



Health
Canada Santé
Canada

Canada



2019–20

Departmental Plan

The Honourable Ginette Petitpas Taylor, P.C., M.P.
Minister of Health



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Catalogue No H1-9 / 31E-PDF

ISSN 2371-6576
Pub. 180381

This document is available on the [Treasury Board of Canada Secretariat](#)ⁱ website.

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Minister's message

As the Minister of Health, I am pleased to present the *Health Canada 2019-20 Departmental Plan*. This plan outlines the key initiatives my Department will carry out over the coming year to help improve the health and safety of Canadians.

This year, Health Canada will continue to provide national leadership to support a health care system that offers appropriate and effective health care to Canadians. The Department will also help Canadians lead healthier lives by working to protect them from unsafe health, consumer and commercial products and substances. Health Canada continues to take action to modernize regulations for food and health products, such as human drugs, medical devices (including new technologies), veterinary drugs and self-care products.



A top priority for 2019-20 will be to expand efforts to address the national opioid crisis. The harm reduction measures that the Government of Canada has already approved or supported, such as supervised consumption sites and overdose prevention sites that connect people who use drugs with frontline health services, have made a difference. However, much more needs to be done. Working with other jurisdictions and stakeholders, the Department will focus on reducing the stigma faced by people who use drugs; increasing access to evidence-based treatment services through the Emergency Treatment Fund; and identifying barriers to and opportunities for expanding access to a safer drug supply.

Over the coming year Health Canada will also implement new initiatives under Canada's Tobacco Strategy, by making significant and targeted investments to help Canadians quit smoking and to protect youth and people who don't use tobacco products from nicotine addiction. With the coming into force of the *Tobacco and Vaping Products Act* in May 2018, Health Canada has new tools for regulating vaping products and protecting youth from nicotine addiction. As new tobacco and vaping products come into the market, Health Canada works to strengthen protections for youth, including through additional restrictions on the advertising of vaping products. The Government's new vaping prevention campaign will encourage youth and smokers to consider the consequences of vaping.

The Government of Canada will also continue to advance its efforts to improve access to, and the affordability of, necessary prescription medications as well as the appropriate use of those medications. As part of the Regulatory Review of Drugs and Devices initiative, Health Canada will better support healthcare system needs, increase domestic and global collaboration regarding drug reviews and include a more robust application of real world evidence. The Government of Canada looks forward to receiving the final report from the Advisory Council on the Implementation of National Pharmacare and considering options on how to best move forward.

The 2017 federal budget committed \$11 billion over 10 years to increase access to home and community care and to mental health and addiction services for Canadians. In 2019-20, the Department will receive data on a set of common indicators agreed to by the provinces and territories, and will act on the first report measuring progress in these areas.

The Department will continue to advance its multi-year, comprehensive Healthy Eating Strategy, which is helping Canadians make healthier food choices. Building on the revised *Canada's Food Guide*, released in January, 2019, Health Canada aims to publish regulations for nutrition labels to appear on the front of food and beverage packages and introduce restrictions on advertising to children of foods and beverages that meet certain nutrient criteria.

The First Nations and Inuit Health Branch—formerly of Health Canada—joined Indigenous Services Canada (ISC) in 2017. While ISC plays a leading role in many aspects of health matters affecting First Nations and Inuit, Health Canada also has an important and continued role to play in implementing many of the Department's programs that are available to Indigenous People. Through ongoing collaboration with Indigenous leaders and communities, as well as with its provincial, territorial and federal partners, Health Canada will continue to help improve the lives of Indigenous Peoples.

Health Canada will also continue to support the Minister of Border Security and Organized Crime Reduction in delivering on the Government's commitment to legalizing, strictly regulating and restricting access to cannabis. While continuing to implement and enforce the provisions of the *Cannabis Act* and its regulations, Health Canada will publish final regulations for edible cannabis, cannabis extracts and cannabis topicals. In addition, the Department will support community-based and Indigenous organizations in leading public education awareness, harm reduction and prevention initiatives as part of the Government's investment of more than \$100 million over six years.

The above is a brief snapshot of the work ahead. I look forward to advancing my mandate priorities by collaborating with partners and making evidence-based decisions. I am confident that, by undertaking the key initiatives outlined in this report, we will improve the health of all Canadians.

The Honourable Ginette Petitpas Taylor, P.C., M.P.

Minister of Health

Plans at a glance and operating context

Health Canada is the federal department responsible for helping Canadians maintain and improve their health. It is with this goal in mind that the Department executes its responsibilities as a regulator, a catalyst for innovation, a funder, and a trusted source of health information.



Health Canada also administers and defends the national principles in the [Canada Health Act](#) to ensure a universal and equitable publicly-funded health care system. In addition to working closely with provincial and territorial governments, the Department also works with partners in the Health Portfolio, other federal departments and agencies, Indigenous partners, non-governmental organizations, other countries, and the private sector.

From coast to coast to coast, Health Canada employees – scientists and researchers, inspectors, doctors and nurses, policy analysts and administrative professionals, and many others – are working to help Canadians lead healthier lives.

Health Canada's reporting framework provides the structure for planned activities which are organized according to two core responsibilities and their corresponding results (summarized on page 40).

Health Canada will continue to undertake work in the following priority areas in 2019-20:

- Priority I:** Foster sustainable health care systems
- Priority II:** Strengthen public awareness, openness and transparency as modernization of health protection legislation, regulation and delivery continues
- Priority III:** Attract and maintain an inclusive, diverse, and high performing workforce within a healthy workplace

In 2019-20, Health Canada will undertake several key initiatives to deliver results for Canadians:

Canada's response to the current **opioid crisis** is a key commitment in the Minister's Mandate Letter. In 2019-20, the Department will improve data collection on substance use through enhanced collaboration and new drug use surveys. It will work with partners to advance efforts that reduce stigma associated with substance use by bringing international expertise and attention to the problem of stigma faced by people who use drugs, to reduce barriers to access health care and social services. It will also monitor and evaluate the progress of



provincial/territorial initiatives funded through the [Emergency Treatment Fund](#) and continue to work collaboratively with provinces and territories to improve access to treatment services for problematic substance use. Health Canada is also responsible for regulating for the import, export, production, distribution, possession and sale of controlled substances and precursor chemicals that are essential to the production of a controlled substance.

On December 20, 2018, Health Canada launched a public consultation on the draft regulations under the *Cannabis Act* governing the production and sale of additional cannabis products (edibles, extracts and topicals), which supports our overarching goal of keeping cannabis out of the hands of youth and protecting public health and public safety. These products will be permitted for legal sale no later than October 17, 2019. The Government has taken significant steps since early 2017 to inform and educate the Canadian public on the health and safety facts about cannabis. Building on these efforts, 2019-20 will see ongoing, proactive and comprehensive public education and awareness efforts so that Canadians have the facts on the health and safety risks of cannabis use, including new classes of cannabis products.

The *Cannabis Act* will authorize the legal sale of edible cannabis, cannabis extracts and cannabis topicals in Canada no later than October 17, 2019. Amendments to the Cannabis Regulations are required to address the public health and public safety risks of these new products.

Health Canada provides support to the Minister of Border Security and Organized Crime Reduction in carrying out his responsibilities under the *Cannabis Act* and continues to support and be responsible for the administration and implementation of the *Cannabis Act*.

In 2019-20, the Government will implement new initiatives under [Canada's Tobacco Strategy](#), a modernized approach to tobacco control that lays the foundation for achieving the target of no more than 5% tobacco use by 2035. Health Canada will implement plain and standardized appearance requirements for tobacco products and packages, develop new health labelling for tobacco product packaging, and propose additional restrictions on the advertising of vaping products. Between new funds set out in Budget 2018 (\$78.6M) and existing resources (\$252.9M), the Government plans to make significant investments in tobacco control over the next five years, securing our position as a world leader in this area.

In 2018, the Government launched an Advisory Council on the Implementation of National Pharmacare to recommend options for more consistent coverage for necessary prescription medicines. Health Canada will continue to provide secretariat support to the Council in delivering its final report in Spring 2019 on how to best move forward with the implementation of **affordable national pharmacare**.

The Department will continue to implement bilateral agreements with individual jurisdictions that set out how federal funding will be used to improve **access to home care and mental health services**.

Health Canada will continue to work with other federal departments to advance the **Regulatory Review Initiative**. This Initiative aims to make regulations more responsive, transparent and predictable while maintaining or enhancing health, safety, security, and environmental protection. To further this objective in 2019-20, the Department will explore ways to modernize regulations for consumer and hazardous products, food and health products, such as human drugs, medical devices (including new technologies), veterinary drugs and self-care products.

The Department will also continue the implementation of the multi-year comprehensive **Healthy Eating Strategy** in support of the Minister's Mandate Letter commitments that will help make the healthier food choices easier for all Canadians. Specific initiatives include improved food labelling and restrictions on the advertising of food and beverages that meet certain nutrient criteria to children, as it relates to sodium, saturated fat and sugar.

Operating context and key risks:

Health Canada is dedicated to improving the health and well-being of Canadians, as a trusted regulator and a credible source of information for the public. It operates in a dynamic and complex environment characterized by internal and external drivers of change, which could potentially be disruptive to the Department's ability to achieve its objectives (e.g., new innovative products, technologies, substances, foods and emerging product categories, evolving relationships between various levels of government, unforeseen health crises, scientific and technological change, and cyber security).

Health Canada recognizes that successfully fulfilling its mandate is directly related to effective management of risk. Sound risk management equips the Department to respond proactively to change and uncertainty by applying risk-based information to support effective decision-making, resource allocation, and, ultimately, better results for Canadians. Additionally, it can lead to more effective service delivery, better project management, and an increase in value for money.



