Health Canada

2024-25 Departmental Results Report

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The Honourable Marjorie Michel, P.C., M.P.

Minister of Health

Health Canada's 2024-25 Departmental results report

Contents:

At a glance

This departmental results report details Health Canada's actual accomplishments against the plans, priorities and expected results outlined in its 2024-25 Departmental Plan.

- Raison d'être

- Operating context

Key priorities

Health Canada identified the following key priorities for 2024-25:

- Working together to transform health care for Canadians.

- Supporting and improving access to oral health care services.

- Improving affordable access to pharmaceuticals.

- Reducing substance use-related harms to address the overdose crisis.

Highlights for Health Canada in 2024-25

- Total actual spending (including internal services): $8,749,465,180
- Total full-time equivalent staff (including internal services): 9,743

For complete information on Health Canada's total spending and human resources, read the Spending and human resources section of its full departmental results report.

Summary of results

The following provides a summary of the results the department achieved in 2024-25 under its main areas of activity, called "core responsibilities."

Core responsibility 1: Health care systems
Actual spending: $7,405,321,238

Actual full-time equivalent staff: 479

Health Canada provides national leadership to foster sustainable health care systems that ensure access for Canadians to appropriate and effective health care, including oral health care. This is achieved through partnerships with provincial and territorial governments and targeted funding agreements to organizations and key pan-Canadian health partners that contribute to health system improvements.

For more information on Health Canada's Health care systems, read the "Results – what we achieved" section of its departmental results report.

Core responsibility 2: Health protection and promotion
Actual spending: $879,708,762

Actual full-time equivalent staff: 6,617

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. These risks are managed through rigorous regulatory frameworks and by communicating risks and benefits so Canadians can make informed decisions.

For more information on Health Canada's Health protection and promotion, read the 'Results – what we achieved" section of its departmental results report.

From the Minister

I am proud to share Health Canada's 2024-25 Departmental Results Report, which outlines the progress made to improve the health and safety of Canadians and strengthen the public health care system.

One of the Department's most significant achievements was the continued implementation of the Canadian Dental Care Plan. By March 2025, more than 3.4 million eligible Canadians were approved for coverage under the Plan and nearly 1.7 million received care. Intake for those aged 18–64 started in 2025 and will continue into 2026.

Health Canada continued to play a critical role in Canada's Border Plan, countering the global, synthetic drug threat by ensuring that law and border enforcement have the tools they need to target organized crime. In 2024-25, the Department established a Precursor Chemical Risk Management Unit to strengthen Health Canada's ability to support law enforcement actions. As well, the Department is expanding its drug analysis capacity and launching a new Canadian Drug Analysis Centre.

In 2024-25, Health Canada improved access to health care through the Working Together and Aging with Dignity agreements with provinces and territories. These funding agreements are helping with

expanding family health services, mental health and substance use services, modernizing the health care system, and supporting the health workforce.

Health Canada signed national pharmacare bilateral agreements with British Columbia, Manitoba, Prince Edward Island and Yukon to provide free or low-cost coverage for contraceptives and diabetes medications. The Department also finalized bilateral agreements with all provinces and territories for drugs for rare diseases. In addition, Health Canada modernized its regulatory oversight of drugs and medical devices, enhancing safety while also supporting innovation.

The Department also launched the Youth Mental Health Fund, Canada's largest investment in youth mental health, to improve access to services and care for young people. This funding will help community organizations expand and improve mental health services, reduce barriers to care, and streamline referrals. In partnership with provinces, territories, and community organizations, Health Canada's Substance Use and Addictions Program supported 170 prevention, harm reduction, and treatment projects across the country.

Health Canada introduced new Tobacco Charges Regulations, which outline an annual charge to recover the costs of tobacco-related activities to ensure manufacturers, rather than taxpayers, pay for federal public health initiatives. The Department also established additional rules to protect youth from the harms of nicotine replacement therapies, while maintaining access for adults who use those products to quit smoking.

The Department improved public health guidance and communications during climate-related health emergencies such as wildfires. This included targeted outreach and engagement focused on key populations and health partners, supported by tools like a new video series on how air pollution affects the health of Canadians.

This work would not be possible without the dedication and professionalism of Health Canada employees. I am deeply grateful for their commitment and proud to work alongside them.

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Results – what we achieved
Core responsibilities and internal services

- Core responsibility 1: Health care systems
- Core responsibility 2: Health protection and promotion

- Internal services

Core responsibility 1: Health care systems

In this section
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- Program inventory
- Quality of life impacts
- Progress on results
- Resources required to achieve results
- Details on results
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- Related government-wide priorities

Description

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

This includes modernizing health care systems to meet a broader range of needs in a timely manner and improving the affordability and accessibility of oral health care and pharmaceuticals. The Department's grants and contribution programs enable Health Canada to work with funding recipients and stakeholders to advance a wide variety of health priorities. These contribution programs fall into 3 broad categories:

- Those that address major national health priorities or health issues.
- Health promotion programs where community organization participation is essential for success.
- Research projects that further the development of knowledge, policy, or program delivery.

Program inventory
Health care systems is supported by the following programs:

- Responsive Health Care Systems
- Healthy People and Communities
- Quality Health Science, Data and Evidence

Additional information related to the program inventory for Health care systems is available on the Results page on GC InfoBase.

Quality of life impacts
This core responsibility contributed to the Health domain of the Quality of Life Framework for Canada and, more specifically, the subdomain Healthy care systems. Health Canada contributed to the following indicators in this subdomain: timely access to primary care provider, unmet health care needs, unmet needs for mental health care, long-term care (access and quality), unmet needs for home care, and cost-related non-adherence to prescription medication.

Progress on results

This section details the department's performance against its targets for each departmental result under Core care systems.

Table 1: Departmental result 1: Canada has modern and sustainable health care systems
Table 1 shows the target, the date to achieve the target and the actual result for each indicator under "Canada has modern and sustainable health care systems" in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
National health expenditure as a percentage of Gross Domestic Product[ab]	Between 10.9% and 13.4%	March 31, 2025	2022-23: 12.2% 2023-24: 12.1% 2024-25: 12.4%
Real per capita health expenditure (1997)[ab]	Between $4,386 and $5,361	March 31, 2025	2022-23: $4,874 2023-24: $4,777 2024-25: N/A[c]
Drug[d] spending as a percentage of Gross Domestic Product[ab]	Between 1.0% and 2.0%	March 31, 2025	2022-23: 1.7% 2023-24: 1.7% 2024-25: 1.7%
Percentage of family physicians using electronic medical records	At least 95.0%	March 31, 2026	2022-23: 92.6%[e] 2023-24: 92.6%[e] 2024-25: 96.8%[f]

[a] Data source: Canadian Institute for Health Information, national health expenditure trends. Data is collected and reported annually.

[b] The results and targets are estimates and subject to change as new data is released.

[c] Results are no longer available in 1997 constant Canadian dollars. Future reports will present targets and results in 2010 constant Canadian dollars to ensure comparability.

[d] Drugs include prescribed and over-the-counter medication.

[e] Data source: Commonwealth Fund International Health Policy Survey of Primary Care Physicians. Data is collected every three years. The most recent data was made available in June 2023.

[f] Data source: Canada Health Infoway National Survey of Canadian Physicians. Data is collected every three years. The most recent data was made available in 2024-25. Results are not directly comparable to previous years as the data source has changed, and methodologies differ slightly.

Table 2: Departmental result 2: Canadians have access to appropriate and effective health services
Table 2 shows the target, the date to achieve the target and the actual result for each indicator under "Canadians have access to appropriate and effective health services" in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Percentage of Canadians (aged 15+) with a mental disorder who have expressed that they have an unmet mental health care need	At most 22.0%	March 31, 2027	2022-23: 24.7%[a] 2023-24: 28.3%[b] 2024-25: 28.3%[b]
Percentage of Canadians (aged 18+) who have expressed that they have an unmet need for access to home care services[c]	At most 1.0%	March 31, 2027	2022-23: 1.7% 2023-24: 1.9% 2024-25: 1.9%

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Percentage of Canada Health Act compliance issues addressed within 24 months of identification[d]	At least 80.0%	March 31, 2025	2022-23: 85.0% 2023-24: 86.4% 2024-25: 89.7%
Percentage of Canadians (aged 12+) who did not fill a prescription for medicine or skipped doses of medicine because of the cost[e]	At most 8.0%	March 31, 2025	2022-23: N/A 2023-24: 5.1% 2024-25: 5.1%
Percentage of the target Canadian population who avoided visiting an oral health professional due to cost[f]	At most 42.0%	March 31, 2029	2022-23: N/A 2023-24: N/A 2024-25: 47.3%

[a] Data source: Canadian Community Health Survey. The data is from 2020-21.

[b] Data source: Mental Health and Access to Care Survey. Data is collected periodically and the most recent data was made available in 2023-24.

[c] Data source: Canadian Community Health Survey. Data is collected and reported annually.

[d] Data source: Health Canada administrative data. Data is collected and reported annually.

[e] Data source: Canadian Community Health Survey. Data is collected every two years. The most recent data was made available in 2023-24.

[f] Data source: Canadian Oral Health Survey. Data was collected between November 2023 and March 2024 but the survey will not be repeated thus this indicator will be replaced in future years.

The Results section of the Infographic for Health Canada on GC Infobase page provides additional information on results and performance related to its program inventory.

Resources required to achieve results
Table 3: Snapshot of resources required for Health care systems
Table 3 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$7,555,392,020	$7,405,321,238
Full-time equivalents	560	479

The Finances section of the Infographic for Health Canada on GC Infobase page and the People section of the Infographic for Health Canada on GC Infobase page provide complete financial and human resources information related to its program inventory.

Details on results

The following section describes the results for Health care systems in 2024-25 compared with the planned results set out in Health Canada's departmental plan for the year.

- Departmental result 1: Canada has modern and sustainable health care systems

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

Departmental result 1: Canada has modern and sustainable health care systems

In this section

- [Working together to transform health care for Canadians](#)
- [Investing in Pan-Canadian organizations](#)
- [Helping Canadians age with dignity](#)

Working together to transform health care for Canadians

The Government of Canada is investing close to $200 billion over 10 years, starting in 2023-24, through the [Working Together to Improve Health Care for Canadians Plan](#) to support provinces and territories (P/Ts) in transforming health care to better serve Canadians.

In 2024-25, P/Ts worked with the [Canadian Institute of Health Information to report on results](#) of the funding provided through [Working Together bilateral agreements](#). These agreements aim to advance 4 shared health priorities:

- Expanding access to family health services and team-based primary care
- Supporting the health workforce to meet current and future needs
- Improving mental health and substance use support
- Modernizing health care by using more data and digital tools

Expanding access to family health services and team-based primary care

To improve access to family health services and help ensure that all Canadians receive the care they need, Health Canada worked with P/Ts and other stakeholders to make primary care more accessible. Efforts focused on expanding team-based primary care, supporting providers to work more collaboratively, and enhancing the use of virtual care. Key accomplishments in 2024-25 include:

- Improving service delivery in underserved, rural, and remote communities.
  - Newfoundland and Labrador increased the number of family health teams and now has 19 that are fully or partially operational, with 4 more in planning, connecting over 42,000 people with care.
  - Prince Edward Island established 3 new [Patient Medical Homes](#), and enrolled over 91 new health care professionals to help connect residents to care, particularly recent immigrants, racialized residents, and those in underserved rural and Indigenous communities.
- Expanding the use of virtual care and digital tools to support Canadians without a regular primary care provider and to improve coordination across care teams.
  - Saskatchewan saw a 3% increase in patients using its virtual physician program, which was further enhanced to support emergency room care by providing remote access to physicians, particularly in rural and remote communities.
  - Alberta (15%), Ontario (8%), and Nova Scotia (11%) reported increases in the percentage of health professionals able to share patient health information electronically.

Supporting the health workforce to meet current and future needs

Canada's health workforce is fundamental to maintaining a sustainable health care system. Health care professionals, such as physicians, nurses, pharmacists, and oral health care providers, are critical to the

functioning of Canada's health care systems and provide essential treatments, services, and advice to Canadians.

