Health Canada

2005–2006 Estimates

Part III — Report on Plans and Priorities

Canada's Health History at a Glance

Creation of the Public Health Agency of Canada	2004	2000's	2004	Ten-Year Plan to Strengthen Health Care signed at First Ministers' Meeting
Act Respecting Assisted Human Reproduction and Related Research	2004		2003	Appointment of Dr. Carolyn Bennett as Minister of State for Public Health "Learning from SARS — Renewal of the Public Health in Canada" Report released
Pest Control Products Act	2002		2002	Romanow Report released
Canadian Institutes of Health Research Act	2000			
Canadian Environmental Protection Act	1999	1990's		
Tobacco Act & Canadian Food Inspection Agency Act	1997			
Controlled Drugs and Substances Act, Department of Health Act	1996		1996	Life expectancy in Canada reaches 81.4 years for women and 75.7 years for men
Health Canada established	**1993**			
Canadian Centre on Substance Abuse Act	1988	1980's	1987	Federal Centre for AIDS established
Financial Administration Act, Hazardous Materials Information Review Act	1985		1986	Ottawa Charter for Health Promotion (WHO)
Canada Health Act	1984			
			1981	Symptoms that now are considered diagnostic of AIDS are first reported in Los Angeles and New York
		1970's		
The Established Program Financing Act	1974		1974	Lalonde Report: A New Perspective on the Health of Canadians
			1972	National Health Insurance Plan for hospitals and medical care in Canada instituted, life expectancy in Canada reaches 76 years for women and 69 years for men
Radiation Emitting Devices Act	1970			
Hazardous Products Act	1969	1960's		
Canada Medical Care Act	1966		1967	Christiaan Barnard, a South African surgeon, performs the first whole heart transplant from one person to another
			1960	Development of the oral contraceptive by the American biologist Gregory Pincus
Hospital Insurance and Diagnostic Services Act	1957	1950's		
			1955	Polio vaccine made available by injection
Food and Drugs Act	1953			
		1940's	1947	Canada's first public health insurance plan instituted in Saskatchewan
Department of National Health and Welfare established	1944		1944	Halifax physician Oswald Theodore first to show that DNA is agent responsible for transfering genetic information
		1930's		
			1933	Montreal's Dr. Armand Frappier responsible for BCG vaccine production in Canada
			1929	British researcher Sir Alexander Fleming discovers penicillin
		1920's	1925	Montreal tuberculosis clinic prepares BCG vaccine for pilot project
			1922	First life expectancy data in Canada recorded 61 years for women and 59 years for men
			1921	Canadian researchers Banting and Best treat diabetes using their newly discovered insulin
Department of Health established	1919	1910's		
			1918	Spanish influenza kills more than 20 million people worldwide
Tobacco Restraint Act, Propriety or Patent Medicines Act	1908	1900's	1908	National Association of Nurses founded
Propriety of Patent Medicines Act	1902			
		1890's	1897	Victorian Order of Nurses established
			1896	Canadian Red Cross Society established
		1880's	1892	"Principles and Practices of Medicine" published by Canadian physician Sir William Osler
		1870's		
Quarantine Act, Adulteration Act (precedes *Food and Drugs Act*)	1874		1874	First nursing training school established by Dr. Theophilus Monk in St. Catharines, Ontario
			1867	Emily Jennings Stowe becomes Canada's first female physician

Federal Health Ministers

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

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

* Acting Minister of Health

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Health Canada's Report on Plans and Priorities 2005–2006 follows the revised reporting guidelines set out by the Treasury Board of Canada, Secretariat. Therefore, the reporting format differs from the Report on Plans and Priorities 2004–2005. For more details see http://www.tbs-sct.gc.ca/est-pre/20052006/p3_e.asp

1 Overview

Minister's Message

Helping Canadians to maintain and improve their health is a top priority of the Government of Canada. Health Canada has committed itself to improving the lives of all of Canada's people and to making this country's population among the healthiest in the world. The Department's 2005–2006 *Report on Plans and Priorities* builds on the progress we made in 2004 and provides an overview of our planned responses to the opportunities and challenges facing us.

Strengthening and renewing Canada's publicly funded system is at the forefront of Health Canada's agenda. At the First Ministers' Meeting of September 2004, the Prime Minister and the Premiers signed the Ten-Year Plan to Strengthen Health Care that will lead to better health care for all Canadians. The Plan provides new federal investments of $41 billion over the next 10 years and responds directly to the key concern of Canadians — reducing wait times and improving access to care. Important progress has been made on Aboriginal health as well. First Ministers and Aboriginal Leaders agreed to develop a collaborative blueprint for concrete action to improve Aboriginal health and access to services. The federal government also announced $700 million to enhance prevention and promotion programming, develop Aboriginal health human resources and create an Aboriginal Health Transition Fund to enable governments and communities to devise new ways to integrate and adapt existing health services to better meet the needs of Aboriginal people.

Overall, the Plan demonstrates our continued commitment to providing leadership and working together with the provinces, territories and stakeholders to ensure Canadians have the best possible health care system. The Ten-Year Plan reflects a shared commitment of federal, provincial and territorial governments to public accountability and commits to providing performance measurement indicators, which will help ensure that we reach our goals.

As this report shows, Health Canada will continue to seek ways to minimize health risks and to protect the health of Canadians. We are making strides on a number of important issues — mandatory adverse reaction reporting, disclosure of clinical trials, mental health issues, environmental health, reduction of tobacco use and continued work on the *Therapeutics Access Strategy*, a proactive strategy that requires the dedication of all stakeholders. We are constantly examining ways to be more innovative and results-oriented. Health Canada will work with other health portfolio partners, including the new Public Health Agency of Canada, which works in health promotion, illness prevention and emergency preparedness and response.

Health Canada remains committed to delivering tangible results to Canadians. This *Report on Plans and Priorities* sets out Health Canada's strategies to help maintain and improve the health of citizens. It signals a broad, ambitious and balanced agenda — an agenda that reflects the priorities of Canadians.

Ujjal Dosanjh
Minister of Health

Departmental Overview

Summary Information

Departmental Spending		
Financial Resources (in millions of dollars):		
2005–2006	2006–2007	2007–2008
2,879.0	2,632.5	2,641.7
Human Resources:		
2005–2006	2006–2007	2007–2008
8,123	8,082	8,037

Departmental Priorities (in millions of dollars)

		Planned Spending		
	Type	2005–2006	2006–2007	2007–2008
To Maintain Confidence in a Publicly-funded Health Care System	Ongoing	437.9	171.4	163.5
To Improve the Quality of Life of Canadians	Ongoing	1,849.3	1,881.8	1,909.0
To Reduce the Risks to the Health of Canadians	Ongoing	356.2	343.5	336.7
To Improve Accountability to Canadians	Ongoing	235.6	235.8	232.5

About Health Canada

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

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

Our Vision

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

Mission Statement

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

Objectives

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

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

Roles

Health Canada plays five core roles in order to realize our vision. In playing these roles identified below, our Department draws on our strengths as a science-based department. We generate knowledge through the research, analysis and evaluations that we conduct, partner in and support. We also draw on the knowledge that is being generated around the world to help us and others make informed, effective choices across all five roles.

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

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

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

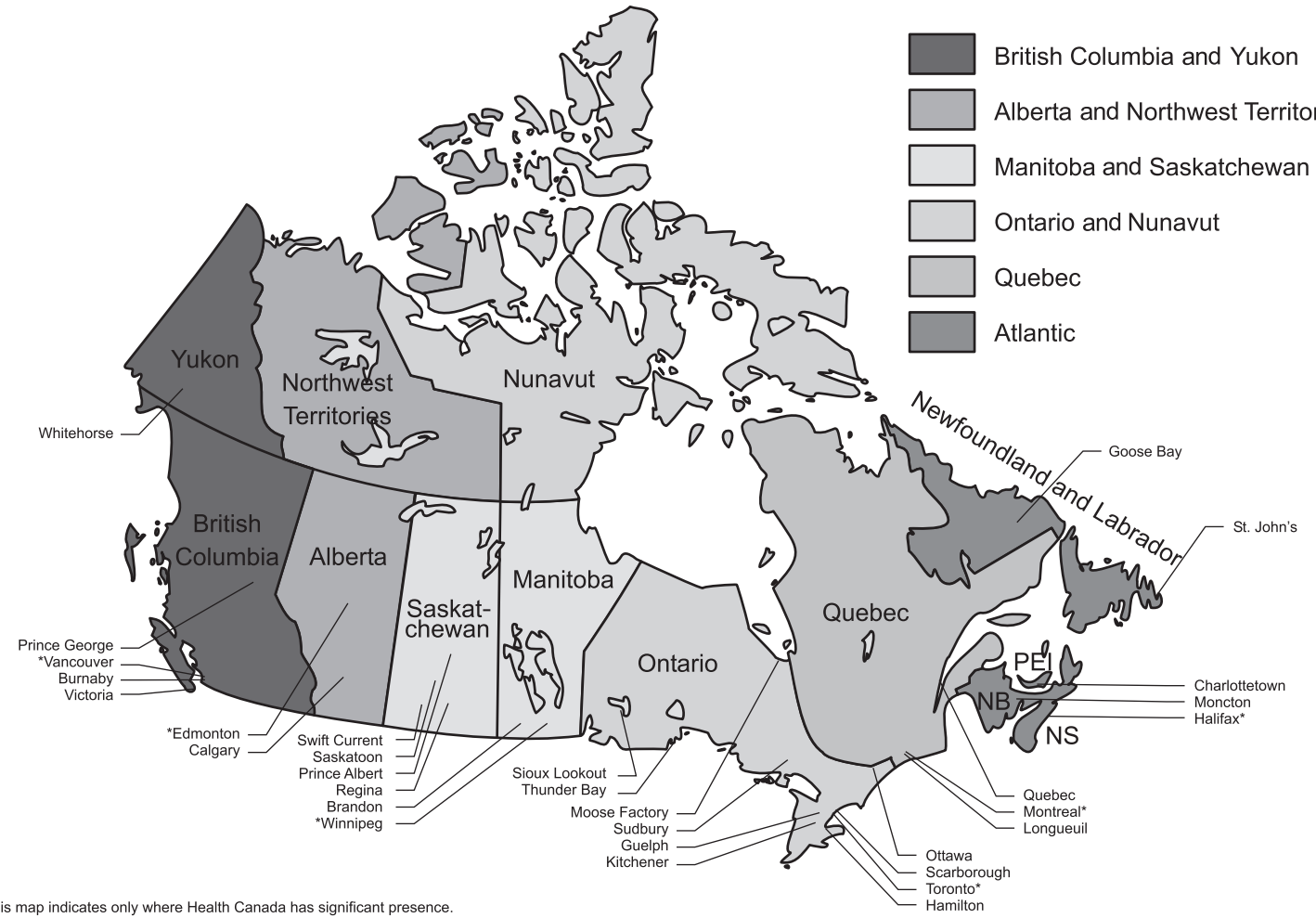
Service Provider through the provision of supplementary health benefits to approximately 749,725 eligible First Nations and Inuit to cover pharmaceuticals, dental services, vision services, medical transportation, medical supplies and equipment, and crisis intervention mental health counselling. We support the delivery of public health and health promotion services on-reserve and in Inuit communities. We also provide primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.

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

Health Canada's Regions

Roughly 35% of Health Canada's staff are at work in communities outside of the National Capital Region, as indicated on the accompanying map. We deliver health services and programs in First Nations and Inuit communities, manage links with provincial and territorial governments, conduct laboratory investigations, work with local health organizations, serve as a frontline service and information provider for Canadians and much more. This strong regional presence enables us to maximize the reach and effectiveness of departmental programs and resources, by matching national directions to local conditions and opportunities.

Health Canada at Work Across the Country



Note: This map indicates only where Health Canada has significant presence.
* indicates location of Regional Directors General

Acting in Concert with Others

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

Departmental Plans and Priorities — the Health Canada Planning Context

Health Canada's plans and priorities are based on the latest research and analysis of health issues facing Canadians. They synthesize our Departmental commitments to focus on the most effective means to achieve health results for Canadians, given our Department's mandate and jurisdiction. This work includes:

- analyzing broad global and domestic social and economic trends that influence the health of Canadians;
- assessing the key health challenges facing Canadians and Canada's health system; and
- identifying how the Department can contribute to the achievement of the Government of Canada's broader policy directions and commitments, including those set out in Speeches from the Throne.

Most Health Canada resources are allocated to ongoing responsibilities, particularly those established under the *Department of Health Act* and other laws that include the *Canada Health Act,* the *Food and Drugs Act,* the *Pest Control Products Act*, and the *Controlled Drugs and Substances Act*. Our planning process recognizes the need to manage risks and relies on the effective use of scientific evidence and expertise.

Health Canada activities are a significant part of the work taking place across the Government of Canada Health Portfolio. We work with the other partners in this portfolio, each of which has its own Report on Plans and Priorities, namely:

- the Canadian Institutes of Health Research;
- the Hazardous Materials Information Review Commission;
- the Patented Medicine Prices Review Board; and
- the new Public Health Agency of Canada.

In 2004, the Government of Canada created the Public Health Agency of Canada to address Canada's public health challenges.

Departmental Medium-Term Priorities

For 2004–2005 and beyond, Health Canada established four medium-term corporate priorities that reflect our Department's vision, mission, mandate and jurisdiction, as well as Government of Canada directions and commitments, and First Ministers' Agreements. These priorities will continue to translate the key issues, health challenges and federal government-wide agenda, including the First Ministers' September 2004 Ten-Year Plan to Strengthen Health Care, into focal points for Departmental action in 2005–2006 and beyond. These priorities, described in detail below, are:

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

These priorities guided the Departmental decision to focus on four areas of strategic policy and program development, which are: sustaining health care renewal; towards a 21st century public health system; an Aboriginal health agenda; and health and the environment.

To Maintain Confidence in a Publicly-funded Health Care System

Canada's health care system accounts for a large share of public sector budgets and its effectiveness and accessibility is important to Canadians. Since 2000, the Government of Canada and the governments of the provinces and territories have agreed to a series of actions designed to maintain confidence in Canada's publicly-funded health care system. These agreements include support for structural reforms to primary health care, home care and catastrophic drug coverage; improved health human resources planning; and collaborative efforts to better manage drug costs. These agreements also provide long-term funding through increases in the Canada Health Transfer and investments in information and communications technology. Enhanced accountability for health care system performance is provided through support for the arm's-length Health Council of Canada and regular jurisdictional reporting to Canadians.

The Ten-Year Plan to Strengthen Health Care builds on this base with a focus on achieving tangible results for patients through reduced wait times in priority areas and improved access to home and primary health care services. The Plan will ensure an adequate supply and appropriate mix of health care professionals, including the acceleration and expansion of the assessment and integration of internationally trained health care graduates. It recognizes the unique health care delivery challenges in the North and encourages innovative delivery of health care services in rural and remote communities.

