Health Canada

2016–17

Report on Plans and Priorities

The Honourable Dr. Jane Philpott
Minister of Health

Catalogue No. H1-9/7-2016E-PDF
ISSN 2292-5031

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

This document is available in alternative formats upon request.

Table of Contents

Minister's Message

As Minister of Health, I am pleased to present Health Canada's 2016-17 Report on Plans and Priorities. Canadians are among the healthiest people in the world, living longer and enjoying more quality years in good health than ever before. The priorities outlined in this report will help ensure the Government can continue to help Canadians maintain and improve their health.

In the coming weeks and months, the Government will be advancing an ambitious health agenda. My overriding priority is to strengthen our publicly-funded universal health care system and ensure that it adapts to new challenges. To that end, I will be working with my provincial and territorial colleagues to develop a new Health Accord, so that together, we can: make home care more available; encourage the adoption of innovative practices to improve access and outcomes for patients; improve access to prescription drugs and make them more affordable; and, make high quality mental health services more available to Canadians.

The Government has also pledged a renewed, nation-to-nation relationship with Canada's Indigenous peoples. Continued progress by the First Nations and Inuit Health Branch to improve health services and develop innovative partnerships with First Nations and Inuit will be important to achieving the Government's pledge.

I will also be asking Health Canada to take important policy and regulatory actions to help Canadians lead healthier lives. These actions will include introducing plain packaging for tobacco products; developing an approach to restrict the commercial marketing of unhealthy food and beverages to children; bringing in tougher regulations to eliminate trans fats; cutting sodium in processed foods; and improving food labels. I will also be supporting the Government's effort to legalize, regulate and restrict access to marijuana in order to keep it out of the hands of children.

This 2016-17 Report on Plans and Priorities of Health Canada provides information on how the department will support the Government on achieving our agenda in the coming year and I am fully confident that Health Canada is prepared to successfully support me and work with our partners inside and outside government to deliver for Canadians. However, given our commitment to more effective reporting, this year's report will be the final submission using the existing reporting framework.

The Prime Minister and the President of the Treasury Board are working to develop new, simplified and more effective reporting processes that will better allow Parliament and Canadians to monitor our Government's progress on delivering real change to Canadians. In the future, Health Canada's reports to Parliament will focus more transparently on how we are using our resources to fulfill our commitments and achieve results for Canadians.

These new reporting mechanisms will allow Canadians to more easily follow our Department's progress towards delivering on our priorities, which were outlined in the Prime Minister's mandate letter to me.

The Honourable Dr. Jane Philpott, P.C., M.P.
Minister of Health

Section I: Organizational Expenditure Overview

Organizational Profile

Appropriate Minister: The Honourable Dr. Jane Philpott, P.C., M.P.

Institutional Head: Simon Kennedy

Ministerial Portfolio: Health

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

List of Acts and Regulations[xii]

Year of Incorporation / Commencement: 1913

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

Organizational Context

Raison d'être

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

The Minister of Health is responsible for this organization.

Responsibilities

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

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

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

Strategic Outcomes and Program Alignment Architecture

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

- **1.1 Program:** Canadian Health System Policy
  - **1.1.1 Sub-Program:** Health System Priorities
  - **1.1.2 Sub-Program:** *Canada Health Act* Administration
- **1.2 Program:** Specialized Health Services
- **1.3 Program:** Official Language Minority Community Development

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

- **2.1 Program:** Health Products
  - **2.1.1 Sub-Program:** Pharmaceutical Drugs
  - **2.1.2 Sub-Program:** Biologics and Radiopharmaceuticals
  - **2.1.3 Sub-Program:** Medical Devices
  - **2.1.4 Sub-Program:** Natural Health Products
- **2.2 Program:** Food Safety and Nutrition
  - **2.2.1 Sub-Program:** Food Safety
  - **2.2.2 Sub-Program:** Nutrition Policy and Promotion
- **2.3 Program:** Environmental Risks to Health
  - **2.3.1 Sub-Program:** Air Quality
  - **2.3.2 Sub-Program:** Water Quality
  - **2.3.3 Sub-Program:** Health Impacts of Chemicals
- **2.4 Program:** Consumer Product and Workplace Hazardous Materials
  - **2.4.1 Sub-Program:** Consumer Product Safety
  - **2.4.2 Sub-Program:** Workplace Hazardous Materials
- **2.5 Program:** Substance Use and Abuse
  - **2.5.1 Sub-Program:** Tobacco Control
  - **2.5.2 Sub-Program:** Controlled Substances
- **2.6 Program:** Radiation Protection
  - **2.6.1 Sub-Program:** Environmental Radiation Monitoring and Protection
  - **2.6.2 Sub-Program:** Radiation Emitting Devices
  - **2.6.3 Sub-Program:** Dosimetry Services
- **2.7 Program:** Pesticides

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

- **3.1 Program:** First Nations and Inuit Primary Health Care
  - **3.1.1 Sub-Program:** First Nations and Inuit Health Promotion and Disease Prevention
    - **3.1.1.1 Sub-Sub-Program:** Healthy Child Development
    - **3.1.1.2 Sub-Sub-Program:** Mental Wellness
    - **3.1.1.3 Sub-Sub-Program:** Healthy Living
  - **3.1.2 Sub-Program:** First Nations and Inuit Public Health Protection
    - **3.1.2.1 Sub-Sub-Program:** Communicable Disease Control and Management
    - **3.1.2.2 Sub-Sub-Program:** Environmental Public Health
  - **3.1.3 Sub-Program:** First Nations and Inuit Primary Care
    - **3.1.3.1 Sub-Sub-Program:** Clinical and Client Care

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

3.2 Program: Supplementary Health Benefits for First Nations and Inuit

3.3 Program: Health Infrastructure Support for First Nations and Inuit

- **3.3.1 Sub-Program:** First Nations and Inuit Health System Capacity
  - **3.3.1.1 Sub-Sub-Program:** Health Planning and Quality Management
  - **3.3.1.2 Sub-Sub-Program:** Health Human Resources
  - **3.3.1.3 Sub-Sub-Program:** Health Facilities
- **3.3.2 Sub-Program:** First Nations and Inuit Health System Transformation
  - **3.3.2.1 Sub-Sub-Program:** Health Systems Integration
  - **3.3.2.2 Sub-Sub-Program:** e-Health Infostructure
- **3.3.3 Sub-Program:** Tripartite Health Governance

Internal Services

- **IS 1:** Management and Oversight Services
- **IS 2:** Communications Services
- **IS 3:** Legal Services
- **IS 4:** Human Resources Management Services
- **IS 5:** Financial Management Services
- **IS 6:** Information Management Services
- **IS 7:** Information Technology Services
- **IS 8:** Real Property Services
- **IS 9:** Materiel Services
- **IS 10:** Acquisition Services

Organizational Priorities

Priority I: Support health system innovation.

Description

The health care system is vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial and territorial jurisdiction, the federal government has an ongoing role in providing financial support through fiscal transfers to the provinces and territories, maintaining the core principles of the *Canada Health Act*, and supporting health care innovation and collaboration across the country. Health Canada can contribute to improving the quality and sustainability of health care as the system continues to evolve in a context of technological and social changes, demographic shifts and fiscal pressures. In 2016-17, the Government will engage provinces and territories in the development of a new multi-year Health Accord.

Priority Type[1]

Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
Engage provinces and territories in the development of a new multi-year Health Accord with a focus on: home care services; prescription drugs; mental health services; and health innovation.	November 2015	March 2017*	1.1.1 Health System Priorities 1.1.2 *Canada Heath Act* Administration
Address priority health issues through collaboration with stakeholders and key pan-Canadian organizations, and the management of contribution programs and grants.	April 2016	March 2017	1.1.1 Health System Priorities 1.1.2 *Canada Heath Act* Administration 1.3 Official Language Minority Community Development

*This date is for the initial planning purposes however, the final timeline is pending Federal/Provincial/Territorial discussions/negotiations on a new Health Accord.

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

Priority II: Strengthen openness and transparency as modernization of health protection legislation, regulation and delivery continues.

Description
Health Canada's operating environment is constantly evolving. For example, ongoing globalization creates international supply chains; the speed of innovation continues to accelerate; and there is increased demand for greater openness and transparency. Credible and timely information is critical for empowering Canadians to make informed health decisions and supports businesses' responsibility for the safety of their products. Therefore, continuing to modernize Health Canada's regulatory frameworks and service delivery models, as well as ongoing efforts to further strengthen our openness and transparency, remains a key priority for the Department. This will enable Health Canada to maintain a sustainable, modern regime that meets the needs of Canadians both now and into future.

Priority Type
Previously committed to

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
Implement Health Canada's Regulatory Transparency and Openness Framework and Action Plan by informing and engaging Canadians on important health and safety issues, and providing more information so that Canadians can see how the Department enables industry compliance and enforces regulatory rules.	April 2015	March 2018	SO2 All Sub-Programs under Strategic Outcome #2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians
Provide Canadians with tools such as modernised food labels to make informed food choices, create conditions for healthier food options that are lower in sodium and trans fat and restrict marketing of unhealthy foods to children.	April 2016	To be determined*	2.2.1 Food Safety 2.2.2 Nutrition Policy and Promotion
Publish the draft *Pest Control Product Regulations*[xiii], related to cost recovery, in preparation for the implementation of the new fee structure, and improve risk communications with the Canadian public on pesticide safety.	April 2016	March 2017	2.7 Pesticides
Work towards implementing plain packaging requirements for tobacco products.	November 2015	To be determined**	2.5.1 Tobacco Control

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
Work with Justice and Public Safety and Emergency Preparedness towards the legalization and regulation of marijuana to keep it out of the hands of children.	November 2015	To be determined**	2.5.2 Controlled Substances

*Completion date is dependent on the regulatory approach, which is anticipated to be completed by end of 2018.

**Work towards this initiative started immediately following the release of the Minister of Health Mandate Letter. A project end date will be confirmed when the project plan is finalized.

Priority III: Strengthen First Nations and Inuit health programming.

Description
First Nations and Inuit continue to experience serious health challenges. Health Canada plays an important role in supporting the delivery of, and access to, health programs and services for First Nations and Inuit. Health Canada works with partners on innovative approaches to strengthen access to, and support better integration of, health services, as well as to encourage greater control and management of health care delivery by First Nations and Inuit. In addition, Health Canada continues to work with partners to further the implementation of a First Nations and Inuit Health Strategic Plan, which provides stronger coherence and direction for Health Canada's activities in this area, and demonstrates how the Department collectively contributes to improving health outcomes for First Nations and Inuit.

Priority Type
Ongoing

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
Support a renewed nation-to-nation relationship with Indigenous Peoples, based on the recognition of rights, respect, co-operation, and partnership.	November 2015	March 2017*	3.1 First Nations and Inuit Primary Health Care 3.2 Supplementary Health Benefits for First Nations and Inuit 3.3 Heath Infrastructure Support for First Nations and Inuit
Strengthen access, quality and safety across the continuum of health services.	April 2012**	March 2017*	3.1 First Nations and Inuit Primary Health Care 3.3 Heath Infrastructure Support for First Nations and Inuit
Advance collaborative efforts with First Nations and Inuit, provinces/territories and other	April 2012	March 2017*	3.1 First Nations and Inuit Primary Health Care 3.3 Heath Infrastructure

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
federal government departments, the Health Portfolio, and other key partners to ensure quality and effective service delivery.			Support for First Nations and Inuit
Support effective delivery of Non-Insured Health Benefits.	April 2012	March 2017*	3.2 Supplementary Health Benefits for First Nations and Inuit
Pursue long-term service transformation opportunities.	April 2015	March 2017*	3.3.2 First Nations and Inuit Health System Transformation
Improve availability of and access to high quality data to strengthen primary care and public health service delivery models and to better inform decision making, performance measurement and reporting.	April 2014	March 2017*	3.1 First Nations and Inuit Primary Health Care 3.2 Supplementary Health Benefits for First Nations and Inuit 3.3 Heath Infrastructure Support for First Nations and Inuit
Work with the Minister of Indigenous and Northern Affairs to update and expand the Nutrition North program, in consultation with Northern communities.	November 2015	March 2017***	3.1.1.3 Healthy Living

*These planned initiatives were identified as part of the First Nations and Inuit Health Strategic Plan and will be updated in 2017-18 in collaboration with First Nations and Inuit partners.

**This date signifies the launch of the First Nations and Inuit Health Strategic Plan. The Strategic Plan was developed in collaboration with First Nations and Inuit organizations, federal, provincial and territorial colleagues, health practitioners, national advisory groups, researchers and experts in the field of First Nations and Inuit health. It outlines how Health Canada plans to move forward in fulfilling its core mandate of providing health services, while strengthening its focus with key partners to advance mutual priorities for improved health for First Nations and Inuit. Operational priorities respect the principles of, contribute to, the achievement of the Strategic Plan goals and objectives, and are reflective of the current environment.

***Health Canada will work with Indigenous and Northern Affairs Canada (INAC) on an annual basis and adjust the end date accordingly.

Priority IV: Recruit, maintain and foster an engaged, high performing and diverse workforce within a healthy workplace.

Description

Health Canada's greatest strength is an engaged, empowered and well-equipped workforce with employees that have the competencies, tools and opportunities to succeed in the pursuit of excellence in program and service delivery.

Two of the key priorities for the Government of Canada for 2016-17, as referenced in the Clerk's 22nd Annual Report to the Prime Minister on the Public Service of Canada, are recruitment and mental health. Health Canada is achieving this by developing an engaged, high-performing and

diverse workforce across Canada and building a healthy, respectful and supportive work environment.

Priority Type
Previously committed to

Key Supporting Initiatives

Planned Initiatives	Start Date	End Date	Link to Department's Program Alignment Architecture
Improve departmental performance measures and work towards the efficient integration of operational and financial information to better support decision-making, organizational performance and resource allocation.	January 2013	March 2018	Internal Services
Enable a culture of high performance through employee career development, Post-Secondary Recruitment, the Performance Management Initiative, and the Canada School of Public Service learning model.	April 2016	March 2017	Internal Services
Promote a corporate culture that supports workplace well-being, diversity, employment equity, mental health and respect.	April 2016	March 2017	Internal Services
Modernize the workplace through initiatives including Workplace 2.0, GCDOCS and Pay Modernization.	April 2016	March 2017	Internal Services
Continue to implement a Multi-Year Strategy for Mental Health and Wellness in the Workplace.	April 2016	March 2017	Internal Services

For more information on organizational priorities, see the Minister's mandate letter on the Prime Minister of Canada's website[xiv].

Risk Analysis

Health Canada operates in a dynamic environment and faces many challenges and opportunities as it delivers its mandate and contributes to the achievement of the Government of Canada's priorities and commitments. Effective risk management equips Health Canada to respond proactively to change and uncertainty by defining and understanding its operating environment and the factors that drive risks. A well-defined governance structure has been established within Health Canada to implement and sustain effective risk-management practices throughout the organization and is set out in detail in the 2014 Departmental Integrated Risk Management Framework.

A key output of the integrated risk management approach at Health Canada is the annual Corporate Risk Profile (CRP). The CRP, which is aligned with the Report on Plans and Priorities, sets out the key threats and opportunities that have the potential to affect the achievement of the Department's mandate and outlines the management strategies to address these risks. Health Canada continues to focus on strengthening risk indicators and improving risk response monitoring and reporting, thereby further solidifying accountability and facilitating reporting on progress towards effectively managing the priority risks.

An assessment of the external environment was undertaken over the summer to inform the development of the corporate risk priorities for fiscal year 2016-17. Senior management discussed the assessment results and the potential implications for corporate risk priorities and concluded that the key external factors facing Health Canada remain generally unchanged from 2015-16. These factors include new innovative products, technologies, substances, foods and emerging product categories, evolving relationships between First Nations and Inuit and various levels of government, unforeseen health crises, the speed of scientific and technological change, changing demographics, and the interconnected information society where Canadians have rapid access to a plethora of information from numerous sources of varying scientific quality and accuracy.

The following table outlines Health Canada's key external corporate risks for 2016-17. It also includes proposed strategies to manage the risks and how they link to Health Canada's Program Alignment Architecture. Each risk is monitored to ensure that the associated risk response strategies are helping to reduce the risk's potential impact to the Department.