To address the challenges faced by health professionals and increase their presence in communities with the greatest need, Heath Canada's key accomplishments in 2024-25 include:

- Funding Health Workforce Canada to improve access to health workforce data for planning purposes and to share practical solutions and innovative practices. The organization launched health human resources dashboards that consolidate data into an accessible and user-friendly format.
- Improving knowledge of health workforce supply and demand by leading a federal-provincial-territorial (F/P/T) study that identified the gaps between supply and demand in key health professions. The study also identified pan-Canadian approaches to meet future health care needs.
- Supporting internationally educated health professionals in becoming licensed, certified, and integrated into Canada's health system more quickly. The Department launched a call for proposals to health system partners to create 120 specific training positions, increase assessment capacity and provide support to help navigate credential recognition systems.
- Advancing labour mobility for health professionals to build a more agile and flexible workforce and improve access to care. Health Canada funded initiatives to align registration standards across jurisdictions, helping to reduce barriers to practice and speeding up deployment where services are most needed. For example:
  - Evaluating the Atlantic Registry, which allows eligible physicians to be licensed across all 4 Atlantic jurisdictions through a single application, making it easier and faster to respond to regional health needs.
  - Supporting the development of the National Registry of Physicians, Canada's first nationally integrated source of physician data, which enables the rapid recognition of credentials across P/Ts, facilitating timely physician deployment and improving access to care, especially in underserved areas.

Improving mental health and substance use support

Health Canada continued to collaborate with a wide range of partners to ensure Canadians have access to mental health and substance use services that are evidence-based, trauma-informed, and culturally appropriate. Key accomplishments in 2024-25 include:

- Establishing the Youth Mental Health Fund through the Health Care Policy and Strategies transfer payment program to increase access to community-based mental health services for youth aged 12–25, with particular focus on equity-deserving youth by strengthening and expanding integrated youth services, enhancing community-based care, and increasing support for diverse youth including Black, Indigenous, and 2SLGBTQI+ youth. In February 2025, the Department announced the first 6 funded projects under this initiative.
- Collaborating with Justice Canada to begin implementing Canada's Black Justice Strategy, which aims to expand culturally appropriate mental health and substance use programming for Black Canadians.
- Launching the 2024 Clinical Practice Guidelines for the Management of Perinatal Mood, Anxiety, and Related Disorders, developed by the Canadian Network for Mood and Anxiety Treatments,

along with an accompanying Patient and Family Guide. This work was funded through the Health Care Policy and Strategies Program.

- Improving access to integrated programs and services by funding P/Ts and community-led organizations. These efforts addressed the mental health and substance use needs of Canadians and supported the response to the overdose crisis. Further information on Reducing substance use-related harms to address the overdose crisis can be found in departmental result 4.

- Advancing efforts to address mental health and substance use issues by funding the Mental Health Commission of Canada transfer payment program. Funding supported the development of evidence-based knowledge products, as well as training and learning opportunities for key audiences, with a focus on reducing the stigma and supporting underserved and equity-deserving populations.

- Strengthening the national response to substance use by funding the Canadian Centre on Substance Use and Addiction through the Substance Use and Addictions Program transfer payment program. Key priorities included advancing the Substance Use Health Competencies for All Prescribers, promoting Canada's Guidance on Alcohol and Health, launching the Municipal Leaders Table for small cities, and expanding the national substance use surveillance system as well as education and training initiatives.

Modernizing health care by better using data and digital tools

Canadians should be empowered to take an active role in their health care through easy access to their electronic health information, which should also be securely shared among their health care providers. Health data is essential for improving both health care and public health through modern, digitally connected health systems that uphold the highest standards of privacy and security. In 2024-25, Health Canada supported efforts to a build a more connected, responsive, and inclusive health system by maximizing the value of health data to improve care delivery and outcomes for Canadians. Key accomplishments include:

- Advancing F/P/T commitments to improve how health data is collected, shared, and used for the benefit of Canadians through the Joint F/P/T Action Plan on Digital Health and Health Data. In January 2025, F/P/T governments endorsed the Pan-Canadian AI for Health Guiding Principles, outlining shared values to support the responsible and ethical adoption and use of artificial intelligence in Canada's health systems.

- Measuring progress on shared health priorities to benchmark and track advancements in Canada's health care system. Through the Canadian Institute of Health Information, baseline results for 12 indicators, monitored annually, ensured accountability, transparency, and sustained progress toward improving health outcomes.

- Adopting common interoperability standards as outlined in the Pan-Canadian Interoperability Roadmap. Many P/Ts are advancing initiatives, such as digital health records, specialist referral tools, and the implementation of shared technology standards to enable more connected, patient-centered care.

- Collaborating with the health portfolio, P/T partners, and stakeholders to develop a coordinated approach for building public trust and data literacy through meaningful engagement and consistent communications.

- Engaging a wide range of stakeholders, including health information technology vendors, P/Ts, health care professional associations, and First Nations, Inuit, and Métis organizations, to

accelerate the adoption of pan-Canadian interoperability standards for electronic health information. This collaborative approach ensures that standards are widely adopted and responsive to the diverse needs of communities across Canada.

Investing in Pan-Canadian Organizations

In 2024-25, Health Canada collaborated with organizations that directly contributed to transforming the health care system. The Department supported these partners through various transfer payments (i.e., grants and contributions). Supplementary information tables on Health Canada's transfer payment programs provide additional information. Key investments include:

- Canada Health Infoway transfer payment program: Advanced priority initiatives, including the Pan-Canadian Interoperability Roadmap, to enable digital health systems to connect more effectively, ultimately improving quality of care and expanding the use of e-prescribing in Canada.
- Canadian Institute for Health Information transfer payment program: Accelerated improvements in health data collection, management, and standards, including workforce data and common data standards to support the Interoperability Roadmap. Also supported reporting on shared health priority indicators and modernizing health systems to be timely, linked, comprehensive, and representative of Canada's diverse population.
- Canada's Drug Agency transfer payment program: Conducted health technology assessments and generated evidence on the effectiveness of drugs and non-drug health technologies to inform decisions by public drug plans and health care providers. Also advanced an appropriate use strategy for prescription drugs, improved pan-Canadian drug data and analytics, and enhanced drug system coordination.
- Healthcare Excellence Canada transfer payment program: Expanded efforts in 3 key areas: re-imagining care for older adults with health and social needs, providing care closer to home and within the community, and supporting pandemic recovery and health system resilience.
- Canada Brain Research Fund Program transfer payment program: Funded research and innovation in brain health to accelerate discoveries and catalyze investment in Canada's neuroscience ecosystem, with potential benefits in aging and mental health.

Helping Canadians age with dignity

Health Canada continued to help Canadians in aging with dignity, closer to home, with improved access to home care, long-term care, and palliative care. In 2024-25, through the Aging with Dignity bilateral agreements, the Government of Canada provided support to P/Ts to enhance home and community care (including palliative care) and long-term care, helping to ensure that seniors receive the care they deserve. Key accomplishments include:

- Collaborating with the Canadian Institute for Health Information and P/Ts to report on 6 home and community care indicators to measure the impact of the agreements. Results demonstrate clear progress. For example, the median wait time for home support services decreased from 8 days in 2020-21 to 6 days in 2024-25. An additional 6 long-term care indicators were identified and will be included in future annual reporting.
- Improving working conditions for personal support workers and related professions by negotiating amendments to bilateral agreements with British Columbia, Newfoundland and

Labrador, and the Northwest Territories. These amendments support recruitment and retention efforts through increased compensation, better access to training, and more employment opportunities.

The Department also enhanced access to quality palliative care by:

- Implementing the Action Plan on Palliative Care, which supports initiatives that raise awareness about palliative care and advance care planning, increase skills for providers and caregivers, support improvement through enhanced data collection and research, foster access for underserved populations, and improve culturally sensitive care for Indigenous communities.
- Engaging Indigenous Partners in developing policy reports that reflect the distinct end-of-life care needs of First Nations, Inuit, and Métis Peoples. These culturally sensitive, distinctions-based reports, based on several engagement processes, are expected by the end of 2025.
- Raising awareness about palliative care and improving grief literacy through a national advertising and marketing campaign. Advertisements were seen more than 21 million times, including nearly 6 million video views and 92,000 visits to resources and information on Canada.ca/palliative-care.

For more information on palliative care see the Health Care Policy and Strategies Program transfer payment program.

Departmental result 2: Canadians have access to appropriate and effective health services
In this section
- Supporting and improving access to oral health care services
- Improving affordable access to pharmaceuticals
- Strengthening and defending the core principles of the Canada Health Act
- Improving equitable access to care and addressing racism and discrimination in health care
- Ensuring healthy people and communities
- Strengthening Canada's research support system

Supporting and improving access to oral health care services

Oral health is an important part of overall health. In 2024-25, Health Canada supported and improved access to oral health care services for Canadians who face barriers due to costs and other factors. Canadians with lower family incomes are less likely to have dental insurance, experience higher levels of oral health issues, and face greater challenges accessing care.

The interim Canada Dental Benefit (CDB) supported children under the age of 12 in accessing dental care until June 30, 2024. This tax-free, upfront payment reduced dental costs for eligible families with an adjusted family net income of less than $90,000 per year and without access to private dental insurance. Since its launch in December 2022, more than 464,000 children received dental care through approximately $429 million in benefit payments.

The Canadian Dental Care Plan (CDCP) helps make oral health care more affordable for Canadian residents with an adjusted annual family net income of less than $90,000 without access to private dental insurance. As of March 2025, over 3.4 million individuals were approved for the CDCP and nearly 1.7 million had received care. Key accomplishments in 2024-25 include:

- Providing care to all eligible seniors aged 65 and older, to parents and caregivers for eligible children under 18, as well as to adults aged 18–64 with a valid Disability Tax Credit certificate.
- Expanding services to those requiring preauthorization, so even more Canadians were able to receive the care that they needed, such as the initial placement of partial dentures or crowns, and supporting requests for services for CDCP members with complex conditions.
- Preparing to expand applications to all remaining eligible Canadian residents aged 18–64 as of May 2025.
- Launching an annual renewal process to confirm continued eligibility based on income or changes in insurance coverage.

To ensure public awareness and understanding of the CDCP, Health Canada developed and distributed educational and promotional materials. Key accomplishments include:

- Publishing clear, accessible information on Canada.ca/dental, which received 23 million views for the CDCP.
- Updating the CDCP website with a promotional toolkit that included testimonials from members and oral health care providers, factsheets in 14 languages, social media content, and materials for providers.
- Launching 4 CDCP national advertising campaigns targeting seniors 65 and older, oral health providers, and parents of children under 18. These campaigns leveraged various communication channels and generated nearly 3 million web visits, resulting in high levels of awareness among key audiences.
- Developing a self-service portal for benefit tracking and launching a provider directory.
- Hosting over 30 CDCP information sessions between April 1, 2024, and March 31, 2025, for oral health professionals, P/T governments, and various advocacy and community organizations.

Health Canada worked closely with oral health professional associations to support the successful implementation of the CDCP. By March 2025, nearly 25,000 oral health providers were participating in the Plan, a 98% participation rate. The provider experience was enhanced through:

- Implementing both electronic and paper claims submissions.
- Allowing claim-by-claim submissions without requiring formal enrollment in the Plan.
- Providing clearer guidance on the preauthorization process through the CDCP Dental Benefits Guide, a new preauthorization resources webpage, and supporting materials such as checklists, tutorial videos, and an updated At a Glance outlining documentation requirements.
- Updating the Stakeholder Toolkit with educational and promotional materials for CDCP providers, including fact sheets on renewing coverage, onboarding individuals aged 18–64 and post-secondary students, a member-facing poster, and a CDCP placemat.

In parallel, the Department developed fact sheets in collaboration with each P/T government to provide oral health providers with clear guidance on coordinating benefits between the CDCP and existing P/T dental programs.

Recognizing the importance of ongoing data collection, Health Canada partnered with Statistics Canada to address gaps in oral health data and evaluate the CDCP's impact. In 2024-25, findings from the Canadian Oral Health Survey established a baseline for understanding Canadians' oral health prior to

CDCP-related changes. Data from the Survey of Oral Health Care Providers showed that 96% of oral health care practices were accepting new patients.

