with the CDSA and its regulations.	95	March 31, 2016
Recipients of federal funding are enabled to deliver drug treatment and prevention programs.	# of funded projects delivering drug treatment and prevention programs.	55	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will undertake the following key initiatives in 2015-16:

- Begin the multi-year development and implementation of a new information technology monitoring system for controlled substances (Controlled Substances and Precursor System).
- Continue to implement the [*Marihuana for Medical Purposes Regulations*](#)^{xxvii}.
- Strengthen the risk-based approach to compliance and enforcement for controlled substances.
- Fulfill Canada's international reporting obligations and participate in the annual United Nations Commission on Narcotic Drugs.
- Expand the NADS to address Prescription Drug Abuse and support investments to improve prescriber education and training.

- Continue to play a leadership role in the areas of treatment and prevention through multi-year projects under the new Anti-Drug Strategy Initiative (ADSI). This new program came into effect December 2014 and merges the old Drug Strategy Community Initiatives Fund and the Drug Treatment Funding Program. ADSI will address both illicit and prescription drug abuse.

Program 2.6: *Radiation Protection*

Description

The [*Department of Health Act*](#), the [*Radiation Emitting Devices Act*](#), and the [*Comprehensive Nuclear-Test-Ban Treaty Implementation Act*](#)^{xxviii} provide the authority for the Radiation Protection program to monitor, regulate, advise, and report on exposure to radiation that occurs both naturally and from man-made sources. In addition, the program is licensed under the Canadian Nuclear Commission's [*Nuclear Safety and Control Act*](#)^{xxix} to deliver the National Dosimetry Service, which provides occupational radiation monitoring services.

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
20,282,587	20,282,587	13,097,382	12,829,033

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
210	184	184

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to the Clean Air Regulatory Agenda. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians, Institutions and Government partners have the guidance they need to respond to potential and actual radiation risk.	% of planned guidance documents completed. Note: Guidance documents include emergency plans, safety codes, regulations, Memorandums of Understanding.	90	March 31, 2016

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this program will contribute to meeting the Department's Priority II, described in the section on [Organizational Priorities](#). The Department will also manage risks related to the ability of legislative and regulatory reform initiatives to keep pace with innovation as described in the section [Risk Analysis](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Conduct research, develop and/or amend regulations, guidelines, standards and safety codes pertaining to radiation-emitting devices.
- Provide advice to other government departments, industry and the public about the health risks associated with radiation and indoor radon exposure, and mitigation strategies to manage associated risks.
- Coordinate with federal and provincial partners to ensure emergency preparedness plans are ready for execution in the event of a national emergency.

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

Description

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

In the delivery of this program, key activities include: implementing an education and awareness program on the health risks posed by radon in indoor air and how to reduce those risks;

conducting research and risk assessment on the health effects of radiation; installing and operating monitoring stations to monitor for evidence of any nuclear explosion; and, reporting to the Comprehensive Nuclear-Test-Ban Treaty Organization and the International Atomic Energy Agency.

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
14,714,468	7,524,097	7,524,097

Human Resources (FTEs)

2015–16	2016–17	2017–18
101	76	76

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunsetting of time-limited spending authorities relating to the Clean Air Regulatory Agenda. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health Canada is prepared to respond to a nuclear or radiological emergency.	# of emergency preparedness exercises performed (in accordance to expectations of internal and external partners).	2	March 31, 2016
Environmental radiation is monitored.	% of national radionuclear and Comprehensive Nuclear-Test-Ban Treaty monitoring stations and laboratories that are operational.	90	March 31, 2016
Targeted partners collaborate to address	% of targeted partners participating in education	90	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
health risks related to radiation/radon.	and awareness and communication activities.		

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

- Support the renewed FNEP, by participating in Exercise Intrepid'15 in November 2015 in New Brunswick with response partners including the province of New Brunswick and the Point Lepreau Nuclear Generating Station.
- Maintain and operate Canada's national radioactivity surveillance and monitoring capabilities in support of the Comprehensive Nuclear Test Ban Treaty obligations, FNEP responsibilities, and as a basis for exposure risk assessment for Canadians.
- Prepare for and provide support during the Pan Am and Parapan Am Games scheduled for July and August 2015.
- Inform Canadians, through outreach and engagement activities, about the health risks posed by radon in indoor air and how to reduce those risks, including by supporting the "National Radon Action Month" in November 2015, as part of the third annual collaborative multi-stakeholder radon outreach campaign.

Sub-Program 2.6.2: *Radiation Emitting Devices*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
5,005,319	5,010,485	4,742,136

Human Resources (FTEs)

2015–16	2016–17	2017–18
37	36	36

Note: The increase in planned spending in 2016-17 is due to increased funding relating to streamlining government import regulations and border processes for commercial trade.

The decrease in planned spending in 2017-18 is due to the sunset of time-limited spending authorities relating to streamlining government import regulations and border processes for commercial trade. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The decrease in FTE in 2016-17 is due to reduced salary funding relating to streamlining government import regulations and border processes for commercial trade.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians have timely access to information on the health risks related to consumer and clinical radiation emitting devices.	% of public inquiries responded to within 10 business days.	90	March 31, 2016
Institutions are enabled to take necessary action against radiation emitting devices that are non-compliant.	% of assessment and/or inspection reports completed upon request from institutions.	100	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

- Develop and/or amend guidelines, regulations and safety codes to ensure the safe use of radiation emitting devices, as required.
- Respond to public and stakeholder enquiries.

- Implement the second round of the cyclical enforcement plan for radiation emitting devices regulated under the [Radiation Emitting Devices Act](#) by assessing a selection of these devices for compliance with the Act.

Sub-Program 2.6.3: *Dosimetry Services*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
562,800	562,800	562,800

Human Resources (FTEs)

2015–16	2016–17	2017–18
72	72	72

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Occupational radiation workers and their employers are informed of their exposure level.	% of dosimeters reported within 10 days of receiving client dosimeters.	90	March 31, 2016
	% of dose history reports sent to clients within 10	100	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	days of receipt of request.		
	% of overexposure readings reported to Regulatory Authorities within 24 hours of dose information received into the National Dose Registry.	100	March 31, 2016

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following key initiatives in 2015-16:

- Analyze and report timely, accurate and reliable dose results to those who are being monitored by the National Dosimetry Services, their employees and the National Dose Registry.
- Operate the National Dose Registry to track occupational radiation exposure and report to regulatory authorities, workers, and other stakeholders.