Key Risks

Risk	Risk Response Strategy	Link to Program Alignment Architecture
There is a risk that Canadians will lose confidence in the safety of health and consumer products if Health Canada is not regarded as a trusted regulator and used as a credible source of information: • Open and transparent regulatory information to Canadians. • Involvement of citizens and stakeholders in regulatory decision-making. • Ability to communicate consistently with sufficient speed.	• Expand the amount of regulatory health and safety information made available to Canadians in a simple and accessible way through the implementation of Health Canada's Regulatory Transparency and Openness Framework (RTOF) and communicate achievements under the RTOF. • Increase opportunities for Canadians to provide input on regulatory decision-making. • Implement the Web Renewal Action Plan by migrating all content to Canada.ca to ensure continued credibility and cohesive Government of Canada health information.	SO2
Health Canada's ability to protect Canadians from the risks of products may be weakened due to the increasing complexity of the global supply chain and pace of innovation: • Information and work sharing with other regulatory organizations in the global market. • The existing legislative and regulatory frameworks are challenged by innovative new substances, technologies, products, pesticides, food and emerging product categories, along with new business models and healthcare service delivery	• Collaborate with international regulatory organizations, align and harmonize with foreign regulators. • Develop oversight strategies and tools to strengthen market surveillance and oversight of emerging products.	SO2

Risk	Risk Response Strategy	Link to Program Alignment Architecture
strategies.		
Health Canada's ability to ensure continuous delivery of health services may be at risk due to a lack of quality maintenance and timely repairs of health facilities: • Equipment and aging physical infrastructure.	• Reallocate funding to address priority repairs and renovations. • Renovate and update facilities according to the Capital Management Framework. • Facilitate the use of alternative capital funding approaches on reserve. • Refine capital program practices to increase engagement of First Nations communities in the follow-up to facility inspections.	SO3
Health Canada's ability to ensure continuous quality health services may be at risk due to limited availability of nursing capacity; • Sustainability and predictability of workforce capacity.	• Continue the effort towards integration of federal/provincial e-Health tools in order to improve access to and delivery of health services. • Continue to implement the Nursing Recruitment and Retention Strategy and mandatory training requirements for nurses. • Work with provinces and Regional Health Authorities to increase local access to physicians for First Nations living in remote and isolated communities. • Pursue accreditation of nursing stations and health centres to maintain a standardized level of quality in health program planning, management and delivery of health services.	SO3

Next Steps

Health Canada will complete the development of its 2016-17 CRP and continue to promote the application of risk management throughout the organization. The objective is to be comprehensive, systematic, proactive and adaptive in response to strategic and operational uncertainties.

Planned Expenditures

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
3,756,604,937	3,756,604,937	3,725,968,932	3,692,332,993

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
8,913	8,919	8,903

Budgetary Planning Summary for Strategic Outcomes and Programs (dollars)

Strategic Outcome(s), Program(s) and Internal Services	2013–14 Expenditures	2014–15 Expenditures	2015–16 Forecast Spending	2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
Strategic Outcome 1: A health system responsive to the needs of Canadians							
1.1 Canadian Health System Policy	353,877,280	334,273,289	270,390,118	260,866,701	260,866,701	238,810,074	231,348,407
1.2 Specialized Health Services	16,475,781	13,650,940	19,133,053	18,685,517	18,685,517	18,685,517	18,685,517
1.3 Official Language Minority Community Development	25,830,789	36,653,712	37,528,856	38,093,638	38,093,638	35,339,238	35,339,238
Subtotal	**396,183,850**	**384,577,941**	**327,052,027**	**317,645,856**	**317,645,856**	**292,834,829**	**285,373,162**
Strategic Outcome 2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians							
2.1 Health Products	179,564,797	166,617,222	153,088,292	146,005,296	146,005,296	146,066,729	146,554,642
2.2 Food Safety and Nutrition	71,238,491	66,365,087	67,413,730	68,562,778	68,562,778	68,557,778	68,447,778
2.3 Environmental Risks to Health	101,141,190	97,967,114	106,876,198	72,844,578	72,844,578	72,761,578	72,630,578
2.4 Consumer Product and Workplace Hazardous Materials	35,535,627	34,325,604	37,689,337	37,562,015	37,562,015	37,343,377	37,343,377
2.5 Substance Use and Abuse	88,591,578	69,339,368	86,731,215	87,797,766	87,797,766	87,260,678	86,296,128
2.6 Radiation Protection	21,420,658	20,709,033	20,592,588	13,148,978	13,148,978	12,880,340	12,880,340
2.7 Pesticides	46,299,835	44,319,169	40,190,336	40,238,976	40,238,976	39,970,339	36,714,059
Subtotal	**543,792,176**	**499,642,597**	**512,581,696**	**466,160,387**	**466,160,387**	**464,840,819**	**460,866,902**
Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status							
3.1 First Nations and Inuit Primary Health Care	927,125,272	870,774,017	898,004,491	843,780,295	843,780,295	862,525,426	831,316,959
3.2	1,071,034,484	1,075,694,038	1,128,474,836	1,180,001,880	1,180,001,880	1,125,268,883	1,126,771,198

Strategic Outcome(s), Program(s) and Internal Services	2013–14 Expenditures	2014–15 Expenditures	2015–16 Forecast Spending	2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
Supplementary Health Benefits for First Nations and Inuit							
3.3 Health Infrastructure Support for First Nations and Inuit	525,066,806	640,190,204	662,858,227	683,792,972	683,792,972	715,346,893	724,308,689
Subtotal	**2,523,226,562**	**2,586,658,259**	**2,689,337,554**	**2,707,575,147**	**2,707,575,147**	**2,703,141,202**	**2,682,396,846**
Internal Services Subtotal	**364,976,909**	**343,595,169**	**330,210,179**	**265,223,547**	**265,223,547**	**265,152,082**	**263,696,083**
Total	**3,828,179,497**	**3,814,473,966**	**3,859,181,456**	**3,756,604,937**	**3,756,604,937**	**3,725,968,932**	**3,692,332,993**

Note: For the 2013-14 to 2015-16 periods, total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board votes. For the 2016-17 to 2018-19 periods, total spending corresponds to planned spending where funding through Supplementary Estimates and carry forward adjustments are not reflected and hence totals for these years are lower.

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

The decrease in planned spending in 2016-17 is mainly due to the expiry of budgetary spending authorities for the following initiatives: Clean Air Regulatory Agenda, Adaptation to Climate Change under Canada's Clean Air Agenda, and Funding relating to the assessment, management, and remediation of federal contaminated sites.

The decrease in planned spending in 2017-18 under Strategic Outcome 1 is mainly due to the expiry of budgetary spending authorities for: the Territorial Health Investment Fund, grant funding to support the Mental Health Commission of Canada, and contribution funding to the Canadian Foundation for Healthcare Improvement.

The decrease in planned spending in 2017-18 under Strategic Outcome 3 is mainly due to the government's commitment to stabilize funding and growth for Supplementary Health Benefits for First Nations and Inuit as per Budget 2013. Planned spending in 2017-18 will be adjusted and confirmed through a future Estimates process.

The Department would have to request funding for expiring initiatives for future years.

Alignment of Spending With the Whole-of-Government Framework

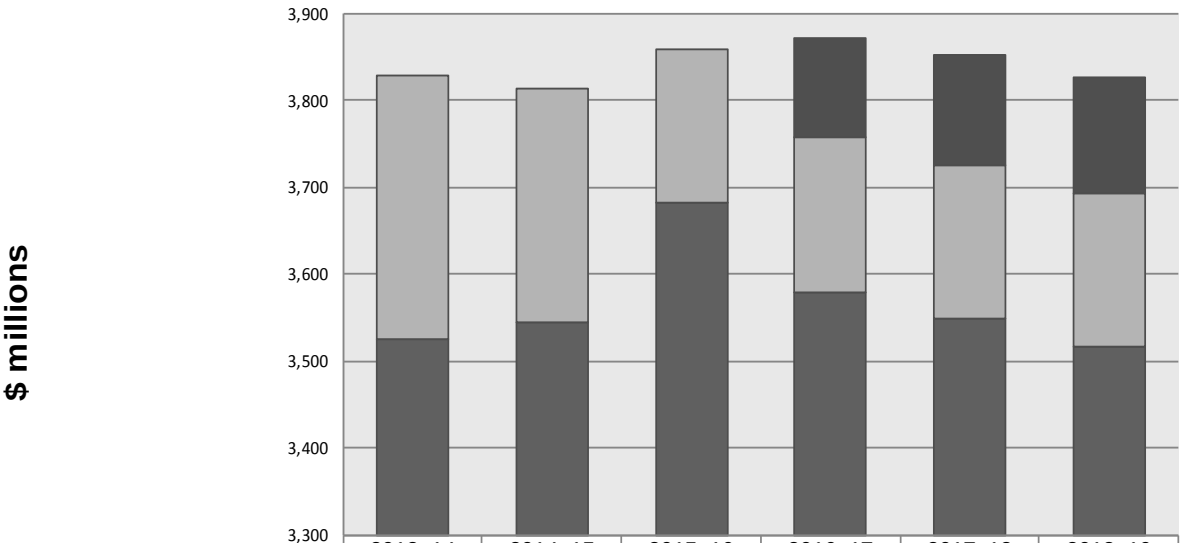
Alignment of 2016–17 Planned Spending With the Whole-of-Government Framework[xv] (dollars)

Strategic Outcome	Program	Spending Area	Government of Canada Outcome	2016–17 Planned Spending
SO1: A health system responsive to the needs of Canadians	1.1 Canadian Health System Policy	Social Affairs	Healthy Canadians	260,866,701
	1.2 Specialized Health Services	Social Affairs	Healthy Canadians	18,685,517
	1.3 Official Language Minority Community Development	Social Affairs	Healthy Canadians	38,093,638
SO2: Health risks and benefits associated with food, products, substances, and environmental factors are appropriately managed and communicated to Canadians	2.1 Health Products	Social Affairs	Healthy Canadians	146,005,296
	2.2 Food Safety and Nutrition	Social Affairs	Healthy Canadians	68,562,778
	2.3 Environmental Risks to Health	Social Affairs	Healthy Canadians	72,844,578
	2.4 Consumer Product and Workplace Hazardous Materials	Social Affairs	Healthy Canadians	37,562,015
	2.5 Substance Use and Abuse	Social Affairs	Healthy Canadians	87,797,766
	2.6 Radiation Protection	Social Affairs	Healthy Canadians	13,148,978
	2.7 Pesticides	Social Affairs	Healthy Canadians	40,238,976
SO3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status	3.1 First Nations and Inuit Primary Health Care	Social Affairs	Healthy Canadians	843,780,295
	3.2 Supplementary Health Benefits for First Nations and Inuit	Social Affairs	Healthy Canadians	1,180,001,880
	3.3 Health Infrastructure Support for First Nations and Inuit	Social Affairs	Healthy Canadians	683,792,972

Total Spending by Spending Area (dollars)

Spending Area	Total Planned Spending
Economic affairs	
Social affairs	3,756,604,937
International affairs	
Government affairs	

Departmental Spending Trend



	2013–14	2014–15	2015–16	2016–17	2017–18	2018–19
Sunset Programs – Anticipated	0	0	0	114	127	135
Statutory	303	270	177	177	177	176
Voted	3,525	3,544	3,682	3,580	3,549	3,516
Total	3,828	3,814	3,859	3,871	3,853	3,827

The changes in planned spending are associated primarily with the expiry of budgetary spending authorities for various programs. The Department would have to request funding for these initiatives for future years.

Estimates by Vote

For information on Health Canada's organizational appropriations, consult the *2016-17 Main Estimates*[xvi].

Section II: Analysis of Programs by Strategic Outcome

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

Program 1.1: Canadian Health System Policy

Description

The Canadian Health System Policy program provides strategic policy advice, research, and analysis to support decision-making on health care system issues, as well as program support to provinces and territories, partners, and stakeholders on health care system priorities. Mindful of equity, sustainability and affordability, Health Canada collaborates and targets its efforts in order to support improvements to the health care system such as improved access, quality, and integration of health care services. Through the management of grants and contributions agreements with key pan-Canadian health partners, the Canadian Health System Policy program contributes to priority health issues requiring national leadership and strong partnership. The program objective is to support improvement in the health care system to help Canadians maintain and improve their health.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
260,866,701	260,866,701	238,810,074	231,348,407

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for: the Territorial Health Investment Fund, grant funding to support the Mental Health Commission of Canada, and contribution funding to the Canadian Foundation for Healthcare Improvement. The Department would have to request funding for these initiatives for future years.

The decrease in planned spending in 2018-19 is mainly due to a funding level reduction for the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
238	238	238

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Recipients contribute to improvements in the health care system.	% of recipients demonstrating a contribution to health care system improvements.	100	March 31, 2017

Planning Highlights

In addition to the expected results identified above, efforts under this program will contribute to meeting the Department's priorities, in particular Priority I, described in the section Organizational Priorities. As part of this program, Health Canada will undertake the following key initiatives in 2016-17:

- Support partnership and collaborative engagement with Provinces/Territories in the development of a new multi-year Federal/Provincial/Territorial health accord aimed at delivering change in mutually-agreed upon priority areas, such as home care, pharmaceuticals, mental health and health innovation.
- Conduct research, analysis and policy work on healthcare system issues such as health expenditures and funding, palliative and end-of-life care, aging and disease patterns, mental health, and health technology with a focus on equity, sustainability, and affordability in the Canadian healthcare system.
- Monitor and analyze emerging trends and drivers in health technologies and health system policy and assess their impact on the future of Canada’s health care system, such as those related to an aging population, new health technologies and disease patterns. This includes taking the opportunity to work with organizations nationally and internationally to advance discussions on concerns stemming from high cost drugs.

Sub-Program 1.1.1: Health System Priorities

Description

Through the Health System Priorities program, Health Canada works closely with provincial and territorial governments, domestic and international organizations, health care providers, and other stakeholders to develop and implement innovative approaches, improve accountability, and responses to meet the health priorities and health services needs of Canadians. Key activities include aligning the health workforce to meet the needs of Canadians, timely access to quality health care services, and accelerating the development and implementation of electronic health technologies. This program uses funding from the following transfer payments: Brain Canada Foundation, Canadian Agency for Drugs and Technologies in Health, Canadian Institute for Health Information (CIHI), Canadian Partnership Against Cancer, Canadian Patient Safety Institute, Health Care Policy Contribution Program, Mental Health Commission of Canada, Mood Disorders Society of Canada, Canada Health Infoway, Pallium Foundation of Canada, and Canadian Foundation for Health Care Improvement. The program objective is to use program funding to strengthen and support policy advice, research, programs, practices, services, and knowledge translation and exchange, to address federal health care system priorities across Canada.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
258,971,274	236,914,647	229,452,980

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for: the Territorial Health Investment Fund, grant funding to support the Mental Health Commission of Canada, and contribution funding to the Canadian Foundation for Healthcare Improvement. The Department would have to request funding for these initiatives for future years.

The decrease in planned spending in 2018-19 is mainly due to a funding level reduction for the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund.

Human Resources (FTEs)

2016–17	2017–18	2018–19
219	219	219

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Recipients raise awareness of policy, research, programs and services on health system priorities across Canada.	% of recipients raising awareness of policy, research, program, and services on health system priorities across Canada.	50	March 31, 2017
Recipients demonstrate use of knowledge or technologies to support policy, research, programs and services on health system priorities across Canada.	% of recipients demonstrating use of knowledge or technologies to support policy, research, program, and services on health system priorities across Canada.	50	March 31, 2017

Planning Highlights

In addition to the expected results identified above, efforts under this sub-program will contribute to meeting the Department's priorities, in particular Priority I, described in the section Organizational Priorities. As part of this program, Health Canada will continue to support organizations contributing to health system improvements. For 2016-17, this will include:

- Support for innovative brain research through the Canada Brain Research Fund, whereby resources raised by the Brain Canada Foundation will be matched by Health Canada, up to $100 million by 2020.
- Continue annual support of $14.25 million for the Mental Health Commission of Canada (MHCC) and its priorities of fostering change in the mental health system.
- Provision of $47.5 million in funding to the Canadian Partnership Against Cancer Corporation to continue its work on key health issues on cancer control such as high-quality cancer screening, population health research, Canadians living in rural and remote areas, and the First Nations, Inuit and Métis people Action Plan on Cancer Control.
- Strategic management of the $16.1 million contribution agreement for the Canadian Agency for Drugs and Technologies in Health, including support for an expansion of

drug review products and services (e.g., Common Drug Review, and a renewed focus on health technology).
- Support for the Canadian Institute for Health Information with a contribution of $78.7 million. During 2016-17, CIHI will complete a review of its strategic direction and its current operations in preparation for a renewed 5-year strategic plan that will form the basis for a funding proposal for fiscal years 2017-2018 to 2021-2022.
- Provision of up to $25.7 million per fiscal year to address the priorities of the Health Care Policy Contribution Program, including building the evidence base and advancing innovation in the areas of health human resources, system adaptation to the needs of an aging population, high users of health care, and supporting the changing role of patients and their families. Through the implementation of contribution agreements and a variety of stakeholder engagement activities, Health Canada will contribute to the development and application of effective approaches to support sustainable improvements to the health care system.
- Support to the Canadian Patient Safety Institute's efforts to improve the safety of healthcare, for which the Department is committing $7.6 million, including support to develop an Integrated Patient Safety Action Plan.
- Work with the Canadian Foundation for Healthcare Improvement, providing new funding of $12 million, in support of its mandate to accelerate healthcare improvement and transformation.
- Work with Canada Health Infoway in collaboration with provinces and territories and other stakeholders to advance the development and use of digital health capacity within the context of modernizing the healthcare system.