To complement the CDCP, the new Oral Health Access Fund transfer payment program launched calls for proposals for projects focused on:

- Adapting training programs to address knowledge and skills gaps among students and oral health care professionals, and to ensure sufficient hands-on experience for oral health students.
- Improving oral disease prevention and access to person-centred care.

The Fund aims to expand provider capacity, connect more people to care, and support prevention and education efforts. Funding for successful applicants is expected to begin in 2025–26.

Improving affordable access to pharmaceuticals

To improve Canadians' access to affordable prescription drugs, Health Canada collaborated with Canada's Drug Agency, P/Ts, Indigenous Peoples, partners, and stakeholders to enhance the accessibility, affordability, appropriate use, and universal coverage of medications. Further, the Department asked Canada's Drug Agency to develop a list of essential prescription drugs and related products to inform the development of a national formulary and a bulk purchasing strategy to improve affordability. Key accomplishments in 2024-25 include:

- Signing national pharmacare bilateral agreements with British Columbia, Manitoba, Prince Edward Island, and Yukon to provide residents with free or low-cost contraception and diabetes medications.
- Launching Canada.ca/pharmacare, a user-friendly web platform to help Canadians find information about national pharmacare and current pharmacare agreements.
- Establishing a National Pharmacare Committee of Experts to provide independent advice on the implementation of pharmacare.

Many Canadians affected by rare diseases face limited treatment options and high costs. The National Strategy for Drugs for Rare Diseases aims to improve access to effective treatments and enhance affordability, enabling earlier interventions and better quality of life. Key accomplishments include:

- Finalizing bilateral agreements with all 13 P/Ts to expand access to treatments, screening, and diagnostics for rare diseases.
- Collaborating with P/Ts to support data collection and evidence generation to inform drug listing, reimbursement decisions, and future approvals.
- Partnering with Canada's Drug Agency and the Canadian Institute for Health Information to strengthen data and evidence infrastructure. This includes:
  - Developing tools to track upcoming rare diseases drugs.
  - Releasing standards and guidelines related to rare disease registries.
  - Creating an inventory of registries and funding 18 registries to support quality improvements.
  - Conducting customized health technology assessments and reviews.
  - Releasing guidance for consistent newborn screening, based on expert panel advice and public consultations.
  - Publishing real-world evidence analyses by linking data from multiple sources.

In addition, the Pediatric Drug Action Plan continued to address challenges in accessing safe and effective health products for children and youth. In 2024-25, Health Canada consulted the public on the Draft National Priority List of Pediatric Drugs. The final list identifies drugs needed to address unmet pediatric health needs in Canada.

Strengthening and defending the core principles of the Canada Health Act

Through Health Canada, the Government of Canada is responsible for promoting and defending the core principles of the Canada Health Act, which marked its 40th anniversary in April 2024. In 2024-25, the Department monitored changes in health care delivery to ensure the administration of the Act kept pace with modern practices.

For example, Health Canada introduced the Canada Health Act Services Policy, which clarifies the federal position that medically necessary services, whether provided by a physician or another regulated provider, should not result in patient charges. This Policy will come into effect on April 1, 2026.

Health Canada also worked with P/Ts to support compliance with the Act's criteria and conditions. In 2024-25, the Department deducted over $62 million from Canada Health Transfer payments to P/Ts where patients were charged for medically necessary services.

Under the Reimbursement Policy, P/Ts may recover deducted amounts by implementing a Reimbursement Action Plan to eliminate patient charges and address the conditions that led to them. In March 2025, 7 provinces (British Columbia, Alberta, Ontario, Quebec, New Brunswick, Nova Scotia, and Newfoundland and Labrador) were reimbursed a total of nearly $52 million, including amounts related to deductions under the Diagnostic Services Policy. These reimbursements reflect the ongoing and successful implementation of both the Diagnostic Services and Reimbursement Policies.

Improving equitable access to care and addressing racism and discrimination in health care

Health Canada continued to invest in programs and organizations that support access to appropriate and effective health services, while also advocating for equitable access to health care internationally. Addressing racism in health care and meeting the specific health needs of populations such as Indigenous Peoples, residents of Canada's territories, and official language minority communities remained a priority. Key accomplishments in 2024-25 include:

- Collaborating with Employment and Social Development Canada, Justice Canada, community organizations, and experts to advance Canada's Anti-Racism Strategy, Canada's Black Justice Strategy, and the implementation of the United Nations International Decade for People of African Descent, which identifies health as a key priority.
- Fostering health systems free from racism and discrimination through the Addressing Anti-Indigenous Racism and Discrimination in Canada's Health Systems Program. Health Canada supported the Canadian Association of Schools of Nursing in publishing the updated Cultural Humility and Cultural Safety Standards for Nursing Education. These updates reflect the current understanding of culturally appropriate care, the Truth and Reconciliation Commission of Canada Calls to Action, and Joyce's Principle.
- Supporting territorial efforts to innovate and transform health care systems through the Territorial Health Investment Fund transfer payment program. For example, the Northwest Territories used the funding to expand Integrated Care Teams that deliver culturally safe, relationship-based primary care.

- Addressing the health needs of official language minority communities (OLMCs) by integrating their health needs into departmental initiatives when appropriate. The Department also supported organizations working to improve access to health services in the official language of choice through the Official Languages Health Program transfer payment program. Through this Program, Health Canada supported the implementation of the Government of Canada-wide Official Language Action Plan by training more bilingual health professionals and partnering to improve health service access for OLMCs.
- Diversifying international partnerships by signing a memorandum of understanding with South Africa in May 2024 to strengthen health cooperation and research.
- Exchanging best practices for advancing health related Sustainable Development Goals with G7 health partners in March 2025, including exploring sustainable financing strategies for universal health coverage and primary health care.

Ensuring healthy people and communities

To foster a strong and effective public health care system, Health Canada supported the development of inclusive, innovative, and people-centered health care solutions. The Department collaborated with partners and communities to test new approaches and respond to population needs. Funding recipients worked directly with health practitioners, decision-makers, and health organizations to develop, refine, and share specialized knowledge, skills, and tools aimed at improving services for priority populations. Highlights from 2024-25 include:

- Launching new sexual and reproductive health web resources on abortion, fertility treatment, gender affirming care, and related P/T funding programs to help Canadians access information.
- Improving access to abortion and other sexual and reproductive health services through the Sexual and Reproductive Health Fund, Health Care Policy and Strategies Program transfer payment program. This funding supported community-based organizations, non-profit organizations, academic institutions, and regional health authorities to better serve underserved communities facing the greatest barriers to sexual health resources and care. For example, one project helped 641 Canadians, especially those in rural and remote areas, with financial and logistical support to access abortion care in 2024-25.
- Combating cancer by supporting the Terry Fox Research Institute to expand its national network of cancer centres advancing precision medicine in cancer research. In addition, funding was provided to the Canadian Partnership Against Cancer transfer payment program to implement the Canadian Strategy for Cancer Control. Key initiatives include:
  - Supporting the implementation of lung cancer screening programs for high-risk populations.
  - Improving the quality, timeliness, and availability of cancer data to support better cancer care outcomes.
  - Promoting access to innovative models of care to improve service quality and outcomes.
  - Advancing efforts to eliminate cervical cancer in Canada by 2040.
  - Supporting partners in embedding health equity into program design and prioritizing systemically excluded populations.
- Improving health system performance by investing in Canadian Blood Services through the Organs, tissues, and blood systems transfer payment program. This funding supported research

to improve the safety and supply of the Canadian blood system and clinical practices, as well as professional and public education materials on organ and tissue donation and transplantation.

- Supporting the safe and appropriate provision of medical assistance in dying (MAID) services by investing in the Canadian Association of MAID Assessors and Providers through the Health Care Policy and Strategies Program. This funding supported the delivery of a bilingual, accredited MAID curriculum, for physicians and nurse practitioners considering MAID practice or seeking advanced training. Over 1,500 participants have completed the modules as of January 2025. Ongoing collaboration with P/Ts helped give providers the data they needed to manage complex MAID assessments and improve MAID delivery and oversight. Health Canada also published the 5th Annual Report on MAID, with information on MAID requests across Canada.

Strengthening Canada's research support system

In response to the Report of the Advisory Panel on the Federal Research Support System (the Bouchard Report), the Department collaborated with the federal granting agencies and Innovation, Science and Economic Development Canada to modernize the federal research support system. Health Canada contributed to efforts that include:

- Increasing the value and number of awards for graduate researchers, as well as boosting funding for core research grants and supporting Indigenous participation in research.
- Seeking input from the research community on the creation of the new capstone research funding organization announced in Budget 2024.

Key risks
Key risks for core responsibility 1: Health care systems

1. Upholding the Canada Health Act risk: Health Canada's ability to effectively uphold the Canada Health Act could be put at risk by challenges in administering the Act.

Key examples of Health Canada's risk responses:

Risk responses	Activities
Monitored and reported on compliance	Administered the Canada Health Act. For example: • Monitored compliance through P/T reports on patient charges as per the Extra-billing and User Charges Information Regulations. • Reported to Parliamentarians on the administration and operation of the Canada Health Act.
Implemented new policies	Issued the Canada Health Act Services Policy letter confirming that medically necessary services provided by regulated health care providers (e.g., nurse practitioners) are insured under the Act, effective April 1, 2026.
Worked to resolve issues with P/Ts	Engaged with P/Ts on potential compliance issues and applied dollar-for-dollar deductions to the Canada Health Transfer where issues remained unresolved, due to patient charges for services insured under the Canada Health Act. For example: • Communicated the reimbursement process outlined in the Reimbursement Policy and worked with P/Ts to develop Reimbursement Action Plans.

Monitored litigation	Tracked litigation that may implicate the Canada Health Act and supported federal involvement as required, particularly in cases challenging the federal government's administration of the Act.
Monitored changes in health care delivery	Identified situations where P/Ts reduce coverage of insured services based on the care setting, delivery method, or provider (e.g., remote or virtual care). For example: • Monitored developments in the health care delivery with potential Canada Health Act implications, such as the use of artificial intelligence. • Tracked P/T efforts to expand public coverage for physician-equivalent and virtual care services.

2. Reputation risk: Partners, stakeholders and Canadians may lose confidence in Health Canada's ability to lead complex and multijurisdictional initiatives if the Department does not deliver on commitments and programs in a timely and effective manner.

Key examples of Health Canada's risk responses:

Risk responses	Activities
Fostered collaborative partnerships	Fostered partnerships with other government departments and agencies, and P/Ts to share resources, expertise, and responsibilities in implementing complex initiatives. For example: • Managed the implementation of bilateral agreements with P/Ts, including Working Together and Aging with Dignity bilateral agreements, to address shared and unique health priorities. • Partnered with federal departments and agencies to deliver complex programs, such as the Canadian Dental Care Plan, through a whole-of-government approach. • Engaged stakeholders, including professional associations and organizations representing diverse and equity-seeking groups such as official language minority communities, under-represented patients, and Indigenous partners in program development and implementation.
Ensured openness and transparency	Regularly informed federal government departments and agencies, P/Ts, stakeholders, and the public to share credible information and build trust. For example: • Provided trusted, accurate, accessible, and culturally appropriate information designed with users in mind. For instance, Health Canada improved CDCP web content through plain language updates, two explainer videos, and a new page guiding providers on the preauthorization process. • Communicated regularly on key priorities, including improving access to oral health care, advancing shared health care system priorities with P/Ts, and addressing a broad range of health and safety issues.
Strengthened oversight and governance	Maintained oversight while upholding accountability and ethical decision-making. For example:

	• Maintained strong governance frameworks and processes to ensure compliance, foster sound stewardship, and maximize value for money on assets and acquired services. • Strengthened procurement and transfer payment activities by ensuring contracts were well-defined, aligned with departmental priorities, and compliant with applicable laws and regulations. • Upheld clear roles and responsibilities, and financial frameworks to support effective decision-making. • Regularly monitored and reported on resource and procurement management in accordance with guidelines and standards, including enhanced quality assurance protocols and corrective actions as needed. • Established external oversight committees for large-scale initiatives to ensure transparency, accountability, and strategic input, such as strengthened senior management level Contract Review Committee.
Encouraged innovation and operational efficiency	Fostered a culture of creativity and problem-solving, enabling the Department to explore innovative solutions to complex challenges. For example: • Promoted innovation and operational improvements, including the development of an internal Innovation Learning Guide to help employees apply innovative approaches to business processes. • Provided training and development opportunities for employees to build the knowledge and skills needed to lead and deliver complex initiatives. • Advanced the alignment of financial, materiel, and grants and contributions management systems with the Government of Canada's Digital Comptrollership Program, supporting modernization, efficiency, and transparency in financial management.