Health Canada faces several risks and challenges as it delivers results for Canadians:

- Its ability to effectively uphold the *Canada Health Act* could be put at risk by issues that arise in administering the Act.
- Its work to help protect Canadians from the risks of products may be compromised by the variable integrity of the global supply chain and the rapid pace of innovation.
- Canadians could lose confidence in the safety of food, health and consumer products if the public perception of Health Canada as a trusted regulator and credible source of information is compromised.

To remain effective in this challenging operating context, the Department will continue to implement new policies, partner with international regulatory authorities to ensure safety in the global supply chain, and work with provinces and territories to resolve issues in a consistent manner. In addition, the Department is advancing its openness and transparency efforts by expanding the amount of regulatory health and safety information made available to Canadians, all while expanding its collaborations with federal partners to improve surveillance and information gathering in support of effective and timely scientific assessment and regulatory actions.

Gender equality, diversity and inclusiveness:

Health Canada incorporates a gender equality, diversity and inclusiveness lens in its work. Health Canada recognizes the importance of considering populations with unique needs when delivering its mandate to help Canadians maintain and improve their health. As one example, the *Pest Control Products Act* explicitly requires consideration of sensitivities to pest control products of major identifiable subgroups including pregnant women, infants, children and seniors.

Innovation and experimentation:

Innovation and experimentation are critical to Health Canada's ability to meet its mandate in the face of rapidly evolving science, new trends in the marketplace, and the changing demands and expectations of Canadians. The Department will continue to invest in employee-led innovation and experimentation through its Solutions Fund, which it launched in May 2018 in support of the Treasury Board Secretariat's Directive on Experimentation. Projects supported through the fund will improve service to Canadians, enhance the functioning of the Department, and deliver greater value to taxpayers.

Health Canada is taking concrete steps to further foster innovation and experimentation in the development of new policy, program and service delivery, and in its regulatory enforcement activities by trialing such different approaches/initiatives as:

Experimentation Works – An initiative led by Treasury Board Secretariat to build the capacity of public servants in experimentation skills and practice. It applies a unique learning-by-doing model that supports and showcases small-scale experiments in the open. Health Canada is a member of the first cohort.

Drug Checking Technology Challenge – Health Canada has launched a challenge, through the Privy Council's Office (PCO's) Impact Canada Platform, to improve drug checking technologies to allow the community of people who use drugs and those who support them to make more informed decisions based on the composition of a drug and to reduce harm. This approach will further the development of capacity and awareness in the areas of experimentation and innovation in the Department.

For more information on Health Canada's plans, priorities and planned results, see the "[Planned results](#)" section of this report.

Planned results: what we want to achieve this year and beyond

Core Responsibility 1: Health Care Systems

Description

Health Canada provides national leadership to support and encourage sustainable and adaptable health care systems that ensures access for Canadians to appropriate and effective health care services.

Planning highlights

The priority related to Core Responsibility 1 is to foster sustainable health care systems (Priority I). Modern and sustainable health care systems are 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 will contribute to improving the quality and sustainability of health care as the systems continue to evolve in a context of technological and social changes, demographic shifts and fiscal pressures.

Following the federal commitment of \$11 billion over 10 years in new federal funding to improve home and community care and mental health and addictions services, in August 2017, federal / provincial / territorial (FPT) Ministers of Health endorsed the [Common Statement of Principles on Shared Health Priorities](#), in which they committed to: “...work together to ensure health care systems continue to respond to the needs of Canadians ...as an integral element of our shared commitment, FPT Health Ministers agree to work collectively and with the Canadian Institute for Health Information (CIHI) to develop a focused set of common indicators to measure pan-Canadian progress on the agreed priorities of mental health and addictions, and home and community care, to be reported on annually to Canadians.”

Plans in support of Departmental Result 1: Canadians have modern and sustainable health care systems.

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 that improve the efficiency and sustainability of Canadian health care systems.

In support of the Department’s mandate, Health Canada conducts research, analysis and policy work on such health care systems issues as: health expenditures and funding; home care; palliative and end-of-life care; pharmaceuticals; impacts of health care systems modernization on the health workforce; opioids; mental health; quality of care; health care systems and service delivery innovation; and health technology.

Over the course of 2019-20, Health Canada will make important investments to support several organizations that directly contribute to health system improvements. As part of this support, the Department will provide funding for [Canada Health Infoway](#), the [Canadian Institute for Health Information](#), the [Canadian Agency for Drugs and Technologies in Health](#), the [Canadian Foundation for Healthcare Improvement](#), and the [Canada Brain Research Fund](#).¹

Specific highlights of these investments include:

- Advancing **digital health innovation** by providing \$300M over five years (2017-2022) to Canada Health Infoway to develop a pan-Canadian e-prescribing system and virtual care initiatives, support the continued adoption and use of electronic medical records, help patients to access their own health records electronically, and better link electronic health record systems to improve access by all providers and institutions.
- Supporting the Canadian Institute for Health Information by providing \$87.7M in funding in 2019-20 to deliver comparable and actionable information to accelerate **improvements in health care, health system performance and population health** across the continuum of care.
- Strengthening the **management of drugs and non-drug technologies** by providing \$23.1M to the Canadian Agency for Drugs and Technologies in Health.
- Accelerating the adoption of promising and proven **health service delivery transformation** by providing \$17M to the Canadian Foundation for Healthcare Improvement.
- Supporting **brain research** through the Canada Brain Research Fund, whereby private and charitable funds raised by the Brain Canada Foundation will be matched by Health Canada, up to \$120M by 2020. This funding model was recently updated, addressing findings from the 2017 [Evaluation of the Contribution to Brain Canada Foundation's Canada Brain Research Fund](#).

Plans in support of Departmental Result 2: Canadians have access to appropriate and effective health services.

The federal government plays an important role in providing financial contributions to provinces and territories through the Canada Health Transfer to support publicly-funded health care services and, through targeted funding of \$11 billion over ten years to provinces and territories, to support improved access to home and community care and mental health and addictions services. Through Health Canada, the federal government is also responsible for promoting and defending the core national principles of the *Canada Health Act* – public administration, comprehensiveness, universality, portability and accessibility – as well as supporting collaboration across the country. The Department also monitors provincial and territorial health care insurance plans and works with these jurisdictions to address patient charges (extra-billing and user charges) and to strengthen reporting on the *Act*.

¹ For more detailed information on these grants and contributions, please refer to the Supplementary Information Tables "Details on transfer payment programs of \$5 million or more."

To ensure that Canadians have access to appropriate and effective health services, Health Canada will focus its 2019-20 efforts on the following **priority activity areas**: national pharmacare; palliative care and medical assistance in dying (MAID); thalidomide survivors support; and strengthening partnerships and collaborations.

National pharmacare:

Announced in Budget 2018, the Government of Canada created an Advisory Council on the Implementation of National Pharmacare, to provide recommendations to improve consistency of prescription drug coverage across the country. Over the course of 2019-20, Health Canada will continue to provide secretariat support to the Council to deliver its final report to the Government in Spring 2019.

In Budget 2018, the Government established an [Advisory Council on the Implementation of National Pharmacare](#) to provide independent advice on how to best implement affordable national pharmacare for Canadians and their families, employers and governments.

Palliative care:

Health Canada will collaborate with provinces, territories and stakeholders to develop an implementation plan for the [Framework on Palliative Care in Canada](#). The Department will continue to participate in Indigenous-led engagement toward developing a distinctions-based framework² on palliative care for Indigenous Peoples, reflecting the specific and unique priorities of First Nations, Inuit and Métis.

Medical assistance in dying:

The Department will support implementation of [medical assistance in dying \(MAID\)](#) legislation in collaboration with provinces and territories, as well as meet federal commitments under the law. In 2019-20, activities will include:

- Examination of the reports of the independent reviews on requests for MAID currently out of legislative scope;
- Ongoing support of the MAID monitoring and reporting regime;
- Release of the first official annual public report on MAID in Canada.

Thalidomide survivors support:

The new **Canadian Thalidomide Survivors Support Program** will replace the previous [Thalidomide Survivors Contribution Program](#) in 2019. The purpose and long-term outcome of the program remains unchanged: to contribute to meeting the lifetime needs of Canadian thalidomide survivors. The new program will provide a fair and comprehensive approach to identifying thalidomide survivors that is based on international best practices.

² The Government of Canada recognizes First Nations, the Métis Nation, and Inuit as the Indigenous Peoples of Canada, consisting of distinct, rights-bearing communities with their own histories, including with the Crown. The work of forming renewed relationships based on the recognition of rights, respect, co-operation, and partnership must reflect the unique interests, priorities and circumstances of each People. Health care policy development needs to recognize these distinctions.

Strengthening partnerships and collaborations:

Health Canada will continue to collaborate with the provinces and territories to develop an organ and tissues donation and transplantation system that gives Canadians timely and effective access to care, and establish a long-term vision for blood services that maximizes safety and non-discrimination in donation policies.

In order to support access to appropriate and effective health services for Canadians over 2019-20, the Department will provide funding for: the Substance Use and Addictions Program; the Canadian Centre on Substance Use and Addiction; Mental Health Commission of Canada; the Canadian Partnership Against Cancer; the Canadian Patient Safety Institute, the Health Care Policy Contribution Program; Official Languages Health Contribution Program, Thalidomide Survivors Contribution Program and the Territorial Health Investment Fund.³



These investments will enable provinces and territories to improve access to home and community care, including palliative care, and mental health and addictions services, consistent with the August 2017 [Common Statement of Principles on Shared Health Priorities](#). In 2019-20 and beyond, Canadians will see how targeted federal funding for home and community care and mental health and addiction services will be invested in each province and territory, and they will be able to track progress based on a focused set of common indicators approved by federal, provincial and territorial Health Ministers in June 2018. Investments will also help to address the health care needs of specific populations such as those living in Canada's territories and official language minority communities, taking into account findings from the 2017 [Evaluation of the Official Languages Health Contribution Program](#).