Program 2.7: *Pesticides*

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
40,190,336	40,190,336	35,248,559	34,980,210

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
461	427	426

Note: The decrease in planned spending and FTEs starting in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to funding of the Chemicals Management Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Industry meets the Canadian regulatory requirements for new pesticides.	% of submissions that meet regulatory requirements.	80	March 31, 2016
Pesticides in the marketplace continue to meet modern scientific standards.	% of re-evaluations initiated for registered pesticides according to the Re-evaluation Work Plan.	80	March 31, 2016
International collaboration is leveraged to maximize access to global science for the risk assessment of pesticides.	% of new pesticides reviewed in collaboration with international partners.	80	March 31, 2016

Planning Highlights

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

Health Canada will continue to implement the Pesticides Safety program in a transparent manner, as well as undertake the following key initiatives in 2015-16:

- Work with global partners and other international regulatory organizations to reduce regulatory burden and improve work in international science in support of the prevention of risks from the use of pest control products.
- Support more timely access to safe pesticides through effective processes for pre-market registrations, as well as post-market assessments, compliance and enforcement.
- Continue to implement the re-evaluation program in accordance with the [*Pest Control Products Act*](#), including the integration of the Incident Review Post-Market Evaluation.
- Continue to engage stakeholders to ensure relevance and manage risk in order to sustain effective programming in an evolving environment.
- Review and update regulations, financial and business processes to align these with the requirements of the [*User Fees Act*](#)^{xxx} and the application of the new fee structure.
- Develop the business requirements for a modernized electronic system that supports the entire pesticide business environment, facilitates international collaboration, enables greater transparency and openness with stakeholders, and aligns with the Government of Canada's direction for Information Management/Information Technology (IM/IT).
- Continue the review and update the [*Pest Control Products Act*](#) and regulations, focusing on those that guide incident reporting and generic pesticides, and those that align its regulatory approaches with major Organization for Economic Co-operation and Development countries.
- Continue to implement a consistent and transparent Talent Management approach with strategies and plans that meet its current and future business needs in a timely, effective and efficient manner through the investments made by and in its workforce.

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

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

Description

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
809,838,696	809,838,696	746,688,679	765,425,944

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
1,353	1,271	1,271

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunseting of time-limited spending authorities relating to the Indian Residential Schools Resolution Health Support Program and First Nations Water and Wastewater Action Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health and safety of First Nations and Inuit are improved.	% of First Nations adults reporting being in excellent or very good health.	45*	March 31, 2017
	% of Inuit adults reporting being in excellent or very good health.	50.5**	March 31, 2017

* The percentage of First Nations living on reserve who rate their health "Excellent" or "Very Good" has increased by 10% since 2002-03. Achievement of this target will represent an additional increase of 2%. The percentage of Canadians overall who rate their health as "Excellent" or "Very Good" has remained relatively stable over the same period, at around 57%.

** Based on data from the Aboriginal People's Survey (APS), this target will represent an increase of 20% from 2012.

Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority III, described in the section [Organizational Priorities](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to improve service delivery models in remote and isolated First Nations communities to support modern, sustainable, high quality health care for First Nations communities.
- Advance the alignment and coordination of primary health care programs and services with provinces/territories, and other partners for the benefit of First Nations and Inuit.
- Promote and coordinate a social determinant of health planning approach and evidence-based initiatives with partners that will result in better health outcomes over the longer term, paying particular attention to women, children and youth.

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

Description

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

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

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

Budgetary Financial Resources (dollars)

2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
407,666,652	359,052,486	367,088,041

Human Resources (FTEs)

2015-16	2016-17	2017-18
294	262	262

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunseting of time-limited spending authorities relating to the Indian Residential Schools Resolution Health Support Program. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
The capacity of First Nations and Inuit communities to deliver community-based health promotion and disease prevention programs and services is maintained.	# of workers who completed training during the reporting year for Healthy Child Development programs (specifically Maternal Child Health). (Baseline 423)	423	March 31, 2016
	# of workers who completed training for healthy living programs (specifically Aboriginal Diabetes Initiatives - Community Diabetes Prevention Workers). (Baseline 455)	455	March 31, 2016
	% of addictions counsellors in treatment centres who are certified workers.	77	March 31, 2016

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Facilitate the training and support the certification of community-based workers delivering health promotion and disease prevention services in First Nations communities.
- Finalize the Chronic Disease Prevention and Management Framework and invest in community health promotion and disease prevention programs that seek to reduce risk factors and support healthy living in First Nations and Inuit communities.
- Implement the First Nations Mental Wellness Continuum Framework and continue working with Inuit partners to develop a specific Inuit Mental Wellness Continuum Framework.
- Initiate the implementation of an oral health strategy and action plan which aims to improve access to oral health care for First Nations and Inuit that is culturally safe, accessible, and equitable.

Sub-Sub-Program 3.1.1.1: *Healthy Child Development*

Description

The Healthy Child Development program administers contribution agreements and direct departmental spending to support culturally appropriate community-based programs, services, initiatives, and strategies related to maternal, infant, child, and family health. The range of services includes prevention and health promotion, outreach and home visiting, and early childhood development programming.

Targeted areas in the delivery of this program include: prenatal health, nutrition, early literacy and learning, and physical and children's oral health.

The program objective is to address the greater risks and lower health outcomes associated with First Nations and Inuit infants, children, and families.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
70,378,852	70,125,230	70,132,955

Human Resources (FTEs)

2015–16	2016–17	2017–18
88	88	88

Note: The decrease in planned spending in 2016-17 is mainly due to incremental funding transferred to Tripartite Health Governance and self-government agreements.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have access to healthy child development programs and services.	# of women accessing Prenatal and Postnatal Health, including Nutrition (specifically Canada Prenatal Nutrition Program). (Baseline 7,982)	7,982	March 31, 2016
	# of children accessing early literacy and learning (specifically Aboriginal Head Start On Reserve). (Baseline 5,817)	5,817	March 31, 2016
	# of children accessing Children's Oral Health. (Baseline 18,780)	18,780	March 31, 2016

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to work with First Nations and Inuit partners to support implementation of new Fetal Alcohol Spectrum Disorder Diagnostic Guidelines.
- Develop a comprehensive approach to healthy child development and improve the coordination of programming with Aboriginal Affairs and Northern Development Canada and Employment and Social Development Canada.
- Work with the Government of Nunavut and the PHAC to improve the oral health of children in Nunavut.

Sub-Sub-Program 3.1.1.2: *Mental Wellness*

Description

The Mental Wellness program administers contribution agreements and direct departmental spending that supports culturally-appropriate community-based programs, services, initiatives and strategies related to the mental wellness of First Nations and Inuit. The range of services includes prevention, early intervention, treatment, and aftercare.

Key services supporting program delivery include: substance abuse prevention and treatment (part of NADS), mental health promotion, suicide prevention, and health supports for participants of the Indian Residential Schools Settlement Agreement.

The program objective is to address the greater risks and lower health outcomes associated with the mental wellness of First Nations and Inuit individuals, families, and communities.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
300,440,268	251,701,667	260,640,446

Human Resources (FTEs)

2015–16	2016–17	2017–18
108	76	76

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunsetting of time-limited spending authorities relating to the Indian Residential Schools Resolution Health Support Program. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Abstinence from drug and alcohol use after addictions treatment.	% of treatment centre clients who terminated substance use of at least one substance after completing treatment.	30*	March 31, 2016
Reduced substance use following treatment.	% of treatment centre clients who reduced substance use of at least one substance after completing treatment.	50**	March 31, 2016
First Nations and Inuit have access to mental wellness programs and services.	# of projects providing suicide prevention programs (specifically National Aboriginal Youth Suicide Prevention Strategy). (Baseline 115)	115	March 31, 2016

* A 30% success rate after completion of treatment reflects the fact that there is a high rate of recidivism among people who seek treatment for substance abuse.