Sub-Program 1.1.2: Canada Health Act Administration

Description

The administration of the *Canada Health Act* involves monitoring a broad range of sources to assess the compliance of provincial and territorial health insurance plans with the criteria and conditions of the Act, working in partnership with provincial and territorial governments to investigate and resolve concerns which may arise, providing policy advice and informing the Minister of possible non-compliance with the Act, recommending appropriate action when required, and reporting to Parliament on the administration of the Act. The program objective is to facilitate reasonable access to publicly insured health care services without financial or other barriers.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
1,895,427	1,895,427	1,895,427

Human Resources (FTEs)

2016–17	2017–18	2018–19
19	19	19

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Provincial and territorial compliance with the requirements of the *Canada Health Act*.	% of *Canada Health Act* compliance issues addressed.	100	March 31, 2017

Planning Highlights

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

Program 1.2: Specialized Health Services

Description

The Specialized Health Services program supports the Government of Canada's obligation to protect the health and safety of its employees and the health of visiting dignitaries. Health Canada delivers counselling, organizational development and critical incident support services to federal government departments through a network of contracted mental health professionals, and also provides immediate response to employees following traumatic incidents in the workplace. Health Canada delivers occupational health and occupational hygiene consultative services to ensure that public servants meet medical requirements to safely and effectively perform their duties and to prevent work related illness and injury. Health Canada pro-actively contributes to reducing the number of work days lost to illness across the federal government through the provision of occupational and psycho-social health services to federal public servants. Health Canada also arranges for the provision of health services for Internationally Protected Persons (IPP) who have come to Canada for international events, such as meetings or official visits. An IPP is a representative of a State, usually Heads of State and/or Government, members of the Royal Family, or officials of an international organization of an intergovernmental character. The program objective is to ensure continuity of services and the occupational health of federal public servants who can deliver results to Canadians in all circumstances and to arrange health services for IPPs.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
18,685,517	18,685,517	18,685,517	18,685,517

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
260	260	260

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Federal employees are able to manage their psycho-social issues during and immediately following, stressful or traumatic events.	% of clients that achieve problem resolution within the EAS short term counselling model.	75	March 31, 2017
Reduced absenteeism in the workplace for employees who access employee assistance services.	% reduction in absenteeism in the 30 days that follow an employee's last Employee Assistance Program session versus the 30 days prior.	25	March 31, 2017
Internationally Protected Persons (IPPs) have timely Health Plans available for emergency medical services and appropriate food surveillance services when they are in Canada.	% of Health Plans delivered to client departments at least 24 hours prior to the visit.	95	March 31, 2017

Planning Highlights

In addition to the expected results identified above, as part of this program, Health Canada will support the Government of Canada's obligation to protect the health of its employees and Internationally Protected Persons visiting Canada in 2016-17. Specifically, Health Canada is working to ensure the delivery of high quality occupational health services. Key outcomes include: a clinical practice and performance management framework for health professionals; a formal quality improvement process; and standardized service delivery practices.

Program 1.3: Official Language Minority Community Development

Description

The Official Language Minority Community Development program involves the administration of Health Canada's responsibilities under Section 41 of the *Official Languages Act*[xvii]. This Act commits the federal government to enhance the vitality of official language minority communities and foster the full recognition and use of English and French in Canadian society. This program includes**:** consulting with Canada's official language minority communities on a regular basis; supporting and enabling the delivery of contribution programs and services for official language minority communities; reporting to Parliament and Canadians on Health Canada's achievements under Section 41; and, coordinating Health Canada's activities and awareness in engaging and responding to the health needs of official language minority communities. The program objectives are to improve access to health services in official language minority communities and to increase the use of both official languages in the provision of health care services. This program uses funding from the following transfer payment: Official Languages Health Contribution Program.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
38,093,638	38,093,638	35,339,238	35,339,238

Note: The decrease in planned spending in 2017-18 is due to a funding level reduction for the Official Languages Roadmap for Canada's Linguistic Duality.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
10	10	10

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Official Language Minority Communities have access to health care services in the official language of their choice.	% of health care professionals who successfully complete Health Canada funded training programs.*	70	March 31, 2017
	% of program trained health professionals who are retained.	86	March 31, 2017

*Refers to health professionals enrolled in language training programs and students in French-language health programs who successfully complete their training programs.

Planning Highlights

In addition to the expected results identified above, as part of this program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to ensure that Health Canada programs and services are supportive and inclusive of English and French linguistic minorities across Canada in accordance with the requirements of the *Official Languages Act*.
- Apply analysis from public consultations, surveys and evaluations in order to monitor and enhance progress in the implementation of Health Canada's initiatives under the interdepartmental *Roadmap for Canada's Official Languages 2013-2018: Immigration, Education, Communities.*
- Health Canada will continue to provide funding to community-based organizations, government and academic institutions to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada:
    - Provide $6.4 million to the *Société Santé en français* and $4.75 million to the Community Health and Social Services Network to operate 36 community-based health networks across Canada to engage English and French-speaking minority communities in improving their health circumstances.
    - Provide $17.9 million to the Consortium national de formation en santé and its member institutions for French-language health programs in colleges and universities outside Quebec, and $4.43 million to McGill University to offer language training to healthcare staff members to better serve English-speaking communities in Quebec.
    - Provide $2.8 million to government and community organizations over the 2014-17 period to implement innovative health services access projects with the *Association canadienne française de l'Alberta (Régionale de Calgary)*, the Association of Faculties of Medicine of Canada, Action on Mental Illness Quebec, the Ottawa Cancer Foundation, the *Centre communautaire Sainte-Anne*, the *Fédération des parents du Manitoba*, and Health Prince-Edward-Island.

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

Program 2.1: Health Products

Description

The *Department of Health Act*, and the *Food and Drugs Act* and Regulations provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with a broad range of health products that affect the everyday lives of Canadians, including pharmaceutical drugs, biologics and radiopharmaceuticals, medical devices, and natural health products. Health Canada verifies that the regulatory requirements for the safety, quality, and efficacy of health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, Health Canada provides evidence-based, authoritative information to Canadians and key stakeholders, including health professionals such as physicians, pharmacists and natural health practitioners, to enable them to make informed decisions. The program objective is to ensure that health products are safe, effective, and of high quality for Canadians.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
146,005,296	146,005,296	146,066,729	146,554,642

Note: The increase in planned spending is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Human Resources (Full-Time Equivalents [FTEs]))

2016–17	2017–18	2018–19
1,922	1,931	1,940

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health products available to Canadians on the Canadian market are safe, effective, and of high quality.	% of regulated parties who are deemed to be in compliance with the *Food and Drugs Act* and its associated Regulations. (Baseline 97)	95*	March 31, 2017

*The target (95%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (97%) was populated with 2014-15 actual performance. In cases where the

baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this Program will contribute to meeting Priority II, described in the section on Organizational Priorities. The Department will also manage risks related to the increasing complexity of the global supply chain and pace of innovation as described in the section Risk Analysis.

As part of the program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to use new authorities under the *Protecting Canadians from Unsafe Drugs Act*[xviii] as required, such as the power to recall unsafe drugs, and the power to require labelling or packaging changes. New requirements to disclose certain drug information and decisions are expected to increase the transparency of drug safety information.
- Improve access to information on health products to better inform Canadians about healthy choices. In particular, the next release of the Health Product Register, as per the Department's Transparency and Openness Framework.

Sub-Program 2.1.1: Pharmaceutical Drugs

Description

The *Food and Drug Regulations*[xix] provide the regulatory framework to develop, maintain and implement the Pharmaceutical Drugs program, which includes pharmaceutical drugs for human and animal use, including prescription and non-prescription drugs, disinfectants, and sanitizers with disinfectant claims. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of pharmaceutical drugs are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals, such as physicians and pharmacists, to enable them to make informed decisions about the use of pharmaceutical drugs. The program objective is to ensure that pharmaceutical drugs in Canada are safe, effective and of high quality.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
61,375,037	61,428,494	61,589,040

Note: The increase in planned spending is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Human Resources (FTEs)

2016–17	2017–18	2018–19
1,021	1,027	1,033

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Pharmaceutical drugs meet regulatory requirements.	% of pharmaceutical product submissions that meet regulatory requirements. (Baseline 75)	80	March 31, 2017
Canadians and stakeholders are informed of risks associated with the use of pharmaceutical drugs.	% of targeted risk communications disseminated within service standards. (Baseline 69)	90	March 31, 2017

Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiative in 2016-17:

- Continue to work with stakeholders to improve the stewardship of medically important antimicrobial drugs used in veterinary medicine and livestock production.

Sub-Program 2.1.2: Biologics and Radiopharmaceuticals

Description

The *Food and Drug Regulations*, *Safety of Human Cells, Tissues and Organs for Transplantation Regulations*[xx], and the *Processing and Distribution of Semen for Assisted Conception Regulations*[xxi] provide the regulatory framework to develop, maintain, and implement the Biologics and Radiopharmaceuticals program, which includes blood and blood products, viral and bacterial vaccines, gene therapy products, tissues, organs, and xenografts, which are manufactured in Canada or elsewhere. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of biologics and radiopharmaceuticals are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals such as physicians and pharmacists, to enable them to make informed decisions about the use of biologics and radiopharmaceuticals. The program objective is to ensure that biologics and radiopharmaceuticals in Canada are safe, effective and of high

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

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
50,480,724	50,548,037	50,813,928

Note: The increase in planned spending is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Human Resources (FTEs)

2016–17	2017–18	2018–19
398	399	400

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Biologics, radiopharmaceutical and genetic therapies meet regulatory requirements.	% of biologic and radiopharmaceutical, and gene therapy product submissions that meet regulatory requirements. (Baseline 99)	90*	March 31, 2017
Canadians and stakeholders are informed of risks associated with the use of biologics, radiopharmaceutical and genetic therapies.	% of targeted risk communications disseminated within service standards. (Baseline 69)	90	March 31, 2017

*The target (90%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (99%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Develop regulatory guidance documents to support emerging technologies such as personalized medicines and cellular therapy.
- Continue to fund the Canadian Blood Services (CBS) under a five-year agreement ending March 31, 2018, to conduct research and development projects and carry out knowledge exchange activities related to blood, blood components and hematopoietic stem cells, and transfusion science and medicine in order to generate evidence-based knowledge.
- Continue to fund the CBS under a three-year contribution agreement ending March 31, 2017 to enhance national governance, improve data analytics, and educate the public and professionals on activities related to Organ and Tissue Donation and Transplantation.

Sub-Program 2.1.3: Medical Devices

Description

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

Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of medical devices are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals, such as physicians and pharmacists, to enable them to make informed decisions about the use of medical devices. The program objective is to ensure that medical devices in Canada are safe, effective and of high quality.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
15,669,977	15,648,370	15,709,846

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

The increase in planned spending is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Human Resources (FTEs)

2016–17	2017–18	2018–19
346	348	351

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Medical Devices meet regulatory requirements.	% of applications (Class III and IV) that meet regulatory requirements. (Baseline 96)	80*	March 31, 2017
Canadians and stakeholders are informed of risks associated with the use of Medical Devices.	% of targeted risk communications disseminated within service standards. (Baseline 69)	90	March 31, 2017

*The target (80%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (96%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiatives in 2016-17:

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

Sub-Program 2.1.4: Natural Health Products

Description

The *Natural Health Product Regulations*[xxiii] provide the regulatory framework to develop, maintain and implement the Natural Health Products program, which includes herbal remedies, homeopathic medicines, vitamins, minerals, traditional medicines, probiotics, amino acids, and essential fatty acids. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of natural health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides

information to Canadians and key stakeholders, including health professionals such as pharmacists, traditional Chinese medicine practitioners, herbalists and naturopathic doctors, to enable them to make informed decisions about the use of natural health products. The program objective is to ensure that natural health products in Canada are safe, effective and of high quality.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
18,479,558	18,441,828	18,441,828

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
157	157	156

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Natural Health Products meet regulatory requirements.	% of natural health product submissions that meet regulatory requirements. (Baseline 94)	80*	March 31, 2017
Canadians and stakeholders are informed of risks associated with the use of natural health products.	% of targeted risk communications developed and disseminated within service standards. (Baseline 70)	90	March 31, 2017

*The target (80%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (94%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiative in 2016-17:

- Continue to work with stakeholders to develop a new approach for consistent and aligned regulation of consumer health products, natural health products, non-prescription drugs, and cosmetics that balances safety with appropriate oversight.

Program 2.2: Food Safety and Nutrition

Description

The *Department of Health Act* and the *Food and Drugs Act* provide the authority for Health Canada to develop, maintain, and implement a regulatory framework associated with the safety and nutritional quality of food. Food safety standards are enforced by the Canadian Food Inspection Agency. Health Canada develops and promotes evidence-based, national healthy eating policies and standards for Canadians and key stakeholders, including non-governmental organizations, health professionals, and industry associations to enable all stakeholders to make informed decisions about food and nutrition safety as well as healthy eating. The program objectives are to manage risks to the health and safety of Canadians associated with food and its consumption, and to enable Canadians to make informed decisions about healthy eating.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
68,562,778	68,562,778	68,557,778	68,447,778

Note: The decrease in planned spending is mainly due to funding level decreases within the Food Safety sub-program to support the Genomics Research and Development Initiative.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
592	592	592

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Policies, standards and guidelines exist that protect Canadians from identified risks in the Canadian food supply.	% of current and emerging high risk food safety issues which generate the development of either a regulatory or a non-regulatory response. (Baseline 100)	100	March 31, 2017

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this Program will contribute to meeting Priority II, described in the section on Organizational Priorities. The Department will also manage risks related to the increasing complexity of the global supply chain and pace of innovation as described in the section Risk Analysis.

As part of this program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to improve food labels to provide better information on serving sizes, daily values and ingredients including sugars and synthetic colours that are added to foods.
- Develop an approach to restrict the commercial marketing of unhealthy food and beverages to children.

Sub-Program 2.2.1: Food Safety

Description

The *Food and Drug Regulations* provide the regulatory framework to develop, maintain, and implement the Food and Nutrition Safety program. The program is the federal health authority responsible for establishing standards, policies, and regulations pertaining to food and nutrition safety; as well as for conducting reviews and for assessing the safety of food ingredients, veterinary drugs for food producing animals, food processes, and final foods. The program conducts risk assessments pertaining to the chemical, microbiological, and nutritional safety of foods. In addition, the program plans and implements food and nutrition safety surveillance and research initiatives in support of the Department's food standard setting mandate. The program objective is to plan and implement food and nutrition safety standards to enable Canadians to make informed decisions about food and nutrition.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
63,957,645	63,952,645	63,842,645

Note: The decrease in planned spending is mainly due to funding level decreases within the Food Safety sub-program to support the Genomics Research and Development Initiative.

Human Resources (FTEs)

2016–17	2017–18	2018–19
557	557	557

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Timely response to Health Canada partners regarding emerging food and nutrition safety incidents including foodborne illness outbreaks.	% of health risk assessments provided to Health Canada partners within standard timelines to manage food safety incidents. (Baseline 100)	90*	March 31, 2017

*The target (90%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (100%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiative in 2016-17:

- Initiate the development of regulatory mechanisms to eliminate industrially produced trans fat and reduce sodium in processed foods and, to provide more information on added sugars and artificial dyes on food labels.

Sub-Program 2.2.2: Nutrition Policy and Promotion

Description

The *Department of Health Act* provides the authority to develop, maintain and implement the Nutrition Policy and Promotion program. The program develops, implements, and promotes evidence-based nutrition policies and standards, and undertakes surveillance and monitoring activities. It anticipates and responds to public health issues associated with nutrition and contributes to broader national and international strategies. The program works collaboratively with other federal departments/agencies and provincial/territorial governments, and engages stakeholders such as non-government organizations, health professionals, and industry associations to support a coordinated approach to nutrition issues. The program objective is to target both Canadian intermediaries and consumers to increase knowledge, understanding, and action on healthy eating.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
4,605,133	4,605,133	4,605,133

Human Resources (FTEs)

2016–17	2017–18	2018–19
35	35	35

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians make informed eating decisions.	% of Canadians who consult Health Canada's healthy eating information to inform their decisions. (Baseline 41)	40*	March 31, 2017
Stakeholders integrate Health Canada information on nutrition and healthy eating into their policies, programs, and initiatives that reach Canadians.	% of targeted stakeholders who integrate HC healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians. (Baseline 89)	80**	March 31, 2017

*The target (40%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (41%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

**The target (80%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (89%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved.

Planning Highlights

In addition to the expected results identified above, as part of this sub-program, Health Canada will undertake the following key initiative in 2016-17:

- Continue to promote awareness, understanding and use of dietary guidance and nutrition information to support Canadians in making healthy eating decisions

Program 2.3: Environmental Risks to Health

Description

The *Canadian Environmental Protection Act, 1999*[xxiv], and the *Department of Health Act* provide the authorities for the Environmental Risks to Health program to assess and manage the health risks associated with climate change, air quality, drinking water quality, and new and existing substances. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with substances in products under the purview of these program activities. Key activities include: risk assessment and management, as well as research and bio monitoring of substances; provision of technical support for chemical emergencies that require a coordinated federal response; development of guidelines on indoor and outdoor air quality; development and dissemination of water quality guidelines; and provision of expert support related to environmental assessments and contaminated sites. The program objective is to protect the health of Canadians through the assessment and management of health risks associated with environmental contaminants, particularly substances, and to provide expert advice and guidelines to Canadians and government partners on the health impacts of environmental factors such as air and water contaminants and a changing climate.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
72,844,578	72,844,578	72,761,578	72,630,578

Note: The decrease in planned spending is mainly due to funding level decreases within the Health Impacts of Chemicals sub-program to support the Genomics Research and Development Initiative.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
597	597	597

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians and government partners have the guidance they need to respond to potential and actual environmental health risks.	% of planned guidance materials made available. (Baseline 93)	100	March 31, 2017
Substances deemed to be harmful to human health are risk managed	% of planned risk management actions taken under CEPA	100	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
according to the *Canadian Environmental Protection Act* (CEPA) (1999) and other "Best Placed Acts"*.	(1999) for *new* substances. (Baseline 96)		
	% of planned risk management actions taken under CEPA (1999) or another Act for *existing* substances. (Baseline 96)	100	March 31, 2017

*"Best Placed Acts" refers to an approach that allows for the management of toxic substances under whichever Act is "best suited" to manage a substance, given its uses and exposures of concern.