³ For more detailed information on these grants and contributions, please refer to the Supplementary Information Table "Details on transfer payment programs of \$5 million or more."

Highlights of Health Canada collaboration funding in 2019-20 supporting access to appropriate and effective health services for Canadians:

- ❑ Provide up to \$52.6M under the [Substance Use and Addictions Program](#) to support evidence-informed and innovative health promotion, prevention, harm reduction and treatment initiatives to address substance use, including:
 - Targeted funding for problematic opioid use, prevention and treatment; cannabis public education and awareness; and, tobacco and youth vaping prevention and cessation.
 - Funding for the [Canadian Centre on Substance Use and Addiction](#) to support their national mandate and advance research and evidence on cannabis use.
 - Research funding for the [Mental Health Commission of Canada](#) to assess the impacts of cannabis use on the mental health of Canadians.
- ❑ Support through targeted funding agreements, organizations and key pan-Canadian health partners that are contributing to health system improvements, including:
 - \$14.25M for the Mental Health Commission of Canada to advance specific priorities in the area of mental health consistent with findings outlined in the 2016 Evaluation of Mental Health and Mental Illness Activities of Health Canada and the Public Health Agency.
 - \$51.0M in funding to the [Canadian Partnership Against Cancer Corporation](#) to continue its work on key health issues in cancer control.
 - \$7.6M towards the [Canadian Patient Safety Institute](#)'s efforts to improve patient safety and quality of care.
- ❑ Provide up to \$27.1M per fiscal year to address federal priorities under the [Health Care Policy Contribution Program](#), including health care system innovation, mental health, palliative and end-of-life care.
- ❑ Provide \$37.4M per year to community-based organizations, governments and academic institutions to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada. Funded activities include the integration of bilingual health personnel through postsecondary training initiatives, the development of strategies and partnerships with health system stakeholders through community networking, and the implementation of projects aimed at improving access to bilingual health services and fostering knowledge development and dissemination.
- ❑ Due to the high cost and logistical difficulties of delivering specialized health services to small, isolated communities, the territories face unique challenges in providing quality health care across the north. Budget 2017 invests \$108M over four years, starting in 2017-18, to renew and expand the Territorial Health Investment Fund. Of this amount, \$25.6M will be allocated to Yukon, \$28.4M to the Northwest Territories and \$54M to Nunavut. This funding will support territorial efforts to innovate and transform their health care system and ensure northerners have access to the health care they need.

Planned results

Departmental Result 1: Canada has modern and sustainable health care systems			
Departmental Result Indicators	Target	Date to achieve target	Actual Results
National health expenditure as a percentage of Gross Domestic Product ¹ (Baseline 10.9% of GDP in 2014-15)	Between 10 and 12%	March 31, 2020	2015-16: 11.3% 2016-17: 11.5% 2017-18: 11.3%
Real per capita health expenditure (1997) ¹ (Baseline \$4,014 per person in 2014-15)	Between \$4,133.60 and \$4,216.27 ²	March 31, 2020	2015-16: \$4,097.20 2016-17: \$4,165.10 2017-18: \$4,228.40
Drug spending as a percentage of Gross Domestic Product ³ (Baseline 1.74% in 2014-15)	Between 1 and 2%	March 31, 2020	2015-16: 1.82% 2016-17: 1.82% 2017-18: 1.78%
Percentage of family physicians using electronic medical records ⁴ (Baseline 73% in 2015)	80%	March 31, 2022	2015-16: 73% 2016-17: N/A 2017-18: N/A

¹ These two complementary indicators demonstrate that national health expenditures grows faster than the economy as a whole, both relative to GDP (1st indicator) and relative in real/constant 1997 dollars; data for these two indicators can be found on the [CIHI website](#); click on “Data tables on health spending” on the quick links table on the right of the screen. For the real per capita health expenditure, percentage increase is calculated using constant 1997 dollars.

² The target dollar amount is anticipated to increase in line with an annual real per capita growth rate in the range of 0-2%.

³ Indicator demonstrates that drug spending has been growing faster than the economy as a whole in recent years; data can be found on the [Organisation for Economic Co-operation and Development website](#).

⁴ Data source: Common Wealth Fund Survey – data collected every three years. The next wave of the Commonwealth Fund data collection was planned for 2018-19.

Departmental Result 2: Canadians have access to appropriate and effective health services

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of Canadians (aged 15+) with a mental disorder who have expressed that they have an unmet mental health care need (Baseline: According to Statistics Canada in 2012, 26% of Canadians aged 15+ with a mental health disorder expressing they have an unmet mental health need).	Under 15%	March 31, 2021	2015-16: N/A ^{1,2} 2016-17: N/A ^{1,2} 2017-18: N/A ^{1,2}
Percentage of Canadians (aged 15+) who have expressed that they have an unmet need for access to home care services (Baseline: According to Statistics Canada in 2012, 1.6% of Canadians aged 15+ reported that they had not received help, even though they needed it (during the previous 12 months for a chronic health condition)).	Under 1.0%	March 31, 2020	2015-16: N/A ^{1,3} 2016-17: N/A ^{1,3} 2017-18: N/A ^{1,3}
Percentage of <i>Canada Health Act</i> compliance issues addressed within 24 months of identification (Baseline 53% in 2016)	85%	March 31, 2020	2015-16: 50% ⁴ 2016-17: 53% ⁵ 2017-18: 94% ⁶
Percentage of Canadians who did not fill a prescription for medicine because of the cost (Baseline 7.1% in 2014)	Under 5%	March 31, 2022	2015-16: N/A ^{1,7} 2016-17: 6% ⁷ 2017-18: N/A ^{1,7}

¹ Actual results are not available given that expected results and/or performance indicator methodology have changed over the specified fiscal years in support of continuous improvements to reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

² Source: Statistics Canada / CCHS next survey was scheduled for December 2018.

³ Source: Statistics Canada/CCHS data next available in 2018 and 2020.

⁴ Figures for the years 2015-16 were drawn from an earlier annual indicator "percentage of *Canada Health Act* compliance issues addressed."

⁵ Datum for 2016-17 has been updated to reflect the current indicator and methodology – resulting in a revised actual result of 53% in 2016-17 within a baseline range of between 50% and 60%.

⁶ Change of methodology – Actual results are for the percentage of issues addressed within 24 months as outlined in the 2018-19 Departmental Plan and the Corporate Risk Profile Report.

⁷ Data source: [Organisation for Economic Co-operation and Development](#), Report on Pharmaceutical spending – data collected in 2016, 2018, 2019 and 2020.

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
1,609,336,578	1,609,336,578	1,744,723,658	1,954,437,100

Note: The increase in planned spending is mainly due to funding level increases for Strengthening Canada's Home and Community Care and Mental Health and Addiction Services Initiative, Canadian Institute for Health Information, improving the accessibility, affordability and appropriate use of prescription drugs and medical devices, and Canada Health Infoway.

Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
289	290	290

Financial, human resources and performance information for Health Canada's Program Inventory is available in the [GC InfoBase](#).

Core Responsibility 2: Health Protection and Promotion

Description

Health Canada works with domestic and international partners to assess, manage and communicate the health and safety risks and benefits associated with health and consumer products, food, chemicals, pesticides, environmental factors, tobacco and vaping products, cannabis, and controlled substances.

Planning highlights

The priority related to Core Responsibility 2 is to strengthen public awareness, openness and transparency as modernization of health protection legislation, regulation and delivery continues (Priority II). Health Canada's operating environment is constantly evolving. For example, the integrity of the global supply chain for health and consumer products is changing, and the speed of technological innovation continues to accelerate. To help Canadians live healthier lives and help protect them from unsafe food, products, and other threats to health and in support of the Government's commitment to openness and transparency, Health Canada will continue its efforts with its partners at home and abroad to modernize regulatory frameworks and service delivery models. The Department will also provide credible and timely information and raise public awareness to help empower Canadians to make informed health decisions and support businesses' responsibility for the safety of their products.

Plans in support of Departmental Result 3: Canadians have access to safe, effective and quality health products.

Ensuring that Canadians not only have access to the health products they need, but can rely upon the safety, effectiveness and quality of the products they use, remains a core component of Health Canada's mandate. **Over the course of 2019-20**, the Department's efforts in this regard will concentrate on the following **priority activity areas**: regulatory oversight, new and renewed technologies, access to needed drugs and devices, prescription drugs, self-care products, and additional support initiatives.

Regulatory oversight:

The Department will conduct domestic and international inspections of health product licence holders with a focus on higher risk areas. It will **strengthen compliance and enforcement capacity** and implement national training and health and safety programs for inspectors.