While the provinces and territories have primary responsibility for delivering on the commitments set out in the Ten-Year Plan, Canadians expect their governments to work in partnership to preserve and strengthen their health care system, and to work collaboratively on initiatives to modernize health programs and improve health care services delivery. Health Canada will act on this expectation, demonstrate leadership and work collaboratively with provinces and territories to ensure that the First Ministers' commitments are implemented.

Health Canada will act as an information and knowledge provider through research, surveillance and health promotion activities. We will build on existing collaborative work with provinces and territories in specific areas such as pan-Canadian health human resources planning, improved access to health services by Official Language Minority Communities, and expanding and improving the indicators of health system performance. As well, we will continue to act as a funder of health services through transfers to the provinces and territories and as the provider of non-insured health benefits to First Nations and Inuit. As the department responsible for the *Canada Health Act*, we remain the guardian of the universal publicly-funded health care system.

To Improve the Quality of Life of Canadians

Health is a key factor in improving the quality of life of Canadians. Although Canadians are among the healthiest people in the world by most indicators, rising obesity rates, the increasing prevalence of diabetes and other issues point to areas for action. Also, in comparison to the general Canadian population, Aboriginal peoples face a higher risk for poor health and demonstrate a greater prevalence of injuries, suicide and chronic conditions.

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

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

and services that can have real and lasting benefits for Canadians.

Many of these activities represent ongoing work with specific priorities for attention that we note in Section II of this Report, such as our commitment to improve product regulation as part of the Government of Canada's larger commitment to "smart regulation."

In addition to those ongoing commitments, Health Canada is addressing the pressures facing the First Nations and Inuit health system and supporting sustainable health programming in their communities. Our goal is to provide efficient, effective and sustainable health services and programs that contribute to better health outcomes for First Nations and Inuit. Some significant investments and reforms have already been put in place through funding announced in recent budgets. The September 2004 First Ministers' Meeting with Aboriginal Leaders resulted in an agreement to build on this work. Under that agreement, the Government of Canada and the governments of the provinces and territories will work with Aboriginal organizations to develop a blueprint to improve the health status of Aboriginal peoples and health services in Canada. The goals of the blueprint are:

- improved delivery of and access to health services to meet the needs of all Aboriginal peoples through better integration and adaptation of all health systems;
- measures that will ensure that Aboriginal peoples benefit fully from improvements to Canadian health systems; and
- a forward looking agenda of prevention, health promotion and other upstream investments for Aboriginal peoples.

To reinforce that commitment, Health Canada will work to implement the Government's commitment to create an Aboriginal Health Transition Fund, which should lead to better health services to more effectively meet the needs of all Aboriginal peoples, including First Nations, Inuit and Métis. The Department will lead the new Aboriginal Health Human Resources Initiative and health promotion and disease prevention programs focussed on major Aboriginal health concerns.

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

Reducing health risks takes many forms for Health Canada. A strong capability to perform and access the science necessary to do so underpins all of these activities. Our ongoing legislated responsibility to regulate various products is one example of this. Under the Therapeutic Access Strategy, we will continue to expand efforts to achieve timely reviews of pharmaceutical products, with full attention to safety and efficacy. As noted earlier in this section, our Department will work closely with the new Public Health Agency of Canada in order to strengthen the country's public health system.

Health and environment linkages represent a growing focus of Departmental attention under this corporate priority. Scientific evidence shows that hazards arising from environmental degradation, climate change and the introduction of new substances and technologies can affect the health of Canadians. Health Canada is already taking action across many health and environment topics, such as preparation to implement the new *Pest Control Products Act*, which strengthens the current emphasis on minimizing environment and health risks from pesticides, as well as research into health issues related to the *Canadian Environmental Protection Act*. The Department conducts and supports research on the health effects of pollutants and assessments of health-related environmental issues in specific regions, such as in border regions between Canada and the United States.

This work is expected to expand in response to greater awareness of environmental and health linkages. Collaboration with current or possible partners in other federal government departments, other governments and in the scientific and health communities should also grow as a more comprehensive health and environment agenda takes shape.

To Improve Accountability to Canadians

The previous three priorities are grounded in a Department-wide commitment to be accountable in delivering the results that Canadians expect and deserve. This priority incorporates Departmental activities to integrate the principles of sustainable development and modern comptrollership, introduce improved systems and processes for Departmental operations, and address human resource priorities.

The same commitment that has led First Ministers to agree to clear benchmarks for health system improvement is reflected in efforts to improve performance management within Health Canada that are focussed largely on health outcomes. For example, this Report is organized along the new Program Activity Architecture that aligns our desired strategic outcomes, Departmental priorities and high-level performance indicators with our Department's day-to-day activities and responsibilities.

In support of the achievement of all Strategic Outcomes, simultaneous activities — large and small — on many fronts will strengthen stewardship and accountability, further enhancing the Department's ability to meet its objectives.

Health Canada's Sustainable Development Strategy 2004–2007, entitled Becoming the Change We Wish to See, commits the Department and its employees to consider the principles of sustainable development when developing and delivering health programs and services to Canadians. By integrating the principles of sustainable development into its work, Health Canada will ensure its policies and programs are ecologically sound. In the coming year, the Department commits to:

- Strengthening partnerships on health, environment and sustainable development to contribute to healthier environments and safer foods and products for Canadians;
- Integrating sustainable development into departmental decision-making and management processes to contribute to the effective delivery of Health Canada's programs;
- Contributing to healthier environments and safer products for Canadians through improved departmental activities and sustainable management of land and facilities; and
- The collaborative delivery of health promotion, disease prevention and health care services for First Nations and Inuit.

Health Canada will continue its operationalization of the Management Accountability Framework (MAF) at all levels by building capacity through learning programs in areas such as risk management, financial management and procurement and contracting for example. Comprehensive actions on a range of human resources and workplace health initiatives will ensure that the Department maintains its leadership role in the area of human resources management modernization.[2]

Health Canada will also enhance its financial management practices and effective use of resources through the implementation of a Financial Management Control Framework which includes the development of management tools and improved reporting capacity for managers.

Endnotes and Web Site Links

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

2 For more information about the MAF, visit Health Canada's web page at: http://www.hc-sc.gc.ca/english/care/estimates/modern_comptrollership.htm or the Treasory Board of Canada Secretariat website at: http://www.tbs-sct.gc.ca/cmo_mfc/index_e.asp

2. Analysis of Program Activities by Strategic Outcome

Strategic Outcome # 1: Strengthened Knowledge Base to Address Health and Health Care Priorities

Program Activity — *Health Policy, Planning and Information*

PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)

($ millions)	Forecast Spending 2004–2005	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Net expenditures* **	422.0	**456.3**	189.4	181.3
FTEs	637	**682**	666	639

* The increase in net expenditures from 2004–2005 to 2005–2006 is mainly due to an increase in funding levels for the Primary Health Care Transition Fund, for the Set-up of the Assisted Human Reproduction Agency and for the Access to Key Services for Official Language Minority Communities Initiative. The decrease in net expenditures from 2005–2006 to 2006–2007 is mainly due to a reduction in funding levels for the Primary Health Care Transition Fund Initiative and the sunset of funds related to the Northern Health Supplement to the 2003 First Ministers' Accord on Health Care Renewal. Budget 2005 has announced new funding that addresses certain sunsetting items. Please see Section 4 for further details on the Budget. The decrease in net expenditures from 2006–2007 to 2007–2008 is mainly due to the sunsetting of the Primary Health Care Transition Fund Initiative and a decrease in the level of funding for the Assisted Human Reproduction Agency.

** Figures include an amount for other departmental and regional infrastructure costs supporting program delivery. These costs are $20.2 million in 2004–2005, $18.4 million in 2005–2006, $18.1 million in 2006–2007 and $17.8 million in 2007–2008.

Program Activity Description

The Health Policy Branch (HPB) provides advice and support to the Minister, the Departmental executives and to program branches in the areas of policy development, intergovernmental and international affairs, strategic planning, program delivery and review, and the administration of the *Canada Health Act*.

The Information, Analysis and Connectivity Branch (IACB) contributes to improved health outcomes for Canadians by promoting the increased and more effective use of information and communications technologies; by improving access to reliable health information; by providing policy research and analysis to support evidence-based decision-making; by working with official language minority communities and others to improve access to health services in the official language of choice; and by taking into account Canadians' privacy expectations with respect to health information.

Most of the work under this Program Activity represents a range of ongoing activities such as health policy analysis and development; monitoring and analyzing provincial and territorial health issues, including compliance with the principles, conditions, and extra-billing and user-charge provisions of the *Canada Health Act*. We manage relations with other governments and health organizations in Canada and internationally on health issues and deal with specific priority topics including women's health, nursing and the health-related issues affecting official language communities. Our efforts related to data and information gathering for many issues that touch on all Strategic Outcomes are included here, as is our work to promote and address the most effective use of advanced information, communications and health technologies across Canada's health system.

As such, international human security issues, Canadian societal trends, pressures on the health care system, scientific advances and new technology, along with the federal-provincial environment all challenge and shape our operating environment.

The Government of Canada has made renewal of the health care system a central priority, which is reflected in the Health Canada corporate priority, "to maintain confidence in a publicly funded health care system." We will continue to support the use

of information and communication technologies to improve health care delivery and management; continue to contribute to the development of indicators that all jurisdictions can use to track and report health system performance; continue the expansion of the evidence base for policy and operational decisions; and continue to ensure that official language minority communities have access to health services in their own language.

We will take action to meet these priorities in many ways, described below.

Implementing the Ten-Year Plan to Strengthen Health Care

On September 16, 2004, the Prime Minister and all Premiers and Territorial Leaders signed the Ten-Year Plan to Strengthen Health Care.[1] The agreement addresses Canadians' priorities for sustaining and renewing the health care system, and also provides long-term funding of $41 billion over ten years to make those reforms a reality.

The Ten-Year Plan builds on work that began under the 2003 First Ministers' Accord on Health Care Renewal on home care, catastrophic drug coverage, primary health care, health technology assessment and health human resources. The Ten-Year Plan goes beyond these Accord commitments by adding the Wait Times Reduction Strategy and the National Pharmaceuticals Strategy to encourage optimal drug use and improve cost management.

Foremost on the agenda for renewal of health care in Canada is the need to make timely access to quality care a reality for all Canadians. The $4.5 billion Wait Times Reduction Fund will build upon provincial and territorial initiatives to reduce waiting times for health services. Our roles under the Wait Times Reduction Strategy will centre on collaboration with partners to:

- establish evidence-based benchmarks for medically acceptable wait times starting with the following priority areas — cancer, heart disease, diagnostic imaging procedures, joint replacements and sight restoration;
- develop comparable indicators of access to health care professionals, and diagnostic and treatment procedures; and
- support collective efforts to promote and facilitate wait times management, such as public education, information sharing and promotion of best practices.

In British Columbia, Health Canada will continue to partner with other levels of government, health researchers, academia and stakeholder groups to identify and undertake research and other complementary activities (e.g., policy forums; workshops) to support knowledge transfer on health priorities. This will include follow-up to a successful Vancouver-based Regional Forum on Primary Health Care and the first ever Canadian Conference on Arts and Health, which looked at how arts and culture can contribute to the health of Canadians.

Health Canada will work with our provincial/territorial counterparts to further the development and implementation of the National Pharmaceuticals Strategy as mandated by First Ministers in the Ten-Year Plan. Building on shared efforts to date, we will be actively engaged in intergovernmental work to:

- develop, assess and cost options for catastrophic pharmaceutical coverage;
- establish a common National Drug Formulary for participating jurisdictions based on safety and cost effectiveness;
- accelerate access to breakthrough drugs for unmet health needs through improvements to the drug approval process;
- strengthen evaluation of real-world drug safety and effectiveness;
- pursue purchasing strategies to obtain best prices for Canadians for drugs and vaccines;
- enhance action to influence the prescribing behaviour of health care professionals so that drugs are used only when needed and the right drug is used for the right problem;
- broaden the practice of e-prescribing through accelerated development and deployment of the Electronic Health Record;

- accelerate access to non-patented drugs and achieve international parity on prices of non-patented drugs; and
- enhance analysis of cost drivers and cost-effectiveness, including best practices in drug plan policies.

To build on health human resource (HHR) activities that support the 2003 Accord and the 2004 Ten-Year Plan, Health Canada will continue with the implementation of the Health Human Resource Strategy through three broad initiatives: Pan-Canadian Health Human Resource Planning; Interprofessional Education for Collaborative Patient-Centred Practice; and Recruitment and Retention. Specific Strategy activities include:

- collaborative partnerships involving governments and key stakeholders to accelerate and expand the assessment and integration of internationally trained health care graduates and to address issues of integration into the Canadian workforce for internationally educated health professionals;
- attention to the HHR needs of health providers servicing Aboriginal populations;
- continuing collaboration with provincial/territorial governments in the development and implementation of a Pan-Canadian HHR Planning Framework;
- work with the Canadian Institute for Health Information on health care provider data and forecasting;
- collaboration with provinces and territories to assess gaps in HHR modelling and forecasting capacities;
- projects to address interprofessional collaborative patient-centred practice initiatives; and
- financial support to the Society of Rural Physicians of Canada for strategies to recruit and retain rural physicians, educational programs and new models of access to rural surgical care.

Primary health care refers to the first level of service and contact that most Canadians have with the health care system. Governments have been working together on new approaches to primary health care for the past decade. In addition to initiatives described later in this section, we expect to build on the work to date in addressing commitments identified in the Ten-Year Plan which include:

In partnership with Health Canada's Alberta/NWT Region, health researchers from academia, non-government organizations and various communities will develop a community-based health agenda to enhance positive health outcomes for women in Alberta.

- reiteration of the target for primary health care identified in the 2003 Accord. Health Canada will identify its own targets *vis à vis* the populations for which it provides health care services. The Primary Health Care Transition Fund ($800 million from 2000 to 2006) continues to support the direction of the 2003 and 2004 agreements to develop and test new ways of providing and managing primary health care; and
- establishment of a Best Practices Network for primary health care, which will help with information-sharing and support collaborative activity to address common barriers to progress.

In September 2004, First Ministers also agreed that their governments would provide first-dollar coverage for certain home care services, based on assessed need by 2006. Working with our federal partners, Health Canada will ensure that the population served by federal departments (specifically First Nations, Inuit and veterans) will have access to this coverage.

Health Canada will also continue to support the implementation of commitments in the 2003 First Ministers' Accord, including:

- working with provinces/territories and other key stakeholders to implement the new Canadian Health Technology Strategy;
- working closely with the Canadian Patient Safety Institute (CPSI) as it moves forward to implement its strategic business plan; and
- supporting the Health Council in its renewed mandate from the Ten-Year Plan.