3. Major disruptive events risk: Health Canada's ability to achieve its mandate may be at risk due to challenges posed by major disruptive events such as extreme weather events and pandemics.

Key examples of Health Canada's risk responses:

Risk responses	Activities
Fostered engagement and collaboration	Worked with federal departments and agencies (e.g., Public Health Agency of Canada, Public Services and Procurement Canada, Innovation Science and Economic Development Canada) to advance a whole-of-government approach to better meet the needs of Canadians. For example: • Helped establish the Health Emergency Readiness Canada to support life sciences innovation and strengthen Canada's capacity to respond to future public health emergencies. • Collaborated with P/Ts to strengthen the health care system's capacity to protect priority populations. • Collaborated with international regulatory partners (e.g., the International Coalition of Medicines Regulatory Authorities) to address emerging regulatory and safety challenges in human medicines.

	• Engaged with international partners to strengthen pandemic prevention, preparedness, and response, including advancing a World Health Organization Pandemic Agreement and updating the International Health Regulations.
Provided timely, trusted and evidence-based information	Provided P/Ts, health care providers, and Canadians with the timely, clear, and evidence-based information in both official languages. These efforts fostered public trust and reinforced Health Canada's commitment to openness and transparency. For example: • Published summaries of regulatory decisions and supporting clinical information for health products on the Drug and Health Product Portal and the Clinical Information Portal. • Shared regular updates on health product safety, including summaries of safety reviews and Health Product Risk Communications through the recalls and safety alerts database. • Issued the Health Product InfoWatch regularly to inform health care professionals of emerging safety issues. • Published a report of the expert panel's Review of the Federal Approach to Pandemic Science Advice and Research Coordination.
Facilitated access to health products	Supported the prevention and treatment of novel diseases through clinical trials and flexible regulatory measures. For example: • Continued to prioritize and expedite the review of high-need health products while maintaining Canada's high standards for quality, safety, and efficacy. • Collaborated with regulated parties and health care partners to develop and publish Health Canada's plan to address health product shortages.
Enhanced internal services	Continued to optimize service delivery to meet commitments during major crises. For example: • Collaborated with Shared Services Canada to ensure network infrastructure meets business needs and minimizes the risk of network outages. • Maintained strong governance frameworks and processes across the department and the Health Portfolio to effectively manage horizontal initiatives and crisis response. • Sustained and regularly tested emergency preparedness, crisis management, communications, business continuity, and information management plans, aligned with and lessons learned. • Supported the implementation of Health Canada's Climate Change Adaptation Plan to mitigate climate-related risks to services, operations and assets.

Related government-wide priorities

This section highlights government priorities that are being addressed through this core responsibility.

Gender-based analysis plus

In 2024-25, Health Canada continued to apply Sex- and Gender-Based Analysis Plus (SGBA Plus) to examine structural inequities and reflect the diverse realities of people affected by its policies and programs. For example, the Department applied SGBA Plus principles in the implementation of the Canadian Dental Care Plan to understand the disparities in accessing oral health care. Health Canada continued implementing its Sex- and Gender-Based Analysis Plus Action Plan, which aims to embed sex, gender, and diversity considerations into both organizational practices and culture. The Department provided staff with practical tools and resources to promote the consistent application of SGBA Plus across all areas of work.

More information about Sex- and Gender-based Analysis Plus is available in the Gender-Based Analysis Plus Supplementary Information Table.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals
As part of Canada's commitment to support the United Nations 2030 Agenda for Sustainable Development and UN Sustainable Development Goals (SDGs), Health Canada's domestic contribution through ongoing policies, programs, and initiatives advanced 5 SDGs in total, including SDG 3 (Good health and well-being) through core responsibility 1 activities.

More information about Health Canada's contributions to Canada's Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in Health Canada's Departmental Sustainable Development Strategy.

Core responsibility 2: Health protection and promotion

In this section
- Description
- Program inventory
- Quality of life impacts
- Progress on results
- Resources required to achieve results
- Details on results
- Key risks
- Related government-wide priorities

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.

Program inventory
Health protection and promotion is supported by the following programs:

- Pharmaceutical Drugs; Biologic and Radiopharmaceutical Drugs; Medical Devices; Natural Health Products
- Food and Nutrition
- Air Quality; Climate Change; Water Quality; Health Impacts of Chemicals
- Consumer Product Safety; Workplace Hazardous Products

- Tobacco Control; Controlled Substances; Cannabis
- Radiation Protection
- Pesticides
- Health Canada Specialized Services

Additional information related to the program inventory for Health protection and promotion is available on the Results page on GC InfoBase.

Quality of life impacts

This core responsibility contributed to the Health domain and the Environment domain of the Quality of Life Framework for Canada and, more specifically, the subdomains of Healthy people and Environment and people. Health Canada contributed to the fruit and vegetable consumption/healthy eating environments indicator under the Health domain by promoting healthy eating. The Department contributed to the air quality and drinking water headline indicators under the Environment domain by assessing, managing, and communicating the health and safety risks associated with chemicals, pesticides, and environmental factors.

Progress on results

This section details the department's performance against its targets for each departmental result under Core responsibility 2: Health protection and promotion.

Table 4: Departmental result 3: Canadians have access to safe, effective and quality health products
Table 4 shows the target, the date to achieve the target and the actual result for each indicator under "Canadians have access to safe, effective and quality health products" in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Percentage of human new drug decisions issued within service standards[a]	At least 93.0%	March 31, 2025	2022-23: 99.0% 2023-24: 95.8% 2024-25: 94.5%
Percentage of Risk Management Plan reviews for new drug decisions completed within service standards[ab]	At least 90%	March 31, 2025	2022-23: 89% 2023-24: 90% 2024-25: N/A[c]
Percentage of domestic drug companies deemed to be compliant with manufacturing requirements under the Food and Drugs Act and associated regulations[a]	At least 90.0%	March 31, 2025	2022-23: 94.7% 2023-24: 96.0% 2024-25: 96.0%
[a] Data source: Health Canada administrative data. Data is collected and reported annually. [b] Drugs include prescription and non-prescription pharmaceutical drugs for human use; disinfectants; biologic and radiopharmaceutical drugs. [c] Under the Agile Regulations, published on December 18, 2024, the submission and review of Risk Management Plans (RMPs) have been integrated in the new drug submission process. This reflects a shift in regulatory practice to support timely access and risk-based oversight. As a result Health Canada is no longer generating separate data for RMPs and this indicator will be retired.			

Table 5: Departmental result 4: Canadians are protected from unsafe consumer and commercial products and substances

Table 5 shows the target, the date to achieve the target and the actual result for each indicator under "Canadians are protected from unsafe consumer and commercial products and substances" in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Percentage of domestic consumer product recalls communicated to Canadians in a timely manner[a]	At least 90%	March 31, 2025	2022-23: 71% 2023-24: 76% 2024-25: 87%[b]
Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health[a]	Exactly 100%	March 31, 2025	2022-23: 95% 2023-24: 95% 2024-25:100%
Percentage of pre-market pesticide submission reviews that are completed within service standards[a]	At least 90%	March 31, 2025	2022-23: 95% 2023-24: 94% 2024-25: 88%[c]

[a] Data Source: Health Canada administrative data. Data is collected and reported annually.
[b] The target was not met largely due to companies requesting additional time to confirm or expand the details surrounding the recall posting, such as testing, logistical considerations and other compliance-related delays. The Department continues to work with industry to support a common and clear understanding of legislative requirements and testing procedures enabling industry to react in a timely manner when the need for a recall is identified.
[c] The target was not met due to a higher-than-average number of pre-market submissions. Temporary resource re-allocations have been implemented to manage the workload.

Table 6: Departmental result 5: Canadians make healthy choices

Table 6 shows the target, the date to achieve the target and the actual result for each indicator under "Canadians make healthy choices" in the last three fiscal years.

Departmental Result Indicator	Target	Date to achieve target	Actual Result
Percentage of Canadians (aged 15+) who are current cigarette smokers[a]	At most 5%	March 31, 2035	2022-23: 12.0% 2023-24: 11.9% 2024-25: 11.5%[b]
Percentage of youth (grades 10-12) who report frequent (daily to weekly) cannabis use in the past 30 days[c]	At most 9.2%	March 31, 2025	2022-23: 11.1% 2023-24: 11.1% 2024-25: 10.5%[d]
Percentage of Canadians who use dietary guidance provided by Health Canada[e]	At least 50.0%	March 31, 2026	2022-23: 44.3% 2023-24: 44.3% 2024-25: 44.3%

[a] Data source: Canadian Community Health Survey. Data is collected and reported annually.
[b] As of 2024-25, data reflects population aged 18 and older, instead of 15 and older, which may affect comparability of results with previous years.
[c] Data source: Canadian Student Alcohol and Drugs Survey. Data is collected every two years. The most recent data was made available in 2024-25.
[d] The result reflects a slight decrease in cannabis use among youth since 2022–23. Continued monitoring and more targeted interventions to reduce frequent cannabis use among youth remain priorities.
[e] Data source: Canadian Community Health Survey. Data is collected every four years. The most recent data was made available in 2021–22.

The Results section of the Infographic for Health Canada on GC InfoBase page provides additional information on results and performance related to its program inventory.

Resources required to achieve results

Table 7: Snapshot of resources required for Health protection and promotion

Table 7 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$801,063,755	$879,708,762
Full-time equivalents	6,109	6,617

The Finances section of the Infographic for Health Canada on GC Infobase page and the People section of the Infographic for Health Canada on GC Infobase page provide complete financial and human resources information related to its program inventory.

Details on results

The following section describes the results for Health protection and promotion in 2024-25 compared with the planned results set out in Health Canada's departmental plan for the year.

Departmental result 3: Canadians have access to safe, effective, and quality health products
Departmental result 4: Canadians are protected from unsafe consumer and commercial products and substances
Departmental result 5: Canadians make healthy choices

Departmental result 3: Canadians have access to safe, effective, and quality health products
In this section

- Advancing modernization of regulatory oversight, including compliance and enforcement, for health products
- Preventing and mitigating the impact of drug and medical device shortages
- Enabling timely access to health products, including new technologies
- Preventing and controlling antimicrobial resistance

Advancing modernization of regulatory oversight, including compliance and enforcement, for health products

Health Canada advanced the modernization of its regulatory frameworks to better manage health product risks and ensure access to safe, effective, and high-quality drugs (including prescription, non-prescription, disinfectants and biocides), medical devices, and other health products. These efforts align with commitments to build a more agile regulatory system, as outlined in the Health and Biosciences Regulatory Review Roadmap, Canada's Biomanufacturing and Life Sciences Strategy, and the Agri-food and Aquaculture Regulatory Review Roadmap. Further, as demonstrated in Health Canada's 2024-25 evaluation of the Biologic and Radiopharmaceutical Drugs Program, the regulatory flexibilities introduced in recent years accelerated the authorization of certain products, like the COVID-19 vaccines, while also upholding safety.

Key accomplishments in 2024-25 include:

- Introducing Agile Licensing regulations, which amended both the Food and Drugs and the Medical Devices Regulations, to enhance safety and ensure appropriate oversight while also supporting innovation. For example, by requiring risk management plans for certain drugs, expanding the ability to impose terms and conditions for all drugs and broadening their scope of use for Class II, III and IV medical devices. These changes support timely access, enable regulatory oversight based on risk and evolving evidence, improve transparency, and align internationally.
- Introducing risk-based, flexible regulatory tools for certain novel and complex biologics and radiopharmaceuticals, updating references to foreign regulatory authorities, and strengthening enforcement measures like suspension powers. These changes improved regulatory agility and the Department's ability to respond to scientific advancements.
- Updating recall requirements for drugs and medical devices and enhancing Health Canada's ability to monitor and respond to safety issues – bringing Canada's processes in line with international best practices and improving safety oversight.
- Updating and developing regulatory guidance to support innovation and streamline processes, including:
  - Modernizing requirements for biologic drugs under the Food and Drug Regulations.
  - Modernizing drug establishment licencing through the introduction of new application streams and service standards.
  - Drafting guidance for co-packaged drug products.