Health Canada has prioritized the need to further strengthen the **oversight of medical devices** and to

Health Canada is participating in the Government of Canada's regulatory reform agenda announced in Budget 2018, by conducting regulatory reviews for the health and biosciences, and agri-food and aquaculture sectors. Proposals have been developed which aim to make the regulatory frameworks more agile, transparent and responsive, so that businesses across the country can explore and act on new opportunities, resulting in benefits for all Canadians. Implementation of the proposals has begun and will be completed over the next 3 to 5 years.

be more open and transparent with Canadians about regulatory activities and medical device safety information. As such, the Department will continue to implement the Action Plan on Medical Devices, published in December 2018, and which includes the following initiatives:

- Reviewing the policies and scientific requirements for pre-market approvals of medical devices, including requirements for clinical data to enable more medical device research by health professionals, and expand the use of outside medical and scientific experts to advise the Department on these issues.
- Improving post-market surveillance of medical devices, including new rules requiring that companies inform Health Canada promptly when trusted foreign regulators issue warnings about a device so Canadians can be more promptly informed.
- Making the system for medical device approvals and surveillance more transparent, including improved access to the clinical data that support our authorizations will allow health professionals to better evaluate the benefits and risks of devices for their patients. This, in turn, will result in Canadians being able make better informed decisions about their health and the products they use.
- Exploring ways of accessing and applying real-world evidence data, as part of updating the medical device regulations to strengthen post-market surveillance.
- Strengthening its use of real-world evidence for drugs and medical devices in decision-making through the implementation of mandatory reporting of serious adverse drug reactions and medical device incidents by health care institutions.
- To better support women’s health, Health Canada established a new Scientific Advisory Committee on Health Products for Women. The first meeting is to be held in the spring of 2019.

Taken as a whole, these initiatives will improve the Department’s ability to assess and monitor the safety and effectiveness of medical devices across the product life cycle. It will also help Health Canada to develop new regulatory options to prevent and mitigate safety risks.

The Department will also implement regulatory and legislative changes, as a result of the [World Trade Organization – Trade Facilitation Agreement](#).

Lastly on the regulatory front, the Department will continue to expand oversight to adapt to an increasingly complex and globalized clinical trial environment to help maximize patient safety and the integrity of clinical trial data with the goal of protecting Canadians from unsafe practices. The Department will also continue its effort on a proposal to modernize the regulatory framework for self-care products to tailor the level of oversight for these products to their level of risk to the consumer and better inform consumer choice.

New and renewed technologies:

To keep pace with emerging technologies such as artificial intelligence and telerobotics, Health Canada has established the Medical Device Digital Health Review Division. In the coming year, the Department will review and refine its business processes to support more rapid access to

digital health technology devices. These devices help to reduce health care system costs by facilitating care in the home instead of in institutions.

In 2018, stakeholders provided input into the government’s regulatory review of **agri-food and aquaculture** and **health and bio-sciences**, whose objective is more agile and flexible structures that are grounded in science; that enables innovative and safe health products and food for Canadians and that responds to industry concerns by removing unnecessary requirements and creating a more streamlined and easy to understand regulatory framework.

The Department aims to strengthen and clarify the regulatory framework governing **assisted human reproduction** in Canada, by completing the development of regulations and supporting documents, and bringing into force the outstanding sections of the *Assisted Human Reproduction Act*ⁱⁱ pertaining to safety of donor sperm and ova, reimbursement, and compliance and enforcement. New proposed regulations will help protect the health and safety of women and children across Canada.

Health Canada will strengthen its capacity to protect Canadians from unsafe health products entering the country by contributing to the development and implementation of business intelligence and tools to improve reporting and better inform decision making.

Access to drugs and devices:

Under the Regulatory Review of Drugs and Devices initiative, Health Canada will further improve **access to therapeutic products** that meet healthcare system needs, and increase domestic and global collaboration regarding drug reviews, including more robust application of real world evidence.

In partnership with federal/provincial/territorial jurisdictions, industry and health care representatives, the Department will continue to participate in addressing **drug shortages**. This includes advancing work already underway to identify root causes, monitoring compliance with regulatory requirements in Canada for mandatory reporting of shortages, and developing strategies to mitigate their impact on the health care system. A key priority will be to more clearly define and establish Health Canada’s future role in the management of critical drug shortages.

As announced in Budget 2017, the Department is advancing its [Regulatory Review of Drugs and Devices Initiative](#) to foster a more agile regulatory system that supports improving access to safe, effective and high quality therapeutic products (i.e., drugs and medical devices) based on health care system needs.

The Department will continue to align reviews with Canadian Health Technology Assessment organizations in an effort to **accelerate access to prescription drugs** for patients and provide earlier product development advice. The Department will continue to initiate and strengthen partnerships with international regulatory authorities in such areas as work sharing and joint reviews, allowing greater access for Canadians to new products, including drugs for rare diseases.

In addition, as part of its activities to enhance the use of real-world evidence for drugs, Health Canada will continue to engage with stakeholders. The Department works closely with partners, both domestic and international, to optimize the use of real-world evidence across the product life cycle with the aim of improving access and appropriate use. Health Canada will explore options to renew the model for the Drug Safety and Effectiveness Network, which studies the real-world safety and effectiveness of drugs across their life cycle.

Health Canada will be proposing regulatory amendments to update provisions of the **Special Access Programme for human drugs** and **Emergency Drug Release Program for veterinary drugs**, which allows for access to drugs that are not currently authorized for sale in Canada (including those for rare diseases); to improve access to drugs for health care providers treating patients with serious or life-threatening conditions or for a medical emergency. The Department will also propose amendments to the Food and Drug Regulations that create an alternate pathway to authorize human and veterinary drugs that fulfill an unmet medical need for Canadians and animals, and that have already been approved by trusted foreign regulators. Also anticipated are new authorities for the release of large quantities of a drug for emergency preparedness (stockpiling) and for response activities undertaken by either the military or public health officials.

The “**Access to Drugs in Exceptional Circumstances**” regulatory pathway can be used to respond to an exceptional public health crisis, allowing for the importation and sale of drugs not authorised in Canada but authorised for sale in another country (i.e., the United States or European Union).

Health Canada will continue to develop its review capacity in the areas of **biosimilars and generic drugs** and work to bring the related generic drugs regulations and policies up to date. This should help facilitate earlier access to more affordable drugs, new treatment options, and a more secure supply of pharmaceutical drug products in shortage situations.

The Department will continue to address critical national drug shortages, including the use of all tools Health Canada has at its disposal, and in collaboration with partners and stakeholders, so that Canadians have access to a consistent and adequate supply of medically necessary medications.

Prescription drugs (including opioids):

Health Canada will continue to **update the Canadian labelling** (Product Monograph and Prescribing Information) of all prescription opioid products to include enhanced information about their safe use and potential risks.

While prescription opioids can help Canadians who need them to manage pain, industry marketing can unduly influence health professionals. To promote appropriate prescribing of opioids, Health Canada will continue to monitor and assess industry marketing practices and consider proposed regulations to **restrict the advertising of prescription opioids**.

The Department will also encourage pilot programs with robust evaluation models to bring a safe supply of prescription medicine to people who are suffering from problematic opioid use, but who might not be helped by traditional treatment programs.

Additional support initiatives:

Health Canada will establish the **Canadian Pain Task Force** to identify and support the implementation of best practices, challenges and gaps in the prevention and management of chronic pain across Canada. The Task Force will engage people living with chronic pain, health providers and researchers to assess how chronic pain is currently addressed in Canada and to identify elements of an improved approach considering pharmacological, psychological and physical methods for managing pain. At the same time, the Task Force will inform actions to reduce stigma surrounding opioid use and prescribing in the context of the opioid crisis that is preventing people with chronic pain from receiving the health services they need.

In support of the [Federal Action Plan on Antimicrobial Resistance and Use in Canada](#) and the [Pan-Canadian Framework for Action on Tackling Antimicrobial Resistance and Antimicrobial Use](#), Health Canada is taking important steps to safeguard the use of currently available **antimicrobial drugs for human use** and encouraging the development of new and innovative human therapeutic products. The Department has also released a [Pathogens of Interest List](#), which will help inform companies of the bacterial pathogens in most urgent need of innovative therapeutic products in Canada. For veterinary drugs, starting in 2019, the Department will collect reports on the sales of **veterinary antimicrobials** considered to be of importance in human medicine. Sales data will be analysed in order to better interpret resistance patterns or trends. The Department will continue to work with drug manufacturers, international regulatory partners, and Provinces and Territories as part of ongoing efforts to promote the responsible use of medically important antimicrobials for veterinary use.

Plans in support of Departmental Result 4: Canadians are protected from unsafe consumer and commercial products and substances.

Helping Canadians lead healthier lives and providing protection from unsafe consumer and commercial products and substances will remain an important focus of Health Canada's work. **Over the course of 2019-20**, the Department's efforts in this regard will concentrate on the following **priority activity areas**: problematic substance use, cannabis, chemicals management, consumer and hazardous products, and pesticide regulation.

Problematic substance use:

The Government of Canada continues to be deeply concerned about the number of **opioid-related overdoses and deaths** in Canada – a crisis affecting friends, families and communities across the country. Health Canada will

People who use drugs face stigma and discrimination. Stigma persists despite increasing recognition that drug use is a health issue. It creates barriers to the effective implementation of prevention, harm reduction and treatment measures. Ending stigma is a priority for the Government.

work more closely with other levels of government and stakeholders, including people with lived and living experience, so that Canada’s response to the current opioid crisis is robust, inclusive, well-coordinated and effective. This is a key commitment included in the Minister’s Mandate Letter.

Health Canada continues to implement significant measures to improve access to evidence-based treatment services for substance use disorder, to reduce the harms associated with problematic drug use, to address stigma that creates treatment and service barriers for people who use drugs, and to support innovative approaches that can help respond to the opioid crisis. This work includes working with Canadians who have and treat chronic pain, so that their perspectives and needs are better reflected as we continue our efforts to counter the crisis.

The Department’s work in this area is guided by the [Canadian Drugs and Substances Strategy](#) – the Government’s commitment to a comprehensive, evidence-based public health approach to substance use. This strategy applies not only to the immediate opioid crisis, but also to the significant health risks associated with other substances, including methamphetamine and alcohol. The strategy enables the federal government to better identify trends, effectively develop and target interventions, monitor and report on impacts, and support overall decision-making related to drug and substance use policy issues.