Maintaining Confidence in the Publicly-funded Health Care System

Our Department will act on other issues that will help to maintain confidence in Canada's health care system during 2005–2006.

We will improve our reporting to Parliament and Canadians on insured health care services provided by the provinces and territories, through the Canada Health Act Annual Report, which is required under the *Canada Health Act*, and through which the federal Minister of Health provides information on the administration and operation of provincial and territorial health plans as they relate to the criteria and conditions of the Act.[2]

In addition to the work on primary health care innovation and reform noted earlier, we intend to work with our provincial, territorial and stakeholder partners to draw attention to the progress being made under the Primary Health Care Transition Fund (PHCTF) during 2005–2006, such as:

- increasing the visibility of service delivery initiatives, using extensive stakeholder and public consultations and engagement;
- holding workshops on topics such as physician remuneration, chronic disease management, information technology and primary health care renewal in the north;
- launching a national awareness strategy; and
- sharing the results of all PHCTF initiatives nationally, including audits and evaluations.

Family and informal caregivers provide an estimated 80–90% of care that seniors receive in their homes. The October 2004 Speech from the Throne recognized "the vital role of Canadians who care for aged or infirm relatives or those with severe disabilities" and undertook to "improve its existing tax-based support and will ask Parliament to consult across the country on additional initiatives." We will work with Social Development Canada, which has the federal policy lead for family caregiving, in pursuit of a national strategy to support family caregivers of seniors and people with disabilities.

Health Canada's Ontario and Nunavut Region, in collaboration with the Information, Analysis and Connectivity Branch, are working on the Canada Health Portal. The goal of the Canada Health Portal is to provide authoritative, trusted health information across provincial/territorial jurisdictions, and act as a "one-stop shop" for information and previously inaccessible health-related government information and services for all Canadians. A pilot project with the Province of Ontario and Toronto Public Health to test the feasibility of interjurisdictional partnerships has been launched.

We will continue to support initiatives to improve the quality and availability of palliative and end-of-life care across Canada through collaborative opportunities with the palliative care community, provincial and territorial counterparts, and other federal departments.

Accelerating the Use of Information and Communications Technologies

The increased adoption of information and communications technologies in the health sector is essential to creating a sustainable health system that provides better access to services for Canadians, now and in the future. Since 2001, Canada Health Infoway (*Infoway*) has been allocated $1.2 billion in federal funding to work with provinces and territories in developing Pan-Canadian eHealth solutions for electronic health records, telehealth and health surveillance.

Health Canada's role is to ensure *Infoway* fulfils its obligations under its Funding Agreement (including an evaluation in 2006 by *Infoway* of its overall performance in achieving expected outcomes), to provide national leadership, particularly on policy issues, and to collaborate with the provinces and territories to avoid duplication of efforts and reduce costs.

In 2005–2006, we will continue to focus on addressing the privacy concerns of Canadians

in the health system, including for eHealth. The Pan-Canadian Health Information Privacy and Confidentiality Framework proposes a harmonized set of core provisions for the collection, use and disclosure of personal health information in both the publicly- and privately-funded sectors. Consistent privacy regimes among jurisdictions will facilitate health care renewal, including the development of electronic health record systems and primary health care reform.

Expanding and Improving the Indicators of Health System Performance

Health Canada supports the development and better use of evidence for decision-making, improved performance measurement and accountability, all important elements contributing to a sustainable health system. The Ten-Year Plan to Strengthen Health Care, signed by all Canada's First Ministers in September 2004, emphasizes accountability by all governments and builds on their previous actions to report on health system performance to Canadians. During 2005–2006, Health Canada will continue to work with the provinces and territories, Statistics Canada and the Canadian Institute for Health Information to improve health statistics. This will strengthen the foundation required to better manage the health system.

We will also invest in other research to support Health Canada decision making with respect to the priority themes of innovation, regulation, healthy communities and First Nations and Inuit health.

Health Sciences Policy

Rapid advances in scientific and health knowledge make an active policy research and development role critical to the achievement of all Strategic Outcomes for the health of Canadians. In addition to work in many other areas, we will pay particular attention to two fields in 2005–2006.

Human genetics has clear implications for the sustainability of Canada's health care system in terms of potential new ways to prevent, diagnose, treat and cure thousands of disorders and the rising impact of technological change on health care spending growth. Accordingly, we will be contributing to federal, provincial, territorial, and international efforts in areas such as gene patenting, ensuring the quality and accuracy of genetic tests and assessing the impact of genetic medicine and technologies on health systems serving a diverse population.

Working with our partners, we are committed to participating and leading in the early issue identification and monitoring of emerging technologies that impact on the health of individuals, vulnerable populations and the health system. Through active information sharing, targeted policy research, and consultations, we will support the development of evidence-based recommendations, strategies, and new and amended policies and guidelines in priority areas, such as the ethical conduct of research involving humans, nanotechnology, biobanks, and sharing the benefits of research with study participants.

New Health Protection Legislation

In the October 2004 Speech from the Throne, the Government committed to introducing new health protection legislation. We will actively support the Government in the development and legislative progress of this effort to replace several outdated pieces of legislation within Health Canada's mandate with new legislation. The goal will be a clear, coherent, comprehensive and flexible legislative approach that will be more responsive to social and technological realities and that will provide the necessary tools to better protect the health of Canadians now and in the future.

Health Canada is partnering with the Manitoba Institute for Patient Safety and the Canadian Patient Safety Institute to identify priorities and issues associated with patient safety in the health care system in a variety of urban, rural and on reserve settings throughout Manitoba.

Assisted Human Reproduction

The *Assisted Human Reproduction Act* received Royal Assent in March 2004, and we have begun work towards its implementation. The Act provides for the establishment of the Assisted Human Reproduction Agency of Canada to license, monitor and enforce activities controlled under the Act. Health Canada will proceed with a public recruitment process for Governor in Council appointments to the Agency's board of directors, including the President. Departmental efforts will also continue towards the development of the Agency's governance and infrastructure frameworks including the drafting of its first strategic business plan and budget to coincide with it achieving full operational status by 2006–2007.

In 2005–2006 the Department will proceed with public consultations to develop the components of the regulatory framework for the implementation of the Act. The Department will also begin to address priority areas where regulations are required to bring the legislation into effect, for example, regulations ensuring that written consent is obtained from donors for the use of their reproductive material and regulations regarding the reimbursement of receipted expenditures by donors. Work is also underway by Health Canada to lay the foundations for creating the personal health information registry mandated by the *Assisted Human Reproduction Act*.

Improving Access to Health Services by Official Language Minority Communities

Improved access to health-related services by English- and French-speaking language minority communities in their official language is a Government of Canada and Health Canada priority, and an important component of a sustainable health care system. Health Canada will continue to work closely with the official language minority communities through the five-year federal *Action Plan for Official Languages* ($119 million between 2003–2008, which included $30 million in the Official Language Envelope of the Primary Health Care Transition Fund).

In 2005–2006, the focus will be to build on the momentum already achieved as a result of the Action Plan and to identify further opportunities for improvement.

International Collaboration

Public health risks and threats originating beyond Canada's borders increasingly influence the health of Canadians. International collaboration on global health events, developments and policies is of growing importance to the sustainability and responsiveness of Canada's health system. Health Canada positions itself internationally to: anticipate and respond to international health developments and their impact on Canadians and the health system; influence international health events and fora; provide leadership on selected health issues; and work with the multiplicity of players on the global health scene.

During 2005–2006, a strategic framework for Health Canada's international health activities will be completed, and implementation will begin. This framework will guide the Department's decisions on international involvement, advance domestic health priorities, and contribute to Canada's foreign policy. We will participate in World Health Organization (WHO) negotiations to revise the International Health Regulations as this is a priority for the protection of Canadians against the spread of infectious disease.

In order to shape and strengthen the international agenda on health and health care issues, consistent with Canada's priorities and values, we will represent Canada at annual high level meetings and other major meetings of the WHO and Pan-American Health Organization (PAHO); continue to develop and advance Canada's health interests in other multilateral (e.g., European Union) and bilateral (e.g., Mexico) relations; seek mechanisms to engage countries in collaboration on health policy and programmatic issues through, for example, Letters of Agreement, and Memoranda of Understanding. We will continue to serve as the Secretariat for the Global Health Security Initiative to coordinate the planning, organization and implementation of work, including annual Ministerial Meetings, by this international partnership to improve

public health preparedness and response to man-made (e.g., bioterrorism) and naturally occurring (e.g., pandemic influenza) public health threats.

International work will continue to advance such key issues as the Government of Canada's strategies on HIV/AIDS by taking a leadership role in planning and preparations for the 2006 XVI International AIDS Conference in Toronto; tobacco control by participating in the WHO Conference of Parties to implement the Framework Convention on Tobacco Control; and international trade and health through policy analysis and collaboration with other departments and domestic and international stakeholders. Opportunities will be sought to utilize Health Canada's technical expertise to assist countries through projects administered by the Canadian International Development Agency, the World Bank, and health organizations such as PAHO, with special attention on relations with key countries such as the USA and Mexico. Expertise and assistance will be provided to visiting foreign delegations here to learn about Canada's health system.

Endnotes and Web Site Links

1 Further information on the Ten-Year Plan can be found at http://www.hc-sc.gc.ca/english/hca2003/index.html

2 Further information on the *Canada Health Act* is available at http://www.hc-sc.gc.ca/medicare

Strategic Outcome # 2: Access to Safe and Effective Health Products and Food and Information for Healthy Choices

Program Activity — *Health Products and Food*

PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)

($ millions)	Forecast Spending 2004–2005	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Gross expenditures	300.0	**275.2**	262.4	260.5
Less: Expected respendable revenues	41.2	**41.2**	41.2	41.2
Net expenditures* **	258.8	**234.0**	221.2	219.3
FTEs	2,371	**2,379**	2,336	2,339

* The decrease in net expenditures between 2004–2005 and 2005–2006 is mainly due to a decrease in the level of funding for the Therapeutic Access Strategy, Medical Devices Litigation Management, and for resources related to collective agreements. The decrease in net expenditures between 2005–2006 and 2006–2007 is mainly due to a decrease in the level of funding for the Implementation of Health Canada's Therapeutic Access Strategy, the Department's contribution to the $1 billion federal government reallocation exercise and the sunsetting of the funding for Further Measures on Bovine Spongiform Encephalopathy. Budget 2005 has announced new funding that addresses certain sunsetting items. Please see Section 4 for further details on the Budget. The decrease in net expenditures between 2006–2007 and 2007–2008 is mainly due to the Department's contribution to the $1 billion federal government reallocation exercise and a decrease in the level of funding for the Implementation of the Doha Declaration on the Trade-Related Intellectual Property Rights Agreement and Public Health.

** Figures include an amount for other departmental and regional infrastructure costs supporting program delivery. These costs are $54.4 million in 2004–2005, $49.8 million in 2005–2006, $49.0 million in 2006–2007 and $48.3 million in 2007–2008.

Program Activity Description

Health Canada is responsible for a broad range of health protection and promotion activities that affect the everyday lives of Canadians. As the federal authority responsible for the regulation of health products and food, Health Products and Food Branch (HPFB) evaluates and monitors the safety, quality and effectiveness of thousands of drugs (human and veterinary), vaccines, blood and blood products, biologics and genetic therapies, medical devices and natural health products, as well as the safety of the foods we eat. We also provide useful information about risks and benefits related to health products and food so that Canadians can make informed decisions about their health and well-being.

Our ongoing regulatory responsibilities span the life cycle of health products and food, from clinical trials to surveillance, compliance, and enforcement. The scope of our work is significant with more than 22,000 human drug products and 40,000 medical devices on the Canadian market today. Health Canada also faces challenges associated with rapid advances in technology and scientific breakthroughs that have resulted in the growth of an unprecedented number of biologics, genetic therapies and vaccines and genetically modified and other novel foods. We are meeting these challenges by drawing on sound science and effective risk management in evidence-based decision making. These disciplines are integrated into our daily operations, and together with our health promotion activities, they enable timely access to safe and effective health products and food for Canadians.

In support of our operations, we have identified four priorities for action under this Program Activity.

Transform Our Efficiency, Effectiveness and Responsiveness as a Regulator

Health Canada and our partners continue to implement strategies to improve access for Canadians to safe and effective health products and food. The Therapeutics Access Strategy (TAS),

launched in 2003–2004, arose from the First Ministers' commitments to strengthen Canada's regulatory performance for human drugs as part of the government-wide strategy for Smart Regulation outlined in the 2002 Speech from the Throne which committed an investment of $190 million over five years from the 2003 Federal Budget.[1]

The overall objective of TAS is to improve Canadians' access to human drugs and other therapeutic products that are safe, of high quality, therapeutically effective, appropriately used, and accessible in a timely and cost-effective manner. In addition to improving regulatory efficiency and transparency, TAS aims to optimize the benefits of human drugs in the health care system through appropriate use, including better prescribing practices, cost controls, and drug plan management. TAS initiatives will contribute to a more cost-effective health care system and improved health outcomes for Canadians.

Investments and progress made toward modernizing the regulatory review process through TAS are expected to enable Health Canada to eliminate the backlog of new pharmaceuticals submissions in 2006 while maintaining Health Canada's high standards for safety.[2] As well, the Department will review ninety percent of biologics submissions on target by March 2007. These performance targets are consistent with international standards. We will improve the transparency of our regulatory decision-making by publishing the basis for Health Canada's regulatory authorizations of therapeutic drug products and medical devices that have not been previously approved for marketing. In addition, we will pursue policy development and planning for the longer term implementation of TAS and the development of a new external charging regime for therapeutic product submissions as part of a long term funding strategy. All of these initiatives will help sustain improved regulatory performance for health products in general.

As part of a nationally integrated and coordinated approach to food safety, Health Canada is working collaboratively with the Canadian Food Inspection Agency, Agriculture and Agri-Food Canada, and the provinces and territories. Together, we will enhance national decision-making on food safety and nutritional issues, ensure an equivalent level of protection for all consumers regardless of where they purchase food in Canada and increase consumer confidence in the food supply. During 2005–2008, the Department will renew existing health protection legislation. The renewal will, among other things, position a new Canada Health Protection Act to provide the basis for the standards and policies required to protect the food supply in Canada.

Over the next year, we will work with a multi-stakeholder task force to develop recommendations and strategies for reducing trans-fatty acids (trans-fats) in Canadian foods to the lowest levels possible, while ensuring that alternatives are safe.[3] In addition, we will implement new regulations requiring food labels to identify certain allergens in prepackaged foods so that consumers have the information they need to make informed choices.[4] We will further prohibit the personal importation of drugs intended to be used in food-producing animals and revise our limits of acceptable veterinary drug residues in food products. As well, we will update our policies and regulations to ensure that the existing regulatory framework is keeping pace with scientific advances and changes in technology by addressing the issues of antimicrobial resistance and the addition of vitamins and minerals to foods.