  - Providing an extension for newly licensed natural health products to meet new labelling requirements to help reduce costs.

- Advancing strategic regulatory initiatives, including:
  - Consulting on a new cost-recovery framework for natural health products, with attention to small business impacts.
  - Publishing new biocides regulations to consolidate oversight of surface sanitizers and disinfectants under a single, more consistent framework.
  - Issuing Ministerial Orders to restrict youth-targeted advertising of nicotine replacement therapies and maintain controls on natural health products containing ephedrine and pseudoephedrine to prevent misuse and diversion.
- Issuing 8 health product risk communications and 12 editions of Health Product InfoWatch to inform and educate health care professionals.

The Department continued to use real-world evidence to improve post-market oversight of prescription drugs, in collaboration with domestic and international regulators. Key accomplishments in 2024-25 include:

- Advancing international regulatory alignment by contributing to the International Council for Harmonisation draft guideline (M14) on using real-world data in the safety assessment of medicines, and co-developing a reflection paper on opportunities to harmonize high-quality real-world evidence for regulatory decision-making.

- Publishing [lessons learned from real-world evidence and observational studies during the COVID-19 pandemic](#), through the International Coalition of Medicines Regulatory Authorities.
- Strengthening compliance and enforcement by [issuing approximately $1.07 million](#) in fines to a chain of establishments selling sexual enhancement prescription drugs deceptively packaged as natural health products.
- Improving safety communication and reporting tools by launching a more user-friendly [health product complaint form](#), issuing 473 recall notifications and 21 public advisories, and providing timely safety information to patients, consumers, and health professionals.

In the context of international trade and global supply chains, Health Canada collaborated with international partners to promote the health and safety of Canadians by aligning domestic regulations with international standards. Efforts focused on addressing current and emerging health regulatory challenges to ensure access to safe, high-quality, and effective health products. Key accomplishments in 2024-25 include:

- Advancing the [Single Inspection Program pilot](#) with Australia and the United Kingdom to establish a coordinated global approach to good manufacturing practices inspections of foreign manufacturing sites of common interest.
- Establishing an [Enhanced Confidentiality Commitment](#) with the United States to expand information-sharing capabilities.
- Expanding the scope of the [Mutual Recognition Agreement between Canada and Switzerland](#) to include active pharmaceutical ingredients and to recognize the good manufacturing practices inspections conducted outside both countries.
- Participating in a third hybrid inspection with the U.S. Food and Drug Administration as part of the [hybrid inspection pilot](#) to strengthen global regulatory collaboration.

Preventing and mitigating the impact of drug and medical device shortages

Health Canada collaborated with P/Ts, industry, health care practitioners, patient advocacy groups, and international organizations to alleviate the impacts of drug and medical device shortages. Key accomplishments in 2024-25 include:

- Publishing [Building Resilience: Health Canada's Plan to Address Health Product Shortages (2024 to 2028)](#), outlining actions to strengthen resilience against health product shortages and protect Canadians from the worst effects of shortages.
- Consulting on proposed regulatory amendments and a [draft Critical and Vulnerable Drug List](#) to help Health Canada and its stakeholders focus on drug shortages that carry the greatest risk of harm to Canadians.
- Collaborating with stakeholders to manage drug shortages, including 49 of which were identified as national and critical. Health Canada mitigated impacts of these shortages by taking actions such as permitting the importation of foreign-authorized drugs and extending the shelf-life of specific lots.
- Collaborating with stakeholders to manage medical device shortages, including assessing and publishing 69 shortage and 58 discontinuation reports on Health Canada's [Medical device shortage: List of shortages and discontinuations](#).

- Expanding stakeholder engagement and increasing the use of data and analytics to better understand the effects of shortages, particularly on priority populations such as children, and to inform prevention and mitigation efforts.

Enabling timely access to health products, including new technologies

Health Canada ensured timely access to health products while building expertise to assess new technologies. Key accomplishments in 2024-25 include:

- Refining an electronic tool to help health care practitioners easily request emergency access to unauthorized health products and developing draft guidance on expanded access clinical trials to broaden patient access to pre-market drugs.
- Publishing the Advanced Therapeutic Products InfoHub, a user-friendly webpage offering plain-language guidance on the advanced therapeutic products process.
- Issuing 35 Notice of Compliances for drugs listed in the Register of Innovative Drugs; 20 of these contained ingredients intended to treat rare diseases or conditions.
- Authorizing innovative gene therapies with the potential to greatly improve the lives of people with sickle cell disease and transfusion-dependent beta-thalassemia by reducing pain and the need for regular transfusions.

The Department recognizes the importance of access to veterinary drugs for animal owners and food producers, key accomplishments in 2024-25 include:

- Publishing updated guidance for veterinary drug stakeholders, refreshing web content, implementing policies for priority review, and introducing terms and conditions to help bring needed veterinary drugs to the Canadian market.
- Supporting timely access by creating a list of needed veterinary drugs to guide industry decisions, reviewing approximately 180 submissions, managing over 600 Emergency Drug Release program requests, and adding 68 new substances that can be included in veterinary health products.

Scientific and technological advances are accelerating innovation in health care, leading to new health products. The Department's key scientific and technological accomplishments in 2024-25 include:

- Publishing guidance regarding machine learning-enabled medical devices, outlining Health Canada's requirements to support the development of safe, effective, and high-quality artificial intelligence machine learning medical devices.
- Building capacity and expertise to assess emerging technologies such as advanced cell therapies, microbiome treatments, nanomedicines, and gene therapies, enabling new approaches to review and authorize biological drugs.
- Leading and participating in international collaborations, co-chairing an International Working Group on Software as a Medical Device and partnering with the U.S. Food and Drug Administration and the United Kingdom Medicines and Healthcare products Regulatory Agency on transparency and predetermined change controls for machine learning-enabled devices.

Preventing and controlling antimicrobial resistance

Antimicrobial resistance (AMR) is an urgent threat to the health of humans, animals, and the environment. In line with the Pan-Canadian Action Plan on AMR (2023–27) and the Office of the Auditor

General's report on AMR (2023), Health Canada collaborated with the Public Health Agency of Canada, partners, and stakeholders to implement and monitor AMR activities using a One Health Approach. Key accomplishments in 2024-25 include:

- Raising awareness by publishing a Canadian reserve list for antimicrobial drugs and developing educational tools, such as a fact sheet and a poster to help Canadians understand AMR risks. Work also began to expand the Canadian reserve list for antimicrobial drugs to a full Access, Watch, Reserve classification to support appropriate prescribing and preserve drug effectiveness.
- Taking action to promote the prudent use of antimicrobials in animals by publishing a notice encouraging label updates for veterinary antimicrobials important in human medicine.
- Supporting stewardship and surveillance by publishing a summary of veterinary antimicrobial sales important in human medicine in collaboration with the Public Health Agency of Canada.
- Supporting alternatives to antimicrobials by facilitating access to an additional 400 low-risk veterinary health products that support animal health and reduce the routine need for antimicrobials.
- Collaborating with the International Coalition of Medicines Regulatory Authorities, the Transatlantic Task Force on AMR, and the Regulatory Agencies Global Network Against AMR to share best practices, and contributing to Canada's position for the September 2024 United Nations High-Level Meeting on AMR.

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

In this section
- Reducing substance use-related harms to address the overdose crisis
- Managing the health risks of chemicals and unsafe consumer products and cosmetics
- Managing radiation safety
- Advancing climate change adaptation measures and building resilience for future health emergencies
- Strengthening pesticide regulation and transparency

Reducing substance use-related harms to address the overdose crisis

Substance use-related harms and the overdose crisis continued to have a significant impact across Canada, affecting individuals, families, and communities. Evidence from national data on opioid- and stimulant-related harms in Canada highlighted the scale of the issue. The unpredictable and potent synthetic illegal drug supply posed serious challenges to public health and safety.

In 2024-25, the Department's efforts were guided by the Canadian Drugs and Substances Strategy, a comprehensive federal approach aimed at reducing substance use-related harms. Grounded in the principles of equity, collaboration, comprehensiveness, and compassion, the Strategy directs federal action across key areas: prevention, harm reduction, treatment and recovery services, surveillance and data collection, and regulatory efforts to limit the flow of dangerous synthetic illegal drugs into communities.

Additional information on Health Canada's accomplishments under the Strategy can be found in the Canadian Drugs and Substances Strategy Horizontal initiative table. Key accomplishments include:

- Raising awareness about opioid risks, overdose prevention, and stigma reduction, particularly among youth and men in physically demanding jobs, through 2 initiatives:
    - The Ease the Burden campaign, which targeted men in trades, generated 96.7 million ad views and led to a 157% increase visits to the Get Help page.
    - The Know More program, in its seventh year, delivered educational content to over 12,000 students through 275 virtual and 54 in-person sessions, remaining a cornerstone in youth engagement.
- Launching the Canadian Drugs and Substances Watch, a unique, data-driven early warning tool designed to monitor, predict, and respond to new and emerging psychoactive substances in Canada.
- Supporting P/Ts and community organizations in expanding access to comprehensive programs and services aimed at reducing overdose-related harms and deaths. Through the Substance Use and Addictions Program, Health Canada supported 170 projects in 2024-25, focusing on prevention, harm reduction, and treatment initiatives.
- Funding 58 municipal and Indigenous-led projects through the Emergency Treatment Fund to address urgent needs related to the overdose crisis. Additional information can be found in the Substance Use and Addictions Program Transfer payment program supplementary information table.
- Conducting the 2023-24 Canadian Student Alcohol and Drugs Survey, gathering data on youth substance use, bullying, and mental health. Findings were shared alongside a new interactive data tool allowing users to explore trends by province, age, and other factors. Similarly, results from the 2023 Canadian Substance Use Survey included enhanced reporting on age and mental health, with an accessible interactive data tool.
- Implementing an interim policy on the packaging, labelling, and sale of naloxone kits to maintain national supply as part of Canada's response to the overdose crisis.

The Department administered the Controlled Drugs and Substances Act, monitored the legal supply chain and provided analytical services and intelligence on illegal drugs and precursor chemicals to support law enforcement and public health partners. Key accomplishments in 2024-25 include:

- Strengthening regulatory controls by expanding the listings for fentanyl precursors, including analogues and derivatives, to help Canada stay ahead of illegal drug producers seeking to bypass regulations.
- Ensuring oversight of controlled substances by inspecting 197 licensed dealers, 167 pharmacies, and conducting compliance verifications, including 5 for licensed dealers and 29 for pharmacies, to mitigate the risk of diversion to the illegal market.
- Delivering timely intelligence on illegal substances via Drug Notifications and Analyzed Drug Reports, and targeted publications such as Drug Factsheets, Spotlight and At a Glance reports, supporting enforcement and public health decision-making.

In 2024-25, Health Canada played a critical role in supporting Canadian law and border enforcement to counter the global threat of illegal synthetic drugs. Since launching Canada's Border Plan in December 2024, the Department has taken action to expand drug analysis capacity in regional labs, enhance

insight into precursor chemicals and distribution channels, and accelerate the regulatory process for banning harmful precursors. Key accomplishments include:

- Establishing a new Precursor Chemical Risk Management Unit to strengthen Health Canada's ability to support law and border enforcement in preventing the illegal production of controlled substances and the illegal importation of controlled chemicals used to make them.
- Proposing regulatory amendments to strengthen oversight for precursor chemicals and certain drug production equipment, while enhancing regulatory flexibility and responsiveness.
- Acting quickly to regulate 3 precursor chemicals used in the production of fentanyl. By controlling these substances, police and border officers gained the tools needed to prevent their entry into the country and use in the manufacture of toxic drugs, reducing the risk of overdoses and improving community safety across Canada.
- Establishing a new Canadian Drug Analysis Centre drug analysis centre to conduct specialized testing of synthetic drug samples. This enhanced capability will help identify manufacturing sources and support law enforcement operations targeting organized crime.