** Because of the high rate of recidivism, even a reduction in at least one substance is a success.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue the implementation of [*Honouring our Strengths Addictions Framework: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada*](#)^{xxxii} including the development of tools to support uptake of a strengths-based systems approach to addressing substance use issues among First Nations people in Canada.
- Finalize and implement the 5-year Prescription Drug Abuse Plan to support First Nations and Inuit communities to deliver addiction prevention and treatment services.
- Continue to provide health support services so that eligible former Indian Residential School students and their families can safely address a broad spectrum of wellness issues related to the impacts of these Schools.
- Continue to support First Nations and Inuit communities in addressing Aboriginal youth suicide prevention.

Sub-Sub-Program 3.1.1.3: *Healthy Living*

Description

The Healthy Living program administers contribution agreements and direct departmental spending that supports culturally appropriate community-based programs, services, initiatives, and strategies related to chronic disease and injuries among First Nations and Inuit.

This program aims to promote healthy behaviours and supportive environments in the areas of healthy eating, physical activity, food security, chronic disease prevention, management and screening, and injury prevention policy.

Key activities supporting program delivery include: chronic disease prevention and management, injury prevention, the Nutrition North Canada – Nutrition Education Initiative, and the First Nations and Inuit component of the Federal Tobacco Control Strategy (being implemented in 2012-13).

The program objective is to address the greater risks and lower health outcomes associated with chronic diseases and injuries among First Nations and Inuit individuals, families, and communities.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
36,847,532	37,225,589	36,314,640

Human Resources (FTEs)

2015–16	2016–17	2017–18
98	98	98

Note: The increase in planned spending in 2016-17 is mainly due to First Nations and Inuit Health Envelope growth.

The decrease in planned spending in 2017-18 is mainly due to incremental funding transferred to Tripartite Health Governance and self-government agreements.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have access to healthy living programs and	% of communities providing healthy living programs (specifically Aboriginal Diabetes	90	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
services.	Initiatives).		
	% of projects that deliver physical activities under the Aboriginal Diabetes Initiatives.	63*	March 31, 2016
	% of projects that deliver healthy eating activities under the Aboriginal Diabetes Initiatives.	66**	March 31, 2016

* This target reflects the fact that contribution agreement recipients will choose to deliver projects based on the needs of their communities.

**This target reflects the fact that contribution agreement recipients will choose to deliver projects based on the needs of their communities.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Implement the First Nations and Inuit component of the Federal Tobacco Control Strategy by supporting the comprehensive First Nations and Inuit tobacco prevention and control projects, guided by the [World Health Organization's Framework Convention on Tobacco Control](#)^{xxxiii}.
- Continue to support nutrition education initiatives in First Nations and Inuit communities to increase knowledge of healthy eating, develop skills in selecting and preparing healthy foods, and strengthen retail-community partnerships in remote and isolated communities.
- Train community-based workers on competency framework for the [Aboriginal Diabetes Initiative](#)^{xxxiv}.

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

Description

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

The First Nations and Inuit Public Health Protection program administers contribution agreements and direct departmental spending to support initiatives related to communicable disease control and environmental public health service delivery including public health surveillance, research, and risk analysis. Communicable disease control and environmental public health services are targeted to on-reserve First Nations, with some support provided in specific instances, (e.g., to address tuberculosis), in Inuit communities south of the 60th parallel.

Environmental public health research, surveillance, and risk analysis are directed to on-reserve First Nations, and in some cases, (e.g., climate change and health adaptation, and biomonitoring), also to Inuit and First Nations living north of the 60th parallel.

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
97,719,813	78,102,133	82,913,418

Human Resources (FTEs)

2015–16	2016–17	2017–18
377	327	327

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to the First Nations Water and Wastewater Action Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
The community capacity to respond to health emergencies is improved.	% of First Nations communities with integrated Pandemic Preparedness/ Response Plans and Emergency Preparedness/ Readiness Plans.	75	March 31, 2016
Environmental health risks relating to water quality are reduced.	% of on-reserve public water systems that met weekly national testing guidelines for bacteriological parameters (e.g. based on testing frequency)	50.6*	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	recommended in the Guidelines for Canadian Drinking Water Quality).		
	% of First Nations communities that have access to a trained Community-based Drinking Water Quality Monitor or an Environmental Health Officer to monitor their drinking water quality.	100	March 31, 2016

* The target of 50.6% represents a 15% improvement over the 2010 levels of 44%. It should be noted that First Nations undertake this monitoring and Health Canada provides assistance.

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to implement the [First Nations Water and Wastewater Action Plan^{xxxv}](#).
- Continue to work with Aboriginal Affairs and Northern Development Canada and First Nations to support the development and implementation of Regulations under the [Safe Drinking Water for First Nations Act^{xxxvi}](#), including the development of options and approaches for compliance and enforcement.
- Continue to work with federal and provincial partners to ensure that communicable disease preparedness plans and activities reflect the special needs and considerations of on-reserve First Nations.

Sub-Sub-Program 3.1.2.1: *Communicable Disease Control and Management*

Description

The Communicable Disease Control and Management program administers contribution agreements and direct departmental spending to support initiatives related to vaccine preventable diseases, blood borne diseases and sexually transmitted infections, respiratory infections, and communicable disease emergencies. In collaboration with other jurisdictions communicable disease control and management activities are targeted to on-reserve First Nations, with support provided to specific instances (such as to address tuberculosis), in Inuit communities south of the 60th parallel. Communicable Disease Control and Management activities are founded on public health surveillance and evidence-based approaches and reflective of the fact that all provincial and territorial governments have public health legislation.

Key activities supporting program delivery include: prevention, treatment and control of cases and outbreaks of communicable diseases; and, public education and awareness to encourage healthy practices.

A number of these activities are closely linked with those undertaken in the Environmental Health program (3.1.2.2), as they relate to waterborne, foodborne and zoonotic infectious diseases.

The program objective is to reduce the incidence, spread, and human health effects of communicable diseases for First Nations and Inuit communities.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
57,327,291	59,472,921	61,711,835

Human Resources (FTEs)

2015–16	2016–17	2017–18
212	212	212

Note: The increase in planned spending is due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Improved rates of treatment adherence.	% of patients diagnosed with active tuberculosis who completed treatment.	90	March 31, 2016
Public awareness and knowledge of vaccine preventable diseases and immunization is improved.	% of on-reserve caregivers who recognize the importance of childhood vaccination.	85	March 31, 2016
	% of communities conducting immunisation education and awareness activities.	95	March 31, 2016

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to support public health measures to prevent and control cases and outbreaks of communicable disease on-reserve, such as Influenza and Ebola, by promoting public education and awareness to encourage healthy practices, strengthening community capacity, and undertaking monitoring, surveillance and reporting of communicable disease.
- Complete the Sexually Transmitted and Blood-Borne Infection (STBBI) Framework which aims to facilitate the function of STBBI programming for First Nations on-reserve with particular attention to HIV/AIDS and Hepatitis C.
- Continue to implement [Health Canada's Strategy Against Tuberculosis for First Nations On-Reserve](#)^{xxxvii} and promote knowledge of Tuberculosis among First Nations and Inuit in order to improve prevention and treatment.