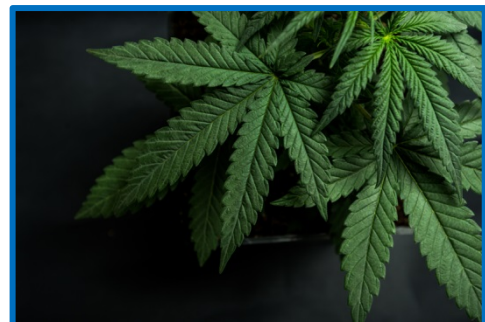
The Department will **improve data collection on substance use** through enhanced collaboration and new drug use surveys. It will work with partners to **reduce the stigma** faced by people who use drugs by bringing international expertise and attention to bear on this issue and how it can be a barrier to accessing health care and social services. Further, the Department will continue to support the national implementation of **harm reduction measures**, including applications for novel supervised consumption site models, such as mobile units, inhalation and drug checking services.

The Department will also develop options for a **comprehensive public health approach to problematic alcohol use** that aligns with the latest evidence and best practices.

Cannabis:

Supporting the Minister of Border Security and Organized Crime Reduction, Health Canada will **strengthen data collection and surveillance** activities to evaluate the success of the cannabis legal and regulatory framework and inform evidence-based decision making, policies and programs.

The Department will **administer the licensing of cannabis** and hemp producers, researchers and laboratories while continuing to verify and promote compliance by the new cannabis industry with regulatory requirements. This contributes to preventing the diversion of cannabis into, and out of, the legal market. Consistent with the Government’s objective of displacing the illegal market, Health Canada will **amend the Cannabis Regulations** to enable the legal production and sale of cannabis



edibles, extracts and topicals in 2019-20. In addition, the Department will consult Canadians on a regulatory approach for health products containing cannabis that do not require practitioner oversight for humans and animals.

Chemicals management:

As part of its ongoing commitment to delivering the [Chemicals Management Plan](#), Health Canada will conduct further **research, monitoring and surveillance (including bio-monitoring), and risk assessments** regarding chemical substances and human health, and take appropriate action to mitigate these risks. The Department will also continue to conduct public outreach (including through a social media campaign) to help inform Canadians about the potential risks from chemicals and the actions they can take in and around their homes to protect their health. Health Canada will also work with Environment and Climate Change Canada to support the development of **a new chemicals management regime** with the sunseting of the Chemicals Management Plan in March 2021.

Consumer and hazardous products:

In addition to its domestic efforts to mitigate risks posed by unsafe consumer products, cosmetics and workplace chemicals, Health Canada will also advance **international cooperation** in these areas, through joint recalls and coordinated awareness campaigns. The Department will continue to provide **compliance, enforcement and outreach activities** while also developing and modernizing policy and operational procedures pertaining to consumer products under the [Canada Consumer Products Safety Act](#) and to cosmetics under the [Food and Drugs Act](#).

By undertaking a transformative review of the pesticide post-market review program, Health Canada can ensure that pesticides are evaluated by modern scientific standards in a timely manner and that Canadians continue to be protected from unsafe products and substances, all while identifying potential efficiencies and cost-saving opportunities.

Pesticide regulation:

In 2017, Health Canada identified the need to put the pesticide program on a more sustainable footing in order to continue meeting its statutory obligations and the high level of regulatory oversight required under the [Pest Control Products Act](#). As a result, throughout 2019-20, the Department is undertaking a transformative review of the **pesticide post-market review program** that will examine other business models, international cooperation, legislative authorities, and funding models, and consult extensively with Canadian stakeholders, while assessing options for efficiencies.

As the same time, the Department will complete the re-evaluation of the remaining **priority pesticides** by 2020 and continue with its ongoing review of the Pest Control Products Regulations in preparation for the forthcoming *Pest Control Products Act* review to be launched in 2020.

Plans in support of Departmental Result 5: Canadians make healthy choices.

Helping Canadians make healthy choices in their day-to-day lives is part of Health Canada's Health Protection and Promotion core responsibility. Health begins with the initial choices we make of what to put into our bodies. **Over the course of 2019-20**, the Department's efforts in this regard will concentrate on these **priority activity areas**: healthy eating, food packaging and labelling, tobacco and vaping products, and cannabis.

Healthy eating:

Building on the momentum of the last two years, Health Canada will advance initiatives under the [Healthy Eating Strategy](#), which aims to curb the rising burden of obesity and chronic disease by making the healthier choice easier for all Canadians.

As part of the strategy, Health Canada will continue to advance, via regulations, the prohibition on the marketing and advertising of food and beverages to children as it relates to sodium, saturated fat and sugar. The [Child Health Protection Act \(Bill S-228\)](#) provides the authority to regulate those factors that determine when advertising is directed at children, as well as the nutrient criteria for those foods subject to advertising restrictions. The regulations would come into force in two years following the Royal Assent of Bill S-228. The Act includes a provision for a mandatory Parliamentary review within five years of coming into force. The Department is currently developing a monitoring strategy to ensure the collection and analysis of data needed to report to Parliament.



Another key element of the strategy is the revision of [Canada's Food Guide](#), published on January 21, 2019. The purpose of dietary guidance is to help Canadians meet nutrient needs, reduce their risk of nutrition-related chronic diseases and conditions, and promote overall health and nutritional well-being. With this revision, Health Canada will strengthen healthy eating recommendations and communicate guidance in ways that better meet the needs of different users (general public, policy makers, health professionals, etc.). To accomplish this, the Department is converting the Guide's current all-in-one format into a suite of tools and resources, started in 2018-19 and to be continued in 2019-20. The suite will include the new dietary guidelines report and a healthy eating pattern, both intended for health professionals and policy makers, as well as on-line tools and resources for consumers.

The Department also plans to consult on new voluntary sodium reduction targets for processed and restaurant foods to help curb sodium intakes, which remain high among Canadians, particularly children.

Food packaging and labelling:

In line with departmental regulatory efforts, Health Canada will advance regulations to implement front-of-packaging labelling requirements for foods that are high in sodium, sugars, and/or saturated fat. The Department recognizes the costs associated with re-labelling, and will coordinate transition timelines with other Government-wide labeling initiatives.

Tobacco and vaping products:

The Department will implement **Canada's Tobacco Strategy**, a modernized approach for successful tobacco control that lays the foundation for achieving the target of no more than **5% tobacco use by 2035**.

Specific measures that will encourage Canadians to make healthy choices include:

- Implementing plain and standardized appearance requirements for tobacco products and packaging.
- Developing new health warning messages, health information messages and toxic statements as part of renewed tobacco product labelling requirements.
- Ongoing efforts to address the risks and potential benefits of vaping products, including the roll-out of a new awareness and prevention campaign. On February 5, 2019 the Department published a Notice of Intent outlining plans to implement further vaping product advertising restrictions. The department is also considering further measures to reduce youth access to vaping products and to reduce the appeal of vaping products to youth.

On October 17, 2018, Health Canada marked a major milestone in legalizing and regulating cannabis with the coming into force of the [Cannabis Act](#) and [Cannabis Regulations](#).

Cannabis:

To help empower Canadians to make informed decisions about the use of cannabis and minimize any associated health and safety harms, Health Canada will deliver public education and awareness activities – with a focus on youth and young adults, pregnant and breastfeeding women, and individuals predisposed to mental illness. Recognizing the need to provide Canadians with targeted and evidence-based information on new classes of cannabis products, Health Canada will update the consumer information sheet with information about the health and safety impacts of consuming edible cannabis and cannabis extracts. Health Canada also plans to update the mandatory Cannabis health warning messages that must appear on every package to include new health warning messages pertaining to edible cannabis and cannabis extracts.

The Government of Canada has proposed plain and standardized appearance regulations that restrict brand colours, logos and graphics on tobacco products and packages in order to reduce their appeal to Canadians, particularly young Canadians.

The Department will enforce the prohibitions on cannabis promotion and advertising that might be appealing to youth, and continue to work with Indigenous governments, organizations and communities to support public education surrounding cannabis use.

Raising awareness of the potential risks and harms of cannabis use is critical to the effective implementation of a new legislative and regulatory framework for the legalization and regulation of cannabis. Health Canada is committed to ensuring the integration of a sex and gender-based perspective in developing and delivering an evidence-informed cannabis public education and awareness campaign for key population sub-groups such as pregnant women and LGBTQ2 individuals that may require special focus. Early work has been undertaken to assess available data and public opinion research to better understand gender differences in cannabis use and risk perceptions among Canadians.

Planned results

Departmental Result 3: Canadians have access to safe, effective and quality health products			
Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of new drug decisions issued within service standards ¹	93%	March 31, 2020	2015-16: 83% ¹ 2016-17: 92% ¹ 2017-18: 84.9% ¹
Percentage of Risk Management Plan reviews for new drug decisions completed within service standards ²	90%	March 31, 2020	2015-16: 100% 2016-17: 100% 2017-18: 91%
(Baseline varies across product lines. A composite baseline will be established following consultations with program leads, in fiscal year 2017-18)			
Percentage of drug companies deemed to be compliant with manufacturing requirements under the <i>Food and Drugs Act</i> and associated regulations	Between 85 and 95% ³	March 31, 2020	2015-16: 96% 2016-17: 96% 2017-18: 96%

¹ This indicator was previously restricted to prescription pharmaceuticals, but now includes biologics and radiopharmaceuticals. Results shown for 2014-17 are for prescription pharmaceuticals only. Biologics and radiopharmaceutical results were 100% in all reference years. New drugs (pharmaceutical and biologics / radiopharmaceutical) can only be sold in Canada after the products have been reviewed by Health Canada and found to meet the necessary regulatory requirements. This indicator measures whether the Department has done so within service standards.