In addition, the Department continued close collaboration with international partners to coordinate a global approach to the synthetic drug crisis through the United Nations Commission on Narcotic Drugs, the North American Drug Dialogue, the Canada-United States Joint Action Plan on Opioids, and the Inter-American Drug Abuse Control Commission.

Managing the health risks of chemicals and unsafe consumer products and cosmetics

Health Canada is committed to managing the health risks of chemicals and reducing the dangers posed by unsafe consumer products and cosmetics.

Health risks of chemicals

In 2024-25, the Department advanced these commitments through the Chemicals Management Plan and a range of federal laws. In collaboration with Environment and Climate Change Canada, Health Canada assessed 293 new substances before they were imported or manufactured in Canada and imposed 17 risk management measures to address potential risks before import or manufacture. Since 2006, the 2 departments have addressed a total of 4,355 existing substances under the Chemicals Management Plan, completing 99% of planned assessments by the end of March 2025. Other key accomplishments include:

- Advancing implementation of the June 2023 amendments to the Canadian Environmental Protection Act, 1999 (CEPA) by:
  - Consulting on a proposed Plan of Priorities that provides predictability on substances prioritized for assessment in the coming years. The final plan was published in July 2025.
  - Drafting an implementation framework for the right to a healthy environment under CEPA, to be published in 2025, that incorporates public feedback.
  - Developing a proposed watch list approach for chemicals that could pose risks if exposure increases.
  - Developing and consulting on a draft strategy to replace, reduce, or refine vertebrate animal testing under CEPA.
  - Implementing a new requirement to consult the public when assessing living vertebrate animals.

- Seeking public comment on a proposed risk management approach for per- and polyfluoroalkyl substances (PFAS), excluding fluoropolymers. PFAS are a large class of persistent "forever chemicals", some of which have been found to affect human health, including the reproductive, immune, and nervous systems.
- Improving risk assessment transparency and tools by publishing a framework for the science-based approach to risk assessment of micro-organisms under CEPA.
- Releasing 5 fact sheets on environmental chemicals and their levels in people.
- Streamlining environmental assessments for biologic drugs, including cell and gene therapies and vaccines, during the clinical trials by aligning CEPA-related assessments with Health Canada's clinical trial approval timelines.
- Developing customized regulatory guidance for the notification of new chemicals under CEPA for use in aquaculture veterinary drugs.
- Advancing environmental health protections under the Food and Drugs Act, including:
    - Developing a guide on when environmental risk authorities may be used in relation to a therapeutic product.
    - Supporting the development of an environmental regulatory regime for drugs.
- Supporting firefighter health by developing a National Framework on Cancers Linked to Firefighting, publishing a What We Heard Report, and contributing to broader federal efforts to advance the Framework.

Additional information on Health Canada's efforts to manage the health risks of chemicals can be found in the Chemicals Management Plan Horizontal initiative table.

Workplace hazardous products

To mitigate risks from hazardous products in the workplace, Health Canada conducted hazard assessments, collaborated with F/P/T partners to enforce proper labelling and hazard communication, and carried out outreach to raise awareness of the Hazardous Products Act and its associated Hazardous Products Regulations. This included increased stakeholder engagement and the publication of 6 new and 1 revised hazardous substance assessments.

These efforts were supported by international cooperation, including through the ongoing implementation of updated editions of the Globally Harmonized System of Classification and Labelling of Chemicals (e.g., amendments to the Hazardous Products Regulations), participation in the United Nations Sub-Committee of Experts on the same topic, and in the Canada-U.S. Regulatory Cooperation Council.

Unsafe consumer products and cosmetics

The Department continued to protect the public from unsafe consumer products and cosmetics by updating policies, conducting risk assessments, and delivering outreach activities. In 2024-25, Health Canada collaborated with international partners to coordinate joint product recalls and enhance verification for products sold in Canada. The Department issued 272 recalls for consumer products and cosmetics, 73 of which were coordinated with the United States and/or Mexico.

Health Canada also advanced the Canadian Product Safety Pledge, engaging online marketplaces to support enforcement of the Canada Consumer Product Safety Act for consumer products sold online from sellers outside of Canada. When foreign third-party sellers were unresponsive, pledge signatories

collaborated with Health Canada to verify sales data, enabling the Department to issue consumer alert notices. As a result, 78 product listings for potentially dangerous items were removed from sale within 2 business days, and affected consumers were directly notified – enhancing the effectiveness of product recalls.

To raise public awareness about household chemical and pollutants risks, Health Canada's Healthy Home Campaign generated over 300,000 visits to Healthy Home-related webpages in 2024-25 and reached the Department's social media followers over 335,000 times.

Managing radiation safety

Health Canada continued to monitor and report on radiation exposure from both natural and human-made sources. The Department's 2024-25 evaluation of the Radiation Protection Program found it maintained and enhanced its readiness for nuclear emergencies, informed the public on the health effects of radiation, and played a key role in increasing public awareness of radon health risks and the importance of related testing and mitigation. Key accomplishments in 2024-25 include:

- Strengthening nuclear emergency preparedness by participating in 2 full-scale exercises under the Federal Nuclear Emergency Plan: one simulating an accident on a nuclear-powered vessel, the first of its kind, and another simulating an accident at a nuclear power plant involving cross-border coordination with the United States.
- Enhancing public access to radiation data and safety information by advancing real-time radiation monitoring capabilities and publishing new regulatory requirements for laser product sales and imports. This included updated guidance for industry and science-based laser safety information and advice for consumers.
- Promoting radon awareness and prevention during Radon Action Month by targeting information to households in regions where 1% to 3% of homes exceeded the Canadian Guideline of 200 Bq/m³, supporting efforts to reduce long-term public health risks.

Advancing climate change adaptation measures and building resilience for future health emergencies

Health Canada supported efforts to address the health impacts of climate change by building knowledge and capacity through the Climate Change and Health Capacity Building Program. Key accomplishments in 2024-25 include:

- Launching a call for proposals to strengthen the health sector's ability to respond to extreme heat and advance climate-resilient health systems. The Department also supported the National Adaptation Strategy and collaborated internationally to share best practices.
- Supporting P/Ts to develop and expand Heat Alert and Response Systems, enabling communities across Canada to better prepare for and respond to extreme heat events.
- Improving public health guidance and communications during climate-related health emergencies such as wildfires, drawing on lessons from past wildfire seasons. Outreach and engagement focused on key populations and health partners, supported by tools like a new video series addressing wildfire smoke, air purifiers, outdoor activity, and interpreting the Air Quality Health Index.

The Department also expanded its capacity to address future health emergencies by:

- Joining with World Health Organization Member States to adopt amendments to the International Health Regulations and continuing negotiations to establish a Pandemic Agreement, advocating for stronger prevention, health equity, and resilient health systems.
- Supporting the launch of Health Emergency Readiness Canada, a new agency within Innovation, Science and Economic Development Canada, to strengthen domestic capacity to develop and produce key medical countermeasures, such as vaccines, therapeutics, and diagnostics, to respond to future health emergencies.

Strengthening pesticide regulation and transparency

Health Canada continued to apply the Pest Control Products Act and its regulations by using a science-based process to assess and authorize new pesticides, re-evaluate registered pesticides against current scientific standards, and conduct compliance and enforcement activities. In 2024-25, the Department registered 321 new pesticide products, including 28 biopesticides, and completed 7 re-evaluations and 1 special review to ensure continued protection of human health and the environment. Additional accomplishments include:

- Strengthening the pesticide regulatory framework through proposed targeted regulatory amendments to enhance protection of human health and the environment as well as improve regulatory efficiencies, including:
  - Consulting on proposed amendments to establish fee levels that better reflect the costs of post-market activities.
  - Consulting on proposed changes to pest control devices and product exemptions to reduce regulatory burden and duplication.
- Increasing transparency and accessibility of decisions by publishing 5 plain language regulatory decisions and continuing to disclose applicant and product names for maximum residue limit requests once they enter review stage.
- Consulting on proactively monitoring scientific literature over a pesticide's lifecycle and engaging on a Proportional Effort policy to introduce a new risk-based model to better target review effort proportional to the complexity and risk.
- Enhancing evidence-based regulatory decisions with independent expertise and new datasets by:
  - Holding 3 Science Advisory Committee meetings on topics such as Indigenous knowledge, global biodiversity targets, maximum residue limits, and transparency in decision-making.
  - Launching the Canadian Water Monitoring Program for Pesticides in collaboration with 43 sampling partners, following a two-year pilot. Results are publicly available on the Government of Canada Open Data site and the Monitoring Water for Pesticides Dashboard.
  - Advancing pesticide use data collection by completing pilots for fruits and plants to support the development of a Pesticide Use Framework. Additionally, 4 information-sharing initiatives and 7 other pilot projects were launched to support health and environmental assessments.

Departmental result 5: Canadians make healthy choices

In this section

- Regulating cannabis and supporting Canadians in making informed decisions
- Taking action to protect Canadians, particularly youth, from the harms of tobacco and vaping products
- Promoting healthy eating
- Modernizing the regulatory oversight of food
- Ensuring the safety and nutritional quality of the Canadian food supply

Regulating cannabis and supporting Canadians in making informed decisions

The purpose of the Cannabis Act is to protect public health and safety. Health Canada supports this by restricting youth access; providing adults with legal access to regulated products; reducing illegal cannabis activities; and enhancing awareness of the health risks associated with cannabis use. In 2024-25, the Department oversaw the legal cannabis framework and collaborated with stakeholders to implement the Expert Panel's recommendations from the Legislative Review of the Cannabis Act through the following activities:

- Reducing regulatory burden and costs for cannabis producers by simplifying packaging, labelling, and record-keeping and reporting requirements, while maintaining public health and safety controls.
- Inspecting and verifying activities that posed the highest risk to public health and public safety, including conducting 562 commercial cannabis licence holder inspections, actioning 235 compliance verifications, and completing 197 inspections for personal and designated production under the cannabis for medical purposes framework.
- Granting an additional 102 licences for cultivation, and processing of cannabis, and sale of cannabis for medical purposes; 55 licences for research, analytical testing, and cannabis drug-related activities; and 45 for the cultivation of industrial hemp. The Department also issued 3,640 import and export permits and continued to enable reasonable access to cannabis for medical purposes, including by administering 11,304 active registrations for personal or designated production at the end of 2024-25.
- Publishing the first report on dried cannabis, which provides information on the composition and quality of cannabis products to help inform Canadians about potential health and safety risks associated with cannabis consumption.
- Updating mandatory health warning messages on all cannabis product labels, emphasizing risks such as pediatric poisonings from edibles, high-potency product use, and cannabis-related psychosis or schizophrenia in youth and young adults.

As part of its efforts to educate young people on the risks of cannabis use, Health Canada distributed information materials on cannabis and mental health to post-secondary institutions across Canada, including a new poster highlighting the impact of daily or near-daily cannabis use on mental health and brain function, along with tips to reduce associated risks. Through in-school cannabis programs, the Department also reached approximately 26,000 students in grades 4-12 across Canada to educate them on the risks that cannabis use can have on their developing brains and physical and mental health. This included Pursue Your Passion, which was translated into Indigenous languages specifically for Indigenous youth in remote communities.

The Department also raised awareness amongst parents and guardians about accidental cannabis poisoning in children including recognizing signs of poisoning, responding appropriately, and taking preventative measures. Activities include:

- Distributing over 270,000 copies of the How to Help Prevent Cannabis Poisonings in Children brochure across Canada.
- As part of a pilot project, distributing more than 260,000 rack cards to cannabis retailers in British Columbia to educate consumers on the importance of safe storage practices to help keep children and pets safe, particularly from edible cannabis products.