Sub-Sub-Program 3.1.2.2: *Environmental Public Health*

Description

The Environmental Public Health program administers contribution agreements and direct departmental spending for environmental public health service delivery. Environmental public health services are directed to First Nations communities south of the 60th parallel and address areas such as: drinking water; wastewater; solid waste disposal; food safety; health and housing; facilities inspections; environmental public health aspects of emergency preparedness response; and, communicable disease control. Environmental public health surveillance and risk analysis programming is directed to First Nations communities south of the 60th parallel, and in some cases, also to Inuit and First Nations north of the 60th parallel. It includes community-based and participatory research on trends and impacts of environmental factors such as chemical contaminants and climate change on the determinants of health (e.g., biophysical, social, cultural, and spiritual).

Key activities supporting program delivery include: public health; surveillance, monitoring and assessments; public education; training; and, community capacity building.

The program objective is to identify, address, and/or prevent human health risks to First Nations and Inuit communities associated with exposure to hazards within the natural and built environments.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
40,392,522	18,629,212	21,201,583

Human Resources (FTEs)

2015–16	2016–17	2017–18
165	115	115

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunset of time-limited spending authorities relating to the First Nations Water and Wastewater Action Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Decision makers have access to information about environmental public health hazards, with a focus on risk identification and mitigation.	# of communities undertaking surveillance, monitoring and assessment projects on environmental public health hazards. (Baseline not yet available).	25	March 31, 2016

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue monitoring the quality of drinking water in First Nations communities' in line with the [Guidelines for Canadian Drinking Water Quality](#).
- Continue to undertake environmental health inspections of publicly accessible buildings and at special events, to identify health and safety risks and recommend corrective action.

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

Description

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

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

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

Budgetary Financial Resources (dollars)

2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
304,452,231	309,534,060	315,424,485

Human Resources (FTEs)

2015-16	2016-17	2017-18
682	682	682

Note: The increase in planned spending is due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Primary care services based on assessed need are provided to First Nations and Inuit communities.	Utilisation rate per 1,000 eligible on-reserve population (home and community care and clinical and client care).	365.8	March 31, 2016
Coordinated responses to primary care services.	% of First Nations communities with collaborative service delivery arrangements with external primary care service providers.	50	March 31, 2016

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to implement the [Nursing Recruitment and Retention Strategy](#)^{xxxviii}, which is aimed at decreasing the vacancy rate of nurses and increasing the interdisciplinary staff complement in primary care settings.
- Advance collaborative efforts with First Nations and Inuit partners, provinces and territories, and other federal government departments to improve the delivery of primary care services.
- Continue implementation of the five-year Primary Care Reform.

Sub-Sub-Program 3.1.3.1: *Clinical and Client Care*

Description

The Clinical and Client Care program is delivered by a collaborative health care team, predominantly nurse-led, providing integrated and accessible health and oral health care services that include assessment, diagnostic, curative, and rehabilitative services for urgent and non-urgent care.

Key services supporting program delivery include: triage, emergency resuscitation and stabilization, emergency ambulatory care, and out-patient non-urgent services; coordinated and integrated care and referral to appropriate provincial secondary and tertiary levels of care outside the community; and, in some communities, physician visits and hospital in-patient, ambulatory, and emergency services.

The program objective is to provide clinical and client care services to First Nations individuals, families, and communities.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
199,272,910	204,559,170	210,408,120

Human Resources (FTEs)

2015-16	2016-17	2017-18
609	609	609

Note: The increase in planned spending is mainly due to First Nations and Inuit Health Envelope growth and changes in funding levels to support First Nations and Inuit Health Programs and Services.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit populations have access to clinical and client care services.	% of eligible on-reserve population accessing clinical and client care services.	29*	March 31, 2016
	Ratio of clinical care visits to public health visits.	4:1	March 31, 2016
	% of urgent Clinical and Client Care visits provided after hours in nursing stations and health centres with a treatment component.	35**	March 31, 2016

* This target is based on service utilization and maintaining service levels for those in need. It is not anticipated that the entire eligible on-reserve population will need to use clinical and client care services.

** Clients are visiting nursing stations and health centres with a treatment component after hours for urgent and non-urgent care. In 2012-13, approximately 30% of after hour visits were urgent. The target represents a 5% decrease in the use of after hour care for non-urgent visits.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Work with provinces and Regional Health Authorities to increase local access to physicians for First Nations and Inuit living in remote and isolated communities.
- Continue the modernization of clinical practice guidelines to support remote nursing services by maintaining and improving access to the most recent clinical best practices.
- Initiate accreditation of nursing stations to maintain a standardized level of quality in health planning, management and delivery of health services.

Sub-Sub-Program 3.1.3.2: *Home and Community Care*

Description

The Home and Community Care program administers contribution agreements with First Nation and Inuit communities and territorial governments to enable First Nations and Inuit individuals with disabilities, chronic or acute illnesses, and the elderly to receive the care they need in their homes and communities. Care is delivered primarily by home care registered nurses and trained certified personal care workers.

In the delivery of this program First Nations and Inuit Health Branch provides funding through contribution agreements and direct departmental spending for a continuum of basic essential services such as: client assessment and case management; home care nursing, personal care and home support as well as in-home respite; and, linkages and referral, as needed, to other health and social services. Based on community needs and priorities, existing infrastructure, and availability of resources, the Home and Community Care program may be expanded to include supportive services. These services may include: rehabilitation and other therapies; adult day programs; meal programs; in-home mental health; in-home palliative care; and, specialized health promotion, wellness, and fitness services.

The program objective is to provide home and community care services to First Nations and Inuit individuals, families, and communities.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
105,179,321	104,974,890	105,016,365

Human Resources (FTEs)

2015–16	2016–17	2017–18
73	73	73

Note: The decrease in planned spending in 2016-17 is mainly due to incremental funding transferred to Tripartite Health Governance and self-government agreements.

The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Home and community care services are provided in First Nations and Inuit communities.	Utilisation rate per 1,000 on-reserve population.	71.2	March 31, 2016
	% distribution of Home and Community Care hours of care provided for home care nursing.	8.6	March 31, 2016
Service delivery arrangements with internal and external delivery partners are provided in First Nations and Inuit communities.	% of communities with collaborative service delivery arrangements with external service delivery partners.	50	March 31, 2016

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Develop a strategy that supports the integration and coordination of home care and assisted living services provided by Health Canada and Aboriginal Affairs and Northern Development Canada.
- Enhance community and home care services by collaborating with First Nations communities to explore the deployment of a data collection application consistent with provincial systems, which would improve alignment and coordination of services with provinces.
- Explore options and develop protocols to address children with complex care needs.

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

Description

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

of BC, who will become clients of the First Nations Health Authority (FNHA) in accordance with the BC Tripartite Health Agreement and sub-agreements).