A number of novel foods (such as genetically-modified animals and plants) will be submitted to Health Canada for review, authorization and release to the Canadian market. Given the challenges they pose to our traditional processes for safety evaluations, Health Canada will continue to update the ways in which we conduct safety assessments to prevent and mitigate risks to Canadians.

We worked with the Canadian Standards Association to establish national safety standards for cells, tissues and organs in 2003; however, compliance with these standards remains voluntary. Because some human tissues are regulated as biological drugs, and others are regulated as medical devices (e.g., heart valves), there is no consistent regulatory approach for

cells, tissues and organs. As a result, in 2005–2006, Health Canada will introduce new standards-based safety regulations (i.e., incorporate the standards into proposed regulations by reference). This approach will help address compliance challenges, infectious disease threats, technology advances and responds to recommendations by the Auditor General in 2000.[5]

Increasing Responsiveness to Public Health Issues and Greater Vigilance of Safety and Therapeutic Effectiveness

Strengthening the safety of drugs, medical devices and other therapeutic products is a key Health Products and Food Branch (HPFB) objective which responds to public concerns about the therapeutic product safety, including the need for appropriate disclosure of information emerging from clinical trials. To help achieve this objective, we will strengthen our capacity to generate, collect, detect, monitor, evaluate, and disseminate timely evidence about safety and therapeutic effectiveness of drugs and other therapeutic products.

Reporting by health professionals of adverse effects of drugs that are in use by the public is an important aspect of improving safety. In 2005–2006, we will launch a new Internet portal called "MedEffectCanadaMedEffet" to encourage more adverse reaction reporting. We will work closely with officials in other countries, in particular the United States, to share data. As part of a new inspection strategy, Health Canada will also monitor industry compliance with respect to reporting on adverse drug reactions, and unexpected failures in the efficacy of new drugs. This information will be helpful in understanding why events happen and acting on how they can be prevented.

Support for improved real world access is another TAS priority. In 2005–2006, drug prescribing and utilization will be improved through evidence-based best practices information, strategies, and tools, by working with the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS),[6] the Canadian centre for nationally coordinated information and education on best practices in drug prescribing and utilization. This work will lead to improved health outcomes and the cost-effective use of medications by changing knowledge, attitudes, and behaviour.

The Ten-Year Plan that the First Ministers adopted in 2004 includes a commitment to work together on the development and implementation of a comprehensive National Pharmaceuticals Strategy (NPS)[7], which will complement TAS and the ongoing mandate of HPFB. In addition to influencing better prescribing and drug use, the NPS will support the development and costing of options for catastrophic pharmaceutical coverage, establishment of a common National Drug Formulary, and enhanced access to drugs and other therapies to address unmet therapeutic or public health needs. It will deliver heightened monitoring and analysis of safety and effectiveness information on drugs; analysis of cost-drivers and cost-effectiveness, including Drug Plan Management Best Practices; accelerated access to, and international parity on prices of non-patented drugs; and purchasing strategies to obtain best prices for Canadians for drugs and vaccines. By June 2006, a Ministerial Task Force will report on the progress made by NPS.

Single-use devices (SUDs) are medical devices such as certain kinds of syringes, catheters and biopsy forceps designed and designated by manufacturers for one-time use. Because these devices can be expensive, evidence suggests some health care institutions have reused them. While this approach may reduce environmental and waste disposal costs, evidence suggests that improper cleaning may result in a transfer of pathogens from one patient to another or reduced functionality.[8] In addition, manufacturers of these SUDs are not required to provide any information to Health Canada to demonstrate that their devices can be successfully cleaned for reuse, or how re-use should be carried out to avoid potential health impacts. Based on consultations with provincial and territorial health ministries, and analysis by experts and stakeholders, we will identify and implement options to minimize risks to Canadians. In addition, we are finalizing an action plan to address

recommendations made by the Auditor General in the 2004 Report on the Regulation of Medical Devices.[9]

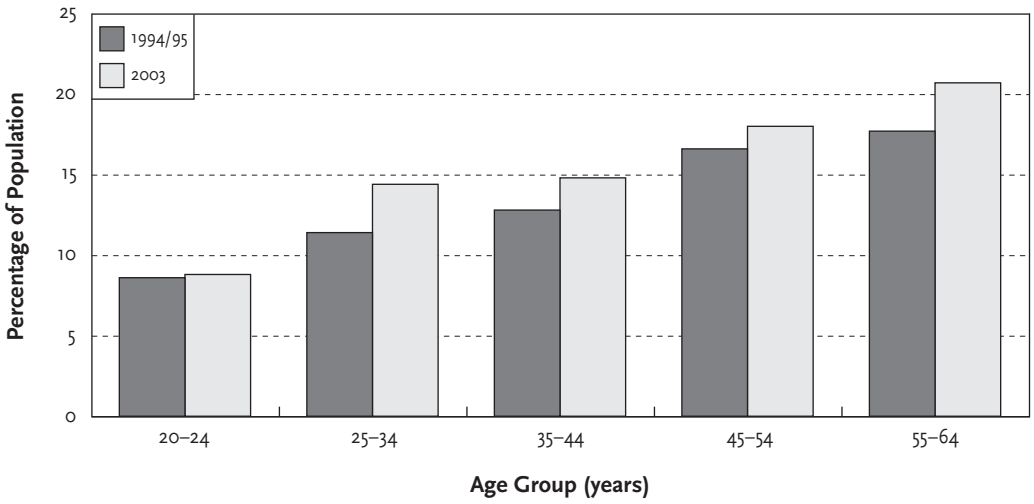
BSE (bovine spongiform encephalopathy, commonly known as mad-cow disease) continues to be a significant issue.[10] We will use new funding to conduct risk assessments and scientific research to support public health policy development and decision-making for specific priority areas related to BSE.

In addition to continuing ongoing food monitoring programs such as the Total Diet Study, Health Canada will work with Statistics Canada on developing the Canadian Health Measures Survey by 2006 with results released in 2008.[11] This tool will measure the nutritional status of Canadians and the effects of exposure to environmental chemicals and disease-causing organisms. This data will help us and others to develop food safety and nutrition policies, standards, and regulations, and to measure the health impact of existing food safety and nutrition programs.

Improving Transparency, Openness and Accountability to Strengthen Public Trust and Stakeholder Relationships

Consultation and partnerships support our evidence-based decision making and contribute to our ongoing broader efforts to develop and implement modern approaches to regulation in support of the Government's commitment to smart regulation. Accordingly, Health Canada will implement a public involvement framework to further strengthen the means by which we take the views of Canadians into account. Health Canada will continue to develop partnerships in federal, provincial and territorial jurisdictions, industry, consumer and advocacy groups and academia. To improve our ability to resolve disputes, and support accountability, transparency and openness, we will establish a Health Products and Foods Ombudsman Office in

Prevalence of Obesity (BMI >= 30), by Age Cohorts, Canada, 1994–1995 and 2003



Source: Statistics Canada, National Population Health Survey, 1994–1995; Canadian Community Health Survey, 2003

2005. In the international arena, Health Canada will realize a more coordinated and strategic approach to enable better information sharing and collaboration with international authorities. As an example of international cooperation, Health Canada and the European Medicines Agency will publish draft joint guidance documents in 2005 concerning inhalation and nasal products.[12] We have begun negotiations on a Memorandum of Understanding as a precursor to a Mutual Recognition Agreement (MRA) with the Australian Therapeutic Goods Administration. The aim is to facilitate access to health products in the respective partners' markets while maintaining high regulatory standards for medical devices. The MRA is intended to recognize the Canadian and Australian systems and certificates relating to quality management systems of manufacturers of medical devices. Both organizations expect to enter an operational phase of the MOU at the beginning of July 2005.

Access to medicines will be facilitated for least-developed and developing countries with the establishment of regulations to support legislation passed in 2004. The Access to Medicines Program will facilitate access to pharmaceutical products used to treat HIV/AIDS, malaria, tuberculosis and other epidemic diseases. This program complements Canada's international efforts to fight HIV/AIDS and the shared goal of providing humanitarian access to essential medicines.[13]

Providing Authoritative Information for Healthy Choices and Informed Decision Making

Health Canada continues to be active in providing authoritative information for healthy choices and informed decision making. For example, December 2005 is the deadline for implementation of the new nutrition labelling requirements. Health Canada is supporting the work of the Canadian Food Inspection Agency and the food industry to meet this milestone. As well, Health Canada is revising *Canada's Food Guide to Healthy Eating* for release by 2006 to ensure that it reflects current scientific evidence concerning the relationships between diet and health, and continues to promote a pattern of eating that meets nutrient needs and minimizes the risk of nutrient-related chronic diseases such as Type II diabetes. The main cause of this disease in Canada is obesity, which has impacted an increasingly greater proportion of the population since 1995.

Endnotes and Web Site Links

1 http://www.fin.gc.ca/budget03/booklets/bkheae.htm

2 http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/tpd_news_winter_2004_e.html

3 http://www.hc-sc.gc.ca/english/media/releases/2004/trans_fats-gras_e.html

4 http://www.hc-sc.gc.ca/hpfb-dgpsa/onpp-bppn/labelling-etiquetage/regulations_faqs_e.html

5 http://www.oag-bvg.gc.ca/domino/reports.nsf/html/0026ce.html

6 http://www.ccohta.ca/compus/compus_intro_e.cfm

7 http://www.pm.gc.ca/eng/news.asp?category=1&id=260

8 http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/letter_reprocess_e.html

9 http://www.oag-bvg.gc.ca/domino/reports.nsf/html/20040302ce.html

10 http://www.hc-sc.gc.ca/food-aliment/fpi-ipa/e_policy_srm.html

11 http://www.statcan.ca/english/survey/household/measures/measures.htm

12 http://www.hc-sc.gc.ca/hpfb-dgpsa/tpd-dpt/inhalation_nasal_products_e.html

13 http://www.ic.gc.ca/cmb/welcomeic.nsf/558d636590992942852564880052155b/85256a5d006b972085256f2b0052d071!OpenDocument&Highlight=2,c-9

Strategic Outcome # 3: Reduced Health and Environmental Risks From Products and Substances, and Safer Living and Working Environments

Program Activity — *Healthy Environments and Consumer Safety*

PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)

($ millions)	Forecast Spending 2004–2005	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Gross expenditures	286.2	**288.9**	284.7	277.5
Less: Expected respendable revenues	13.8	**15.2**	15.4	15.6
Net expenditures* **	272.4	**273.7**	269.3	261.9
FTEs	1,796	**1,832**	1,833	1,821

* The increase in net expenditures from 2004–2005 to 2005–2006 is mainly due to an increase in funding for the Cannabis Reform — drug analysis services and for the Implementation of the Border Air Quality Strategy and Related Air Quality Measures. The increase in respendable revenues is related to a change in the National Dosimetry Product and Services Fee Structure. The decrease in net expenditures from 2005–2006 to 2006–2007 is mainly due to the Department's contribution to the $1 billion federal government reallocation. The decrease in net expenditures from 2006–2007 to 2007–2008 is mainly due to the Department's contribution to the $1 billion federal government reallocation and a decrease in the level of funding due to the sunsetting of the Implementation of the Border Air Quality Strategy and Related Air Quality Measures. Budget 2005 has announced new funding that addresses certain sunsetting items. Please see Section 4 for further details on the Budget.

** Figures include an amount for other departmental and regional infrastructure costs supporting program delivery. These costs are $54.4 million in 2004–2005, $50.1 million in 2005–2006, $49.3 million in 2006–2007 and $48.6 million in 2007–2008.

Program Activity Description

Under this Strategic Outcome, Health Canada has a mandate to address many elements of day-to-day living that have an impact on the health of Canadians. These include drinking water safety, air quality, radiation exposure, substance use and abuse (including alcohol), consumer product safety, tobacco and secondhand smoke, workplace health, and chemicals in the workplace and in the environment. We are also engaged in other health and safety related activities, including the Government of Canada's public safety and anti-terrorism initiatives, inspection of food and potable water for the travelling public, and health contingency planning for visiting foreign dignitaries. Our broad national mandate flows from legislation including the *Food and Drugs Act*, the *Controlled Drugs and Substances Act*, the *Hazardous Products Act*, the *Radiation Emitting Devices Act*, the *Canadian Environmental Protection Act*, the *Tobacco Act* and others. Our results are delivered through partnerships and by an active presence throughout every region of the country. In addition to our ongoing activities, for 2005–2006 we have identified two broad priorities that encompass a range of activities, as described below:

- reducing risks to health and safety, and improve protection against harm associated with workplace and environmental hazards, consumer products (including cosmetics), radiation-emitting devices, new chemical substances and products of biotechnology; and
- reducing health and safety risks associated with tobacco consumption and the abuse of drugs, alcohol and other controlled substances.

Workplace and Environmental Hazards, Consumer Products (Including Cosmetics), Radiation-Emitting Devices, New Chemical Substances and Products of Biotechnology

Consistent with the Departmental priority of health and the environment, we will address the health risks associated with air pollutants in indoor and outdoor environments — with an emphasis on vulnerable populations, such as children, the elderly and people with lung and heart conditions. Our major focus will remain on ozone and particulate matter but will also include other common air pollutants such as carbon monoxide and sulphur dioxide. Our work will include evaluating the health benefits of different pollution reduction approaches, and assessing the risks and benefits of alternative fuels and additives.

We will also build on research pilot studies underway in the Great Lakes Basin and the Georgia Basin/Puget Sound airsheds to assess the health impacts of air pollution. We will also facilitate work on the development of a health-based Air Quality Index and an Air Health Indicator. Under the Canada/US Border Air Quality Strategy (BAQS), research studies will provide information to help protect Canadians and inform authorities about trends in the health impacts of air pollution.

An important ongoing responsibility under this priority will be our responsibilities under the *Canadian Environmental Protection Act*, 1999 (CEPA).[1] As part of this, we will finalize a prioritized list of substances (based on potential risks to human health) that will require subsequent screening assessment. We also expect to carry out ten health assessments on existing substances that could lead to activities to manage their impacts, should we determine them to be toxic as defined under CEPA. Our Department is committed to the implementation of a Results-Based Management and Accountability Framework to measure program performance in our CEPA activities, supported by an integrated management framework that will focus our program delivery.

The Globally Harmonized System of Classification and Labelling of Chemicals is an international initiative to enhance protection of human health and the environment.[2] We will continue to work toward the legislative and regulatory changes necessary to implement a fully operational system by our target date of 2008.

As part of the government-wide commitment to action on climate change, Health Canada will complete the Climate Change and Health Vulnerability Assessment in 2006. This will form the health component of Canada's National Climate Change Impact Assessment and contribute to the Government of Canada's international obligations to report on impacts and adaptation efforts related to climate change.