² Risk Management Plan reviews are an important component of improving the health and safety of Canadians. Completed within service standards, Risk Management Plan reviews protect Canadians from preventable hazards, and contribute to effective engagement with partners and stakeholders - in view of the department's reliance on shared responsibilities. The workload associated with Risk Management Plans varies from year to year, both in terms of quantity of Plans required and the complexity thereof, and is driven by factors beyond the government's control. With finite, set resources, unexpectedly high volume can result in performance drops.

³ HC is implementing a risk-based approach and will be targeting companies that present a higher risk. Given the change in approach, the results moving forward are expected to decrease.

Departmental Result 4: Canadians are protected from unsafe consumer and commercial products and substances

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of domestic consumer product recalls communicated to Canadians in a timely manner (Baseline 86% in 2016-17)	85%	March 31, 2020	2015-16: 94% 2016-17: 86% 2017-18: 87%
Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health ¹ (Baseline 85% in 2016-17)	100%	March 31, 2020	2015-16: 80% ¹ 2016-17: 85% ¹ 2017-18: 86% ¹
Percentage of actions taken in a timely manner to protect the health of Canadians from pesticides found to be a risk to human health and the environment ³ (Baseline to be determined)	80%	March 31, 2020	2015-16: N/A ² 2016-17: N/A ² 2017-18: N/A ²

¹ Managing risks to human health and the environment from substances is complex, as it often includes research, consultations with stakeholders and analyzing socio-economic impacts. As a result, delays in development of proposed and final risk management actions may occur. The program will continue to streamline processes and look for further efficiencies to move towards the target of 100%.

² Actual results are not available given that expected results and/or performance indicator methodology have changed over the specified fiscal years in support of continuous improvements to reporting on program results. This indicator was first established in 2018-19. Health Canada will gather data to support the indicator by March 31, 2019. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

³ The indicator measures the timeliness of risk management actions taken to protect Canadians from pesticides found to be a risk to human health and the environment. This indicator measures that re-evaluation decisions are implemented within prescribed timelines.

Departmental Result 5: Canadians make healthy choices

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of Canadians (aged 15+) who have used any tobacco product ¹ in the past 30 days (Baseline 17.4% in 2015-16) ²	5%	March 31, 2035 ²	2015-16: 17.4% ³ 2016-17: 15.5% ⁴ 2017-18: 15.5% ⁴
Percentage of Canadians (aged 15-24) who have used cannabis in the last 12 months (Baseline 25.5% in 2016-17, (17.5% of Canadians aged 15-17 and 28.4% of Canadians aged 18-24) ⁴	To be established by Dec. 31, 2020	To be established by Dec. 31, 2020	2015-16: N/A 2016-17: 25.5% (17.5% of Canadians aged 15-17 and 28.4% of Canadians aged 18-24) ⁴ 2017-18: 25.5% (17.5% of Canadians aged 15-17 and 28.4% of Canadians aged 18-24) ⁴
Percentage of Canadians who use dietary guidance provided by Health Canada ⁵	60%	March 31, 2021	2015-16: 42% ⁵ 2016-17: 42% ⁵ 2017-18: 57% ⁶

¹ For the purposes of the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) and this indicator, a tobacco product includes cigarettes, cigars, little cigars or cigarillos, smokeless tobacco, a pipe or waterpipe with tobacco.

² Tobacco use rates are expected to decline slowly over time, as we continue working towards achieving the Government's commitment of no more than 5% tobacco use by 2035. Achieving this goal requires a long term approach that continues to take action to save the lives of Canadians, while remaining flexible to adapt to emerging scientific evidence on new products.

³ Source: [CTADS 2013](#) (data collected between February and December 2013). CTADS is conducted biennially.

⁴ Source: [CTADS 2015](#) (data collected between February and December 2015). CTADS is conducted biennially.

⁵ Source: Statistics Canada - Canadian Community Health Survey (CCHS), 2012 (Data collected between Jan. and Dec. 2012).

⁶ Source: Statistics Canada - Canadian Community Health Survey (CCHS), 2016 (Data collected between Jan. and Dec. 2016).

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
598,278,433	598,278,433	591,526,928	546,213,139

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities for the Chemicals Management Plan (the Department would have to request funding for this initiative for future years), as well as funding level decreases for the new federal regime to address the benefits and harms of vaping products, and modernizing Canada's Tobacco Strategy.

Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
5,690	5,737	5,513

Note: The decrease in planned FTEs in 2021-22 is mainly due to the expiry of budgetary spending authorities related to the Chemicals Management Plan.

Financial, human resources and performance information for Health Canada's Program Inventory is available in the [GC InfoBase](#).

Internal Services

Description

Internal Services are those groups of related activities and resources that the federal government considers to be services in support of Programs and/or required to meet corporate obligations of an organization. Internal Services refers to the activities and resources of the ten distinct services that support Program delivery in the organization, regardless of the Internal Services delivery model in a department. The ten service categories are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Management Services; Materiel Services; and Acquisition Services.

Planning highlights

The priority related to internal services is to attract and maintain an inclusive, diverse, and high performing workforce within a healthy workplace (Priority II). Health Canada's greatest strength is an engaged, empowered and well-equipped workforce with employees that have the competencies (including science and regulatory skill sets), tools and opportunities to succeed in the pursuit of excellence in program and service delivery. Some of the key priorities for the Government of Canada, as referenced in the [Clerk's 25th Annual Report to the Prime Minister on the Public Service of Canada](#), are mental health and workplace well-being, and a workplace that is representative of the Canadians we serve and that makes full use of its talent. Health Canada is achieving this by building and sustaining a healthy, respectful and supportive work environment and by developing an inclusive, high-performing and diverse workforce across Canada, which includes resilience and wellness training as well as attracting top talent for the future. Notably, in 2018 Health Canada was named one of Canada's top diversity employers and a top employer of young people.

Health Canada will undertake the following key initiatives in 2019-20:

Building a healthy, diverse and inclusive workforce:

To attract, retain and develop a talented, diverse and representative workforce, the Department will integrate strategic foresight into human resources planning and continue to invest in human capital, define diversity goals, ensure an accessible workplace, and manage talent throughout the employee lifecycle. It will continue to modernize recruitment and workplace practices in support of greater efficiency, leverage information technology, and support executives and managers in creating a physically and psychologically healthy work environment that is free from incivility, harassment and discrimination.

The Department will continue to support a modern, high-performing workforce that is agile, inclusive and equipped through initiatives tied to Blueprint 2020, Beyond 2020 and Public Service Renewal.

Guided by the Ombudsman, Integrity and Resolution Office Strategic Plan 2017-2020 and the Twenty-Fifth Annual Report to the Prime Minister on the Public Service of Canada, the Department will:

- Continue to build a path towards a workplace culture of resolution anchored in values and ethics where employees can raise concerns and seek the help they need through informal approaches without fear of reprisal.
- Continue to promote the benefits of a values-driven organization at all levels, with the emphasis of evidence-based decisions guided by ethics, fairness and conflict competence.

Modernizing the workplace to enable a safe and productive workforce with access to modern tools and facilities:

The Department will focus on innovative improvements to processes, systems and controls through the implementation of information system enhancement projects. The Department will continue to improve workplace safety and productivity through a number of initiatives such as implementing the National Accommodation Strategy, implementing GCDocs, enhancing IM-IT Security awareness, and the development of an integrated data strategy, all aligned with Government of Canada direction.

Pay system stabilization:

HC will continue to work to ensure its employees are paid accurately and on time by implementing interim measures to provide emergency salary advances and priority payments while also building in-house compensation capacity to support the Public Service Pay Centre in addressing pay issues faced by employees. The Department will also be fully engaged with Public Services and Procurement Canada to transition to the new Pay Pod Model that groups together teams of compensation experts to process cases for specific departments/agencies.

Communications:

In 2019-20, Health Canada will continue to effectively communicate the information that Canadians need to take action on their health and safety. This includes communicating about the health and safety, risks and benefits within our health protection and promotion mandate. The Department will inform and engage Canadians through various digital and traditional communications methods and support the Minister in delivering her priorities.

Health Canada will continue to deliver an evidence-based public awareness campaign to inform Canadians about opioids and their related health risks, and to address the stigma that creates barriers for those seeking treatment.

The Department's communication services will continue to support an integrated whole-of-government approach to keeping Canadians informed about the legalization and regulation of cannabis. Specifically, it will also lead an evidence-based cannabis public education program to reach youth, young adults and the general population with information about the health and

safety risks associated with cannabis use, responsible use for legal-aged adults, and the new cannabis laws.

Communications will support the Healthy Eating Strategy, including the promotion of the new *Canada's Food Guide* through a multi-year communications and marketing plan.

Health Canada will work with provinces, territories and stakeholders to develop innovative ways to help Canadians quit tobacco and will also continue to deliver a vaping prevention campaign to inform youth, parents and trusted adults about the health effects of vaping.

The Department will also provide integrated communications to support the work on improving Canadians access to necessary prescription medications.

Health Canada's Sex and Gender Action Plan is designed to support the Government of Canada's priority on the advancement of gender equality. For example, through the Department's participation in the HC-CIHR Policy-Research Project on GBA+, intended outcomes of the policy research project Considering Sex and Gender in a Psychologically Healthy Workplace, will include:

- Gaining a better understanding of how sex and gender relate to workplace mental health and wellness.
- Tailoring and testing of the effectiveness of gender-responsive tools to address and promote mental health and wellness in the workplace.
- Sharing evidence, lessons-learned and best practices with Canadian workplaces to promote gender-responsive approaches to psychological health in the workplace.
- Ensuring a GBA+ perspective is integrated into aspects of Employee Assistance Program (EAP) service delivery, which is provided to over 80 federal departments/agencies.