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this Program will contribute to meeting Priority II, described in the section on Organizational Priorities. The Department will also manage risks related to the increasing complexity of the global supply chain and pace of innovation as described in the section Risk Analysis.

As part of the program, Health Canada will undertake the following key initiatives in 2016-17:

- Identify the potential human health risks associated with chemical substances identified under the Chemicals Management Plan (CMP), through research, monitoring and surveillance (which includes bio-monitoring), in partnership with Environment and Climate Change Canada.
- Actively address these human health risks by publishing risk management scopes, approaches and instruments for existing substances harmful to human health, and develop any needed risk management measures for new substances, in collaboration with Environment and Climate Change Canada.
- Provide expert advice, guidance and tools to partners on the health impacts of environmental factors such as indoor and outdoor air pollution, drinking water contaminants and a changing climate, as well as expert advice and oversight in support of activities associated with federal contaminated sites and projects undergoing federal environmental assessments.
- Engage stakeholders and the public through outreach and engagement activities to support involvement in the program and to raise awareness of the risks and safe use of substances.

Sub-Program 2.3.1: Air Quality

Description

The Air Quality program assesses the health risks of indoor and outdoor pollutants, and develops guidelines and standards under the *Canadian Environmental Protection Act, 1999*. These efforts support the Government of Canada's Clean Air Regulatory Agenda, implemented in partnership with Environment and Climate Change Canada, to manage the potential risks to the environment and to the health of Canadians associated with air quality. The program provides health-based science and policy advice that supports actions by all levels of government to improve air quality and the health of Canadians. Key activities include: carrying out health risk assessments of air pollutants; leading the development of health-based air quality standards and guidelines for indoor and outdoor air; determining the health benefits of proposed actions to reduce air pollution; conducting research on the levels of exposure and health effects of indoor and outdoor air pollutants to inform the development of standards, guidelines, regulations and other actions; implementing the Air Quality Health Index (a public information tool providing local air quality levels and health messaging) in partnership with Environment and Climate Change Canada; and delivering the Heat Resiliency and Climate Change program, including the associated tool of community-based heat alert and response systems. The program objective is to assess the impacts of air pollution on health; to provide guidance to governments, health professionals and the general public on how to minimize those risks; and to help Canadians adapt to a changing climate through measures intended to manage potential risks to health associated with extreme temperatures.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
2,363,896	2,363,896	2,363,896

Human Resources (FTEs)

2016–17	2017–18	2018–19
10	10	10

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians have access to information to enable them to take protective action to reduce health impacts from air pollution.	% of Canadians with access to the Air Quality Health Index. (Baseline 75)	80	March 31, 2017
Stakeholders and all levels of government have access to	% of federal air quality health assessments, guidance documents,	100	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
information to enable them to reduce risks from outdoor and indoor air pollution in Canada.	guidelines and standards published or distributed externally. (Baseline 100)		
Targeted partners have access to scientific information that addresses regulatory/ departmental/ international priorities on the impacts of air quality on health.	% of air health research projects that address regulatory/departmental/ international priorities. (Baseline 100)	100	March 31, 2017
	% of knowledge use by targeted partners. (Baseline 2016-17 data)	100	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

Air Quality[2]:

- Continue to support implementation of the National Air Quality Management System, including supporting the Canadian Council of Ministers of the Environment (CCME) in finalizing new Canadian Ambient Air Quality Standards (CAAQS) for sulphur dioxide and nitrogen dioxide and continuing the ongoing review of the 2020 standards for fine particulate matter and ozone.
- Conduct research and assessments in support of air pollutant control measures for industry, fuels, and transportation-related sources, and collaborate with US and international partners on research to investigate transboundary air pollution issues.
- Continue to update health messaging to communicate outdoor air pollution health impacts through the Air Quality Health Index (AQHI) and continue the expansion of the AQHI in the North.
- Conduct research, assessments and communication activities on indoor air pollutants in order to provide health-based guidance to Canadians, and develop a product emissions standard for emissions from building materials in collaboration with independent standards setting organizations.

Climate Change[2]:

[2] Planned spending and FTEs reflect the expiry of budgetary spending authorities for air quality and climate change activities which were approved for a five year period between 2011-12 and 2015-16. The Department would have to request funding and FTEs for 2016-17 and future years, to deliver the associated activities and expected results.

- Conduct research and analysis to address the key science and policy information and knowledge gaps that currently challenge communities to adapt effectively to climate change related health risks; and
- Exchange best practices with other jurisdictions and provide expert advice to support cost effective adaptation strategies.

Sub-Program 2.3.2: Water Quality

Description

The Water Quality program works with key stakeholders and partners, such as the provinces and territories, under the authority of the *Department of Health Act*, to establish the Guidelines for Canadian Drinking Water Quality (GCDWQ). These guidelines are approved through a Federal, Provincial and Territorial (F/P/T) collaborative process, and used by all F/P/T jurisdictions in Canada as the basis for establishing their drinking water quality requirements to manage risks to the health of Canadians. Health Canada's leadership in the development of drinking water quality guidelines meets the needs of all provinces, territories and federal departments to support their drinking water regulatory regimes. It provides national consistency and economy of scale, and reduces duplication. The GCDWQ are the cornerstone of all federal, provincial and territorial drinking water programs in Canada. The program also works with national and international standard setting organizations to develop health based standards for materials that come into contact with drinking water. In the delivery of this program, key activities include the development and dissemination of drinking water quality guidelines, guidance documents, strategies and other tools. The program objective is to help manage potential risks to the health of Canadians associated with water quality.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
3,872,155	3,872,155	3,872,155

Human Resources (FTEs)

2016–17	2017–18	2018–19
35	35	35

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Federal, Provincial and Territorial partners approve the drinking water quality guidelines published by Health	% of targeted drinking water quality guidelines/guidance documents approved through F/P/T	100	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canada.	collaborative processes. (Baseline 100)		

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

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

Sub-Program 2.3.3: Health Impact of Chemicals

Description

The *Canadian Environmental Protection Act, 1999* provides the authority for the Health Impacts of Chemicals program to assess the impact of new and existing substances that are manufactured, imported, or used in Canada and manage the potential health risks posed by these substances. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the *Food and Drugs Act*, the *Pest Control Products Act*, and the *Canada Consumer Product Safety Act* provide the authority to manage the health risks associated with substances in products under the purview of these program activities. The Chemicals Management Plan, implemented in partnership with Environment and Climate Change Canada, sets priorities and timelines for risk assessment and management for chemicals of concern, as well as the supporting research and bio monitoring initiatives. In addition to the above risk assessment and management activities, this program provides expert health based advice and support to other federal departments in carrying out their mandates and provides technical support for chemical emergencies that require a coordinated federal response. The program also works with international organizations to advance risk assessment methodologies and activities related to the assessment of both existing and new substances. This program provides expert support, guidance and training to adequately assess risks to human health and the environment posed by chemical contaminants at legacy federal contaminated sites. It also provides activities under Health Canada's Environmental Assessment Program, including expertise and advice on the potential health effects from the environmental impacts of projects related to air and water pollution, and the contamination of country foods. The program objective is to assess health risks to Canadians posed by substances of concern.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
66,608,527	66,525,527	66,394,527

Note: The decrease in planned spending is mainly due to funding level decreases within the Health Impacts of Chemicals sub-program to support the Genomics Research and Development Initiative.

Human Resources (FTEs)

2016–17	2017–18	2018–19
552	552	552

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Targeted partners have access to scientific information that addresses regulatory/ departmental/ international priorities on how exposure to substances impacts health.	% of Chemicals Management Plan (CMP) research projects that address regulatory/ departmental/ international priorities. (Baseline 100)	100	March 31, 2017
	% of knowledge use by targeted partners. (Baseline 2016-17 data)	100	March 31, 2017
Risks associated with substances new to the Canadian market are assessed to determine if risk management is required.	% of new substances assessed that require risk management action. (Baseline 5)	5	March 31, 2017
Risks associated with existing substances are assessed to determine if risk management is required.	% of the 1,500 targeted existing substances assessed at the draft assessment stage. (Baseline 24)	100	March 31, 2021

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Conduct research, monitoring and surveillance activities (including bio-monitoring) in support of the CMP.

- Conduct risk assessments of existing substances in order to meet public commitments regarding the publication of draft and final Screening Assessment Reports of chemicals identified as priorities under the CMP.
- Undertake engagement and outreach activities with industry, experts and non-government organizations to support the CMP.
- Conduct risk assessments on approximately 500 new substances including products of biotechnology, nanomaterials, and new substances in products regulated under the *Food and Drugs Act*.
- Conduct risk assessments of those substances found on the revised In Commerce List that are identified as priorities under the CMP.
- Implement results of the program evaluation for the Chemicals Management Plan Phase II.
- Provide expert advice and oversight in support of activities associated with federal contaminated sites under the Federal Contaminated Sites Action Plan, and projects undergoing federal environmental assessments under the *Canadian Environmental Assessment Act*[xxv].[3]

Program 2.4: Consumer Product and Workplace Hazardous Materials

Description

The Consumer Product Safety and Workplace Hazardous Materials programs support efforts to protect Canadians from unsafe products and chemicals. The Consumer Product Safety program supports industry's responsibility for the safety of their products under the authorities of the *Canada Consumer Product Safety Act* and the *Food and Drugs Act* and its *Cosmetic Regulations*[xxvi]. In addition, the program supports consumers' responsibility to make informed decisions about product purchase and use. Health Canada's efforts are focussed in three areas**:** active prevention; targeted oversight; and, rapid response. The *Hazardous Products Act* and the *Hazardous Materials Information Review Act* provide the authorities for the Workplace Hazardous Materials program to maintain a national hazard communication standard of cautionary labelling and safety data sheets for hazardous chemicals supplied for use in Canadian workplaces and to protect related confidential business information. The objectives of the programs are to identify, assess, manage and communicate health or safety risks to Canadians associated with consumer products and cosmetics, as well as to communicate the hazards of workplace chemicals.

[3] Planned spending and FTEs reflect the expiry of budgetary spending authorities for contaminated sites activities, which were approved for a five year period between 2011-12 and 2015-16. The Department would have to request funding and FTEs for 2016-17 and future years, to deliver the associated activity and expected results.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
37,562,015	37,562,015	37,343,377	37,343,377

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
295	294	294

Note: The decrease in planned FTEs in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Risks associated with consumer products and cosmetics in the Canadian marketplace are managed.	% of non-compliant products identified through the Cyclical Enforcement Plan and incident reporting, for which risk management actions are completed within service standards. (Baseline 97)	85*	March 31, 2017
Suppliers are compliant with Canadian WHMIS 2015 requirements.	% of Safety Data Sheets (SDS) that are compliant as reviewed by Health Canada. (Baseline year 2017-18)	Baseline year 2017-18	March 31, 2018

*The target for 2016-17 is 85%; however, for 2013-14 the baseline result was 97%. The program will consider changing the target to be more reflective of the baseline after receiving two or three years data to better understand the annual trend.

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this Program will contribute to meeting Priority II, described in the section on Organizational Priorities. The Department will also manage risks related to the increasing complexity of the global supply chain and pace of innovation as described in the section Risk Analysis.

As part of the program, Health Canada will undertake the following key initiatives in 2016-17:

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

Sub-Program 2.4.1: Consumer Product Safety

Description

The *Canada Consumer Product Safety Act* and the *Food and Drugs Act* and its *Cosmetics Regulations* provide the authorities for this program to support industry's responsibility for the safety of their products and consumers' responsibility to make informed decisions about product purchase and use. Health Canada's efforts are focussed in three areas: active prevention; targeted oversight; and, rapid response. Through active prevention, the program works with industry, standard setting bodies and international counterparts to develop standards and guidelines and share best practices as appropriate. The program also promotes consumer awareness of the safe use of certain consumer products to support informed decision-making. Through targeted oversight, the program undertakes regular cycles of compliance and enforcement in selected product categories, and analyses and responds to issues identified through mandatory reporting, market surveys, lab results and other means. Under rapid response, when an unacceptable risk from consumer products is identified, the program can act quickly to protect the public and take appropriate enforcement actions – including issuing consumer advisories, working with industry to negotiate recalls, or other corrective measures. The Program's objective is to manage the potential health and safety risks posed by consumer products and cosmetics in the Canadian marketplace.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
33,507,890	33,289,252	33,289,252

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
260	259	259

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Targeted Canadian industries are aware of regulatory requirements related to consumer products and cosmetics.	% of targeted Canadian industry stakeholders indicating that they are aware of regulatory requirements.	95	March 31, 2017
Early detection of potentially unsafe consumer products and cosmetics.	% of incident reports received and triaged within service standard.	90	March 31, 2017
	% of risk assessments received and triaged within service standards. (Baseline year 2016-17)	90	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Continue the review of regulations to verify if the approach taken is consistent with current legislative objectives, regulatory practices and government objectives to support modern, effective regulation.
- Enhance the development and use of consumer product safety standards with industry, standard setting bodies and international counterparts, and share best practices as appropriate.
- Enhance compliance promotion efforts to increase industry's awareness of their obligations.
- Continue to collaborate internationally on consumer product safety issues with the United States, Mexico and China, and with multi-jurisdictional organizations such as the International Cooperation on Cosmetics Regulation and the Organisation for Economic Cooperation and Development.
- Continue to use a risk-based approach to provide timely and credible health and safety information to Canadians, including using social media, to support informed decisions on the safe selection and use of consumer products and cosmetics.
- Continue to apply a risk-based approach for the early detection of potentially unsafe consumer products and cosmetics by triaging and assessing incident reports, notifications, and complaints, as well as the identification of emerging trends for assessment, the Cyclical Enforcement Plan and other enforcement activities.

Sub-Program 2.4.2: Workplace Hazardous Materials

Description

The *Hazardous Products Act* and the *Hazardous Materials Information Review Act* provide the authorities for this program. Under the *Hazardous Products Act*, Health Canada regulates the sale and importation of hazardous chemicals used in Canadian workplaces by specifying the requirements for hazard classification and hazard communication through cautionary labelling and safety data sheets. Under the *Hazardous Materials Information Review Act*, Health Canada administers a mechanism to allow companies to protect confidential business information, while requiring that all critical hazard information is disclosed to workers. This program sets the hazard communication standards for the Workplace Hazardous Materials Information System (WHMIS) – a system based on interlocking federal, provincial, and territorial legislation that ensures the comprehensibility and accessibility of labels and safety data sheets, the consistent application of classification and labelling criteria, and the alignment across Canada of compliance and enforcement activities. The program objective is to ensure that suppliers provide critical health and safety information on hazardous chemicals to Canadian workers.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
4,054,125	4,054,125	4,054,125

Human Resources (FTEs)

2016–17	2017–18	2018–19
35	35	35

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Registry service standards for confidential business information (CBI) claims for exemptions are maintained.	% of claims for exemptions for CBI registered within service standard. (Baseline year 2015-16)	Baseline year 2015-16.	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Continue to support the objectives under the Regulatory Cooperation Council Joint Forward Plan, Phase Two, for workplace chemicals in Canada and the U.S. through on-going collaboration in the development of guidance materials, mechanisms for developing common positions on international discussions [United Nations Sub-Committee of Experts on the Globally Harmonized System (GHS)], and an approach to synchronized implementation of the GHS updates.
- Continue to administer exemptions for Confidential Business Information in accordance with the *Hazardous Products Act* and the *Hazardous Materials Information Review Act*.

Program 2.5: Substance Use and Abuse

Description

Under the authority of several Acts, the Substance Use and Abuse program regulates tobacco products and controlled substances. Through the *Tobacco Act* and its regulations the program regulates the manufacture, sale, labelling and promotion of tobacco products. The program leads the Federal Tobacco Control Strategy, the goal of which is to further reduce the prevalence of smoking through regulatory, programming, educational and enforcement activities. Through the *Controlled Drugs and Substances Act* and its regulations, the program regulates access to controlled substances and precursor chemicals to support their legitimate use and minimize the risk of diversion for illicit use. As a partner department under the National Anti-Drug Strategy (NADS), the program supports prevention, health promotion, treatment initiatives, and enforcement with the goal of reducing substance use and abuse, including prescription drug abuse. In addition, the program provides timely, evidence based information to key stakeholders including, but not limited to, law enforcement agencies, health professionals, provincial and territorial governments and Canadians. The program objective is to manage risks to the health of Canadians associated with the use of tobacco products, and the illicit use of controlled substances and precursor chemicals.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
87,797,766	87,797,766	87,260,678	86,296,128

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

The decrease in planned spending in 2018-19 is mainly due to a funding level reduction for activities related to preventing prescription drug abuse.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
394	393	393

Note: The decrease in planned FTEs in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Decrease in current (daily and occasional) smoking prevalence.	% of Canadians (aged 15+) who smoke either daily or occasionally. (Baseline 15)	<15*	March 31, 2017
	% of Canadians (grades 6-12) who smoke either daily or occasionally. (Baseline 4)	<4	March 31, 2017
Decrease in illicit drug use among Canadians.	% of Canadians (aged 15+) who report using at least one of six illicit drugs (cannabis, cocaine or crack, speed, ecstasy, hallucinogens or heroin). (Baseline 11)	<10	March 31, 2017
	% of Canadians (grades 7-12) who report using at least one of six illicit drugs (cannabis, cocaine or crack, speed, ecstasy, hallucinogens or heroin. (Baseline 21)	<21	March 31, 2017

*The targets for this program are all lower than the baselines because the objective is to decrease the percentage of Canadians who smoke and/or use illicit drugs; therefore, lower targets are desirable.