We will continue our work with other federal departments to help manage the human health risks associated with contaminated sites. Our Department will provide expert advice on conducting human health risk assessments at over 20 of the highest risk federal contaminated sites and will train between 300 and 400 federal managers on health risk assessments and the engagement of potentially affected communities.

Our actions related to health and the environment during 2005–2006 will take many other forms. For example, revised notification regulations will come into force during 2005 that will lead to health risk assessments of 800 new chemicals and biotechnology products. Both environmental and health risk assessments will be conducted on about 100 new pharmaceuticals, veterinary drugs and personal care products. We also expect to impose control measures on approximately ten new substances, resulting in fewer toxic substances in the environment that could have adverse affects on the health of Canadians.

As part of protecting human health, we expect new regulatory amendments to improve safety standards for dental x-ray equipment and will support the Government of Canada in proposing amendments to regulations for diagnostic x-ray equipment. We will also expand our Lead Risk Reduction Strategy through final regulations that would restrict the lead content of children's jewellery, surface coating materials

and candles with lead wicks.[3] We will also propose amendments to the Glazed Ceramics and Glassware Regulations to further limit the lead content of those products.

We will also revise indoor air quality guidelines, continue to work with provincial and territorial partners to develop Guidelines for Canadian Drinking Water Quality and enhance our state of readiness to provide scientific support for chemical emergencies. As well, Health Canada will participate in planning for the next generation of the International Nuclear Emergency Exercises.[4] Integration of Canadian and US radiological monitoring networks will commence in order to develop protocols and provide early warning of nuclear incidents.

In order to protect the millions of people who travel in Canada every year, and Canadians who come into contact with travellers, Health Canada will continue to provide public health inspections on air, rail and marine conveyances related to food, water and general sanitation. We will expand the frameworks that guide physical and psycho-social emergency response, initially developed under the Government of Canada's Public Security and Anti-Terrorism Initiative, to include health emergencies such as SARS and we will continue our efforts to build capacity to support the emergency responders and federal workers who provide services during and immediately following critical incidents or public health emergencies.

Health Canada will continue its efforts to support research related to the impacts of the workplace on human health in order to develop a better understanding of indirectly and directly associated human health risks such as substance abuse, anxiety, depression, infections, conflicts and injuries.[5]

The Department will also continue to deliver the Public Service Health Program to approximately 250,000 federal employees in more than 20 federal departments and agencies in Canada and overseas. The Department will continue to provide Employee Assistance Program and Organizational Services to 140 public sector organizations.

Health Canada will continue to work with the Federal Prairie Water Committee to develop a common federal approach to water issues in the Prairies by providing input on future program and policy initiatives to the National Interdepartmental Working Group on Drinking Water.

Tobacco Consumption and the Abuse of Drugs, Alcohol and Other Controlled Substances

This Strategic Outcome incorporates our high-priority responsibilities to address the threats to health posed by tobacco, alcohol and drug use. In addition to ongoing tobacco control initiatives supporting the four pillars of prevention, cessation, protection and harm reduction, in 2005–2006 we will focus our attention on smoking among youth and young adults.[6] We will work with the provinces and territories to develop a Framework for Action for Youth and Young Adults to identify appropriate interventions and future directions for this group. We will continue to support targeted prevention and cessation activities and dissemination of the no-smoking message through youth engagement initiatives.

The Department will work with partners to pilot and evaluate a range of stop smoking approaches. We will support national and regional mass media campaigns that educate Canadians regarding the health impacts of smoking and that provide information and referrals to help more Canadians quit smoking.

Health Canada will pursue regulations that would mandate changes to tobacco products other than cigarettes to help decrease the number of fires they cause with their associated injuries and deaths.[7] We will also pursue the regulatory process leading to a ban on the descriptors "light" and "mild" and will work on the renewal of health warnings for tobacco products.

Our Department will continue to lead Canada's Drug Strategy, working in partnership with the

provinces and territories, municipalities, non-government organizations and stakeholder groups.[8] We will direct new funding towards priorities including: increasing the federal leadership role in the development and implementation of the Strategy; developing a national framework for action on substance abuse (including the possible development of a policy on alcohol abuse) in partnership with the Canadian Centre on Substance Abuse and relevant stakeholders; and reporting on the progress and impacts of the Strategy to Parliament and Canadians.

In related work, we will analyze and report on the results of the Canadian Addiction Survey, and enhance Canadian research in the area of alcohol and drug abuse through the development of a National Research Agenda on Substance Abuse.

We will continue to administer the *Controlled Drugs and Substances Act* and its regulations, provide expert scientific advice and drug analysis services to law enforcement agencies and manage the medical marijuana program. As well, we will continue to fund community-based projects through the Drug Strategy Community Initiatives Fund and fund the treatment component of drug treatment courts.

Overall, we will assess our performance through measures such as changes in awareness levels, attitudes and behaviours and through an evaluation framework.

Our Alcohol and Drug Treatment and Rehabilitation Program is a cost-shared program with the provinces and territories that supports treatment for women and youth suffering from substance abuse problems. We will work with the provinces and territories on a plan to review the focus of the Program, including developing an accountability framework so that performance can be assessed through changes in levels of access to treatment services and a reduction in risk behaviours among the population being served.

Endnotes and Web Site Links

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

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

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

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

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

6 http://www.hc-sc.gc.ca/hecs-sesc/tobacco/ftcs/index.html and http://www.hc-sc.gc.ca/hecs-sesc/tobacco/youth/index.html

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

8 http://www.hc-sc.gc.ca/hecs-sesc/cds/index.htm

Program Activity — *Pest Control Product Regulation*				
PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)				
($ millions)	**Forecast Spending 2004–2005**	**Planned Spending 2005–2006**	**Planned Spending 2006–2007**	**Planned Spending 2007–2008**
Gross expenditures	60.9	**58.4**	58.3	58.2
Less: Expected respendable revenues	7.0	**7.0**	7.0	7.0
Net expenditures* **	53.9	**51.4**	51.3	51.2
FTEs	639	**642**	645	648

* The decrease in net expenditures from 2004–2005 to 2005–2006 is mainly due to the Department's contribution to the $1 billion federal government reallocation, an adjustment in the rate of the Employees Benefit Plan and a one-time funding in 2004–2005 for New Pest Control Product Registration and Decision Making. The decrease in net expenditures from 2005–2006 to 2007–2008 is mainly due to the Department's contribution to the $1 billion federal government reallocation.

** Figures include an amount for other departmental and regional infrastructure costs supporting program delivery. These costs are $12.3 million in 2004–2005, $11.2 million in 2005–2006, $11.0 million in 2006–2007 and $10.8 million in 2007–2008.

Program Activity Description

To help prevent unacceptable risks to people and the environment, Health Canada regulates the importation, sale and use of pesticides under the federal authority of the *Pest Control Products Act* (PCPA) and Regulations. The scope of our work is extensive with more than 5,000 registered pesticides — including herbicides, insecticides, fungicides, antimicrobial agents, pool chemicals, microbials, material and wood preservatives, animal and insect repellents, and insect- and rodent-controlling devices.

Ongoing regulatory responsibilities constitute the majority of the work under this Program Activity, all of which contribute to our strategic outcome. Using internationally accepted approaches and protocols, we conduct science-based health, environmental and value assessments. Pesticides are registered only if the health and environmental risks are considered acceptable, and if the product is effective. We set maximum pesticide residue limits for food commodities under the *Food and Drugs Act*. Older pesticides are re-evaluated to determine if their use continues to be acceptable under current scientific approaches. We facilitate, encourage and maximize compliance with the PCPA and the conditions of registration. We also develop and promote the use of sustainable pest management practices and products in cooperation with stakeholders.

We collaborate with other organizations to help deliver our programs and achieve our expected results while responding to specific needs. With Mexico, the United States and other Organisation for Economic Co-operation and Development countries, we will continue activities to harmonize regulatory approaches for evaluating pesticides. Our Department will continue to work with Agriculture and Agri-Food Canada to develop risk reduction strategies for the agricultural sector, and improve access to specialized pest control products that are priorities for Canadian growers.[1] Finally, we will seek to improve the federal government's coordination of pesticide research and regulatory activities in collaboration with other federal government departments.[1]

Beyond these ongoing regulatory activities, we have identified some specific priorities under this Program Activity. Expected results under this Program Activity are: protected health and environment; increased use of reduced risk pest management practices and products; and increased public and stakeholder confidence in pesticide regulation.

Implementing the New *Pest Control Products Act*[2]

The new PCPA received Royal Assent in 2002 and is expected to be proclaimed by Parliament in 2005–2006. The most significant initiative under this Program Activity will be the development of the supporting regulations, policies and procedures needed to bring the Act into force.

The new legislation will strengthen health and environmental protection currently provided by the existing PCPA. To this end, Health Canada will continue to incorporate modern risk assessment concepts into the regulatory process. For example, the new PCPA will codify the current practice of providing special consideration for children and other vulnerable groups, considering pesticide exposure from all sources, and considering the cumulative effects of pesticides that act in the same way.

The new PCPA will also help to make the regulatory system more transparent, and strengthen post-registration controls. When the new legislation is brought into force, Health Canada will establish a register of pest control products that will contain information about pesticide applications, registrations, re-evaluations and special reviews. We will make this information available to the public, allow the public to inspect confidential test data, and establish a process for the reconsideration of regulatory decisions. In 2005–2006, we will finalize the regulations that will require pesticide companies to report adverse effects related to their pesticides. This information will contribute to the re-evaluation of registered pesticides and may trigger special reviews. Regulations requiring registrants to submit pesticide sales data will also be finalized during this timeframe. As an indicator of pesticide use, the sales data will be incorporated into evidence-based health and environmental risk assessments.

Improving Efficiencies

Continued efforts to harmonize pesticide regulatory approaches with international pesticide regulatory bodies will enable Health Canada to further pursue international joint reviews and work share agreements. The ability to share the workload and accept the scientific reviews of other countries will contribute to improved regulatory efficiencies and access to new pesticide technologies while maintaining health and environmental protection. Over the next several years, we will continue to facilitate the availability of specialized agricultural pesticides through joint reviews and workshare agreements with the United States and other countries. Since it is the pesticide industry's responsibility to develop and submit applications for registration, Health Canada will continue to encourage them to participate in joint reviews, electronic submissions and other global worksharing initiatives.

Health Canada recently launched the world's first web-based service for conducting pesticide regulatory transactions. This on-line service will allow industry to submit applications, provide data, and apply for registration in a secure manner. Improvements to existing electronic systems over the next several years will help increase the efficiency of electronic data management and help deliver on transparency initiatives envisioned in the new PCPA.

Informing, Consulting and Involving Canadians

The new Act enshrines, in law, the current consultation process for major registration and re-evaluation decisions. Under the new legislation, Health Canada is mandated to "encourage public awareness in relation to pest control products by informing the public, facilitating public access to relevant information and (encourage) public participation in the decision-making process".[2] The Department will inform Canadians about pest management practices and advise them about the safe use of pest control products. We will publish proposed regulatory decisions, provide detailed health, environmental and value evaluations, and allow the inspection of non-confidential data. Not only will the public have the opportunity to provide input on major regulatory decisions as they do now, but they will also be able to request the reconsideration of these decisions and

request the initiation of special reviews of existing registrations. These initiatives are expected to help increase transparency of regulatory decisions, which will lead to increased public confidence in the regulation of pesticides in Canada.

PMRA home page:
http://www.pmra-arla.gc.ca/
PMRA Strategic Plan 2003–2008:
http://www.pmra-arla.gc.ca/english/pdf/plansandreports/pmra_strategicplan2003-2008-e.pdf

Endnotes and Web Site Links

1 Horizontal Initiative Table (http://www.tbs-sct.gc.ca/rma/eppi-ibdrp/hrdb-rhbd/profil_e.asp)

2 *Pest Control Products Act* (http://laws.justice.gc.ca/en/P-9.01/92455.html)

Strategic Outcome # 4: Better Health Outcomes and Reduction of Health Inequalities Between First Nations and Inuit and Other Canadians

Program Activity — *First Nations and Inuit Health*

PLANNED SPENDING AND FULL-TIME EQUIVALENTS (FTEs)

($ millions)	Forecast Spending 2004–2005	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Gross expenditures	1,849.3	**1,869.1**	1,906.8	1,933.5
Less: Expected respendable revenues	5.5	5.5	5.5	5.5
Net expenditures* **	1,843.8	**1,863.6**	1,901.3	1,928.0
FTEs	2,550	2,588	2,602	2,590

* The increase in net expenditures from 2004–2005 to 2005–2006 is mainly due to increases related to the growth of the Indian Envelope, the Sustainability of First Nations and Inuit Health System and the Implementation of the First Nations Water Management Strategy. These increases are partially offsetted by decreases related to the sunsetting of the Canadian Diabetes Strategy and the Labrador Innu Healing Strategy, a one-time contribution in 2004–2005 to the Province of Ontario for the construction of the Meno-Ya-Win Health Centre, a one-time funding in 2004–2005 for Non-Insured Health Benefits, and a contribution to the $1 billion federal government reallocation exercise. Budget 2005 has announced new funding that addresses certain sunsetting items. Please see Section 4 for further details on the Budget. The increase in net expenditures from 2005–2006 to 2006–2007 is mainly due to increases related to the growth of the Indian Envelope, the Implementation of the First Nations Water Management Strategy and the Sustainability of First Nations and Inuit Health System. These increases are partially offsetted by a contribution to the $1 billion federal government reallocation exercise. The net increase from 2006–2007 to 2007–2008 is mainly due to the Indian Envelope growth. This increase is partially offsetted by the sunset of the Resolution Framework for Indian Residential Schools Initiative.

** Figures include an amount for other departmental and regional infrastructure costs supporting program delivery. These costs are $113.8 million in 2004–2005, $106.3 million in 2005–2006, $108.4 million in 2006–2007 and $107.0 million in 2007–2008.

Program Activity Description

The objectives of Health Canada's First Nations and Inuit Health program activity include improving health outcomes; ensuring availability of, and access to, quality health services; and supporting greater control of the health system by First Nations and Inuit.

Health Canada has an extensive range of ongoing programs under this Program Activity that will continue in 2005–2006. We will provide primary health care services through nursing stations and community health centres in remote and/or isolated communities to supplement and support the services that provincial, territorial and regional health authorities provide. Due to the isolation of First Nations and Inuit communities north of 60°, community health nurses will also meet non-urgent health care needs. These services will be complemented by home and community care programs and programs and activities to address oral diseases. Our Non-Insured Health Benefits coverage of drug, dental care, vision care, medical supplies and equipment, short-term crisis intervention mental health services, and medical transportation will be available to all 749,000 registered Indians and recognized Inuit in Canada, regardless of residence.