Taking action to protect Canadians, particularly youth, from the harms of tobacco and vaping products

In 2024-25, Health Canada continued to implement Canada's Tobacco Strategy, aiming to reduce tobacco use to less than 5% by 2035. The Department also worked to address youth vaping in collaboration with F/P/T partners by:

- Monitoring vaping and smoking trends using SGBA Plus analysis, informed by surveys such as the Canadian Health Survey of Children and Youth and the Canadian Community Health Survey to better understand youth and young adult use.
- Conducting compliance and enforcement activities for vaping products across the supply chain and publishing a vaping compliance and enforcement report. Activities included inspecting websites where advertising or promotion of vaping products is accessible to youth and inspecting retailers, manufacturers, and importers of vaping products, including over 2,100 gas and convenience stores and approximately 540 specialty vaping establishments to assess compliance with vaping regulations.
- Analyzing approximately 330 vaping products to determine nicotine concentrations, ensuring compliance with vaping product labelling regulations.

Specific measures related to tobacco include:

- Introducing new Tobacco Charges Regulations to establish a Tobacco Cost Recovery Framework, which requires manufacturers to pay for the cost of federal public health initiatives in tobacco control.
- Raising awareness through a public education campaign to encourage adults in Canada who smoke to consider quitting and inform them of available tools and resources, and promoting National Non-Smoking Week and World No Tobacco Day. Campaign ads were seen 24.6 million times, the videos were fully watched 6.8 million times and the campaign led to 62,736 immediate web visits to tobacco cessation content on Canada.ca.
- Publishing a guidance document for federal public service employees to help identify connections to, and manage interactions with, the tobacco industry in line with Canada's obligations under Article 5.3 of the World Health Organization Framework Convention on Tobacco Control.

To address youth vaping, the Department's accomplishments include:

- Launching an advertising campaign promoting vaping prevention and cessation content on Canada.ca in an effort to raise awareness about the risks and harms of vaping and encouraging youth to quit. Campaign ads were seen 15.3 million times, the videos were fully watched

5.1 million times and the campaign led to 113,755 immediate web visits to vaping prevention and cessation content on Canada.ca.
- Monitoring youth access to vaping products including through research, surveillance, and the creation an F/P/T working group to support youth protection efforts.

Promoting healthy eating

Health Canada provides inclusive healthy eating information that reflects Canada's diverse population. In 2024-25, the Department delivered healthy eating initiatives to help reduce diet-related chronic diseases by making healthier choices easier. Key accomplishments include:

- Gaining a better understanding of children's exposure to food and beverage marketing techniques in sports and recreation settings through Health Canada's monitoring.
- Establishing baseline data for monitoring changes in the nutritional quality of the food supply related to nutrients of public health concern (e.g., sugars, sodium, and saturated fat content).
- Launching an initiative to increase awareness of new front-of-package nutrition labelling regulations. These regulations, which require a new nutrition symbol on foods high in saturated fat, sugars or sodium to help consumers make informed food choices, will be fully implemented as of January 1, 2026.
- Promoting Canada's food guide and encouraging healthy eating through resources such as ways to stretch food dollars and how to eat healthily on campus. Subscriptions to the food guide monthly e-newsletter continued to increase, rising approximately 9% in 2024-25.
- Releasing a new dedicated cooking skills section in Canada's food guide kitchen, which provides easier access to information on how to plan, choose, buy, prepare and store foods.
- Releasing a new food guide toolkit for educators with ready-to-use activities to help children understand the food guide and build healthy eating habits.
- Promoting the food guide snapshot, which is now available in 34 languages, making it more accessible.
- Continuing to work with the food-processing sector to meet the Voluntary Sodium Reduction Targets for Processed Foods, 2020–25 and publishing a report on progress toward these targets in certain food categories.

Modernizing the regulatory oversight of food

To strengthen Health Canada's ability to respond to advances in science and technology, and to support industry in bringing innovative products to market, the Department's key accomplishments in 2024-25 include:

- Amending the Food and Drug Regulations to provide more streamlined and flexible tools to manage food additives, microbiological criteria, methods of analysis and compositional standards to help ensure timely access to safe and innovative food products in Canada.
- Implementing a national initiative to increase consumer awareness of supplemented foods, including their labelling and appropriate use. This supports new regulations related to the composition and labelling for all supplemented foods sold in Canada.
- Consulting on proposed requirements for infant foods and foods regulated for special dietary use. The proposal reflects the latest science on recommended intakes and aligns with international jurisdictions to help improve access to these specialized nutrition products.

Ensuring the safety and nutritional quality of the Canadian food supply

Health Canada works with other jurisdictions and international organizations, industry, and consumers to establish policies, regulations, and standards related to the safety and nutritional quality of all food sold in Canada. Health Canada continues to maintain a world-class food safety system, as demonstrated in the Department's 2024-25 evaluation of the Food and Nutrition Program. This was reflected in foodborne illness rates being comparable to or lower than those in the United States and the European Union, and in high levels of public confidence. In addition, health risk assessments were conducted in line with established service standards. Key accomplishments in 2024-25 include:

- Increasing outreach to help address food safety knowledge and behaviour gaps by publishing a safe recipe style guide to encourage Canadians to follow food safety steps at home, and providing food safety resource kits to classrooms to teach safe food handling practices to children.
- Increasing public awareness about the importance of safe food handling, selection, and preparation practices to reduce foodborne illnesses and allergic reactions with articles, audio, and video content being seen more than 30 million times. For example, messaging was shared on morning talk shows, and advertising on digital platforms like Buzzfeed reinforced safe food handling messages.
- Continuing nutrition research to determine appropriate intake levels of protein, fats, vitamins, and minerals. The Department published 20 peer reviewed scientific articles on the nutritional status and risk of the Canadian population. Examples include an assessment of folic acid intake among those who are or who could become pregnant, iodine intake among those who are pregnant, vitamin D intake among infants and children, and iron intake among infants.
- Assessing foods for microbial and chemical contamination, and the presence of allergens to support the Canadian Food Inspection Agency's efforts to remove or recall problematic foods from the market.
- Engaging F/P/T and industry stakeholders to explore solutions to reduce the number of food-borne illnesses in Canada associated with the consumption of poultry.
- Identifying risks from consuming food derived from cattle infected with avian influenza in the United States due to the potential of a similar outbreak in Canada.

Health Canada also strengthened international partnerships to advance food safety and nutrition, to enhance Health Canada's understanding of global food issues, and promote science-based standards and risk assessment by:

- Implementing the Health Canada-Food Standards Australia New Zealand safety assessment sharing process for genetically modified foods, which promotes international cooperation in food safety regulation.
- Contributing to the development of international food safety and quality standards that will be adopted by both Canada and the Codex Alimentarius Commission. The Department hosted the 28th session of the Codex Committee on Food labelling, where the standard for listing food allergens on the label of pre-packaged foods was updated to provide clearer and more consistent information. Health Canada also adopted the general principles for establishing nutrient reference values for young children.

Key risks
Key risks for core responsibility 2: Health protection and promotion

1. Public trust risk: Canadians may not trust Health Canada's ability to help protect and improve their health if the Department is not regarded as a reliable regulator and considered as a credible source of information.

Key examples of Health Canada's risk responses:

Risk responses	Activities
Implemented informative initiatives	Increased and updated regulatory health and safety information in both official languages so that Canadians have simple, accessible, and evidence-based information. For example: • Promoted transparency in clinical trials, food safety, and product oversight by encouraging trial registration and publishing inspection outcomes, the Canadian Total Diet Study, and food safety alerts. • Published timely updates on drug shortages and supply concerns, recalls and public advisories, and improved user experience on related websites. • Raised awareness about health risks related to cannabis, alcohol, controlled substances, tobacco, and vaping through updated public materials (such as cannabis health warnings and consumer materials), and targeted national awareness campaigns such as Ease the Burden, Know More: Opioid public awareness, Get the Facts, and Pursue Your Passion. • Enhanced surveillance activities that monitor drugs in Canada through the new drug early warning tool, the Canadian Drug and Substance Watch. • Enhanced access to health science and safety research by publishing data, survey results and reports, including the Impact Report on Driving Health Canada's Science and Research Excellence. • Improved digital content to make information about drugs (pharmaceuticals and biologics) and medical devices more accessible and easier to find, read, and understand. This included, a biocide main page and several guidance documents that were developed and published to provide clear, accessible information specifically on surface disinfectants and surface sanitizers.
Offered engagement opportunities to Canadians and stakeholders	In support of the Government of Canada's Open Government initiative and Health Canada's Forward Regulatory Plan, provided opportunities for Canadians and stakeholders to participate in regulatory and policy developments. For example: • Conducted broad consultations with stakeholders, Indigenous Peoples, and official language minority communities, on multiple initiatives, and posted updates on Consulting with Canadians and the Canada Gazette.

| Reinforced Health Canada's role as a trusted regulator | Continued to enhance tools, processes, and resources to effectively communicate and engage with Canadians on Health Canada's digital platforms, including Canada.ca and media channels. For example:

• Proactively shared information on approved health products through platforms like the Drug and Health Product Portal and the Clinical Information Portal, and communicated early and consistently about health and safety risks. This included publishing a total of 53 Summary Basis of Decisions (40 for new active substances and 13 for biosimilars).

• Continued improving transparency on national drug shortages through publishing the annual report of drug shortages in Canada.

• Strengthened public access to regulatory information, including pesticide decisions, by enhancing communications products and streamlining the disclosure process to build public trust.

• Continued to implement a user-friendly recalls and safety alerts system to enable Canadians to take action to protect themselves from unsafe products.

• Partnered with other departments to optimize digital tools and automate publishing on Canada.ca, enabling faster, real-time updates and improving access to recall and safety alerts. |
| Advanced regulatory modernization initiatives | Continued to modernize the federal regulatory system for health products and food to make it more responsive to innovation, while maintaining a science and safety-based approach and aligning with international standards. For example:

• Introduced Agile Licensing regulations, which amended the Food and Drug Regulations and the Medical Devices Regulations, to enhance safety and ensure appropriate oversight while also supporting innovation.

• Updated frameworks in Part B of the Food and Drug Regulations to enable timely updates, reflect scientific advances, and support the safe introduction of innovative foods.

• Streamlined the regulatory framework for biocides (e.g., surface disinfectants and sanitizers) by advancing new regulations and publishing accompanying guidance.

• Introduced Precision Regulating authorities, tailored tools to ensure the safety and availability of essential products (e.g., including reliance authority to facilitate access to products already approved by trusted international regulators). |

2. Regulatory risk: Health Canada's ability to help protect the health of Canadians may be weakened due to the complexity and fragility of the global supply chain, the rapid pace of innovation, and increasing e-commerce from global sources.

Key examples of Health Canada's risk responses:

Risk responses	Activities
Strengthened oversight	Developed strategies and tools to strengthen market surveillance and oversight of emerging products and supply shortages. For example: • Promoted and enforced compliance with the Food and Drugs Act and its regulations, in line with Health Canada's Compliance and Enforcement Policy for Health Products. • Enhanced the ability to combat illegal precursor chemicals and drug production to support law enforcement and opening new drug testing labs to expand analysis, trace drug origins, and disrupt the synthetic drug supply. • Advanced oversight of high-risk and emerging products, including publishing results of vaping compliance and enforcement activities, modernizing the regulatory oversight of pesticides, and monitoring cannabis market trends. • Improved detection and mitigation of health product shortages in collaboration with regulated parties and health care partners. • Strengthened regulatory frameworks and global collaboration by participating in Codex Alimentarius Commission and leveraging international scientific advice to support domestic and global food safety and nutrition frameworks. • Enhanced oversight of online marketplaces and e-commerce platforms across product lines (e.g., consumer products, tobacco, vaping, cannabis, and pesticides) through cross-product strategies and the development of digital and administrative tools.
Leveraged international expertise on global issues	Collaborated with international regulatory organizations and aligned with foreign regulators, where appropriate, to strengthen Canada's regulatory system and improve access to safe, effective health products. For example: • Shared information with international partners on antimicrobial resistance and use, pharmaceutical nitrosamine remediation, developing international standards (e.g., veterinary drugs), emergent safety issues, and health product shortages. • Promoted international work-sharing to accelerate access to drugs in Canada through initiatives such as Project Orbis, and Access Consortium. • Observed European Medicines Agency committees, leveraging these discussions, decisions and documents in our regulatory review and health products' vigilance. • Contributed to the implementation of the G7 Clinical Trials Charter and participated in global efforts to streamline trial coordination. • Served as a Standing Member of the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use, committing to implement relevant guidelines and

	standards, while leading the management committee and participated in various working groups. • Participated in International Coalition of Medicines Regulatory Authorities initiatives to strengthen crisis response, communication, and regulatory science, including co-chairing the Working Group on Real-World Evidence for Public Health Emergencies. • Shared non-compliance information with trusted international regulators as part of the two-way alert programme under our mutual recognition agreements.
Addressed changing business models in the supply chain	Strengthened oversight of foreign sites involved in health product manufacturing. For example: • Conducted inspections of foreign manufacturing sites to increase oversight earlier in the supply chain and shared this information with international partners. • Advanced regulatory initiatives (e.g., Health Canada Forward Regulatory Plan, Regulatory Cooperation Council Action Plan) to support regulatory development and harmonization. • Continued piloting good manufacturing practice single inspection program with select international regulatory authorities.