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
1,128,474,836	1,128,474,836	1,077,480,363	1,078,433,629

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
385	385	385

Note: In Budget 2013, the Government committed to stable funding and growth for Supplementary Health Benefits for First Nations and Inuit. The total amount is confirmed annually based on the prior year's spending reported in the Public Accounts of Canada plus a growth factor. Therefore, the 2016-17 and 2017-18 Planned Spending amounts will be adjusted and confirmed through a future Estimates process.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have access to non-insured health benefits.	% of eligible First Nations and Inuit population who accessed at least one NIHB.	72	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority III, described in the section [Organizational Priorities](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Monitor and undertake surveillance of prescription drug use and prescribing patterns, placing restrictions on opioids and other drugs of concern, and measure the impact of interventions.
- Continue to engage First Nations and Inuit partners, through existing Joint Review processes with the Assembly of First Nations and Inuit Tapiriit Kanatami, to identify and advance shared priorities.
- Work with expert advisors, stakeholders and other key players to identify further improvements to the NIHB Program.

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

Description

The [Department of Health Act](#) and the [Indian Health Policy \(1979\)](#) provide the authority for the Health Infrastructure Support for First Nations and Inuit program to administer contribution agreements and direct departmental spending to support the delivery of health programs and services.

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

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
635,463,846	635,463,846	664,358,695	695,911,497

Human Resources (Full-Time Equivalents [FTEs])

2015–16	2016–17	2017–18
219	219	219

Note: The increase in planned spending is mainly due to increases in funding for Tripartite Health Governance.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Innovative and integrated health governance relationships are increased.	% of provinces/territories with multi-jurisdictional agreements to jointly plan, deliver and/or fund integrated health services for aboriginal Canadians.	100	March 31, 2016
The capacity of First Nations and Inuit to influence and/or control (design, deliver, and manage) health programs and services is improved.	# of communities that have Flexible or Block funding agreements (i.e. communities that design, deliver and manage their health programs and services). (Baseline 300)	326	March 31, 2016

Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority III, described in the section [Organizational Priorities](#).

As part of this program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to work closely with Aboriginal Affairs and Northern Development Canada to simplify, standardize and harmonize policies, procedures and the management of transfer payments, where possible, and examine these processes with First Nations.
- Work on common risk management approaches and reporting requirements to develop and implement a single federal standardized financial reporting protocol.
- Continue to support and track progress on the five strategic directions of the Public Health Strategic Framework for First Nations, including system organization, workforce, information, social determinants of health and system transformation.

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

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
185,931,742	191,737,567	198,889,579

Human Resources (FTEs)

2015–16	2016–17	2017–18
127	127	127

Note: The increase in planned spending is mainly due to the First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Quality in the delivery of programs and services is improved.	# of communities accessing accredited health services. (Baseline 59)	77	March 31, 2016
Health facilities managed by First Nations and Inuit are safe.	% of health facilities subject to an Integrated Facility Audit that do not have critical property issues. (Baseline 55)	58*	March 31, 2016

* This target represents an increase of 5% from the previous measure.

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Collaborate with other federal departments that work with First Nations to have a common integrated approach to community development that will benefit First Nations.
- Advance a surveillance and information framework that is aligned with First Nations, Inuit, and provincial/territorial surveillance strategies and relevant at the community and regional-levels.
- Strengthen access, quality and safety of health services across the continuum of care for individuals, families and communities by continuing to develop program and service delivery standards.

Sub-Sub-Program 3.3.1.1: *Health Planning and Quality Management*

Description

The Health Planning and Quality Management program administers contribution agreements and direct departmental spending to support capacity development for First Nations and Inuit communities.

Key services supporting program delivery include: the development and delivery of health programs and services through program planning and management; on-going health system improvement via accreditation; the evaluation of health programs; and, support for community development activities.

The program objective is to increase the capacity of First Nations and Inuit to design, manage, evaluate, and deliver health programs and services.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
121,440,021	127,074,031	133,047,459

Human Resources (FTEs)

2015-16	2016-17	2017-18
74	74	74

Note: The increase in planned spending is mainly due to the First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
The capacity to deliver health programs and services is increased.	# of organizations that provide accredited community health services. (Baseline: 35)	53	March 31, 2016

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue the accreditation of community health services in keeping with nationally and internationally recognized processes to ensure a standardized level of quality in health planning, management and delivery of health services.
- Leverage the newly established regional multi-stakeholder advisory committees to advise on matters of regional and community planning and priority setting.
- Work with Inuit, territorial and provincial governments, and other federal partners to develop a more collaborative, comprehensive and strategic approach to Inuit health that informs planning within Health Canada.

Sub-Sub-Program 3.3.1.2: *Health Human Resources*

Description

The Health Human Resources program administers contribution agreements and direct departmental spending to promote and support competent health services at the community level by increasing the number of First Nations and Inuit individuals entering into and working in health careers and ensuring that community-based workers have skills and certification comparable to workers in the provincial/territorial health care system. This program engages many stakeholders, including: federal, provincial and territorial governments and health professional organizations; national Aboriginal organizations; non-governmental organizations and associations; and, educational institutions.

Key activities supporting program delivery include: health education bursaries and scholarships; health career promotion activities; internship and summer student work opportunities; knowledge

translation activities; training for community based health care workers and health managers; and, development and implementation of health human resources planning for Aboriginal, federal, provincial, territorial, health professional associations, educational institutions, and other stakeholders.

The program objective is to increase the number of qualified First Nations and Inuit individuals working in health care delivery.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
5,284,630	5,490,093	5,715,346

Human Resources (FTEs)

2015–16	2016–17	2017–18
17	17	17

Note: The increase in planned spending is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Greater participation of Aboriginal people in post-secondary education leading to health careers.	# of bursaries and scholarships provided to Aboriginal people per year. (Baseline 340)	425	March 31, 2016

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to support the training and education of Aboriginal students pursuing health professions.
- Support capacity development for First Nations' health managers and community health workers, by leveraging the [Aboriginal Health Human Resources Initiative](#)^{xxxix}.

Sub-Sub-Program 3.3.1.3: *Health Facilities*

Description

The Health Facilities program administers contribution agreements and direct departmental spending that provide communities and/or health care providers with the facilities required to safely and efficiently deliver health programs and services. Direct departmental spending addresses the working conditions of Health Canada staff engaged in the direct delivery of health programs and services to First Nations and Inuit.

Key activities supporting program delivery include: investment in infrastructure that can include the construction, acquisition, leasing, operation, maintenance, expansion and/or renovation of health facilities and security services; preventative and corrective measures relating to infrastructure; and, improving the working conditions for Health Canada staff so as to maintain or restore compliance with building codes, environmental legislation, and occupational health and safety standards.