Budgetary financial resources (dollars)

2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
262,477,397	262,477,397	260,427,974	254,584,345

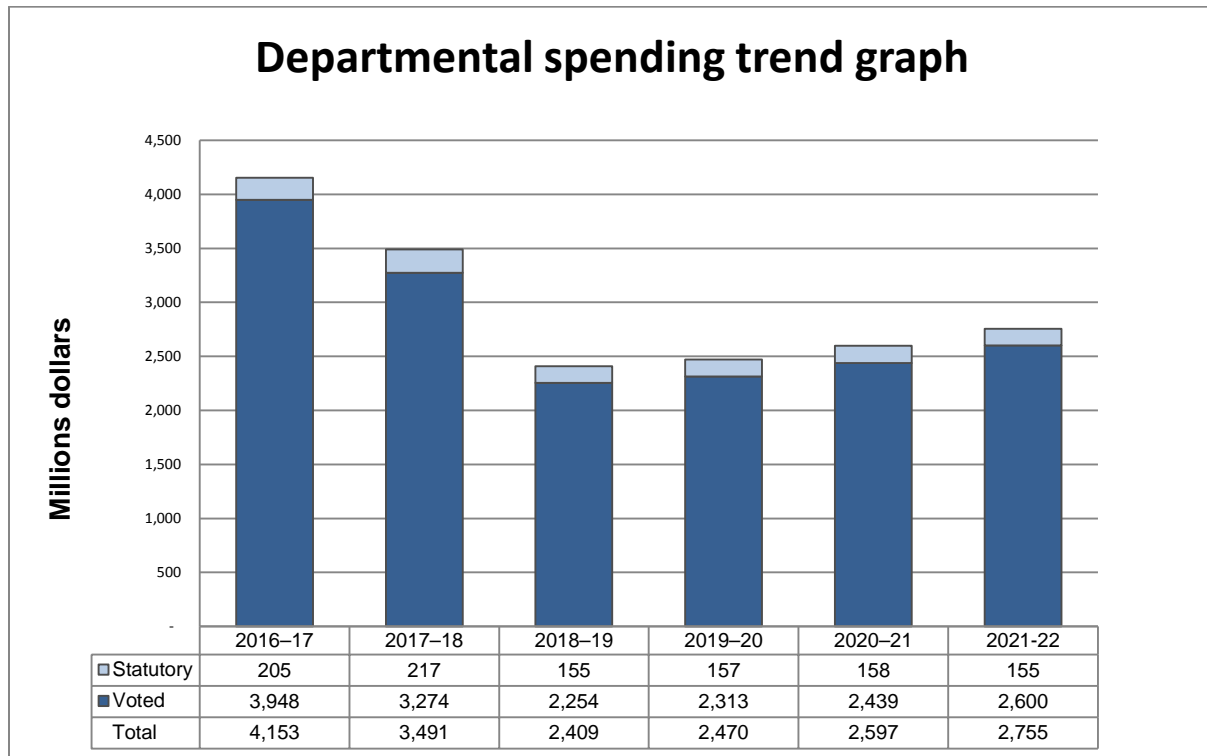
Note: The decrease in planned spending is mainly due to reallocations within the Department and the expiry of budgetary spending authorities for the Chemicals Management Plan in 2021-22. The Department would have to request funding for this initiative for future years.

Human resources (full-time equivalents)

2019–20 Planned full-time equivalents	2020–21 Planned full-time equivalents	2021–22 Planned full-time equivalents
1,698	1,699	1,670

Spending and human resources

Planned spending



Budgetary planning summary for Core Responsibilities and Internal Services (dollars)

Core Responsibilities and Internal Services	2016–17 Expenditures	2017–18 Expenditures	2018–19 Forecast spending	2019–20 Main Estimates	2019–20 Planned spending	2020–21 Planned spending	2021–22 Planned spending
Health Care Systems	N/A	N/A	1,299,147,429	1,609,336,578	1,609,336,578	1,744,723,658	1,954,437,100
Health Protection and Promotion	N/A	N/A	728,545,588	598,278,433	598,278,433	591,526,928	546,213,139
Subtotal	-	-	2,027,693,017	2,207,615,011	2,207,615,011	2,336,250,586	2,500,650,239
Internal Services	N/A	N/A	381,039,541	262,477,397	262,477,397	260,427,974	254,584,345
Total	4,153,217,124	3,491,052,712	2,408,732,558	2,470,092,408	2,470,092,408	2,596,678,560	2,755,234,584

The 2016-17 to 2018-19 fiscal years total expenditures and forecast spending include all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board votes. For the 2019-20 to 2021-22 fiscal years, total planned spending does not include funding through Supplementary Estimates and carry forward adjustments.

The 2016-17 and 2017-18 expenditures are not displayed due to a change in the approved reporting structure from the Program Alignment Architecture to the recently approved Departmental Results Framework.

The expenditures in 2017-18 decrease compared to prior fiscal year due to the transfer of the First Nations and Inuit Health Branch to the Department of Indigenous Services Canada, effective November 30, 2017, as per the Order in Council P.C. 2017-1465. The forecast spending in 2018-19 decrease further due to this transfer as it reflects the First Nations and Inuit Health Branch not being part of the Department for the entire year.

The planned spending increases starting in 2019-20 are mainly due to funding level increases for Strengthening Canada's Home and Community Care and Mental Health and Addiction Services Initiative, Canadian Institute for Health Information, improving the accessibility, affordability and appropriate use of prescription drugs and medical devices, and Canada Health Infoway.

Planned human resources

Human resources planning summary for Core Responsibilities and Internal Services (full-time equivalents)

Core Responsibilities and Internal Services	2016–17 Actual	2017–18 Actual	2018–19 Forecast	2019–20 Planned	2020–21 Planned	2021–22 Planned
Health Care Systems	N/A	N/A	281	289	290	290
Health Protection and Promotion	N/A	N/A	5,630	5,690	5,737	5,513
Subtotal	-	-	5,911	5,979	6,027	5,803
Internal Services	N/A	N/A	1,700	1,698	1,699	1,670
Total	8,852	8,218	7,611	7,677	7,726	7,473

The 2016-17 and 2017-18 fiscal years full-time equivalents (FTEs) are based on actual expenditures on personnel. The 2018-19 fiscal year is based on total authorities from all Parliamentary appropriation sources: Main Estimates and Supplementary Estimates. For the 2019-20 to 2021-22 fiscal years, total FTEs do not include FTEs funded through Supplementary Estimates and carry forward adjustments. The calculation of the planned FTE figures is based on programs using their full revenue authority.

The 2016-17 and 2017-18 actual FTEs are not displayed due to a change in the approved reporting structure from the Program Alignment Architecture to the recently approved Departmental Results Framework.

The actual FTEs in 2017-18 decrease compared to prior fiscal year due to the transfer of the First Nations and Inuit Health Branch to the Department of Indigenous Services Canada, effective November 30, 2017, as per the Order in Council P.C. 2017-1465. The forecast FTEs in 2018-19 decrease further due to this transfer as it reflects the First Nations and Inuit Health Branch not being part of the Department for the entire year.

The planned FTEs increase in 2019-20 and 2020-21 mainly due to a funding level increase for improving the accessibility, affordability and appropriate use of prescription drugs and medical devices.

The planned FTEs in 2021-22 decrease due to the expiry of budgetary spending authorities for the Chemicals Management Plan.

Estimates by vote

Information on the Health Canada's organizational appropriations is available in the [2019–20 Main Estimates](#).ⁱⁱⁱ

Future-oriented condensed statement of operations

The Future-oriented condensed statement of operations provides a general overview of the Health Canada's operations. The forecast of financial information on expenses and revenues is prepared on an accrual accounting basis to strengthen accountability and to improve transparency and financial management. The forecast and planned spending amounts presented in other sections of the Departmental Plan are prepared on an expenditure basis; as a result, 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](#).

Future-Oriented Condensed Statement of Operations for the year ending March 31, 2020
(dollars)

Financial information	2018–19 Forecast results	2019–20 Planned results	Difference (2019–20 Planned results minus 2018– 19 Forecast results)
Total expenses	2,653,835,350	2,754,800,143	100,964,793
Total revenues	210,286,474	211,095,716	809,242
Net cost of operations before government funding and transfers	2,443,548,876	2,543,704,427	100,155,551

Health Canada is projecting \$2,754.8M in expenses based on 2019-20 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents an increase of \$101.0M from 2018-19 projections.

This increase is primarily attributable to:

- Increased funding associated with Canada's Home and Community Care and Mental Health and Addiction Services Initiative;
- New funding for investments in Cannabis Public Education, Awareness, Research and Mental Health;
- New funding for an Expanded Federal Thalidomide Financial Support program; and
- Increased rates for the employer's contribution to the health and dental insurance plans provided without charge by the Treasury Board Secretariat.

These increases are partially offset by the following decreases:

- Spending of operating and capital budget carry forwards calculated on 2017-18 operational results is included in the 2018-19 forecast results, however, no estimate of carry forward amounts is included in the 2019-20 planned results; and,

- Statutory spending pursuant to section 103 of the *Patent Act* has been included in the 2018-19 forecast results, but there is no amount estimated for 2019-20.

The 2019-20 planned expenses by core responsibility are as follows:

- Health Care Systems \$1,610.3M;
- Health Protection and Promotion \$839.0M; and,
- Internal services \$305.6M.

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by programs that support the above-noted core responsibilities. Health Canada projects total revenues in 2019-20 to be \$211.1M, representing an increase of \$0.8M from 2018-19 projections due primarily to annual growth in revenues resulting from the cost recovery initiative for drugs and medical devices.