We will continue to support targeted health promotion programs for Aboriginal people, regardless of residency (e.g., Aboriginal Diabetes Initiative), as well as counselling, child and maternal health supports, addictions and mental wellness services.[1] Other programs will support the development and implementation of activities to promote healthy lifestyle choices, thereby contributing to the prevention of chronic disease and injuries. Ongoing communicable disease programs will address preventable diseases and implement measures to manage, contain and control risks of outbreaks of

diseases such as tuberculosis and HIV/AIDS. The environmental health and research program aims to reduce the risk of exposure to environmental hazards in First Nations and Inuit communities and to improve capacity in the community to implement measures to manage, contain and control those hazards.

We will continue to integrate the principles of environmental management and sustainable development into the Health Facilities and Capital Program, the Environmental Health and Research Program and other program areas.

The Department faces many of the same challenges as other Canadian health systems such as increasing costs and health human resource shortages. In addition, the First Nations and Inuit health system has additional challenges such as growing populations with a higher rate of disease burden and populations living largely in remote and rural areas of the country.

Given these challenges we will draw on the evaluations that are scheduled for many of our programs to identify areas for improvements. In line with our First Nations and Inuit evaluation plan, we plan to review or evaluate the National Native Alcohol and Drug Addictions Program, the First Nations and Inuit Tobacco Control strategy, Health Integration Initiative and the First Nations Water Management Strategy. At a regional level, the Aboriginal Diabetes Initiative will pilot a community-based evaluation process in Manitoba and Quebec. Finally, as a relatively new initiative, the Indian Residential Schools — Mental Health Support Program will begin a formative evaluation.

Based on our assessment of needs and to implement Government of Canada commitments, we have identified a number of priority issues for action in 2005–2006 related to improving Aboriginal health outcomes.

Implementing the First Ministers' Commitments on Aboriginal Health

In September 2004, First Ministers and Aboriginal Leaders met to discuss joint actions to improve Aboriginal health, and adopt measures to address the disparity in the health status of this population. First Ministers and Aboriginal leaders agreed to work together to develop a blueprint to improve the health status of and health services to Aboriginal peoples in Canada. In addition, the Government of Canada announced $700 million for a series of new federal commitments that will address urgent and critical aspects of a longer term plan. These included an Aboriginal Health Transition Fund to enable the federal, provincial and territorial governments and communities to devise new ways to integrate and adapt existing health services to better meet the needs of all Aboriginal peoples. Also included was the Aboriginal Health Human Resources Initiative (AHHRI) to increase the number of Aboriginal people choosing health care professions; to adapt current health professional curricula to provide a more culturally sensitive focus; and to improve the retention of health workers serving all Aboriginal peoples. The funding will also enhance health promotion and disease prevention programs focussing on suicide prevention, diabetes, maternal and child health, and early childhood development.

During 2005–2006, we will move forward on these commitments and funding. On AHHRI, for example, we will consult with partners and stakeholders, establish a comprehensive program framework and begin to implement activities. These efforts will be linked to broader federal-provincial-territorial health human resources processes.

Addressing Early Childhood Health Priorities

The new funding announced in September 2004 will also help to enhance our already growing continuum of services that support Aboriginal mothers, children and families from before pregnancy to the time a child enters school. These increased services will contribute to the positive growth and development of Aboriginal infants, children and their mothers so that the health outcomes of these groups reach levels that have been attained by non-Aboriginal Canadians.[2]

A separate issue of importance to our child health goals will be our work to increase immunization

In partnership with the province of Nova Scotia, Indian and Northern Affairs Canada and Nova Scotia's First Nation Chiefs, Health Canada is supporting the Mi'kmaq Youth, Recreation and Active Circle of Living initiative. One component of this initiative is developing tools to support community-based health staff in the promotion of healthy behaviours such as active living and healthy eating.

coverage rate for on-reserve children and reduce their higher incidence of vaccine preventable diseases and related complications. To do this, we will provide access to targeted vaccines to on-reserve populations.

Acting on Major Threats to Aboriginal Health

In addition to our ongoing attention to chronic and communicable diseases, in 2005–2006, Health Canada will enhance Aboriginal Diabetes programming to increase awareness of healthy behaviours such as healthy eating, active living and increased access to appropriate diabetes services. Over time, these enhancements will help to reduce health disparities related to diabetes that exist between Aboriginal people and other Canadians. In combination with these efforts, we will also provide funding to the First Nations and Inuit Tobacco Control Strategy to increase awareness of how tobacco contributes to the development of several chronic diseases, including diabetes.

There is a growing burden of disease in First Nations and Inuit communities despite continuing efforts to fight HIV/AIDS. In 2005–2006, our Department will complete the First Nations and Inuit component of the Canadian Strategy for HIV/AIDS. This will include conducting consultations with First Nations and Inuit on program planning and implementation, developing national guidelines and timely mechanisms for funding, developing regional infrastructure and supporting the communities on national Aboriginal intervention. An action plan will be developed to ensure the continuation of programming to reduce the incidence of HIV/AIDS in First Nations and Inuit communities.

Supporting Effective Health Services in First Nations and Inuit Communities

As noted in the introduction, our nursing services are essential in many remote or isolated First Nations and Inuit communities. To improve the quality, accessibility, effectiveness and integration of these health services, we will continue to implement our comprehensive nursing transformation strategy. We will invest $55.4 million over the next three years to add more than 120 new positions, with 74 targeted to nursing stations. We will also introduce more skilled roles for nurses in these front-line posts.

To improve our ability to recruit and retain nurses with the skills that we need, we will support their professional development and continuing education. In partnership with the nursing profession, Health Canada will contribute to the establishment of a web-based National Nursing Portal that will provide access to the information for nurses in rural and remote settings that they need to support professional nursing and evidence-based practice and to eliminate professional isolation.

Our Health Facilities and Capital Program supports the construction, operation, and maintenance of on-reserve health facilities and staff residences. For 2005–2006, we plan to invest $7 million to build or expand nine health facilities. We also plan to spend $7.6 million for sixteen residential units, which will improve the living and working conditions of nursing staff. This is a key element in our recruitment and retention of qualified health professionals.

To assist with capacity building, Health Canada is promoting the career choice of environmental health officer among members of francophone First Nations communities in Quebec. For these communities, Health Canada co-developed a four-year training program in environmental health, which will be offered starting in 2005 in partnership with the Bathurst Campus of the New Brunswick Community College.

Health Canada, provincial governments and licensing bodies in the Atlantic region will undertake a project that will result in the establishment of an integrated and comprehensive package of standards, policies, and guidelines for community health nursing in First Nations communities.

The First Nations and Inuit Home and Community Care (HCC) program has enabled the establishment of home care services in approximately 90% of First Nations and Inuit communities. In addition to an evaluation of HCC that will be completed by March 2006 and will assist us in improving home and continuing care, we will work with the Assisted Living program of Indian and Northern Affairs Canada (INAC) and First Nations and Inuit partners to identify gaps in community-based continuing care services and to explore potential options to address these gaps. This will help us complete a continuing care policy framework in 2005.

The 2003 Federal Budget announced $600 million over five years, starting in 2003–2004, for the implementation of the First Nations Water Management Strategy by INAC and Health Canada to upgrade, maintain and monitor water and wastewater systems on First Nations reserves. This responded to comprehensive assessments of water quality issues in First Nations communities that showed significant potential health risks when assessed against federal-provincial-territorial guidelines. We will continue to use the $116 million in resources allocated to our Department to increase the frequency of drinking water quality monitoring in First Nations communities to meet nationally recommended standards, increase the number of First Nations communities that have on-site sampling and testing kits, and provide training to increase First Nations communities' capacity to sample and test drinking water quality. By 2006, the department will be able to meet the nationally recommended standards for water quality monitoring, which will result in increased First Nations confidence in the quality of their drinking water.

Endnotes and Web Site Links

1 Includes the following programs: Brighter Futures; Building Health Communities; National Native Alcohol and Drug Abuse Program, Youth Solvent Abuse; First Nations Inuit Tobacco Control Strategy; Innu Healing Strategy; and the Indian Residential School Mental Health Support Program.

2 Includes the following programs: Aboriginal Head Start On-Reserve, Fetal Alcohol Spectrum Disorder; and the Canada Prenatal Nutrition Program.

3. Supplementary Information

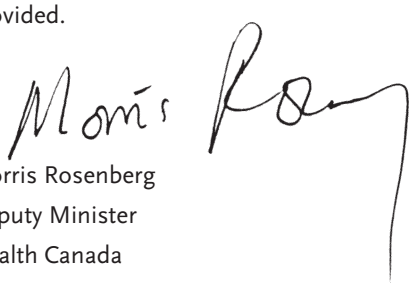
Management Representation Statement

I submit, for tabling in Parliament, the 2005–2006 Report on Plans and Priorities for Health Canada.

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

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

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



Morris Rosenberg
Deputy Minister
Health Canada
March 2005

Health Portfolio

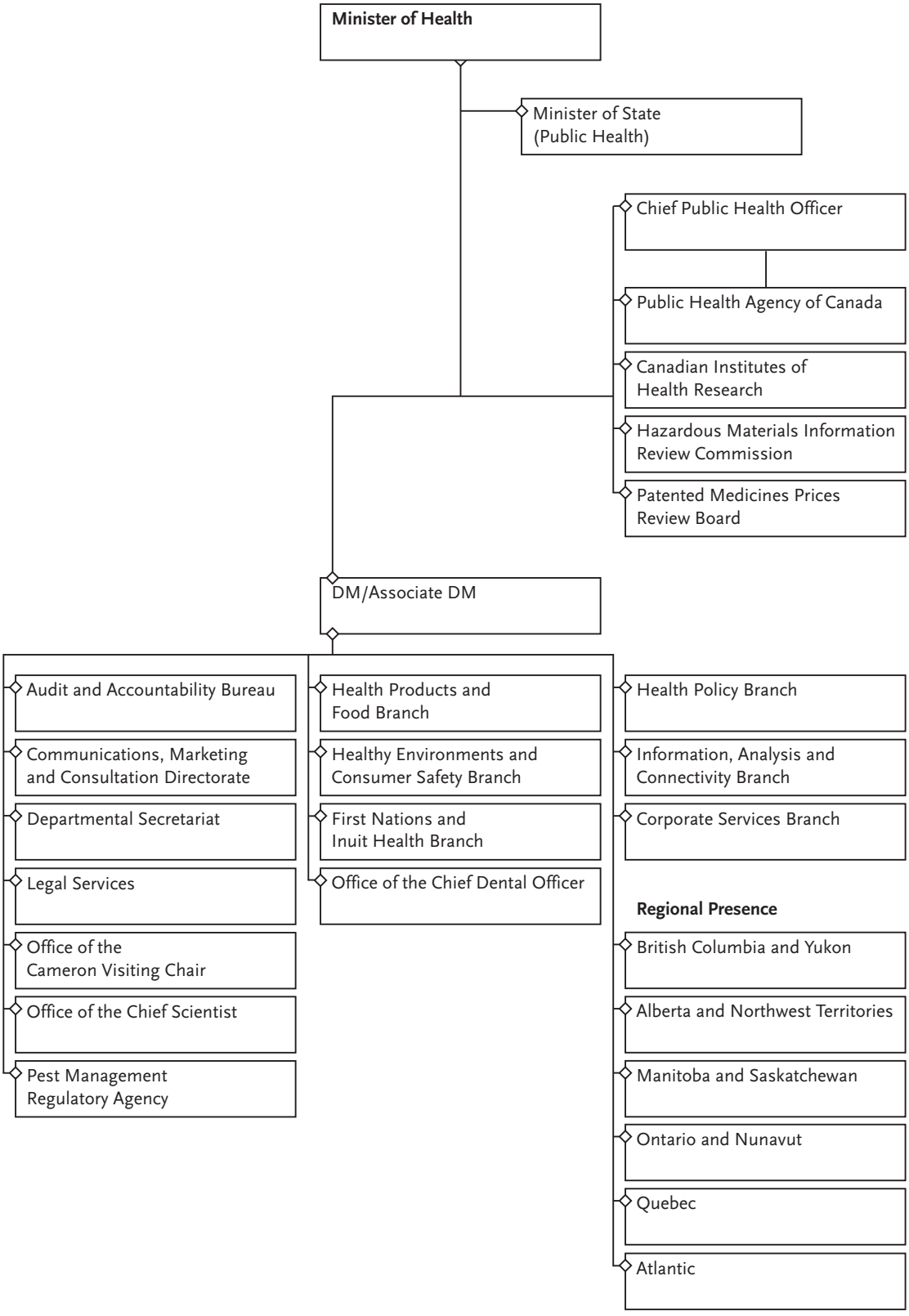


Table 1: Departmental Planned Spending and FTEs

($ millions)	Forecast Spending 2004–2005[1]	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Budgetary Main Estimates	3,232.9	2,924.6	2,684.9	2,696.2
Less: Respendable Revenues	66.6	68.9	69.1	69.3
Total Main Estimates	3,166.3	2,855.7	2,615.8	2,626.9
Adjustments:[2]				
Transfer to the Public Health Agency of Canada	-410.3			
Supplementary Estimates:				
Operating budget carry forward (horizontal item)	39.5			
Funding to support the construction of the Meno-Ya-Win Health Centre in Sioux Lookout, Ontario	37.4			
Funding for initiatives related to the 2003 First Ministers' Accord (Health Council, Health Human Resources and territorial health supplements)	25.0			
One year extension to existing health promotion programs (Canadian Diabetes Strategy and Hepatitis C Prevention, Support and Research Program)	18.4			
Funding related to government advertising programs (horizontal item)	15.8			
Realignment of resources in recognition of the continued devolution of non-insured health services to First Nations' control	9.5			
Activities to mitigate the impact of the Bovine Spongiform Encephalopathy (BSE) crisis (horizontal item)	8.0	6.2		
Realignment of resources in order to purchase anti-viral drugs and to fund operational activities, such as assessments and evaluations in support of the department's grant and contribution programs	7.6			
Assessment, management and remediation of federal contaminated sites (horizontal item)	5.7			
Incremental funding to address gaps in public health and to lay the foundation for the creation of the Public Health Agency of Canada	5.5			
Funding to deliver federal programs and services in two Labrador Innu communities, including health and community policing (Labrador Innu Comprehensive Healing Strategy) (horizontal item)	5.3			
Additional funding for the Access to Medicines Program which helps make available drugs that are sold to least developed countries for the treatment of HIV/AIDS, malaria, tuberculosis and other epidemics	1.4	3.3	3.7	3.3
Funding to strengthen initiatives in support of the Canadian Strategy on HIV/AIDS in Canada (horizontal initiative)	0.5	2.0	2.7	3.0

Table 1: (cont'd)