The program objective is to support the development and delivery of health programs and services through investments in infrastructure.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
59,207,091	59,173,443	60,126,774

Human Resources (FTEs)

2015–16	2016–17	2017–18
36	36	36

Note: The increase in planned spending is mainly due to First Nations and Inuit Health Envelope growth.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health facilities that support program delivery are safe.	% of “high priority” recommendations stemming from Integrated Facility Audits are addressed on schedule. (Baseline 23)	50*	March 31, 2016

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health programs and services are supported through effective community capacity to manage their health plans.	# of recipients that have signed contribution agreements that start in 2011-12 or later that have developed plans for managing the operations and maintenance of their Health Infrastructure (Baseline 2)	15	March 31, 2016

*Health Canada works toward improving its collaborative process with First Nations communities to address facility deficiencies. The baseline of 23% was set in 2012-13, and the target of 50% is set to be achieved by March 31, 2016.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiative in 2015-16:

- Collaborate with Aboriginal Affairs and Northern Development Canada on an integrated approach to facilities building and management.

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

Description

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

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
28,981,507	28,940,248	28,938,590

Human Resources (FTEs)

2015–16	2016–17	2017–18
92	92	92

Note: The decrease in planned spending is mainly due to incremental funding transferred to Tripartite Health Governance and self-government agreements.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Key stakeholders in Aboriginal health are engaged in the integration of health services.	% of provincial/ territorial Advisory Committees in which key stakeholders in the integration of health services (First Nations and Inuit/ provincial/territorial) are represented.	100	March 31, 2016

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiative in 2015-16:

- Continue to work with the province of Saskatchewan, the Federation of Saskatchewan Indian Nations, communities and important partners to support the implementation of the [Saskatchewan First Nations Health and Wellness Plan](#)^{x1}.

Sub-Sub-Program 3.3.2.1: *Systems Integration*

Description

The Systems Integration program administers contribution agreements and direct departmental spending to better integrate health programs and services funded by the federal government with those funded by provincial/territorial governments.

This program supports the efforts of partners in health services, including: First Nations and Inuit, tribal councils, regional/district health authorities, regions, national Aboriginal

organizations, and provincial/territorial organizations to integrate health systems, services, and programs so they are more coordinated and better suited to the needs of First Nations and Inuit. This program also promotes and encourages emerging tripartite agreements.

Two key activities supporting program delivery include: development of multi-party structures to jointly identify integration priorities and plans for further integrating health services in a given province/territory; and, implementation of multi-year, large-scale health service integration projects consistent with agreed-upon priorities (i.e., a province-wide public health framework or integrated mental health services planning and delivery on a regional scale).

The program objective is a health system that is efficient and integrated resulting in increased access to care and improved health outcomes for First Nations and Inuit individuals, families, and communities.

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
2,263,231	2,254,531	2,254,531

Human Resources (FTEs)

2015–16	2016–17	2017–18
26	26	26

Note: The decrease in planned spending in 2016-17 is due to incremental funding transferred to the Canada School of Public Service to support enterprise-wide approach learning.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Collaborative planning for, and integration of, Aboriginal health services is increased.	% of First Nations and Inuit communities involved in a Health Services Integration Fund project, which affirms increased collaboration among the respective jurisdictions involved in planning, delivering and/or funding health services.	100	March 31, 2016

Planning Highlights

As part of this Sub-Sub-Program, Health Canada will undertake the following key initiatives in 2015-16:

- Explore possible *North of 60°* approaches with First Nations, Inuit and territorial governments, where there is a shared interest to improve service delivery and address population health challenges.
- Clarify and fulfill Health Canada's role in relation to First Nations and Inuit that have successfully concluded self-government or land claim agreements in order to enhance capacity for health programs.
- Support the evaluation of the First Nations and Inuit Health Services Integration Fund.

Sub-Sub-Program 3.3.2.2: *e-Health Infostructure*

Description

The eHealth Infostructure program administers contribution agreements and direct departmental spending to support and sustain the use and adoption of appropriate health technologies that enable front line care providers to better deliver health services in First Nations and Inuit communities through eHealth partnerships, technologies, tools, and services. Direct departmental spending also supports national projects that examine innovative information systems and communications technologies and that have potential national implications.

Key activities supporting program delivery include: public health surveillance; health services delivery (primary and community care included); health reporting, planning and decision making; and, integration/compatibility with other health service delivery partners.

The program objective is to improve the efficiency of health care delivery to First Nations and Inuit individuals, families, and communities through the use of eHealth technologies for the purpose of defining, collecting, communicating, managing, disseminating, and using data.

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

Budgetary Financial Resources (dollars)

2015-16 Planned Spending	2016-17 Planned Spending	2017-18 Planned Spending
26,718,276	26,685,717	26,684,059

Human Resources (FTEs)

2015–16	2016–17	2017–18
66	66	66

Note: The decrease in planned spending is mainly due to incremental funding transferred to Tripartite Health Governance and self-government agreements.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Access to e-Health Infostructure service is improved.	# of First Nations communities using Panorama or equivalent public health information system. (Baseline 0)	24	March 31, 2016
Integration of the health systems serving First Nations and Inuit.	# of telehealth sites implemented. (Baseline 240)	250	March 31, 2016

Planning Highlights

As part of this Sub-Sub-Program, Health Canada will undertake the following key initiatives in 2015-16:

- Continue to collaboratively fund and advance the deployment and use of interoperable emerging technologies in clinical and public health services and management, including implementing eHealth tools, such as electronic health records, integrated client medical records and the deployment of Panorama, a public health surveillance system.
- Expand telehealth sites to support existing health centers with electronic medical records sites and continue to pilot electronic medical records rollout in operative nursing stations.
- Work with First Nations and Inuit to identify opportunities to invest in data and infrastructure that are interoperable with provincial systems, including increasing support for data collection and analysis to better inform decision-making and priorities.

Sub-Program 3.3.3: *Tripartite Health Governance*

Description

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

The BC Tripartite Initiative consists of an arrangement among the Government of Canada, the Government of BC, and BC First Nations. Since 2006, the parties have negotiated and implemented a series of tripartite agreements to facilitate the implementation of health projects, as well as the development of a new First Nations health governance structure. In 2011, the federal and provincial Ministers of Health and BC First Nations signed the legally-binding BC Tripartite Framework Agreement on First Nation Health Governance.

This BC Tripartite Framework Agreement commits to the creation of a new province-wide FNHA to assume the responsibility for design, management, and delivery/funding of First Nations health programming in BC. The FNHA will be controlled by First Nations and will work with the province to coordinate health programming. It may design or redesign health programs according to its health plans. Health Canada will remain a funder and governance partner but will no longer have any role in program design/delivery.

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

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

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

Budgetary Financial Resources (dollars)

2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
420,550,597	443,680,880	468,083,328

Human Resources (FTEs)

2015–16	2016–17	2017–18
0	0	0

Note: The increase in planned spending is mainly due to the escalator for Tripartite Health Governance.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Reciprocal accountability amongst tripartite governance partners, as stated in section 2.2 of the BC Tripartite Framework Agreement on First Nations Health Governance.	% of planned partnership and engagement activities implemented, as committed in section 8 of the BC Tripartite Framework Agreement.	100	March 31, 2016

Planning Highlights

As part of this Sub-Program, Health Canada will undertake the following key initiative in 2015-16:

- Continue to support the implementation of the BC Tripartite Framework Agreement on First Nation Health Governance.