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this Program will contribute to meeting Priority II, described in the section on Organizational Priorities. The Department will also manage risks related to the increasing complexity of the global supply chain and pace of innovation as described in the section Risk Analysis.

As part of the program, Health Canada will undertake the following key initiatives in 2016-17:

- Work toward implementation of plain packaging requirements for tobacco products.
- Work with Justice and Public Safety and Emergency Preparedness towards the legalization and regulation of marijuana to keep it out of the hands of children.
- Continue to implement the Federal Tobacco Control Strategy to further reduce the prevalence of smoking.
- Continue to implement key government strategies targeting reduced substance use/abuse, including initiatives to address prescription drug abuse.

- Conduct ongoing surveillance and monitoring through the Canadian Student Tobacco Alcohol and Drug Strategy (CSTADS) and Canadian Tobacco Alcohol and Drug Strategy (CTADS).
- Continue to develop a policy and research approach to vaping products.

Sub-Program 2.5.1: Tobacco Control

Description

The *Tobacco Act* provides the authority for the Tobacco Control program to regulate the manufacture, sale, labelling, and promotion of tobacco products. The Tobacco Control program also leads the Federal Tobacco Control Strategy, in collaboration with federal partners, as well as provincial and territorial governments, which supports regulatory, programming, educational and enforcement activities. Key activities under the Strategy include: compliance monitoring and enforcement of the *Tobacco Act* and associated regulations; monitoring tobacco consumption and smoking behaviours; and, working with national and international partners to ensure that Canada meets its obligations under the World Health Organization Framework Convention on Tobacco Control. The program objective is to prevent the uptake of tobacco use, particularly among youth; help those who currently use tobacco to quit; protect Canadians from exposure to tobacco smoke; and regulate the manufacture, sale, labelling and promotion of tobacco products by administering the *Tobacco Act*.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
25,302,680	25,302,680	25,302,680

Human Resources (FTEs)

2016–17	2017–18	2018–19
115	115	115

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Industry is compliant with the *Tobacco Act* and its regulations.	% of products that are deemed to be non-compliant with the *Tobacco Act* and its regulations related to manufacturing and importing through the inspection program. (Baseline year 2015-16)	<5	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Work towards implementation of plain packaging requirements for tobacco products.
- Support policy development for the renewal of the Federal Tobacco Control Strategy.
- Continue to engage stakeholders including non-governmental organizations, provinces and territories, international organizations and project partners to prevent increased tobacco use and fulfill obligations under the World Health Organization Framework Convention on Tobacco Control.
- Continue to disseminate public education materials on tobacco use, prevention, cessation and second hand smoke.
- Support compliance modernization, including update and development of training policy and guidance documents.

Sub-Program 2.5.2: Controlled Substances

Description

Through the administration of the *Controlled Drugs and Substances Act* and its regulations, the program regulates the possession, production, provision and disposition of controlled substances and precursor chemicals. Key activities include: reviewing and updating the regulatory framework and Schedules for controlled substances and precursor chemicals as required; administering regulations for licensing and compliance monitoring activities; analyzing seized materials (Drug Analysis Services); providing training, as well as scientific knowledge on illicit drugs and precursor chemicals; providing assistance in investigating and dismantling clandestine laboratories; monitoring the use of drugs through surveys; and working with national and international partners for the recommendation of appropriate and scientifically sound drug analysis procedures. As a partner in the National Anti-Drug Strategy, Health Canada supports initiatives to address illicit drug use and prescription drug abuse, including: education; prevention; health promotion; and treatment for Canadians, as well as compliance and enforcement initiatives. The program objective is to authorize legitimate activities with controlled substances and precursor chemicals, while managing the risks of diversion, abuse and associated harms. This program uses funding from the following transfer payments: Drug Strategy Community Initiatives Fund, Drug Treatment Funding Program, and Grant to the Canadian Centre on Substance Abuse.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
62,495,086	61,957,998	60,993,448

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

The decrease in planned spending in 2018-19 is mainly due to a planned funding level reduction for activities related to preventing prescription drug abuse.

Human Resources (FTEs)

2016–17	2017–18	2018–19
279	278	278

Note: The decrease in planned FTEs in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Licensed dealers and producers of controlled substances and precursor chemicals are compliant with the *Controlled Drugs and Substances Act* and its regulations.	% of licensed dealers inspected that are deemed to be compliant with the *Controlled Drugs and Substances Act* and its regulations. (Baseline 5-year trend)	95	March 31, 2017
	% of licensed producers under the *Marihuana for Medical Purposes Regulations*[xxvii] that are deemed to be compliant with the *Controlled Drugs and Substances Act* and its regulations.	95	March 31, 2017
Pharmacies are compliant with the *Controlled Drugs and Substances Act* and its regulations.	% of pharmacies inspected that are deemed to be compliant with the *Controlled Drugs and Substances Act* and its regulations.	95	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Work with Justice and Public Safety and Emergency Preparedness towards the legalization and regulation of marijuana to keep it out of the hands of children.
- Continue to implement the *Marihuana for Medical Purposes Regulations*.
- Support a sustainable, modern regime for Controlled Substances that meets the needs of Canadians both now and into the future through ongoing regulatory review and the administration of the *Controlled Drugs and Substances Act.*

- Strengthen the risk-based approach to compliance and enforcement for controlled substances.
- Continue to address prescription drug abuse including the development and implementation of a risk-based inspection approach for pharmacies to minimize the potential diversion of pharmaceuticals for illicit use and by updating and disseminating drug destruction guidelines to support law enforcement and pharmacies.
- Continue the multi-year implementation of a new information technology monitoring system for controlled substances (Controlled Substances and Precursor System).
- Fulfill Canada's international reporting obligations and participate in the annual United Nations Commission on Narcotic Drugs.
- Continue to play a leadership role in the areas of treatment systems and prevention through multi-year projects under the new Anti-Drug Strategy Initiative (ADSI). ADSI addresses both illicit and prescription drug abuse with a total allocation of $26.3 million/year.
- Launch a new call for proposals targeting both drug treatment and prevention initiatives. The overall objective of the new call will be to facilitate the development of solutions to substance abuse problems along the continuum of care from health promotion and prevention to treatment and recovery by:
    - preventing substance abuse issues and related problems;
    - facilitating improvements to the treatment continuum of care; and
    - improving awareness, knowledge and skills of key stakeholders.

Program 2.6: Radiation Protection

Description

The *Department of Health Act*, the *Radiation Emitting Devices Act*, and the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*[xxviii] provide the authority for the Radiation Protection program to monitor, regulate, advise, and report on exposure to radiation that occurs both naturally and from man-made sources. In addition, the program is licensed under the *Nuclear Safety and Control Act*[xxix] to deliver the National Dosimetry Service, which provides occupational radiation monitoring services. The key components of the program are environmental and occupational radiation monitoring; management of inter organizational plans, procedures, capabilities and committees for a nuclear emergency that requires a coordinated federal response; delivering a national radon outreach program; and regulation of radiation emitting devices. The program objective is to inform and advise other Canadian government departments, collaborate with international partners, and inform Canadians about the health risks associated with radiation and strategies to manage associated risks.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
13,148,978	13,148,978	12,880,340	12,880,340

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
184	184	184

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Canadians, Institutions and Government partners have the guidance they need to respond to potential and actual radiation risk.	% of targeted guidance documents accessed by Canadians, Institutions and Government partners. (Baseline to be set in March 2017)	100	March 31, 2017

Planning Highlights

In addition to the expected results identified in the Program description, efforts under this Program will contribute to meeting Priority II, described in the section on Organizational Priorities. The Department will also manage risks related to the increasing complexity of the global supply chain and pace of innovation as described in the section Risk Analysis.

As part of the program, Health Canada will undertake the following key initiatives in 2016-17:

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

Sub-Program 2.6.1: Environmental Radiation Monitoring and Protection

Description

The Environmental Radiation Monitoring and Protection program conducts research, monitoring and risk management activities under the authority of the *Department of Health Act* and the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*. The program covers both naturally occurring forms of radioactivity and radiation, such as radon, and man-made sources of radiation, such as nuclear power. In the delivery of this program, key activities include: delivering in collaboration with targeted partners an education and awareness program on the health risks posed by radon in indoor air and how to reduce those risks; conducting risk assessments on the health effects of radiation; installing, operating and maintaining monitoring stations and reporting environmental radiation monitoring data; and, fulfilling the requirements under the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act* in support of nuclear non-proliferation. This program is also responsible for coordinating the Federal Nuclear Emergency Plan. In the case of a nuclear emergency that requires a coordinated federal response, Health Canada coordinates the federal technical/scientific support to provinces/territories and provides key technical response capabilities. The program objectives are to ensure that Health Canada is prepared to respond to a nuclear emergency and to help inform Canadians of potential harm to their health and safety associated with environmental radiation.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
7,549,398	7,549,398	7,549,398

Human Resources (FTEs)

2016–17	2017–18	2018–19
76	76	76

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health Canada is prepared to respond to a nuclear emergency.	% of Health Canada defined objectives achieved in nuclear emergency preparedness exercises.	100	March 31, 2017
Canadians have access to information from Health Canada on radiation levels in the environment.	% of targeted environmental radiation data made available to Canadians.	100	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	(Baseline 100)		
Targeted partners collaborate to address health risks related to radon.	% of targeted partners participating in education and awareness and communication activities. (Baseline 100)	100	March 31, 2017
Canadians are able to address health risks related to radon.	% of Canadians surveyed who are knowledgeable of radon. (Baseline 53)	60	March 31, 2017
	% of Canadians surveyed who have tested for radon. (Baseline 5)	7	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- As part of the Federal Nuclear Emergency Plan (FNEP), Health Canada will participate in nuclear emergency trainings, drills and exercises and will respond to recommendations from the After Action Report for Exercise Intrepid in support of continuous improvement.
- Maintain and operate Canada's national radioactivity surveillance and monitoring capabilities in support of the Comprehensive Nuclear Test Ban Treaty obligations, FNEP responsibilities, and as a basis for exposure risk assessment for Canadians.
- Post environmental radiation data on the Health Canada website and Government of Canada Open Data portal.
- Inform Canadians, through outreach and engagement activities, about the health risks posed by radon in indoor air and how to reduce those risks, including by supporting the "National Radon Action Month" in November 2016, as part of the fourth annual collaborative multi-stakeholder radon outreach campaign.[4]

[4] Planned spending and FTEs reflect the expiry of budgetary spending authorities for radon activities which were approved for a five year period between 2011-12 and 2015-16. The Department would have to request funding and FTEs for 2016-17 and future years, to deliver the associated activities and expected results.

Sub-Program 2.6.2: Radiation Emitting Devices

Description

Under the authority of the *Radiation Emitting Devices Act*, this program regulates radiation emitting devices, such as equipment for clinical/analytical purposes (X rays, mammography, ultrasound), microwaves, lasers, and tanning equipment. In the delivery of this program, key activities include: compliance assessment of radiation emitting devices, research into the health effects of radiation (including noise, ultraviolet and radio frequencies); and, development of standards and guidelines for the safe use of radiation emitting devices. The program objective is to provide expert advice and information to Canadians, as well as to other Health Canada programs, federal departments, and provincial authorities so that they may fulfil their legislative mandates.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
5,023,380	4,754,742	4,754,742

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade. The Department would have to request funding for this initiative for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
36	36	36

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Stakeholders are aware of the health and safety information that Health Canada provides about the health risks related to radiation emitting devices.	% of stakeholders who are aware of health and safety information provided by Health Canada.	To be determined*	March 31, 2018
Institutions are enabled to take necessary action against radiation emitting devices that are non-compliant.	% of targeted compliance assessment reports made available to institutions. (Baseline 100)	100	March 31, 2017

*This is a new performance indicator. Performance data will be assessed using the following measures: change in nature and level of awareness by stakeholder group; assessment of the rational for change or lack of change in awareness; and determination of what, if anything, can be done to address lack of change in future planning.

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Develop and/or amend guidelines, regulations and standards to support the safe use of radiation emitting devices.
- Respond to public and stakeholder enquiries.
- Implement the third cycle of the cyclical enforcement plan for radiation emitting devices regulated under the *Radiation Emitting Devices Act* by assessing a selection of these devices for compliance with the Act.
- Conduct research into the health effects of radiation emitting devices.

Sub-Program 2.6.3: Dosimetry Services

Description

The Dosimetry Services program monitors, collects information, and reports on occupational exposure to radiation to radiation workers and their employers, to dosimetry service providers and to regulatory authorities. Dosimetry is the act of measuring or estimating radiation doses and assigning those doses to individuals. Under the program, the National Dosimetry Services provides radiation monitoring services on a cost-recovery basis to workers occupationally exposed to radiation, and the National Dose Registry provides a centralized radiation dose record system for all occupationally exposed workers in Canada using a dosimetry service. The program objective is to ensure that Canadians exposed to radiation in their places of work who are monitored by the Dosimetry Services program are informed of their radiation exposure levels.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
576,200	576,200	576,200

Human Resources (FTEs)

2016–17	2017–18	2018–19
72	72	72

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Occupational radiation workers, employers and regulators are informed of exposure levels.	% of clients receiving exposure reports within service standards (*National Dosimetry*	100	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	Services). (Baseline 91)		
	% of clients receiving exposure reports within service standards (*National Dose Registry*). (Baseline 100)	100	March 31, 2017

Planning Highlights

In support of the expected results identified above, as part of this sub-program Health Canada will continue to undertake the following in 2016-17:

- Analyze and report timely, accurate and reliable dose results to employers, their workers and to the National Dose Registry.
- Operate the National Dose Registry to track occupational radiation exposure and report to regulatory authorities, workers, and other stakeholders.

Program 2.7: Pesticides

Description

The *Pest Control Products Act* provides Health Canada with the authority to regulate and register pesticides under the Pesticides program. In the delivery of this program, Health Canada conducts activities that span the lifecycle of a pesticide, including: product assessment for health and environmental risks and product value; risk management; post market surveillance, compliance and enforcement; changes in use, cancellation, or phase out of products that do not meet current standards; and, consultations and public awareness building. Health Canada is also an active partner in international efforts (e.g., North American Free Trade Agreement; Organization for Economic Cooperation and Development, Regulatory Cooperation Council) to align regulatory approaches. These engagements provide access to the best science available to support regulatory decisions and promote consistency in the assessment of pesticides. The program objective is to protect the health and safety of Canadians relating to the use of pesticides.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
40,238,976	40,238,976	39,970,339	36,714,059

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade.

The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for federal strategic initiatives of the Next Agricultural Policy Framework, Growing Forward 2.

The Department would have to request funding for these initiatives for future years.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
461	460	460

Note: The decrease in planned FTEs in 2017-18 is mainly due to the expiry of budgetary spending authorities for streamlining government import regulations and border processes for commercial trade.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Industry meets the Canadian regulatory requirements for new pesticides.	% of submissions that meet regulatory requirements. (Baseline 90)	80	March 31, 2017
Pesticides in the marketplace continue to meet modern scientific standards.	% of re-evaluations initiated for registered pesticides according to the Re-evaluation Work Plan. (Baseline 90)	80	March 31, 2017
International collaboration is leveraged to maximize access to global science for the risk assessment of pesticides.	% of new pesticides reviewed in collaboration with international partners. (Baseline 90)	80	March 31, 2017

Planning Highlights

In addition to maintaining quality and meeting performance expectations on core regulatory activities identified above, actions under this program will contribute to meeting the Department's priorities, in particular Priority II, described in the section Organizational Priorities. This program and the key initiatives identified above will also contribute to the Department's management of risks as described in the section Risk Analysis.

Health Canada will continue to implement the Pesticides program in a transparent manner, as well as undertake the following key initiatives in 2016-17:

- Develop policies and tools to support the timeliness of re-evaluation decisions.
- Improve risk communications while contributing to Health Canada's Openness and Transparency Agenda.
- Prepare for the implementation of the new Cost Recovery regime in 2017-18.

- Continue to modernize the Pesticides Program’s regulatory framework.
- Continue to modernize the Pesticides Program’s IM/IT infrastructure.

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

Program 3.1: First Nations and Inuit Primary Health Care

Description

The *Department of Health Act* and the *Indian Health Policy (1979)*[xxx] provide the authority for the delivery of the First Nations and Inuit Primary Health Care program to First Nations and Inuit in Canada. Primary health care includes health promotion and disease prevention, public health protection (including surveillance), and primary care (where individuals are provided diagnostic, curative, rehabilitative, supportive, palliative/end of life care, and referral services). The Department administers contribution agreements and direct departmental spending related to child development, mental wellness and healthy living, communicable disease control and management, environmental health, clinical and client care, as well as home and community care. The program objective is to improve the health and safety of First Nations and Inuit individuals, families, and communities.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
843,780,295	843,780,295	862,525,426	831,316,959

Note: The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit health envelope growth.