($ millions)	Forecast Spending 2004–2005[1]	Planned Spending 2005–2006	Planned Spending 2006–2007	Planned Spending 2007–2008
Funding for initiatives on sustainable development issues of global importance (horizontal item)	0.1			
Initiatives to support the implementation of a common electronic infrastructure and multi-channel service delivery strategy (Government On-Line) (horizontal item)	0.1			
Funding related to the development of Official Language Minority Communities (Interdepartmental Partnership with the Official Language Communities) (horizontal item)	0.1			
Funding to modernize human resources management in the Federal Public Service (*Public Service Modernization Act*) (horizontal initiative)	0.1			
Less: Spending authorities available	-63.7			
Less: Spending authorities related to the government-wide reallocation initiative	-3.7			
Other Adjustments:				
Collective Agreements	17.1			
Repeal of the Radiation Dosimetry Services Fees Regulations and Revision of the National Dosimetry Services Product, Service and Fee Structure	0.2			
Canadian Biotechnology Strategy — Genomics-based research		4.0	4.0	4.0
Set-up of the Assisted Human Reproduction Agency		7.1	5.6	3.8
Cannabis Reform — drug analysis services		0.7	0.7	0.7
Less: Spending authorities available	-35.0			
Total Adjustments	**-315.4**	**23.3**	**16.7**	**14.8**
Net Planned Spending[3]	**2,850.9**	**2,879.0**	**2,632.5**	**2,641.7**
Budget Announcements:				
Budget 2005 initiatives[4]		148.5	240.0	330.0
Expenditure Review Committee reductions[5]				
Departmental initiatives		-16.5	-28.1	-50.5
Government-wide efficiencies — procurement		-3.6		
Total Net Planned Spending	**2,850.9**	**3,007.4**	**2,844.4**	**2,921.2**
Less: Non-respendable Revenues	8.8	8.9	8.9	8.9
Plus: Cost of services received without charge[6]	75.1	76.5	78.3	78.0
Net Cost of Program	**2,917.2**	**3,075.0**	**2,913.8**	**2,990.3**
Full-Time Equivalents[7]	**7,993**	**8,123**	**8,082**	**8,037**

(1) Reflects the best forecast of total net planned spending to the end of the fiscal year.
(2) Adjustments reflect Supplementary Estimates for 2004–2005 and future year approvals not reflected in the 2005–06 Main Estimates.
(3) Refer to Section 2 for explanation by program activity of year-over-year fluctuations.
(4) This reflects changes in planned program spending for the upcoming planning period as a result of 2005 Budget announcements. Budget 2005 Information can be found under Section 4.
(5) This reflects the reductions to the department's planned spending as a result of the Expenditure Review Committee exercise and which were announced in the 2005 Budget — more information will be provided in the next Supplementary Estimates.
(6) Includes the following services received without charge: accommodation charges (Public Works and Government Services Canada); Contributions covering employers' share of employees' insurance premiums and expenditures (Treasury Board Secretariat); Workers' Compensation (Social Development Canada); and Legal Services (Department of Justice Canada).
(7) Full-time equivalents reflect the human resources that the Department uses to deliver its programs and services. This number is based on a calculation that considers full-time, term, casual employment, and other factors such as job sharing.

Table 2: Program Activities for 2005–2006 (in millions of dollars)

Program Activity	Operating	Capital	Grants and Contributions	Gross	Respendable Revenues	Total Main Estimates	Adjustments (planned spending not in Main Estimates)	Total Planned Spending
Health Policy, Planning and Information	95.3	—	353.1	448.4	—	448.4	7.9	**456.3**
Health Products and Food	251.0	1.4	9.9	262.3	(41.2)	221.1	12.9	**234.0**
Healthy Environments and Consumer Safety	236.8	1.0	50.0	287.8	(15.2)	272.6	1.1	**273.7**
Pest Control Product Regulation	58.3	—	—	58.3	(7.0)	51.3	0.1	**51.4**
First Nations and Inuit Health	1,077.5	1.5	788.8	1,867.8	(5.5)	1,862.3	1.3	**1,863.6**
Total	**1,718.9**	**3.9**	**1,201.8**	**2,924.6**	**(68.9)**	**2,855.7**	**23.3**	**2,879.0**

Table 3: Voted and Statutory Items Listed in Main Estimates (in millions of dollars)

2005–2006			
Vote or Statutory Item	Truncated Vote or Statutory Wording	Current Main Estimates	Previous Main Estimates
1	Operating expenditures	**1,552.6**	1,702.4
5	Grants and contributions	**1,201.8**	1,343.8
(S)	Minister of Health — Salary and motor car allowance	**0.1**	0.1
(S)	Contributions to employee benefit plans	**101.2**	120.0
	Total Department	**2,855.7**	**3,166.3**

The major differences between the current and previous year are: a decrease of $359 million related to the transfer of resources from Health Canada to the new Public Health Agency of Canada following its creation; and an increase of $47 million related to the Sustainability of First Nations and Inuit Health System.

Table 4: Net Cost of Department for 2005–2006 (millions of dollars)	
Gross Planned Spending (Gross Budgetary Main Estimates plus Adjustments)	2,947.9
Budget 2005 initiatives*	148.5
Expenditure Review Committee reductions**	
Departmental initiatives	-16.5
Government-wide efficiencies — Procurement	-3.6
Total Gross Planned Spending	3,076.3
Plus: Services Received without Charge	
Accommodation provided by Public Works and Government Services Canada (PWGSC)	31.1
Contributions covering employers' share of employees' insurance premiums and expenditures paid by Treasury Board Secretariat	41.1
Worker's compensation coverage provided by the Department of Human Resources and Skills Development	0.8
Salary and associated expenditures of legal services provided by Justice Canada	3.5
Less : Respendable Revenues	68.9
Less: Non-respendable Revenues	8.9
2005–2006 Net cost of the Department	**3,075.0**

* This reflects changes in planned program spending for the upcoming planning period as a result of 2005 Budget announcements. Budget 2005 Information can be found under Section 4.

** This reflects the reductions to the department's planned spending as a result of the Expenditure Review Committee exercise and which were announced in the 2005 Budget — more information will be provided in the next Supplementary Estimates.

Table 5: Sources of Respendable and Non-Respendable Revenues

Respendable Revenues
(millions of dollars)

Program Activity	Forecast Revenue 2004–2005	Planned Revenue 2005–2006	Planned Revenue 2006–2007	Planned Revenue 2007–2008
Health Products and Food	41.2	41.2	41.2	41.2
Healthy Environments and Consumer Safety	13.8	15.2	15.4	15.6
Pest Control Product Regulation	7.0	7.0	7.0	7.0
First Nations and Inuit Health	5.5	5.5	5.5	5.5
Total Respendable Revenues	**67.5**	**68.9**	**69.1**	**69.3**

Non-Respendable Revenues
(millions of dollars)

Program Activity	Forecast Revenue 2004–2005	Planned Revenue 2005–2006	Planned Revenue 2006–2007	Planned Revenue 2007–2008
Health Products and Food	3.9	3.9	3.9	3.9
Healthy Environments and Consumer Safety	1.6	1.7	1.7	1.7
Pest Control Product Regulation	1.0	1.0	1.0	1.0
First Nations and Inuit Health	2.3	2.3	2.3	2.3
Total Non-Respendable Revenues	**8.8**	**8.9**	**8.9**	**8.9**
Total Respendable and Non-Respendable Revenues	**76.3**	**77.8**	**78.0**	**78.2**

Table 6: Resource Requirements by Branch and by Program Activity (in millions of dollars)

2005–2006						
	Program Activity					
Branch	Health Policy, Planning and Information	Health Products and Food	Healthy Environments and Consumer Safety	Pest Control Product Regulation	First Nations and Inuit Health	Total Planned Spending
Health Policy Branch	399.4					399.4
Health Products and Food Branch		184.2				184.2
Healthy Environments and Consumer Safety Branch			223.6			223.6
Pest Management Regulatory Agency				40.2		40.2
First Nations and Inuit Health Branch					1,757.3	1,757.3
Information, Analysis and Connectivity Branch	42.6	10.9	11.0	2.5	19.0	86.0
Corporate Services Branch	7.6	20.3	20.5	4.6	38.1	91.1
Departmental Executive Branch*	6.7	18.6	18.6	4.1	49.2	97.2
Total	**456.3**	**234.0**	**273.7**	**51.4**	**1,863.6**	**2,879.0**

* Includes such areas as Communications, Legal Services, Office of Chief Scientist, Audit and Accountability Bureau, Executive Offices and Offices of Regional Directors General.

Table 7: Major Regulatory Initiatives

PROGRAM ACTIVITY: HEALTH POLICY, PLANNING AND INFORMATION	
Regulations	**Expected Results**
Regulations concerning section 8 of the *Assisted Human Reproduction Act* (consent) and the definition of an *in vitro* embryo donor.	Human reproductive material and *in vitro* embryos are used only with the donor's written consent. The principle of free and informed consent is promoted and applied as a fundamental condition of the use of assisted human reproductive technologies.
PROGRAM ACTIVITY: HEALTH PRODUCTS AND FOOD	
Regulations	**Expected Results**
Food and Drugs Act — Implement Phase I and II of the regulatory framework for cells, tissues and organs intended for transplantation.	The new regulations will aim to balance the need for safe cells, tissues, and organs of high quality with the need to ensure the availability of cells, tissues and organs for transplantation. The Phase I regulations will focus on the basic safety requirements for human cells, tissues and organs. The Phase II regulations will include adverse event reporting requirements and a compliance and enforcement strategy.
Amendment to Processing and Distribution of Semen for Assisted Conception Regulations (Semen Regulation).	The amended regulations will reflect current safety standards for semen used in assisted conception.
Food and Drug Regulations — Amendment to provisions respecting plasmapheresis in Division 4 of Part C.	The amended regulations will reflect current methods and practices used to collect human plasma as well as the list of transmissible diseases for which tests must be performed in order to maximize the safety of plasma and plasma donors.
Food and Drugs Act — New Regulations Respecting Blood and Blood Components.	The new regulations will aim to balance the need for safe blood and blood components with the need to ensure the availability of blood and blood components for transfusion. The new regulations will include basic safety requirements, adverse event reporting requirements and a compliance and enforcement strategy.
Food and Drug Regulations — Amendment to Division 3 of Part C to provide for an exemption for the requirement to file Clinical Trial Applications for certain radiopharmaceutical studies.	The amended regulations will eliminate regulatory burden for the performance of certain limited basic research studies, while helping to ensure that patient safety is not compromised.
Food and Drug Regulations (Addition of Vitamins and Minerals to Foods)	Revision of regulations on the addition of vitamins and minerals to foods taking into account the role of nutrient addition to foods, consumer needs and expectations, and industry requests.
Food and Drug Regulations (Enhanced Labelling)	Mandatory labelling of specific food allergens, gluten sources and sulphites when present at 10 parts per million or more, on the labels of prepackaged food products, whether they have been added directly or indirectly.
Food and Drug Regulations (Mandatory Labelling of Raw Ground Meat and Ground Poultry)	Reduction of food borne illness as a result of providing safe handling information on the labels of these products.
Food and Drug Regulations (Saccharin)	Availability of an additional intense sweetener to allow a wider range of dietetic food products for the benefit of consumers who wish to consume these products.

Table 7: (cont'd)	
Food and Drug Regulations (Caffeine)	Additional beverages containing added caffeine and more information on levels of caffeine in these products to allow consumers to make an informed choice about their caffeine intake.
Food and Drug Regulations (Food Irradiation)	Optional use of the food irradiation process for ground beef, poultry, shrimp and prawns and mangoes to control pathogens, reduce microbial load and insect infestation and extend shelf life.
Food and Drug Regulations (Revisions to Division 12 — Prepackaged Water and Ice)	Modernization and expansion of the safety and labelling requirements for prepackaged water and ice products under the Food and Drug Regulations.
Environmental Assessment Regulations	Health Canada has begun developmental work for new Environmental Assessment Regulations for approximately 9,000 substances in products regulated under the *Food and Drugs Act*. Extensive stakeholder consultations with industry, environmental groups and scientists have already been held to raise awareness on this issue and engage stakeholders. The next round of consultations will centre on several regulatory options laid out in an Options Analysis paper. Support of related scientific research will also continue to provide evidence to both support the regulatory approach and identify related best practices. The new regulatory framework will bring substances in products regulated under the *Food and Drugs Act* into compliance with the *Canadian Environmental Protection Act* (1999).
Food and Drug Regulations — Routine amendments to update Schedule F to the Food and Drug Regulations	Appropriate revisions of Schedule F to accommodate the marketing of drugs for which a Notice of Compliance has been issued.
Medical Device Regulations — Exclusion of certain tissues from the Medical Device Regulations	The Medical Devices Regulations are being amended to exclude certain tissues that will be regulated under the proposed Cells, Tissues and Organs (CTO) Regulatory Framework. This amendment has to be coordinated with the coming into force of the CTO Regulations.
Food and Drug Regulations — Amendment of the Data Protection provisions of Division 8	The data protection provisions of the Food and Drug Regulations are being amended to provide effective data protection for a period of eight years, for innovator drugs that contain medicinal ingredients not previously approved for sale in Canada. An additional six months will be provided for submissions that include pediatric studies that were designed and conducted with the purpose of increasing knowledge about the drug in pediatric age groups in which the drug may be used.
Food and Drug Regulations — Amendment to Division 8 to allow for the issuance of a Notice of Compliance with Conditions (NOC/c)	Will provide legislative means for Health Canada to accelerate access to new life-saving drug therapies on the basis of promising evidence of clinical effectiveness. Will also provide the means to monitor and regulate the products effectively in the post-market domain and mitigate legal liability.
Food and Drug Regulations — Regulations amending the Special Access Program	The current special access program allows for the authorization of a drug for use by an individual patient. This amendment will allow for the release of drug to a block of patients under certain limited circumstances.