Internal Services

Description

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

Budgetary Financial Resources (dollars)

2015–16 Main Estimates	2015–16 Planned Spending	2016–17 Planned Spending	2017–18 Planned Spending
266,815,846	266,815,846	252,973,346	252,901,671

Human Resources (FTEs)

2015–16	2016–17	2017–18
2,009	1,919	1,919

Note: The decrease in planned spending and FTEs in 2016-17 is mainly due to the sunseting of time-limited spending authorities such as: Chemicals Management Plan, Clean Air Regulatory Agenda, Indian Residential Schools Resolution Health Support Program and First Nations Water and Wastewater Action Plan. The figures cited in this report do not reflect any decisions that the government may make to renew programs and invest new funds through Parliament. Therefore, total resources that will be available for certain programs may be higher than currently reported. The Government of Canada reassesses priorities, as required, and programs that are set to sunset will be considered for renewal and may in fact be renewed.

Planning Highlights

In the delivery of Internal Services, Health Canada participates in a Shared Services Partnership (SSP) with the PHAC. Each organization retains responsibility for different Internal Services, while working to deliver equitable services to both organizations.

As part of the SSP, Health Canada has direct responsibility over: Human Resources; Real Property and Security; Privacy and Access to Information; Information Management and

Information Technology; Communications and Public Affairs; Legal Services, and Materiel Management and Accounting Operations. Services that fall under PHAC's purview include: Evaluation; International Affairs; Emergency Preparedness and Response; and Audit and Accountability. These are reported in PHAC's 2015-16 RPP.

In addition to the services provided through the SSP, Health Canada has its own Management and Oversight Services and Financial Management Services.

The following points provide key Internal Services planning highlights for Health Canada in 2015-16:

Human Resources

- Support the development of a workforce that meets present and future needs through sound performance and talent management practices.

Information Management and Information Technology

- Implement government-wide modernization and transformation initiatives to support departmental business and programs, which includes:
 - Continue to move towards a common email platform.
 - Work with Shared Services Canada to migrate applications from legacy data centres to new enterprise data centers, which will include significant technology upgrades and/or retirement of applications.
 - Participate in a multi-departmental initiative (led by the Canada Border Services Agency) to implement a single window through which importers can electronically submit information necessary to comply with government import regulations.

Communications

- Facilitate the open and transparent access and exchange of information on Health Canada and PHAC programs, policies and regulations.
- Develop innovative communications products, services and channels.
- Implement the Government of Canada's Web Renewal Action Plan, which includes alignment and consolidation of internet content and external web applications to Canada.ca templates.
- Enhance risk and emergency communications.
- Provide integrated and strategic communications advice, strategies and services to our internal clients.

Management and Oversight Services

- Provide a dedicated, high-value resource management, internal control, and corporate planning and reporting and performance management capability for Health Canada.

- Maintain compliance with the Treasury Board of Canada Policy on Internal Control, including the on-going risk-based monitoring strategy for internal controls over financial reporting.
- Support increased integration of financial and non-financial performance data to better support decision making.

Financial Management Services

- Renew the Investment Plan in 2015-16, focusing on IM/IT, real property, and security investments in support of enhancing the quality and efficiency of program delivery.
- Modernize financial management practices and systems to meet emerging Central Agency and departmental needs.

Section III: Supplementary Information

Future-Oriented Statement of Operations

The future-oriented condensed statement of operations provides a general overview of the Health Canada's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the future-oriented condensed statement of operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Report on Plans and Priorities are prepared on an expenditure basis, amounts differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, can be found on the Health Canada's website <http://web.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2015-2016/smr-drd-eng.php>^{xli}.

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

Financial Information	2014–15 Estimated Results	2015–16 Planned Results	Difference
Total expenses	4,120,020,896	4,021,483,868	98,537,028
Total revenues	321,383,298	329,673,096	(8,289,798)
Net cost of operations	3,798,637,598	3,691,810,772	106,826,826

Health Canada is projecting \$4,021.5 million in expenses based on 2015-16 Main Estimates and accrued information. This amount does not include future supplementary estimates. It represents a decrease of \$98.5 million from 2014-15 projections.

This decrease is primarily attributable to:

- Operating and capital budget carry forwards calculated on 2013-14 operating results are included in the 2014-15 estimates but are not included in ongoing authorities.
- Expiration of certain time-limited spending authorities for which renewals may be sought through the supplementary estimates process, since the Government of Canada reassesses these priorities as required.

These decreases are partially offset by increases for:

- Non-insured Health Benefits components of the Stabilization of the First Nations and Inuit Health programming funding.

- Annual 3% growth in the First Nations and Inuit Health Envelope.
- Implementation of the BC Tripartite Framework Agreement on First Nation Health Governance for the transfer of the responsibility for First Nations health programming in BC to the FNHA.

The 2015-16 planned expenses by Strategic Outcome are as follows:

- A health system responsive to the needs of Canadians \$342.5 million.
- Health risks and benefits associated with food, products, substances and environmental factors are appropriately managed and communicated to Canadians \$674.5 million.
- First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status \$2,706.2 million.
- Internal services \$301.2 million.

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2015-16 to be \$329.7 million, representing a modest increase of \$8.3 million over 2014-15 projections.

Main sources of revenues by type are as follows:

- Services of a regulatory nature \$58.5 million.
- Rights and privileges \$64.7 million.
- Services of a non-regulatory nature \$217.1 million.

Supplementary Information Tables

The supplementary information tables listed in the 2015–16 RPP can be found on [Health Canada's website](#)^{xlii}.

- Departmental Sustainable Development Strategy;
- Details on Transfer Payment Programs of \$5 Million or More;
- Disclosure of Transfer Payment Programs Under \$5 Million;
- Horizontal Initiatives;
- Upcoming Internal Audits and Evaluations Over the Next Three Fiscal Years; and
- Up-Front Multi-Year Funding.

Tax Expenditures and Evaluations

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

Section IV: Organizational Contact Information

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Appendix: Definitions

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

Budgetary expenditures: Include operating and capital expenditures; transfer payments to other levels of government, organizations or individuals; and payments to Crown corporations.

Departmental Performance Report: Reports on an appropriated organization's actual accomplishments against the plans, priorities and expected results set out in the corresponding Reports on Plans and Priorities. These reports are tabled in Parliament in the fall.

Full-time equivalent: Is a measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

Government of Canada outcomes: A set of 16 high-level objectives defined for the government as a whole, grouped in four spending areas: economic affairs, social affairs, international affairs and government affairs.

Management, Resources and Results Structure: A comprehensive framework that consists of an organization's inventory of programs, resources, results, performance indicators and governance information. Programs and results are depicted in their hierarchical relationship to each other and to the Strategic Outcome(s) to which they contribute. The Management, Resources and Results Structure is developed from the Program Alignment Architecture.

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

Performance: What an organization did with its resources to achieve its results, how well those results compare to what the organization intended to achieve and how well lessons learned have been identified.

Performance indicator: A qualitative or quantitative means of measuring an output or outcome, with the intention of gauging the performance of an organization, program, policy or initiative respecting expected results.