The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and services and the Labrador Innu health programs. The Department would have to request funding for these initiatives for future years.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
1,352	1,352	1,344

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities to extend the Labrador Innu health programs. The Department would have to request funding for this initiative for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit are healthy and safe.	% of First Nations living on reserve and Inuit adults reporting being in excellent or very good health. (Baseline First Nations: 44.1	45*	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	Inuit: 42.2)		
	% of First Nations and Inuit who reported being injured in the past 12 months. (Baseline First Nations: 16.4 Inuit: 18.6)	15**	March 31, 2025
	Life expectancy of First Nations. (Baseline First Nations Males: 70.4 First Nations Females: 75.4)	First Nations Males: 71.2 First Nations Females: 76.2	March 31, 2025

*The percentage of First Nations living on reserve who rate their health "excellent" or "very good" has increased by 10% since 2002-03. Achievement of this target (i.e. 45%) will represent an additional increase of 2%. The percentage of Canadians overall who rate their health as “excellent” or “very good” has remained relatively stable over the same period, at around 57%. Health Canada continues to work with partners to aim for the best health system and health outcomes for First Nations and Inuit (FNI). In some instances, annual targets do not represent the desired final outcome, but rather interim targets based on the best evidence available that Health Canada can monitor for progress, on an annual basis. Health Canada continues to monitor trends over time to support refinement of its targets and improved performance measurement.

**The target is lower than the baseline as the objective is to decrease the percentage of FNI who report being injured in the last 12 months; therefore, a lower target is desirable.

Planning Highlights

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

As part of this program, Health Canada will undertake the following key initiatives in 2016-17:

- Support the delivery of sustainable, quality health care programs and services in remote and isolated First Nations communities.
- Support a suite of health promotion and disease prevention programs that promote improved health outcomes for First Nations and Inuit.
- Support a renewed nation-to-nation relationship with Indigenous Peoples by working collaboratively with First Nations and Inuit, provinces/territories and other partners to better align and coordinate primary health care programs and services to improve their health.

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

Description

The First Nations and Inuit Health Promotion and Disease Prevention program delivers health promotion and disease prevention services to First Nations and Inuit in Canada. The program administers contribution agreements and direct departmental spending for culturally appropriate community-based programs, services, initiatives, and strategies. In the delivery of this program, the following three key areas are targeted: healthy child development; mental wellness; and healthy living. The program objective is to address the healthy development of children and families, to improve mental wellness, and to reduce the impacts of chronic disease on First Nations and Inuit individuals, families, and communities.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
455,785,998	463,821,958	467,822,125

Note: The increase in planned spending is mainly due to First Nations and Inuit health envelope growth which is partly offset in 2018-19 by the expiry of budgetary spending authorities to extend the Labrador Innu health programs.

Human Resources (FTEs)

2016–17	2017–18	2018–19
343	343	335

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities to extend the Labrador Innu health programs. The Department would have to request funding for this initiative for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit communities have capacity to deliver community-based health promotion and disease prevention programs and services.	# of community diabetes prevention workers in First Nations communities who completed training. (Baseline 455)	490	March 31, 2017
	# of program workers in First Nations communities who completed certified/accredited healthy child development training during the reporting year.	395	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	(Baseline 384)		
	% of addictions counsellors in treatment centres serving First Nations and Inuit clients who are certified workers. (Baseline 77)	80	March 31, 2017

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Develop the capacity of community-based workers delivering health promotion and disease prevention services in First Nations communities.
- Continue to support First Nations and Inuit communities to improve health care services for victims of violence so that they are easily accessible, linked across disciplines, trauma-informed and culturally competent.
- Support Inuit Tapiriit Kanatami to finalize the Inuit Mental Wellness Continuum Framework.

Sub-Sub-Program 3.1.1.1: Healthy Child Development

Description

The Healthy Child Development program administers contribution agreements and direct departmental spending to support culturally appropriate community-based programs, services, initiatives, and strategies related to maternal, infant, child, and family health. The range of services includes prevention and health promotion, outreach and home visiting, and early childhood development programming. Targeted areas in the delivery of this program include: prenatal health, nutrition, early literacy and learning, and physical and children's oral health. The program objective is to address the greater risks and lower health outcomes associated with First Nations and Inuit infants, children, and families. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
102,803,627	102,811,352	102,729,094

Note: The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit health envelope growth.

The decrease in planned spending in 2018-19 is mainly due to an internal realignment to the Tripartite Health Governance

sub-sub-program relating to the implementation of the British Columbia Tripartite Framework Agreement on First Nation health governance.

Human Resources (FTEs)

2016–17	2017–18	2018–19
117	117	117

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Women in First Nations communities have access to breastfeeding and pre/postnatal nutrition services and supports.	# of women in First Nations communities accessing Prenatal and Postnatal Health services and supports including Nutrition. (Baseline 9,462)	9,500	March 31, 2017
	% of First Nations communities with maternal and child health programming that provide group breastfeeding support activities. (Baseline 47.7)	50	March 31, 2017
	% of women in First Nations communities accessing maternal and child health program activities who breastfed for six months or more. (Baseline 27.3)	30	March 31, 2107
	Difference in % of children aged 0 to 11 who were breastfed longer than six months in First Nations communities with Maternal Child Health (MCH) programs versus those without MCH programs. (Baseline 8.2)	8.5	March 31, 2019
First Nations have access to healthy child development programs	# of children in First Nations communities accessing early literacy	14,000	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
and services.	and learning services and supports. (Baseline 13,981)		
	Average number of decayed teeth in the 0-7 year population in First Nations communities with access to the Children's Oral Health Initiative (COHI). (Baseline Primary Teeth: 1.71 Permanent Teeth: 0.12)	Primary Teeth 1.55 Permanent Teeth: 0.12	March 31, 2017
	% of First Nations communities that screen for risk factors for developmental milestones through participation in healthy child development programs and services. (Baseline 68.7)	70	March 31, 2017

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to support First Nations communities in providing community-based and culturally appropriate maternal health and healthy child development programming.
- Continue to work with stakeholders on a comprehensive approach to maternal child health and healthy child development.
- Develop training resources to support workforce development for the Children's Oral Health Initiative.
- Support the development of Indigenous specific and culturally competent Trauma-Informed Care resources for paediatricians and other health professionals serving First Nations pregnant women, infants, young children and their families.

Sub-Sub-Program 3.1.1.2: Mental Wellness

Description

The Mental Wellness program administers contribution agreements and direct departmental spending that supports culturally appropriate community-based programs, services, initiatives and strategies related to the mental wellness of First Nations and Inuit. The range of services includes prevention, early intervention, treatment, and aftercare. Key services supporting program-delivery include: substance abuse prevention and treatment (part of National Anti-Drug Strategy), mental health promotion, suicide prevention, and health supports for participants of the Indian Residential Schools Settlement Agreement. The program objective is to address the greater risks and lower health outcomes associated with the mental wellness of First Nations and Inuit individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
271,327,728	280,266,912	283,815,919

Note: The increase in planned spending is mainly due to First Nations and Inuit health envelope growth which is partly offset in 2018-19 by the expiry of budgetary spending authorities to extend the Labrador Innu health programs. The Department would have to request funding for this initiative for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
94	94	86

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities to extend the Labrador Innu health programs. The Department would have to request funding for this initiative for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have access to mental wellness programs and services.	% of First Nations communities offering training on signs and symptoms and responding to suicidal behaviours. (Baseline 73)	75	March 31, 2017
	% of First Nations communities that report service linkages with external service providers in delivering Mental Wellness	93	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	promotion. (Baseline 91.9)		
First Nations and Inuit clients who have received addictions treatment *abstain from* or *decrease* drug and alcohol use up to six months after completing treatment.	% of First Nations clients admitted to a treatment centre who *stop* using at least one substance up to six months after completing treatment. (Baseline 30)	40*	March 31, 2017
	% of First Nations clients admitted to a treatment centre who *reduce* using at least one substance up to six months after completing treatment. (Baseline 50)	60**	March 31, 2017

*The target (40%) reflects the fact that there is a high rate of recidivism among people who seek treatment for substance abuse.

**As mentioned above, because of the high rate of recidivism, even a reduction in at least one substance is a success.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to support First Nations and Inuit communities in addressing Aboriginal youth suicide prevention.
- Coordinate and oversee implementation of the First Nations Mental Wellness Continuum Framework and continue to support implementation of *Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues among First Nations People in Canada*.
- Continue to provide health support services so that eligible former Indian Residential School students and their families can safely address a broad spectrum of wellness issues related to the impacts of these Schools.

Sub-Sub-Program 3.1.1.3: Healthy Living

Description

The Healthy Living program administers contribution agreements and direct departmental spending that supports culturally appropriate community-based programs, services, initiatives, and strategies related to chronic disease and injuries among First Nations and Inuit. This program aims to promote healthy behaviours and supportive environments in the areas of healthy eating, physical activity, food security, chronic disease prevention, management and screening, and

injury prevention policy. Key activities supporting program-delivery include: chronic disease prevention and management, injury prevention, the Nutrition North Canada – Nutrition Education Initiative, and the First Nations and Inuit component of the Federal Tobacco Control Strategy. The program objective is to address the greater risks and lower health outcomes associated with chronic diseases and injuries among First Nations and Inuit individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
81,654,643	80,743,694	81,277,112

Note: The decrease in planned spending in 2017-18 is mainly due to the expiry of budgetary spending authorities for the First Nations and Inuit component of the Federal Tobacco Control Strategy.

The increase in planned spending in 2018-19 is mainly due to First Nations and Inuit health envelope growth.

Human Resources (FTEs)

2016–17	2017–18	2018–19
132	132	132

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have access to healthy living programs and services.	% of First Nations communities providing healthy living programs. (Baseline 89)	90	March 31, 2017
	% of First Nations communities that deliver physical activities. (Baseline 86.1)	87	March 31, 2017
	% of First Nations and Inuit communities that deliver healthy eating activities under the Aboriginal Diabetes Initiative. (Baseline 87.7)	88	March 31, 2017
First Nations are engaged in healthy behaviours.	% of First Nations adults who reported that they eat fruit or vegetables at least once a day.	Fruit: 57 Vegetables: 64	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	(Baseline Fruit: 56.6 Vegetables: 62.9)		
	% of First Nations adults who reported being "moderately active" or "active". (Baseline 53.5)	55	March 31, 2017

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to support Nutrition North Canada education initiatives in First Nations and Inuit communities to increase knowledge of healthy eating, develop skills in selecting and preparing healthy foods, and strengthen retail-community partnerships in northern isolated communities.
- Work with key partners to implement a Community of Practice for the First Nations and Inuit component of the Federal Tobacco Control Strategy and to support healthy living knowledge to community diabetes prevention workers and health professionals.
- Support the performance measurement and evaluation of Nutrition North Canada and the First Nations and Inuit component of the Federal Tobacco Control Strategy.

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

Description

The First Nations and Inuit Public Health Protection program delivers public health protection services to First Nations and Inuit in Canada. In the delivery of this program, the key areas of focus are communicable disease control and management, and environmental public health. The First Nations and Inuit Public Health Protection program administers contribution agreements and direct departmental spending to support initiatives related to communicable disease control and environmental public health service delivery including public health surveillance, research, and risk analysis. Communicable disease control and environmental public health services are targeted to on reserve First Nations, with some support provided in specific instances (e.g., to address tuberculosis) in Inuit communities south of the 60th parallel. Environmental public health research, surveillance, and risk analysis are directed to on reserve First Nations and in some cases (e.g., climate change and health adaptation, and biomonitoring) also to Inuit and First Nations living north of the 60th parallel. Surveillance data underpins these public health activities and all are conducted with the understanding that social determinants play a crucial role. To mitigate impacts from factors beyond the public health system, the program works with First Nations, Inuit, and other organizations. The program objective is to address human health risks for First Nations and Inuit communities associated with communicable diseases and exposure to

hazards within the natural and built environments by increasing community capacity to respond to these risks.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
78,204,470	83,017,701	87,696,011

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
327	327	327

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations have community capacity to respond to health emergencies.	% of First Nations communities with pandemic plans integrated into all-hazards emergency management plans. (Baseline 65.8)	70	March 31, 2018
	% of First Nations communities that have tested their pandemic plans within the last five years. (Baseline 13)	20	March 31, 2017

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Revise the Communicable Disease Emergencies (CDE) Planning Guidelines for On-Reserve First Nation Communities to reflect lessons learned from preparedness and response activities to previous CDE events.
- Continue to work with federal, provincial, territorial, and First Nations partners to support the development and implementation of regulations under the *Safe Drinking Water for First Nations Act*[xxxi].
- Deliver HIV and hepatitis C prevention, promotion and education through Sexually Transmitted and Blood Borne Infections (STBBI) programming.

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

Description

The Communicable Disease Control and Management program administers contribution agreements and direct departmental spending to support initiatives related to vaccine preventable diseases, blood borne diseases and sexually transmitted infections, respiratory infections, and communicable disease emergencies. In collaboration with other jurisdictions, communicable disease control and management activities are targeted to on reserve First Nations, with support provided to specific instances (such as to address tuberculosis) in Inuit communities south of the 60th parallel. Communicable Disease Control and Management activities are founded on public health surveillance and evidence-based approaches and reflective of the fact that all provincial and territorial governments have public health legislation. Key activities supporting program delivery include: prevention, treatment and control of cases and outbreaks of communicable diseases; and, public education and awareness to encourage healthy practices. A number of these activities are closely linked with those undertaken in the Environmental Health program (3.1.2.2), as they relate to waterborne, foodborne and zoonotic infectious diseases. The program objective is to reduce the incidence, spread, and human health effects of communicable diseases for First Nations and Inuit communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
59,540,733	61,780,207	61,780,207

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
212	212	212

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Communicable diseases among First Nations on-reserve are prevented, mitigated and/or treated.	# of First Nations children on-reserve diagnosed with measles or rubella acquired in Canada. (Baseline 0)	0	March 31, 2017
	% of cases of treatment success (cure or completion) in active tuberculosis cases among First Nations on-reserve. (Baseline 92)	90*	March 31, 2017
First Nations children on-reserve are vaccinated against mumps, measles and rubella (MMR).	% of First Nations children on-reserve who have received the MMR vaccine. (Baseline 83)	85	March 31, 2017
	% of First Nations communities conducting immunization education and awareness activities. (Baseline 59)	65	March 31, 2017

*The Pan-Canadian Public Health Network's Guidance for Tuberculosis Prevention and Control in Canada has set the target of 90% or higher. This recommended target has been recognized nationally as an appropriate target for tuberculosis programs and is used within Canada on and off reserve. The program is targeting a minimum of 90%. The baseline of 92% is based on the actual rate of treatment successes for 2014-15, although this number varies year to year.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Work to increase levels of vaccination coverage among First Nations on-reserve and increase knowledge and awareness of the importance of vaccines for First Nations populations living on-reserve in Canada.
- Continue to support public health surveillance activities to assist in the prevention and control of communicable diseases and outbreaks on-reserve.
- Support and monitor early implementation of Health Canada's Monitoring and Performance Framework for Tuberculosis Programs for First Nations on-reserve.

Sub-Sub-Program 3.1.2.2: Environmental Public Health

Description

The Environmental Public Health program administers contribution agreements and direct departmental spending for environmental public health service delivery. Environmental public health services are directed to First Nations communities south of the 60th parallel and address areas such as: drinking water; wastewater; solid waste disposal; food safety; health and housing; facilities inspections; environmental public health aspects of emergency preparedness response; and, communicable disease control. Environmental public health surveillance and risk analysis programming is directed to First Nations communities south of the 60th parallel, and in some cases, also to Inuit and First Nations north of the 60th parallel. It includes community-based and participatory research on trends and impacts of environmental factors such as chemical contaminants and climate change on the determinants of health (e.g., biophysical, social, cultural, and spiritual). Key activities supporting program-delivery include: public health; surveillance, monitoring and assessments; public education; training; and, community capacity building. The program objective is to identify, address, and/or prevent human health risks to First Nations and Inuit communities associated with exposure to hazards within the natural and built environments. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
18,663,737	21,237,494	23,722,595

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
115	115	115

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Information about environmental health hazards in First Nations communities is available to decision-makers (at Health Canada and in First Nations and Inuit communities).	Total number of public health inspections conducted in food facilities on reserve by Environmental Health Officers (EHO). (Baseline 1,361)	1,482	March 31, 2017
	# of homes in First Nations communities inspected by EHOs.	1,359	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	(Baseline 1,282)		
	% of inspected homes in First Nations communities that were found to have mould. (Baseline 47)	45*	March 31, 2017
Environmental health risks relating to water quality are decreased in First Nations and Inuit communities.	Average % rate of public water systems monitoring in First Nations communities as compared to the frequency recommended by the national guidelines for bacteriological parameters. (Baseline 75)	To be determined**	March 31, 2017

*The target (45%) is lower than the baseline (47%) because the objective is to lower the % of homes with mould; therefore, a lower target is desirable.

**The planned spending, FTEs and target reflect the expiry of budgetary spending authorities for the First Nations Water and Waste Water Action Plan which was approved for a two year period between 2014-15 and 2015-16. The Department would have to request funding and FTEs for 2016-17 and future years, to deliver the associated activities and expected results.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to undertake environmental public health inspections and performance reporting of publicly accessible buildings.
- Assess opportunities to develop or acquire a system to manage and disseminate drinking water data efficiently and ensure compliance with regulatory requirements (refer to ** footnote above).