The 2019-20 main sources of revenues by type are as follows:

- Services of a regulatory nature \$70.4M;
- Rights and privileges \$71.6M; and,
- Services of a non-regulatory nature \$83.6M.

Additional information

Corporate information

Organizational profile

Appropriate Minister: The Honourable Ginette Petitpas Taylor, P.C., M.P.

Ministerial portfolio: Health

Enabling instrument[s]: [Assisted Human Reproduction Actⁱⁱ](#), [Canada Health Act^{iv}](#), [Canada Consumer Product Safety Act^v](#), [Controlled Drugs and Substances Act^{vi}](#), [Food and Drugs Act^{vii}](#), [Tobacco and Vaping Products Act^{viii}](#), [Cannabis Act^{ix}](#), [Hazardous Products Act^x](#), [Hazardous Materials Information Review Act^{xi}](#), [Department of Health Act^{xii}](#), [Radiation Emitting Devices Act^{xiii}](#), [Pest Control Products Act^{xiv}](#).

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

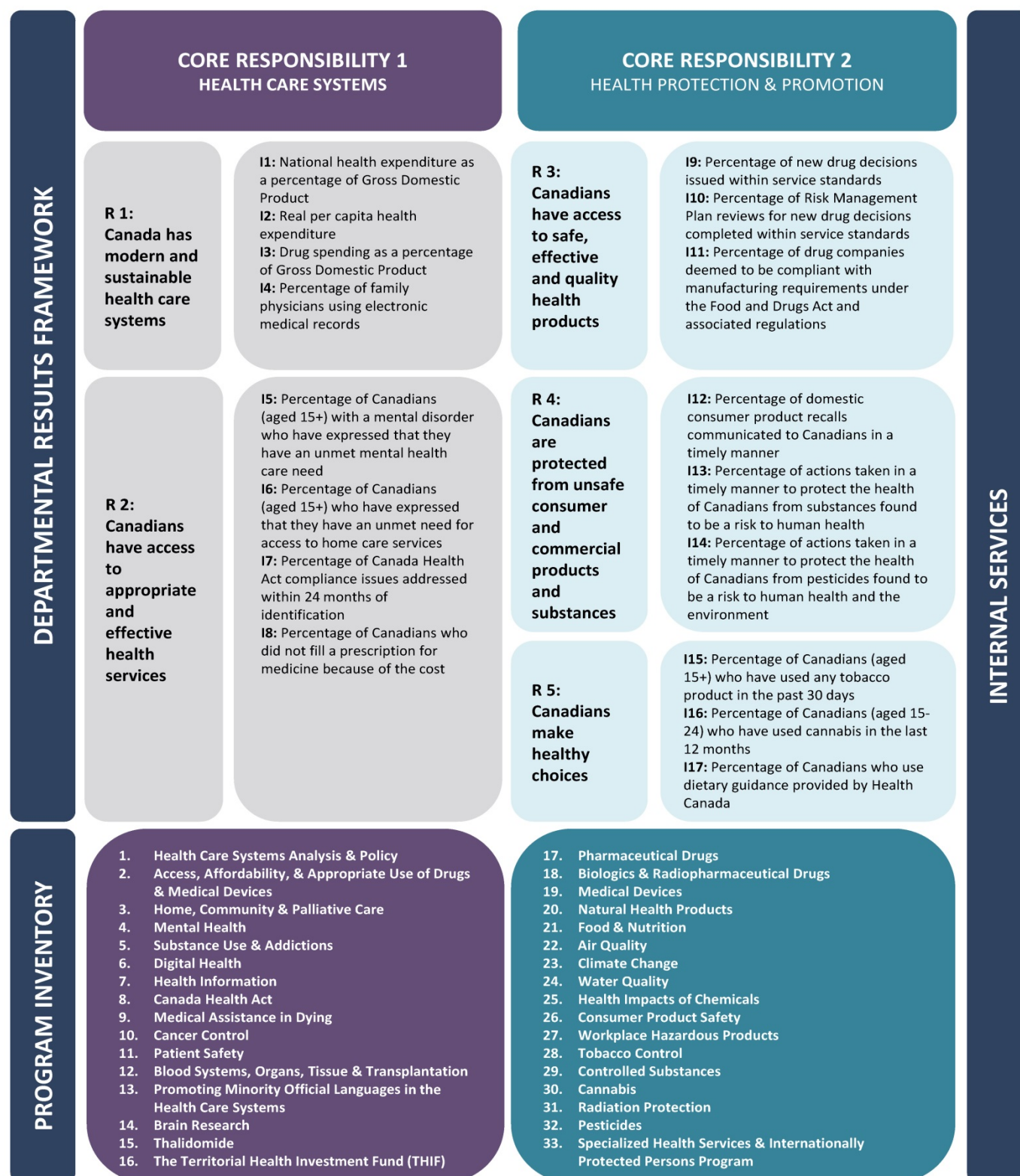
Year of incorporation / commencement: 1913

Raison d'être, mandate and role

Raison d'être, mandate and role: who we are and what we do is available on the [Health Canada website](#).

Reporting framework

The Health Canada's Departmental Results Framework and Program Inventory of record for 2019–20 are shown below.



Supporting information on the Program Inventory

Supporting information on planned expenditures, human resources, and results related to the Health Canada's Program Inventory is available in the [GC InfoBase](#).^{xvi}

Supplementary information tables

The following supplementary information tables are available on [Health Canada's website](#):

- ▶ [Departmental Sustainable Development Strategy](#)
- ▶ [Details on transfer payment programs of \\$5 million or more](#)
- ▶ [Disclosure of transfer payment programs under \\$5 million](#)
- ▶ [Gender-based analysis plus](#)
- ▶ [Horizontal initiatives](#)
- ▶ [Status report on transformational and major Crown projects](#)
- ▶ [Up-front multi-year funding](#)

Federal tax expenditures

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 [Report on Federal Tax Expenditures](#).^{xvii} This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis. The tax measures presented in this report are the responsibility of the Minister of Finance.

Organizational contact information

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Appendix: Definitions

appropriation

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

budgetary expenditures

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

Core Responsibility

An enduring function or role performed by a department. The intentions of the department with respect to a Core Responsibility are reflected in one or more related Departmental Results that the department seeks to contribute to or influence.

Departmental Plan

A report on the plans and expected performance of an appropriated department over a three-year period. Departmental Plans are tabled in Parliament each spring.

Departmental Result

Any change that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by Program-level outcomes.

Departmental Result Indicator

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

Departmental Results Framework

The department's Core Responsibilities, Departmental Results and Departmental Result Indicators.

Departmental Results Report

A report on the actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

evaluation

In the Government of Canada, the systematic and neutral collection and analysis of evidence to judge merit, worth or value. Evaluation informs decision making, improvements, innovation and accountability. Evaluations typically focus on programs, policies and priorities and examine questions related to relevance, effectiveness and efficiency. Depending on user needs, however, evaluations can also examine other units, themes and issues, including alternatives to existing interventions. Evaluations generally employ social science research methods.

experimentation

Activities that seek to explore, test and compare the effects and impacts of policies, interventions and approaches, to inform evidence-based decision-making, by learning what works and what does not.

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.

gender-based analysis plus (GBA+)

An analytical process used to help identify the potential impacts of policies, Programs and services on diverse groups of women, men and gender-diverse people. The “plus” acknowledges that GBA goes beyond sex and gender differences. We all have multiple identity factors that intersect to make us who we are; GBA+ considers many other identity factors, such as race, ethnicity, religion, age, and mental or physical disability.

government-wide priorities

For the purpose of the 2019–20 Departmental Plan, government-wide priorities refers to those high-level themes outlining the government’s agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada's Strength; and Security and Opportunity.

horizontal initiative

An initiative where two or more departments are given funding to pursue a shared outcome, often linked to a government priority.

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 Information Profile

The document that identifies the performance information for each Program from the Program Inventory.

performance reporting

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

plan

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.

planned spending

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts 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 Departmental Plans and Departmental Results Reports.

priority

A plan or project 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 Departmental Results.

Program

Individual or groups of services, activities or combinations thereof that are managed together within the department and focus on a specific set of outputs, outcomes or service levels.

Program Inventory

Identifies all of the department's programs and describes how resources are organized to contribute to the department's Core Responsibilities and Results.

result

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.

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.

Endnotes

- i Treasury Board of Canada Secretariat, <https://www.canada.ca/en/treasury-board-secretariat.html>
- ii *Assisted Human Reproduction Act*, <https://laws-lois.justice.gc.ca/eng/acts/a-13.4/>
- iii 2018–19 Main Estimates, <https://www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates.html>
- iv Canada Health Act, <http://laws-lois.justice.gc.ca/eng/acts/C-6/>
- v Canada Consumer Product Safety Act, <http://laws-lois.justice.gc.ca/eng/acts/c-1.68/>
- vi Controlled Drugs and Substances Act, <http://laws-lois.justice.gc.ca/eng/acts/c-38.8/>
- vii Food and Drugs Act, <http://laws.justice.gc.ca/eng/acts/F-27/>
- viii Tobacco and Vaping Products Act, <http://laws-lois.justice.gc.ca/eng/acts/T-11.5/>
- ix Cannabis Act, <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/>
- x Hazardous Products Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html>
- xi Hazardous Materials Information Review Act, <http://laws-lois.justice.gc.ca/eng/acts/H-2.7/>
- xii Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- xiii Radiation Emitting Devices Act, <http://laws-lois.justice.gc.ca/eng/acts/R-1/>
- xiv Pest Control Products Act, <http://laws-lois.justice.gc.ca/eng/acts/P-9.01/>
- xv List of Acts, <http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php>
- xvi GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- xvii Report on Federal Tax Expenditures, <http://www.fin.gc.ca/purl/taxexp-eng.asp>