Table 7: (cont'd)	
Food and Drug Regulations	New or revised maximum residue limits for veterinary drugs in foods to ensure the safety of food products from animals treated with the veterinary drugs.
Food and Drug Regulations	Increase the scope of the prohibition on importation of veterinary drugs to include the personal importation of drugs intended to be used in food producing animals to avoid potentially harmful residues in food products from animals treated with these drugs.
Food and Drug Regulations	Prohibition of sale of products containing carbadox for sale in Canada to avoid potentially harmful residues in food products from animals treated with this drug.
PROGRAM ACTIVITY: HEALTHY ENVIRONMENTS AND CONSUMER SAFETY	
Regulations	**Expected Results**
Regulations under the *Controlled Drugs and Substances Act* (CDSA) to expand the authority for regulated health professionals to prescribe controlled substances where appropriate.	Federal legislation will not unnecessarily restrict the professional practice of any health profession regulated by provincial or territorial (P/T) authorities, including practitioners of medicine, dentistry, veterinary medicine, podiatric medicine, midwifery, and nurse practitioners, with respect to the use of controlled substances in the treatment of their patients. This result will be achieved over the next 2 to 3 years as federal and P/T regulations are amended to allow health professionals to prescribe controlled substances in accordance with standards of professional practice defined by their regulatory authorities. Objectives will be achieved when the federal legislation permits specific health professionals, other than practitioners of medicine, dentistry and veterinary medicine, to use/prescribe controlled substances as permitted by P/T regulation.
Tobacco Advertising Regulations	Increased awareness of tobacco-related health hazards through mandating of new health warnings in advertising. Awareness will be measured through surveys.
Tobacco Labelling Regulations (Revised)	Increased awareness of tobacco-related hazards through mandating of new health warnings on packaging. Awareness will be measured through surveys.
Tobacco Regulations on "Light" and "Mild" Descriptors	Reduced confusion among smokers regarding these descriptors. Greater awareness that no class of cigarettes is a "safer" alternative. Achievements will be measured through surveys.
Tobacco Retail Promotion Regulations	Reduced visibility of tobacco promotion at retail. Achievements will be measured through surveys at retail.

Table 7: (cont'd)	
PROGRAM ACTIVITY: PEST CONTROL PRODUCT REGULATION	
Regulations	**Expected Results**
Revision of current Pest Control Product Regulations in light of new *Pest Control Products Act* (new PCPA)	Revised regulations will ensure that terminology is consistent with the new Act and that any provisions that have been moved to the Act are deleted from the Regulations and, through use of authority in new PCPA, will codify current policy.
Adverse Effects Reporting Regulations	New regulations will specify types of information that must be reported by registrants/applicants under new PCPA and time frames for reporting. Will provide information for re-evaluation and possible trigger for special review, resulting in removal of pesticides and uses of unacceptable risk. Will contribute to strengthen health and environmental protection.
Review Panel Regulations	The new PCPA includes a process for the reconsideration of major registration decisions by a review panel. New regulations will specify administrative details necessary to govern the reconsideration process. Will contribute to better public participation in the regulatory process, increased transparency and increased public and stakeholder confi dence in pesticide regulation.
Revision of Agriculture and Agri-Food Administrative Monetary Penalties Regulations Respecting the *Pest Control Products Act* and Regulations	Revised regulations will reflect additional violations under the new Act and regulations.
Food and Drug Regulations (Amendments to Division 15)	New or revised maximum residue limits for pesticides. Will ensure the safety of food following use of these products on crops or food-producing animals.
Revision of current regulations in light of new *Pest Control Products Act* (new PCPA)	Revised regulations will ensure that terminology is consistent with the new Act and that any provisions that have been moved to the Act are deleted from the Regulations and, through use of authority in new PCPA, will codify current policy.
Revision of Agriculture and Agri-Food Administrative Monetary Penalties Regulations Respecting the *Pest Control Products Act* and Regulations	Revised regulations will reflect additional violations under the new Act and regulations.
Food and Drug Regulations (Amendments to Division 15)	New or revised maximum residue limits for pesticides. Will ensure the safety of food following use of these products on crops or food-producing animals.

Table 8: Details on Transfer Payments Programs

Over the next three years, Health Canada will manage the following transfer payments programs in excess of $5 million:

2005–2006

- Health Information Contribution Program
- Contribution Program to Improve Access to Health Services for Official Language Minority Communities
- Contributions to Indian bands, Indian and Inuit associations for groups or local governments and the territorial governments for Non-Insured Health Services
- Payments to the Aboriginal Health Institute/Centre for the Advancement of Aboriginal Peoples' Health
- Contributions for First Nations and Inuit health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services
- Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as hospital and health care equipment
- Contribution towards the Aboriginal Head Start On-reserve Program
- Capital contributions for Non-Departmental Health Facilities for First Nations and Inuit
- Payments to Indian bands, associations or groups for the control and provision of health services
- Contributions to support pilot projects to assess options for transferring the Non-Insured Health Benefits Program to First Nations and Inuit Control
- Contributions for integrated Indian and Inuit community-based Health Care Services
- Health Care Strategies and Policy Contribution Program
- Health Care Strategies and Policy, Federal/Provincial/Territorial Partnership Grant Program
- Named Grant to the Health Council of Canada
- Named Grant to the Canadian Coordinating Office for Health Technology Assessment
- Grant to the Canadian Patient Safety Institute
- Health Policy Research Program
- Northern Health Supplement to the 2003 First Ministers' Accord on Health Care Renewal
- Women's Health Contribution Program
- Alcohol and Drug Treatment and Rehabilitation (ADTR) Contribution Program
- Contributions in Support of the Canadian Centre on Substance Abuse (CSCCSA)
- Drug Strategy Community Initiatives Fund (Vote 5)
- Tobacco Control Programme
- Contribution to Canadian Council on Donation & Transplantation
- Grant to the Canadian Blood Services

For further information on the above-mentioned transfer payment programs see http://www.tbs-sct.gc.ca/est-pre/estime.asp

Table 8: (cont'd)

2006–2007

- Health Information Contribution Program
- Contribution Program to Improve Access to Health Services for Official Language Minority Communities
- Contributions to Indian bands, Indian and Inuit associations for groups or local governments and the territorial governments for Non-Insured Health Services
- Payments to the Aboriginal Health Institute/Centre for the Advancement of Aboriginal Peoples' Health
- Contributions for First Nations and Inuit health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services
- Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as hospital and health care equipment
- Contribution towards the Aboriginal Head Start On-reserve Program
- Capital contributions for Non-Departmental Health Facilities for First Nations and Inuit
- Payments to Indian bands, associations or groups for the control and provision of health services
- Contributions to support pilot projects to assess options for transferring the Non-Insured Health Benefits Program to First Nations and Inuit Control
- Contributions for integrated Indian and Inuit community-based Health Care Services
- Health Care Strategies and Policy Contribution Program
- Health Care Strategies and Policy, Federal/Provincial/Territorial Partnership Grant Program
- Named Grant to the Health Council of Canada
- Named Grant to the Canadian Coordinating Office for Health Technology Assessment
- Grant to the Canadian Patient Safety Institute
- Health Policy Research Program
- Women's Health Contribution Program
- Alcohol and Drug Treatment and Rehabilitation (ADTR) Contribution Program
- Contributions in Support of the Canadian Centre on Substance Abuse (CSCCSA)
- Drug Strategy Community Initiatives Fund (Vote 5)
- Tobacco Control Programme
- Contribution to Canadian Council on Donation & Transplantation

For further information on the above-mentioned transfer payment programs see http://www.tbs-sct.gc.ca/est-pre/estime.asp

Table 8: (cont'd)

2007–2008

- Contribution Program to Improve Access to Health Services for Official Language Minority Communities
- Contributions to Indian bands, Indian and Inuit associations for groups or local governments and the territorial governments for Non-Insured Health Services
- Payments to the Aboriginal Health Institute/Centre for the Advancement of Aboriginal Peoples' Health
- Contributions for First Nations and Inuit health promotion and prevention projects and for developmental projects to support First Nations and Inuit control of health services
- Contributions on behalf of, or to, Indians or Inuit towards the cost of construction, extension or renovation of hospitals and other health care delivery facilities and institutions as well as hospital and health care equipment
- Contribution towards the Aboriginal Head Start On-reserve Program
- Capital contributions for Non-Departmental Health Facilities for First Nations and Inuit
- Payments to Indian bands, associations or groups for the control and provision of health services
- Contributions to support pilot projects to assess options for transferring the Non-Insured Health Benefits Program to First Nations and Inuit Control
- Contributions for integrated Indian and Inuit community-based Health Care Services
- Health Care Strategies and Policy Contribution Program
- Health Care Strategies and Policy, Federal/Provincial/Territorial Partnership Grant Program
- Named Grant to the Health Council of Canada
- Named Grant to the Canadian Coordinating Office for Health Technology Assessment
- Grant to the Canadian Patient Safety Institute
- Health Policy Research Program
- Women's Health Contribution Program
- Alcohol and Drug Treatment and Rehabilitation (ADTR) Contribution Program
- Contributions in Support of the Canadian Centre on Substance Abuse (CSCCSA)
- Drug Strategy Community Initiatives Fund (Vote 5)
- Tobacco Control Programme
- Contribution to Canadian Council on Donation & Transplantation

For further information on the above-mentioned transfer payment programs see http://www.tbs-sct.gc.ca/est-pre/estime.asp

Table 9: Foundations (Conditional Grants)

Over the next three years, Health Canada will manage the following foundations using conditional grants:

2005–2006
• Canada Health Infoway Inc. (*Infoway*)
• Canadian Institute for Health Information
• Canadian Health Services Research Foundation
2006–2007
• Canada Health Infoway Inc. (*Infoway*)
• Canadian Institute for Health Information
• Canadian Health Services Research Foundation
2007–2008
• Canada Health Infoway Inc. (*Infoway*)
• Canadian Institute for Health Information
• Canadian Health Services Research Foundation
For further information on the above-mentioned foundations see http://www.tbs-sct.gc.ca/est-pre/estime.asp

Table 10 : Horizontal Initiatives

Over the next three years, Health Canada will participate in the following horizontal initiatives:

2005–2006

- Building Public Confidence in Pesticide Regulation and Improving Access to Pest Management Products
- Canada's Drug Strategy
- Federal Early Childhood Development (ECD) Strategy for First Nations and Other Aboriginal Children
- Therapeutic Access Strategy

2006–2007

- Building Public Confidence in Pesticide Regulation and Improving Access to Pest Management Products
- Canada's Drug Strategy
- Federal Early Childhood Development (ECD) Strategy for First Nations and Other Aboriginal Children
- Therapeutic Access Strategy

2007–2008

- Building Public Confidence in Pesticide Regulation and Improving Access to Pest Management Products
- Canada's Drug Strategy
- Federal Early Childhood Development (ECD) Strategy for First Nations and Other Aboriginal Children
- Therapeutic Access Strategy

For further information on the above-mentioned horizontal initiatives see http://www.tbs-sct.gc.ca/est-pre/estime.asp

Other Items of Interest

4

Advancing the Science Agenda

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

Health Canada's Framework for Science outlines five principles for science (alignment, linkages, excellence, innovation, and stewardship) and is intended to enable the Department to fulfill our mandate and contribute to the Government of Canada's overarching priorities. In 2003–2004, the Department developed an inventory of its science. In 2005–2006, the Department will develop a policy to integrate science planning into Departmental planning.

In response to members of Health Canada's social science community, the Office of the Chief Scientist (OCS) is also leading a new Social Sciences Initiative, which will provide a framework to enhance the recognition of social sciences in the Department, improve the integration of the social science community, and provide opportunities for ongoing training to ensure that the policies developed in the Department are based on the most current methodologies.

Under the leadership of OCS, a Departmental working group has been established to assist and inform Health Canada's scientists participating in collaborative arrangements. The working group will develop a comprehensive interpretation of Treasury Board policies and a Departmental roadmap for scientists who participate in these arrangements.

To enhance access to the evidence the Department requires to support decision-making, policy development and regulation, and to ensure that its science and research activities are aligned with Departmental and federal science and technology policy priorities, Health Canada will develop a policy for managing its current and future science and research partnerships. Understanding and taking effective action on science policy issues that are increasingly complex and multidisciplinary in nature many times requires the participation of governments, universities and the private sector, both nationally, and often, internationally. The policy on science and research partnerships will guide and support Departmental efforts to: link activities and collaborate with science and research partners; access external sources of expertise while focusing its internal science and research on those tasks that it is uniquely equipped to deliver; and measure the outcomes of its science and research collaborations.

In addition to these new initiatives, the OCS will continue its ongoing activities, which includes coordinating involvement with the federal science and technology community, fostering and facilitating research partnerships, promoting and communicating Health Canada science and research, and providing intellectual property support through the Business Development Office. To develop Health Canada's research capacity, OCS administers a Postdoctoral Fellowship (PDF) program and an Innovative Science Competition. OCS also organises the Health Canada Science Forum and provides secretariats for the Research Ethics Board and the Science Advisory Board.

Health Canada Highlights from the 2005 Federal Budget

On February 23, 2005, the Minister of Finance tabled the federal Budget. The following is a brief summary of some of the major items that will directly affect the work of Health Canada.

Health Care and Health Protection

- As part of the 10-Year Plan to Strengthen Health Care, the Government of Canada announced an additional $41.3 billion in federal investments in September 2004. The Budget provides an additional $150 million over five years to the territories to assist with the costs associated with medical travel, to facilitate long-term reforms to territorial health care systems, and to create a federal-territorial working group and secretariat to improve health care delivery.
- The Budget also commits a total of $200 million over five years to support implementation of the 10-Year Plan, to be allocated as follows:
  - $75 million over five years to accelerate and expand the assessment and integration of internationally educated health care professionals;
  - $15 million over four years for wait times initiatives that will build on and complement provincial and territorial initiatives; and,
  - $110 million over five years to improve the data collection and reporting of health performance information.
- The Budget provides an additional $170 million over five years to strengthen the safety of drugs, medical devices, and other therapeutic products. Funding will strengthen Health Canada's ability to review clinical trial applications, and monitor and respond to adverse events reports; ensure that the process for developing and manufacturing products is monitored for safety; increase compliance and enforcement; and, assist in the establishment of strong regulations for the safe handling of cells, tissues and organs.

Health and the Environment

- The Budget provides $90 million over five years to assist the Department in fulfilling its outstanding health risk assessment and health protection obligations under the *Canadian Environmental Protection Act* in order to reduce the exposure of Canadians to toxic substances.

Aboriginal Health

- The Budget confirmed $700 million in funding over five years announced at the Special Meeting of First Ministers and Aboriginal Leaders in September 2004. This funding will go towards the Aboriginal Health Transition Fund ($200 million over five years), the Aboriginal Health Human Resources Initiative ($100 million over five years) and health promotion and disease prevention ($400 million over five years).
- In addition, Health Canada will receive funding for early childhood development programming (Aboriginal Head Start) for First Nations children on reserve. In support of early learning and child care, the Budget commits an additional $100 million over the next five years to ensure a healthy start for First Nations children. The Department will receive approximately half of this funding. Specific areas of funding will be determined following community consultations, assessments of programs, and the Aboriginal roundtable discussions.

Expenditure Review

- The Budget incorporates the Expenditure Review Committee's first review of federal spending. The Budget identifies $10.9 billion of expenditure reductions over five years from both Government-wide efficiencies and departmental initiatives. Reductions from Government-wide efficiency measures total $6.7 billion and include initiatives in such

areas as procurement, property management and service delivery. The total impact of these broad initiatives on Health Canada is yet to be determined.

- The Department's contribution to departmental initiatives from internal program and administrative efficiencies is $196 million over five years through improvements to corporate efficiency, the use of information products and program streamlining.

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