Sub-Program 3.1.3: First Nations and Inuit Primary Care

Description

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

and, palliative/end of life care. Key activities supporting program delivery include Clinical and Client Care in addition to Home and Community Care. The program objective is to provide primary care services to First Nations and Inuit communities.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
309,789,827	315,685,767	275,798,823

Note: The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit health envelope growth.

The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and Services. The Department would have to request funding for this component for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
682	682	682

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations communities have access to collaborative service delivery arrangements with external primary care service providers.	% of First Nations communities with collaborative service delivery arrangements with external primary care service providers. (Baseline 57)	80*	March 31, 2017

*The large target increase (i.e. 80% from 57%) can be attributed to a greater emphasis on collaborative service-delivery arrangements and on improved data. In response to the Office of the Auditor General's Report on Access to Health Services for Remote First Nations Communities, efforts are underway to increase the number of formalized collaborative service-delivery arrangements with external primary care service providers. Additionally, the data source for this performance indicator now includes the Nursing Station Reporting Template, which includes more precise information than the previous data source. This tool is expected to more accurately capture collaborative service-delivery arrangements.

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Advance collaborative efforts with First Nations and Inuit and other partners and stakeholders to improve the delivery of high quality services across the continuum of care.
- Assess the implementation of the primary care reform, associated deliverables and plans.

Sub-Sub-Program 3.1.3.1: Clinical and Client Care

Description

The Clinical and Client Care program is delivered by a collaborative health care team, predominantly nurse led, providing integrated and accessible health and oral health care services that include assessment, diagnostic, curative, and rehabilitative services for urgent and non-urgent care. Key services supporting program-delivery include: triage, emergency resuscitation and stabilization, emergency ambulatory care, and outpatient non urgent services; coordinated and integrated care and referral to appropriate provincial secondary and tertiary levels of care outside the community; and, in some communities, physician visits and hospital in patient, ambulatory, and emergency services. The program objective is to provide clinical and client care services to First Nations individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
204,794,048	210,648,513	170,761,558

Note: The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit health envelope growth.

The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and Services. The Department would have to request funding for this component for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
609	609	609

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations populations have access to Clinical and Client Care services.	% of the eligible on-reserve population accessing Clinical and Client Care services in remote and isolated First Nations facilities (Nursing Stations and Health Centers with Treatment). (Baseline 44)	50*	March 31, 2017
	% of urgent Clinical and Client Care visits provided in remote and isolated facilities.	10**	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	(Baseline 11)		
Health Canada nurses providing Clinical and Client Care services have completed mandatory training.	% of Health Canada nurses who have completed mandatory training courses. (Baseline 27)	100***	March 31, 2017

*This target (50%) is based on service utilization and maintaining service levels for those in need. It is not anticipated that the entire eligible on-reserve population will need to use clinical and client care services.

**The target (10%) is lower than the baseline (11%) because the objective is to decrease the need for visits required in remote and isolated facilities; therefore a lower target is desirable.

***In response to the Office of the Auditor General's Report on Access to Health Services for Remote First Nations Communities, policy guidelines, regional specific strategies and regularly monitoring have been developed to support 100% compliance to the mandatory training requirements. The target has been dramatically increased to reflect these changes and the activities underway to achieve 100% compliance.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Identify current models of care in nursing stations in every region and identify opportunities to move towards inter-professional care.
- Monitor and report on regional compliance rates for mandatory nurses training and compliance with the National Policy on Mandatory Training.
- Continue the modernization of clinical practice guidelines to support the scope of practice of nurses.

Sub-Sub-Program 3.1.3.2: Home and Community Care

Description

The Home and Community Care program administers contribution agreements with First Nation and Inuit communities and territorial governments to enable First Nations and Inuit individuals with disabilities, chronic or acute illnesses, and the elderly to receive the care they need in their homes and communities. Care is delivered primarily by home care registered nurses and trained certified personal care workers. In the delivery of this program, the First Nations and Inuit Health Branch provides funding through contribution agreements and direct departmental spending for a continuum of basic essential services such as: client assessment and case management; home care nursing, personal care and home support, as well as in-home respite; and, linkages and referral, as needed, to other health and social services. Based on community needs and priorities, existing infrastructure, and availability of resources, the Home and Community Care program may be expanded to include supportive services. These services may include: rehabilitation and other therapies; adult day programs; meal programs; in home mental health; in home palliative care; and, specialized health promotion, wellness, and fitness services.

The program objective is to provide home and community care services to First Nations and Inuit individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
104,995,779	105,037,254	105,037,265

Note: The increase in planned spending in 2017-18 is mainly due to First Nations and Inuit health envelope growth.

Human Resources (FTEs)

2016–17	2017–18	2018–19
73	73	73

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit populations have access to Home and Community Care services.	Home and community care utilisation rate per 1,000 on reserve population. (Baseline 71)	72	March 31, 2017
	% First Nations clients receiving home care where diabetes is the primary reason for care. (Baseline 22)	21	March 31, 2017
	% First Nations clients receiving long-term supportive care. (Baseline 37.30)	36.95*	March 31, 2017

*The target (36.95%) is lower than the baseline (37.30%) because the objective is to have fewer First Nations clients needing long-term supportive care; therefore, a lower target is desirable.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Enhance community and home care services by establishing and maintaining external partnerships with First Nations and Inuit and other non-government organizations.
- Develop models of service delivery best practices to support integration and sustainable services for seniors and children with complex care needs.

Program 3.2: Supplementary Health Benefits for First Nations and Inuit

Description

Under the Supplementary Health Benefits for First Nations and Inuit program, the Non Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit residents in Canada with a specified range of medically necessary health-related goods and services, which are not otherwise provided to eligible clients through other private or provincial/territorial programs. NIHB Program benefits include: pharmaceuticals; medical supplies and equipment; dental care; vision care; short term crisis intervention mental health counselling; and, medical transportation to access medically required health services not available on reserve or in the community of residence. The NIHB Program also pays health premiums on behalf of eligible clients in British Columbia (as of July 2013, NIHB will no longer pay premiums for First Nations residents of British Columbia, who will become clients of the First Nations Health Authority in accordance with the British Columbia Tripartite Health Agreement and sub agreements). Benefits are delivered through registered, private sector health benefits providers (e.g., pharmacists and dentists) and funded through NIHB's electronic claims processing system or through regional offices. Some benefits are also delivered via contribution agreements with First Nations and Inuit organizations and the territorial governments in Nunavut and Northwest Territories. The program objective is to provide benefits in a manner that contributes to the improved health status of First Nations and Inuit. This program uses funding from the following transfer payment: First Nations and Inuit Supplementary Health Benefits.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
1,180,001,880	1,180,001,880	1,125,268,883	1,126,771,198

Note: In Budget 2013, the Government committed to stable funding and growth for supplementary health benefits for First Nations and Inuit. The total amount is confirmed annually based on the prior year's spending reported in the Public Accounts of Canada plus a growth factor. Therefore, the 2017-18 and 2018-19 planned spending amounts will be adjusted and confirmed through a future Estimates process.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
385	385	385

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have access to non-insured health benefits.	% of eligible First Nations and Inuit population who accessed at least one Non-Insured Health Benefit. (Baseline 71.2)	72	March 31, 2017
	% of eligible First Nations and Inuit clients accessing defined preventative dental services per year which includes scalings and fluoride applications. (Baseline 70.6)	71	March 31, 2017
Dental Predetermination Centre (DPC) requests are handled within a 10 day service standard.	% of DPC requests handled within a 10 day service standard. (Baseline 90)	95	March 31, 2017

Planning Highlights

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

As part of this program, Health Canada will undertake the following key initiatives in 2016-17:

- Continue to monitor and undertake surveillance of prescription drug use and prescribing patterns, placing restrictions on opioids and other drugs of concern, and measuring the impact of interventions.
- Improve client access to non-insured health benefits, in accordance with recommendations from Joint Reviews with First Nations and Inuit partners.
- Continue to provide claims processing and associated services in the pharmacy, medical supplies and equipment, and dental benefits areas in order to support the implementation of the *British Columbia Tripartite Framework Agreement on First Nation Health Governance*. Health Canada will act as a claims adjudicator and claims processing

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

Program 3.3: Health Infrastructure Support for First Nations and Inuit

Description

The *Department of Health Act* and the *Indian Health Policy (1979)* provide the authority for the Health Infrastructure Support for First Nations and Inuit program to administer contribution agreements and direct departmental spending to support the delivery of health programs and services. The program promotes First Nation and Inuit capacity to design, manage, deliver, and evaluate health programs and services. To better meet the unique health needs of First Nations and Inuit individuals, families, and communities this program also supports: innovation in health program and service-delivery; health governance partnerships between Health Canada, the provinces, and First Nation and provincial health services; and, improved integration of First Nation and provincial health services. The program objective is to help improve the health status of First Nations and Inuit people, to become comparable to that of the Canadian population over the long-term; and to help improve First Nations and Inuit capacity to influence and/or control the delivery of health programs and services to First Nations and Inuit individuals, families and communities.

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
683,792,972	683,792,972	715,346,893	724,308,689

Note: The increase in planned spending is mainly due to First Nations and Inuit health envelope growth and a funding level increase related to Tripartite Health Governance.

Human Resources (Full-Time Equivalents [FTEs])

2016–17	2017–18	2018–19
229	229	220

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit are collaborating with federal, provincial and territorial partners in the delivery of health programs and services.	# of new inter-jurisdictional health agreements or arrangements that address health system access, quality of care, or	2	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	data sharing. (Baseline 0)		
	% of activities of the Provincial/Territorial trilateral health committees' joint work plans that are completed on time.	66	March 31, 2017
First Nations and Inuit are able to influence and/or control (design, deliver and manage) health programs and services.	% of First Nations and Inuit communities assuming control over the design, delivery and management of health programs and services. (Baseline 70)	80	March 31, 2017

Planning Highlights

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

As part of this program, Health Canada will undertake the following key initiatives in 2016-17:

- Support First Nations and Inuit organizations to develop new governance models to increase First Nations and Inuit control over health service delivery.
- Support trilateral tables in regions with representatives from First Nations and Inuit organizations, and provincial and territorial departments to work together to support integration, aggregation and work on joint initiatives.
- Develop and advance collaboration with First Nations and Inuit partners on shared priorities.

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

Description

The First Nations and Inuit Health System Capacity program administers contribution agreements and direct departmental spending focussing on the overall management and implementation of health programs and services. This program supports the promotion of First Nations and Inuit participation in: health careers, including education bursaries and scholarships; the development of, and access to, health research; information and knowledge to inform all aspects of health programs and services; and, the construction and maintenance of health facilities. This program also supports efforts to develop new health governance structures with

increased First Nations participation. Program engagement includes a diverse group of partners, stakeholders, and clients including: First Nations and Inuit communities, district and tribal councils; national Aboriginal organizations and non-governmental organizations; health organizations; provincial and regional health departments and authorities; post-secondary educational institutions and associations; and, health professionals and program administrators. The program objective is to improve the delivery of health programs and services to First Nations and Inuit by enhancing First Nations and Inuit capacity to plan and manage their programs and infrastructure.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
196,267,730	203,420,818	206,274,304

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
127	127	125

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations and Inuit have the capacity to enter into and manage funding arrangements.	% of First Nations and Inuit funding recipients scoring “Low Risk” on the General Assessment Tool. (Baseline 73)	75	March 31, 2017
	% of First Nations and Inuit funding recipients without financial intervention as defined by the Department’s Default Prevention and Management Policy. (Baseline 95)	90*	March 31, 2017
First Nations have the capacity to manage their infrastructure.	# of recipients who have signed contribution agreements that have developed plans for managing the operations	Baseline + 20 increase per year.	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	and maintenance of their health infrastructure.		

*The target (90%) was set informed in part by the approach undertaken by Indigenous and Northern Affairs Canada. This is a new indicator and baseline data is only available based on one year (2015-16). Consequently, it is difficult to determine whether there will be year over year variation, driven by external factors such as an unanticipated volume of communities in crisis within a fiscal year.

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Collaborate with other federal departments that work with First Nations to advance community development and capacity building.
- Support the collaborative planning process with First Nations and Inuit partners and Indigenous and Northern Affairs Canada to ensure quality and effective service delivery.

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

Description

The Health Planning and Quality Management program administers contribution agreements and direct departmental spending to support capacity development for First Nations and Inuit communities. Key services supporting program delivery include: the development and delivery of health programs and services through program planning and management; ongoing health system improvement via accreditation; the evaluation of health programs; and, support for community development activities. The program objective is to increase the capacity of First Nations and Inuit to design, manage, evaluate, and deliver health programs and services. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
127,096,062	133,070,502	133,709,571

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
74	74	72

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations have the capacity to plan, manage and deliver quality health services.	% of Nursing Stations and Health Centres that are accredited. (Baseline 19.5)	24	March 31, 2017
First Nations and Inuit funding recipients have a "Low Risk" score on the Department's Program Management component of the General Assessment Tool.	% of First Nations and Inuit funding recipients scoring "Low Risk" on the Department's Program Management component of the General Assessment Tool.	To be determined*	To be determined*

*This is a new indicator. Data will be available in the fall 2016. The target to increase the % of "low risk" recipients will be established during the year.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- In collaboration with First Nations, redesign the Health Planning Guide to support communities in comprehensive planning in accordance with their priorities and capacity for the delivery of program and services.
- Continue the accreditation of community health services in keeping with nationally and internationally recognized processes to ensure a standardized level of quality in health planning, management and delivery of health services.
- Initiate the accreditation process for clinical care services delivered by Health Canada.
- Support the collection and analysis of regional communicable disease data for First Nations as a component of the First Nations and Inuit Health Branch national surveillance framework.

Sub-Sub-Program 3.3.1.2: Health Human Resources

Description

The Health Human Resources program administers contribution agreements and direct departmental spending to promote and support competent health services at the community level by increasing the number of First Nations and Inuit individuals entering into and working in health careers, and ensuring that community based workers have skills and certification comparable to workers in the provincial/territorial health care system. This program engages many stakeholders, including: federal, provincial and territorial governments and health professional organizations; national Aboriginal organizations; non-governmental organizations and associations; and, educational institutions. Key activities supporting program delivery include: health education bursaries and scholarships; health career promotion activities; internship and summer student work opportunities; knowledge translation activities; training for community-based health care workers and health managers; and, development and implementation of health human resources planning for Aboriginal, federal, provincial, territorial, health professional associations, educational institutions, and other stakeholders. The program objective is to increase the number of qualified First Nations and Inuit individuals working in health care delivery. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
9,989,321	10,214,638	10,441,601

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
17	17	17

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Aboriginal people participate in post-secondary education leading to health careers.	# of bursaries and scholarships provided to Aboriginal people per year in a field of study leading to a career in a health-related discipline. (Baseline 340)	425	March 31, 2017
	# of Aboriginal people supported by bursaries	Target will be determined following receipt of	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
	and scholarships in health careers who have graduated.	INDSPIRE report in July 2016.	

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Provide funds for scholarships and bursaries for Aboriginal students pursuing a health profession.
- Support community capacity building through the training and certification of community based workers.

Sub-Sub-Program 3.3.1.3: Health Facilities

Description

The Health Facilities program administers contribution agreements and direct departmental spending that provide communities and/or health care providers with the facilities required to safely and efficiently deliver health programs and services. Direct departmental spending addresses the working conditions of Health Canada staff engaged in the direct delivery of health programs and services to First Nations. Key activities supporting program delivery include: investment in infrastructure that can include the construction, acquisition, leasing, operation, maintenance, expansion and/or renovation of health facilities and security services; preventative and corrective measures relating to infrastructure; and, improving the working conditions for Health Canada staff so as to maintain or restore compliance with building codes, environmental legislation, and occupational health and safety standards. The program objective is to enhance the capacity of First Nations recipients in capital planning and management, in order to support safe health facilities. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
59,182,347	60,135,678	62,123,132

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
36	36	36

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Health care services delivered in First Nations communities are provided in a safe environment.	% of "high priority" recommendations stemming from Integrated Facility Audits are addressed on schedule.	New baseline + 5% increase per year.*	March 31, 2017
	% of health facilities subject to an Integrated Facility Audit that do not have critical property issues. (Baseline 55)	60	March 31, 2017
	% of nursing stations on reserve inspected within three years.	100	March 31, 2019

*This is a new indicator. Data will be available in 2016. The baseline and target to increase the % of "high priority" facility audit recommendations addressed will then be established.

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiative in 2016-17:

- Explore innovative approaches for the construction and renovation of health facilities.
- Support construction and renovation projects in accordance with the Long Term Capital Plan.
- Conduct audits at selected facilities to assess the condition and performance of infrastructure and buildings.