Performance reporting: The process of communicating evidence-based performance information. Performance reporting supports decision making, accountability and transparency.

Planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates. A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

Plans: The articulation of strategic choices, which provides information on how an organization intends to achieve its priorities and associated results. Generally a plan will explain the logic behind the strategies chosen and tend to focus on actions that lead up to the expected result.

Priorities: Plans or projects that an organization has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired Strategic Outcome(s).

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

Program Alignment Architecture: A structured inventory of an organization's programs depicting the hierarchical relationship between programs and the Strategic Outcome(s) to which they contribute.

Report on Plans and Priorities: Provides information on the plans and expected performance of appropriated organizations over a three-year period. These reports are tabled in Parliament each spring.

Results: An external consequence attributed, in part, to an organization, policy, program or initiative. Results are not within the control of a single organization, policy, program or initiative; instead they are within the area of the organization's influence.

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

Sunset program: A time-limited program that does not have an ongoing funding and policy authority. When the program is set to expire, a decision must be made whether to continue the program. In the case of a renewal, the decision specifies the scope, funding level and duration.

Target: A measurable performance or success level that an organization, program or initiative plans to achieve within a specified time period. Targets can be either quantitative or qualitative.

Whole-of-government framework: Maps the financial contributions of federal organizations receiving appropriations by aligning their Programs to a set of 16 government-wide, high-level outcome areas, grouped under four spending areas.

Endnotes

- i Treasury Board of Canada Secretariat, <http://www.tbs-sct.gc.ca/>
- ii Protecting Canadians from Unsafe Drugs Act (Vanessa's Law), <http://www.hc-sc.gc.ca/dhp-mps/legislation/unsafedrugs-droquesdangereuses-eng.php>
- iii Canada Health Act, <http://laws-lois.justice.gc.ca/eng/acts/C-6/>
- iv Canada Consumer Product Safety Act, <http://laws-lois.justice.gc.ca/eng/acts/c-1.68/>
- v Controlled Drugs and Substances Act, <http://laws-lois.justice.gc.ca/eng/acts/c-38.8/>
- vi Food and Drugs Act, <http://laws.justice.gc.ca/eng/acts/F-27/>
- vii Tobacco Act, <http://laws-lois.justice.gc.ca/eng/acts/T-11.5/>
- viii Hazardous Products Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html>
- ix Hazardous Materials Information Review Act, <http://laws-lois.justice.gc.ca/eng/acts/H-2.7/>
- x Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- xi Radiation Emitting Devices Act, <http://laws-lois.justice.gc.ca/eng/acts/R-1/>
- xii Pest Control Products Act, <http://laws-lois.justice.gc.ca/eng/acts/P-9.01/>
- xiii List of Acts and, <http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php>
- xiv Hazardous Products Regulations, <http://laws-lois.justice.gc.ca/eng/acts/H-3/page-4.html>
- xv Pest Control Products Regulations, <http://laws-lois.justice.gc.ca/eng/regulations/sor-2006-124/index.html>
- xvi. Whole-of-government framework, <http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx>
- xvii. 2015-16 Main Estimates, <http://publiservice.tbs-sct.gc.ca/ems-sgd/esp-pbc/me-bpd-eng.asp>
- xviii Official Languages Act, <http://laws-lois.justice.gc.ca/eng/acts/o-3.01/>
- xix Food and Drugs Regulations, <http://laws-lois.justice.gc.ca/eng/regulations/c.r.c., c. 870/index.html>
- xx Safety of Human Cells, Tissues and Organs for Transplantation Regulations, <http://laws-lois.justice.gc.ca/eng/regulations/SOR-2007-118/>
- xxi Processing and Distribution of Semen for Assisted Conception Regulations, <http://laws.justice.gc.ca/eng/regulations/SOR-96-254/>
- xxii Medical Devices Regulations, <http://laws-lois.justice.gc.ca/eng/regulations/sor-98-282/>
- xxiii Natural Health Product Regulations, <http://laws-lois.justice.gc.ca/eng/regulations/sor-2003-196/>
- xxiv Guidelines for Canadian Drinking Water Quality, http://www.hc-sc.gc.ca/ewh-semt/pubs/water-eau/sum_guide-res_recom/index-eng.php
- xxv Cosmetic Regulations, <http://laws-lois.justice.gc.ca/eng/regulations/C.R.C., c. 869/>
- xxvi Respect for Communities Act, <http://www.parl.gc.ca/LegisInfo/BillDetails.aspx?Language=E&Mode=1&billId=6254806>
- xxvii Marihuana for Medical Purposes Regulations, <http://www.laws-lois.justice.gc.ca/eng/regulations/SOR-2013-119/>
- xxviii Comprehensive Nuclear-Test-Ban Treaty Implementation Act, <http://laws-lois.justice.gc.ca/eng/acts/C-36.5/>
- xxix Nuclear Safety and Control Act, <http://laws-lois.justice.gc.ca/eng/acts/N-28.3/>
- xxx User Fees Act, <http://laws-lois.justice.gc.ca/eng/acts/U-3.7/>
- xxxI Indian Health Policy 1979, http://www.hc-sc.gc.ca/ahc-asc/branch-dirngen/fnihb-dgpsni/poli_1979-eng.php
- xxxii Honouring our Strengths Addictions Framework: A Renewed Framework to Address Substance Use Issues Among First Nations People in Canada, http://publications.gc.ca/collections/collection_2011/sc-hc/H14-65-2011-eng.pdf
- xxxiii World Health Organization's Framework Convention on Tobacco Control, <http://www.who.int/fctc/en/>
- xxxiv Aboriginal Diabetes Initiative, <http://www.hc-sc.gc.ca/fniah-spnia/diseases-maladies/diabete/index-eng.php>

- xxxv First Nations Water and Wastewater Action Plan, <https://www.aadnc-aandc.gc.ca/eng/1313426171775/1313426357946>
- xxxvi Safe Drinking Water for First Nations Act, <http://laws-lois.justice.gc.ca/eng/acts/S-1.04/index.html>
- xxxvii Health Canada's Strategy Against Tuberculosis for First Nations On-Reserve, <http://www.hc-sc.gc.ca/fniah-spnia/pubs/diseases-maladies/tuberculos/tuberculos-strateg/fact-fiche-eng.php>
- xxxviii Nursing Recruitment and Retention Strategy, <http://www.hc-sc.gc.ca/hcs-sss/pubs/nurs-infirm/2000-nurs-infirm-strateg/index-eng.php>
- xxxix Aboriginal Health Human Resources Initiative, <http://www.hc-sc.gc.ca/fniah-spnia/services/career-carriere/hum-res/index-eng.php>
- xl Saskatchewan First Nations Health and Wellness Plan, <http://hc-sc.gc.ca/fniah-spnia/pubs/services/2008-sask-mou-pde/index-eng.php>
- xli Future-Oriented Statement of Operations, <http://web.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2015-2016/smr-drd-eng.php>
- xlii Supplementary Information Tables, <http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2015-2016/supplement-eng.php>
- xliii Tax Expenditures and Evaluations publication, <http://www.fin.gc.ca/purl/taxexp-eng.asp>