Sub-Program 3.3.2: First Nations and Inuit Health Systems Transformation

Description

The First Nations and Inuit Health System Transformation program integrates, coordinates, and develops innovative publicly-funded health systems serving First Nations and Inuit individuals, families, and communities through the administration of contribution agreements and direct departmental spending. This program includes the development of innovative approaches to primary health care, sustainable investment in appropriate technologies that enhance health service-delivery, and support for the development of new governance structures and initiatives to increase First Nations and Inuit participation in, and control over, the design and delivery of health programs and services in their communities. Through this program, Health Canada engages and works with a diverse group of partners, stakeholders, and clients including: First Nations and Inuit communities, tribal councils, Aboriginal organizations, provincial and regional

health departments and authorities, post-secondary educational institutions and associations, health professionals and program administrators. The program objective is to support integration and/or innovation of First Nations and Inuit health systems, which will result in increased access to care for First Nations and Inuit individuals, families and communities.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
43,844,362	43,842,747	24,708,970

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
102	102	95

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Key stakeholders are engaged in the integration of health services for First Nations and Inuit.	% of partnerships within Health Services Integration Fund projects with an assessment of *better than expected.* (Baseline 12)	15	March 31, 2017

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiative in 2016-17:

- Provide strategic funding to advance major regional health services transformation initiatives leading First Nations and Inuit to assume greater control over the design, management and delivery of their health programs.

Sub-Sub-Program 3.3.2.1: Systems Integration

Description

The Systems Integration program administers contribution agreements and direct departmental spending to better integrate health programs and services funded by the federal government with those funded by provincial/territorial governments. This program supports the efforts of partners in health services, including: First Nations and Inuit, tribal councils, regional/district health authorities, regions, national Aboriginal organizations, and provincial/territorial organizations to integrate health systems, services, and programs so they are more coordinated and better suited to the needs of First Nations and Inuit. This program also promotes and encourages emerging tripartite agreements. Two key activities supporting program delivery include: development of multi-party structures to jointly identify integration priorities; and, implementation of multi-year, large scale health service integration projects consistent with agreed upon priorities (i.e., a province wide public health framework or integrated mental health services planning and delivery on a regional scale). The program objective is a more integrated health system for First Nations and Inuit individuals, families and communities that results in increased access to care and improved health outcomes. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
17,134,842	17,134,842	17,134,842

Human Resources (FTEs)

2016–17	2017–18	2018–19
36	36	36

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Partners within multi-jurisdictional health services integration projects are collaborating.	% of partnerships within Health Services Integration Fund projects with an assessment of *proceeding as planned.* (Baseline 65)	70	March 31, 2017

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Support a range of health integration initiatives based on shared priorities developed at regional collaborative tables.

Sub-Sub-Program 3.3.2.2: e-Health Infostructure

Description

The eHealth Infostructure program administers contribution agreements and direct departmental spending to support and sustain the use and adoption of appropriate health technologies that enable front line care providers to better deliver health services in First Nations and Inuit communities through eHealth partnerships, technologies, tools, and services. Direct departmental spending also supports national projects that examine innovative information systems and communications technologies and that have potential national implications. Key activities supporting program-delivery include: public health surveillance; health services delivery (primary and community care included); health reporting, planning and decision-making; and, integration/compatibility with other health service-delivery partners. The program objective is to improve the efficiency of health care delivery to First Nations and Inuit individuals, families, and communities through the use of eHealth technologies for the purpose of defining, collecting, communicating, managing, disseminating, and using data. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
26,709,520	26,707,905	7,574,128

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Human Resources (FTEs)

2016–17	2017–18	2018–19
66	66	59

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
First Nations communities have	# of telehealth sites implemented in First	247	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
access to e-Health Infostructure.	Nations communities. (Baseline 229)		
	# of clinical telehealth sessions in First Nations communities. (Baseline 8,000)	8,160	March 31, 2017
	# of First Nations communities where an electronic medical record has been deployed for nurses providing primary care services. (Baseline 0)	4	March 31, 2017
First Nations and Inuit have access to provincial/territorial health information systems.	# of First Nations communities using Panorama or an equivalent provincial integrated public health information system. (Baseline 33)	43	March 31, 2017
	# of collaborative Panorama plans, agreements and/or activities. (Baseline 10)	20	March 31, 2017

Planning Highlights

As part of this sub-sub-program, Health Canada will undertake the following key initiatives in 2016-17:

- Implement 18 new telehealth sites in First Nations communities and support the implementation of mobile health technologies in communities to facilitate the delivery of health care services.
- Roll out public health surveillance systems to support the collection and analysis of public health data.
- Implement electronic medical/health records in communities to allow for a more efficient management of complex patient health information.
- Monitor and assess the impacts of eHealth on costs for other federal health programs delivered in First Nations communities.

Sub-Program 3.3.3: Tripartite Health Governance

Description

Health Canada's longer term policy approach aims to achieve closer integration of federal and provincial health programming provided to First Nations, as well as to improve access to health programming, reduce instances of service overlap and duplication, and increase efficiency where possible. The British Columbia Tripartite Initiative consists of an arrangement among the Government of Canada, the Government of British Columbia (BC), and BC First Nations. Since 2006, the parties have negotiated and implemented a series of tripartite agreements to facilitate the implementation of health projects, as well as the development of a new First Nations health governance structure. In 2011, the federal and provincial Ministers of Health and BC First Nations signed the legally binding BC Tripartite Framework Agreement on First Nation Health Governance. This BC Tripartite Framework Agreement commits to the creation of a new province wide First Nations Health Authority (FNHA) to assume the responsibility for design, management, and delivery/funding of First Nations health programming in BC. The FNHA will be controlled by First Nations and will work with the province to coordinate health programming. It may design or redesign health programs according to its health plans. Health Canada will remain a funder and governance partner, but no longer has any role in program design/delivery. Funding under this program is limited to the FNHA for the implementation of the BC Tripartite Framework Agreement. The program objective is to enable the FNHA to develop and deliver quality health services that feature closer collaboration and integration with provincial health services. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Budgetary Financial Resources (dollars)

2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
443,680,880	468,083,328	493,325,415

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

Human Resources (FTEs)

2016–17	2017–18	2018–19
0	0	0

Performance Measurement

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Tripartite governance partners have reciprocal accountability as stated in section 2.2 of the BC Tripartite Framework Agreement on First	% of planned partnership and engagement activities that require First Nations and Inuit Health Branch of Health Canada participation that	100	March 31, 2017

Expected Results	Performance Indicators	Targets	Date to Be Achieved
Nations Health Governance.	have been implemented.		

Planning Highlights

As part of this sub-program, Health Canada will undertake the following key initiative in 2016-17:

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

Internal Services

Description

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

Budgetary Financial Resources (dollars)

2016–17 Main Estimates	2016–17 Planned Spending	2017–18 Planned Spending	2018–19 Planned Spending
265,223,547	265,223,547	265,152,082	263,696,083

Note: The decrease in planned spending in 2018-19 is mainly due a funding level reduction to support First Nations and Inuit health programs and services and the expiry of budgetary spending authorities to: support federal strategic initiatives of the Next Agricultural Policy Framework, Growing Forward 2 and extend the Labrador Innu health programs. The Department would have to request funding for these initiatives for future years.

The Main Estimates and planned spending figures above include statutory authorities of $51.5M related to the Shared Services Partnership Framework Agreement between Health Canada and the Public Health Agency of Canada.

Human Resources (FTEs)

2016–17	2017–18	2018–19
1,994	1,994	1,986

Note: The decrease in planned FTEs in 2018-19 is mainly due a funding level reduction to support First Nations and Inuit health programs and services and the expiry of budgetary spending authorities to: support federal strategic initiatives of the Next Agricultural Policy Framework, Growing Forward 2 and extend the Labrador Innu health programs. The Department would have to request funding for these initiatives for future years.

Planning Highlights

In the delivery of Internal Services, Health Canada participates in a Shared Services Partnership (SSP) with the Public Health Agency of Canada (PHAC). Each organization retains responsibility for different Internal Services, while working to deliver equitable services to both organizations.
As part of the SSP, Health Canada has direct responsibility over: Communications and Public Affairs; Ethics and Integrity Programs; Human Resources; Information Management and Information Technology; Materiel Management and Accounting Operations; Legal Services; Ombudsman services; Privacy and Access to Information; and Real Property and Security. Services that fall under PHAC's purview include: Audit and Accountability; Emergency Preparedness and Response; Evaluation; and International Affairs. These are reported in PHAC's 2016-17 Report on Plans and Priorities.

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

The following points provide key Internal Services planning highlights for Health Canada in 2016-17:

- Enable a culture of high performance through employee career development, Post-Secondary Recruitment, the Performance Management Initiative, and the Canada School of Public Service learning model.
- Promote a corporate culture that supports workplace well-being, diversity, employment equity, mental health and respect by supporting plans and initiatives such as the Multi-Year Employment Equity and Diversity Plan and the implementation of the National Standard for Psychological Health and Safety in the Workplace.
- Continue to support a Multi-Year Strategy for Mental Health and Wellness in the Workplace by continuing to provide workplace wellness resources such as training and tools.
- Modernize the workplace through initiatives including Workplace 2.0, GCDOCS, Pay Modernization and My GCHR.
- Participate in a multi-departmental initiative (led by the Canada Border Services Agency) to increase usage of a single window through which importers can electronically submit information necessary to comply with government import regulations.
- Maintain compliance with the Treasury Board Policy on Internal Control, including implementation of the on-going risk-based monitoring strategy for internal controls over financial reporting and standardisation of financial management practices across the National Capital Region and Regions.
- Develop and implement capabilities in SAP to streamline business planning activities by integrating financial and non-financial performance information in order to achieve improved corporate performance management and decision-making.
- Provide a dedicated, high-value resource management, internal control, financial processing and reporting, and corporate planning and reporting and performance management capability for Health Canada.

- Modenize financial management practices and systems to meet emerging central agency and departmental needs.
- Take a digital first approach to the development of innovative and creative communications advice, products and services that anticipate and respond to the evolving needs of Canadians for health and safety information.
- Manage the business intelligence gathered to better communicate with clients, stakeholders and Canadians on matters affecting them.

Section III: Supplementary Information

Future-Oriented Statement of Operations

The Future-Oriented Condensed Statement of Operations provides a general overview of Health Canada's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management.

Because the Future-Oriented Condensed Statement of Operations is prepared on an accrual accounting basis, and the forecast and planned spending amounts presented in other sections of the Report on Plans and Priorities are prepared on an expenditure basis, amounts may differ.

A more detailed Future-Oriented Statement of Operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on Health Canada's website.[xxxii]

Future-Oriented Condensed Statement of Operations For the Year Ended March 31, 2016 (dollars)

Financial Information	2015–16 Forecast Results	2016–17 Planned Results	Difference (2016–17 Planned Results minus 2015–16 Forecast Results)
Total expenses	4,219,635,759	4,143,837,813	(75,797,946)
Total revenues	329,651,514	341,124,646	11,473,132
Net cost of operations before government funding and transfers	3,889,984,245	3,802,713,167	(87,271,078)

Health Canada is projecting $4,143.8M in expenses based on 2016-17 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of $75.8M from 2015-16 projections.

This decrease is primarily attributable to:

- the expiry of budgetary spending authorities for certain initiatives where the Department would have to request funding for these initiatives for future years; and,
- operating and capital budget carry forwards calculated on 2014-15 operational results are included in the 2015-16 revised forecast, but not included in 2016-17 planned spending.

These decreases are partially offset by increases for:

- growth in the First Nations and Inuit Health programs and services; and,
- increase in funding to support the implementation of the British Columbia Tripartite Framework Agreement on First Nation Health Governance for the transfer of the

responsibility for First Nations health programming in British Columbia to the First Nations Health Authority.

The 2016-17 planned expenses by Strategic Outcome are as follows:

- A health system responsive to the needs of Canadians $343.6M;
- Health risks and benefits associated with food, products, substances and environmental factors are appropriately managed and communicated to Canadians $644.9M;
- First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status $2,851.4M; and,
- Internal services $301.4M.

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by program activities that support the above-noted Strategic Outcomes. Health Canada projects total revenues in 2016-17 to be $341.1M, representing a modest increase of $11.5M over 2015-16 projections.

Main sources of revenues by type are as follows:

- Services of a regulatory nature $61.2M;
- Rights and privileges $67.2M; and,
- Services of a non-regulatory nature $224.0M.

Supplementary Information Tables

The supplementary information tables listed in the 2016–17 RPP can be found on Health Canada's website[xxxiii].

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

Tax Expenditures and Evaluations

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the Tax Expenditures and Evaluations[xxxiv] publication. The tax measures presented in that publication are the responsibility of the Minister of Finance.

Section IV: Organizational Contact Information

Marc Desjardins
Director General
Health Canada
DIRECTOR GENERAL'S OFFICE
200 Eglantine Driveway, Tunney's Pasture
Ottawa, Ontario K1A 0K9
Canada
Telephone: 613-948-6357
Fax: 613-946-0807
marc.desjardins@hc-sc.gc.ca

Appendix: Definitions

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

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

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

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

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

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

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

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

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

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

Planned spending: For Reports on Plans and Priorities (RPPs) and Departmental Performance Reports (DPRs), planned spending refers to those amounts that receive

Treasury Board approval by February 1. Therefore, planned spending may include amounts incremental to planned expenditures presented in the Main Estimates.

A department is expected to be aware of the authorities that it has sought and received. The determination of planned spending is a departmental responsibility, and departments must be able to defend the expenditure and accrual numbers presented in their RPPs and DPRs.

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

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

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

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

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

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

Statutory expenditures: Expenditures that Parliament has approved through legislation other than appropriation acts. The legislation sets out the purpose of the expenditures and the terms and conditions under which they may be made.

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

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

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

Voted expenditures: Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

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

Endnotes

[i] Treasury Board of Canada Secretariat, http://www.tbs-sct.gc.ca/

[ii] Canada Health Act, http://laws-lois.justice.gc.ca/eng/acts/C-6/

[iii] Canada Consumer Product Safety Act, http://laws-lois.justice.gc.ca/eng/acts/c-1.68/

[iv] Controlled Drugs and Substances Act, http://laws-lois.justice.gc.ca/eng/acts/c-38.8/

[v] Food and Drugs Act, http://laws.justice.gc.ca/eng/acts/F-27/

[vi] Tobacco Act, http://laws-lois.justice.gc.ca/eng/acts/T-11.5/

[vii] Hazardous Products Act, http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html

[viii] Hazardous Materials Information Review Act, http://laws-lois.justice.gc.ca/eng/acts/H-2.7/

[ix] Department of Health Act, http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html

[x] Radiation Emitting Devices Act, http://laws-lois.justice.gc.ca/eng/acts/R-1/

[xi] Pest Control Products Act, http://laws-lois.justice.gc.ca/eng/acts/P-9.01/

[xii] List of Acts and, http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php

[xiii] Pest Control Products Regulations, http://laws-lois.justice.gc.ca/eng/regulations/sor-2006-124/index.html

[xiv] Prime Minister of Canada's website, http://pm.gc.ca/eng/ministerial-mandate-letters

[xv.] Whole-of-government framework, http://www.tbs-sct.gc.ca/ppg-cpr/frame-cadre-eng.aspx

[xvi] 2016–17 Main Estimates, http://www.tbs-sct.gc.ca/ems-sgd/esp-pbc/me-bpd-eng.asp

[xvii] Official Languages Act, http://laws-lois.justice.gc.ca/eng/acts/o-3.01/

[xviii] Protecting Canadians from Unsafe Drugs Act (Vanessa's Law), http://www.hc-sc.gc.ca/dhp-mps/legislation/unsafedrugs-droguesdangereuses-eng.php

[xix] Food and Drugs Regulations, http://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._870/index.html

[xx] Safety of Human Cells, Tissues and Organs for Transplantation Regulations, http://laws-lois.justice.gc.ca/eng/regulations/SOR-2007-118/

[xxi] Processing and Distribution of Semen for Assisted Conception Regulations, http://laws.justice.gc.ca/eng/regulations/SOR-96-254/

[xxii] Medical Devices Regulations, http://laws-lois.justice.gc.ca/eng/regulations/sor-98-282/

[xxiii] Natural Health Product Regulations, http://laws-lois.justice.gc.ca/eng/regulations/sor-2003-196/

[xxiv] Canadian Environmental Protection Act, 1999, http://laws-lois.justice.gc.ca/eng/acts/c-15.31/

[xxv] Canadian Environmental Assessment Act, http://laws-lois.justice.gc.ca/eng/acts/c-15.21/index.html

[xxvi] Cosmetic Regulations, http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.,_c._869/

[xxvii] Marihuna for Medical Purposes Regulations, http://www.laws-lois.justice.gc.ca/eng/regulations/SOR-2013-119/

[xxviii] Comprehensive Nuclear-Test-Ban Treaty Implementation Act, http://laws-lois.justice.gc.ca/eng/acts/C-36.5/

[xxix] Nuclear Safety and Control Act, http://laws-lois.justice.gc.ca/eng/acts/N-28.3/

[xxx] Indian Health Policy 1979, http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/poli_1979-eng.php

[xxxi] Safe Drinking Water for First Nations Act, http://laws-lois.justice.gc.ca/eng/acts/S-1.04/

[xxxii] Future-Oriented Statement of Operations, http://dev.healthycanadians.gc.ca/publications/department-ministere/hc-report-plans-priorities-2016-2017-rapport-plans-priorites-sc/future-statement-operations-etat-resultats-prospectifs-eng.php

[xxxiii] Supplementary Information Tables, http://www.hc-sc.gc.ca/ahc-asc/performance/estim-previs/plans-prior/2015-2016/supplement-eng.php

[xxxiv] Tax Expenditures and Evaluations publication, http://www.fin.gc.ca/purl/taxexp-eng.asp