Related government-wide priorities
This section highlights government priorities that are being addressed through this core responsibility.

Gender-based analysis plus

In 2024-25, Health Canada continued to apply Sex- and Gender-Based Analysis Plus (SGBA Plus) to examine structural inequities and reflect the diverse realities of people affected by its policies and programs. The Department identified strategies to strengthen SGBA Plus implementation for tobacco, vaping, controlled substances, and cannabis programs. For example, the Department applied SGBA Plus when assessing applications for the Emergency Treatment Fund by requiring applicants to identify who they serve, support diverse groups, and collect basic data to track impact. Key findings, including the importance of normalizing SGBA Plus and improving access to disaggregated data, will inform future activities and enhance engagement with diverse groups. Health Canada continued implementing its Sex- and Gender-Based Analysis Plus Action Plan, which aims to embed sex, gender, and diversity considerations into both organizational practices and culture. The Department provided staff with practical tools and resources to promote the consistent application of SGBA Plus across all areas of work.

More information about Sex- and Gender-based Analysis Plus is available in the Gender-Based Analysis Plus Supplementary Information Table.

United Nations 2030 Agenda for Sustainable Development and the UN Sustainable Development Goals
As part of Canada's commitment to support the United Nations 2030 Agenda for Sustainable Development and UN Sustainable Development Goals (SDGs), Health Canada's domestic contribution through ongoing policies, programs, and initiatives advanced 5 SDGs in total, including SDG 3 (Good health and well-being); SDG 6 (Clean water and sanitation); SDG 11 (Sustainable cities and

communities); SDG 12 (Responsible consumption and production); and SDG 13 (Climate action) through core responsibility 2 activities.

More information about Health Canada's contributions to Canada's Federal Implementation Plan on the 2030 Agenda and the Federal Sustainable Development Strategy can be found in Health Canada's Departmental Sustainable Development Strategy.

Internal services

In this section

- Description
- Resources required to achieve results
- Details on results
- Key risks
- Contracts awarded to Indigenous businesses

Description

Internal services refer to the activities and resources that support a department in its work to meet its corporate obligations and deliver its programs. The 10 categories of internal services are:

- Management and Oversight Services
- Communications Services
- Legal Services
- Human Resources Management
- Financial Management
- Information Management
- Information Technology
- Real Property
- Materiel
- Acquisitions

Resources required to achieve results

Table 8: Resources required to achieve results for Internal services this year

Table 8 provides a summary of the planned and actual spending and full-time equivalents required to achieve results.

Resource	Planned	Actual
Spending	$322,146,749	$464,435,180
Full-time equivalents	2,038	2,648

The Finances section of the Infographic for Health Canada on GC Infobase page and the People section of the Infographic for Health Canada on GC Infobase page provide complete financial and human resources information related to its program inventory.

Details on results

In this section

- Building a healthy, diverse, and inclusive workforce including advancing accessibility

- Enabling a safe and productive workforce with access to modern tools and facilities
- Empowering innovative programs and services to benefit Canadians
- Delivering inclusive, timely, and evidence-based communications

Building a healthy, diverse, and inclusive workforce including advancing accessibility

Health Canada's greatest asset is its skilled and engaged workforce, specializing in science, regulations, and other core competencies essential to delivering excellence in programs and services. The Department aims to ensure a diverse and inclusive workforce, and a workplace where all employees feel safe and are treated with respect and fairness.

In support of revitalizing values and ethics in the Public Service, the Department is supporting Government of Canada priorities through mandatory training and discussions on ethical conduct. In 2024-25, the Department submitted its first self-assessment on values and ethics actions to the Clerk of the Privy Council, laying the foundation for revitalizing Health Canada's values and ethics program and launching its revised Code of Conduct. The Code includes practical tools and examples for navigating ethical situations and highlights key areas such as equity, reconciliation, inclusion, mental health, and scientific integrity. Health Canada provided employees with advice and guidance to support the prevention and resolution of workplace harassment and violence.

The Centre for Ombuds and Resolution continued to offer employees, at all levels, a safe space to share experiences and explore options, recourse, and resources for resolving any work-related issues without fear of reprisal. The Centre continued to raise awareness of systemic issues and trends to people with the authority to act and fostered collaborative approaches to managing workplace issues. In addition, it offered tools to foster a more inclusive workplace and services to increase competencies in conflict management, communication, and emotional intelligence.

Additional accomplishments in 2024-25 include:

- Advancing the Department's 2022–25 Accessibility Plan as part of the Government of Canada's goal to make Canada barrier-free by 2040. Health Canada developed performance indicators to measure improvements to accessibility and, in support of the Accessibility Strategy for the Public Service of Canada, released its 2024 Accessibility Progress Report.
- Strengthening bilingual service delivery by providing employees with over 2,000 second official language training opportunities.
- Working to increase Indigenous representation at senior levels by participating in Indigenous Services Canada initiatives aimed at building leadership capacity. One employee graduated from the Indigenous Management Development Program, and 5 employees participated in the Indigenous Career Management for Employees initiative.

Supporting the Government of Canada's Action Plan to support Black public servants by enhancing the Employee Assistance Program, which supports over 90 federal departments and agencies. Health Canada increased the number of Black mental health professionals in its network from 61 to 103, successfully matched 93% of identity-based client requests that included a Black mental health professional, and updated promotional materials to better reach Black public servants.

Enabling a safe and productive workforce with access to modern tools and facilities

Health Canada collaborated across the Health Portfolio to enhance workforce security and modernization, in alignment with Treasury Board Secretariat's Service and Digital Policy suite. Key accomplishments in 2024-25 include:

- Delivering Public Service Occupational Health Program services to the core public administration, including providing occupational health evaluations and immunization and communicable disease screening services to over 14,500 individuals. Health Canada also provided occupational health guidance, supporting departments' and the Treasury Board Secretariat's efforts to address workplace hazards and emerging issues.
- Supporting the Open Science Action Plan by collaborating with the Federal Science Libraries Network and other departments to expand publishing options for Health Canada authors, supporting decision-making, policy development, and research efforts in priority areas.
- Developing a strategy to modernize the organization's digital infrastructure and applications, reduce cybersecurity risk, and improve reliability and operational efficiency.
- Conducting 7 facility risk assessments and modernizing training and awareness initiatives to enhance the security of information, assets, facilities, and employees.

Empowering innovative programs and services to benefit Canadians

Health Canada continued to foster a culture of innovation and continuous learning, equipping its workforce to effectively navigate future challenges. The Department strengthened innovation literacy within the organization and the public service by:

- Developing a guide to help employees understand how innovation can improve business processes.
- Sharing project results and lessons learned with other government departments and international partners. For example, identifying unconscious bias and systemic racism within consumer product safety risk assessment processes to raise awareness of methodologies that promote equity and inclusion.

In 2024-25, Health Canada funded 9 projects through its Solutions Fund, empowering employees to contribute to improved health outcomes for Canadians. Examples include:

- Testing a game-based learning prototype to assess its effectiveness in helping youth understand and retain messaging around environmental health.
- Developing a large language model artificial intelligence prototype to streamline and accelerate the review of scientific literature.

Delivering inclusive, timely, and evidence-based communications

Health Canada provided clear, timely, and evidence-based information by leveraging various communication platforms including marketing, advertising, digital channels, Canada.ca, and social media, to reach diverse audiences and promote priorities as well as other health and safety topics. The Department ensured visibility and awareness of its actions and initiatives through daily postings on social media accounts. These channels featured 6,000 social media posts that were seen 38 million times resulting in 2.4 million followers across all platforms. Within Health Canada, employees continued to be engaged regularly, and information was shared via accessible and inclusive town halls and all-staff messages from Deputy Heads and senior officials.

Key risks

Key risks for internal services

1. People risk: Health Canada's ability to deliver on its mandate effectively may be at risk due to challenges in maintaining a high-performing, bilingual, and diverse workforce within a healthy workplace. Key examples of Health Canada's risk responses:

Risk responses	Activities
Supported workplace wellness initiatives	Invested in initiatives to foster a healthy and safe workplace. For example: • Promoted positive mental health and wellness through the Multi-Year Mental Health and Workplace Wellness Strategy by implementing strategies aligned with the National Standard for Psychological Health and Safety in the Workplace. • Began developing the Mental Health and Psychological Health and Safety Management System 2025-2028 Action Plan. • Provided guidance and support to employees in fostering a healthy, respectful, and safe workplace, addressing both physical and psychological well-being. • Provided neutral and impartial advice and guidance to employees and managers on the prevention and resolution of harassment and violence in the workplace. • Provided, via the Centre for Ombuds and Resolution, an independent, confidential, and informal safe space where all Health Canada employees can explore options, recourse, and resources to resolve a range of issues that could hinder workplace well-being.
Promoted diversity, values and ethics, bilingualism, and inclusion	Encouraged diversity, values and ethics bilingualism and inclusion. For example: • Continued implementing the Department's Official Languages Action Plan and promoting bilingualism in the workplace. • Expanded equitable access to standardized language training for Indigenous Peoples, Black and Racialized employees and persons with disabilities via the internal Equitable Access to Language Training Program. • Empowered strong employee networks with the support of their respective Champions. • Continued to address racism and discrimination through the work of the Leadership Council on Diversity and Inclusion, with support from Employee

	Networks, and targeted initiatives led by management across the organization. • Continued to implement commitments in Health Canada's Accessibility Plan. • Strengthened ethical practices by launching a revised Code of Conduct, creating an employee portal dedicated to values and ethics, and requiring all employees to complete mandatory training.
Attracted and retained skilled and talented employees	Maintained a high-performing workforce with the appropriate skills and competencies. For example: • Fostered career development through clear performance measures, training, and talent management, with a focus on equitable representation and development for Black, Racialized, and Indigenous employees and persons with disabilities. • Increased mandatory training completion rates by providing each employee with a customized portal identifying individual missing courses. • Incorporated accessibility, diversity, and inclusion in all aspects of planning to support the workforce, work, and workplace, regardless of location. • Closed an organization-wide representation gap and fostered a more inclusive workplace by implementing innovative and targeted staffing strategies to reduce barriers and increase representation of employment equity groups. For example, increased communication at all stages of recruitment, personalized conversations, gave candidates more choice of assessment tools, and enhanced feedback to unsuccessful candidates.

2. Technology and infrastructure risk: Health Canada's ability to deliver its programs and services may be at risk due to the Department's aging physical and IT infrastructure, deferred maintenance, limited funding, limited data analytics capacity, and challenges in safeguarding IT assets from cyberattacks**.** Key examples of Health Canada's risk responses:

Risk responses	Activities
Continued to update IT and lab infrastructure	Equipped employees with modern, enhanced and secure infrastructure. For example: • Continued to modernize workplace facilities and provided novel and secure tools, including Robotic Process Automation to assist programs in automating manual tasks and processes. • Assessed legacy technologies, developed plans, and shut down some outdated applications and servers. • Developed and/or implemented business applications to address the risks of aged technology, including technology that no longer meets business needs. • Continued to address aging lab infrastructure and actively participated in Labs Canada initiative to create world class, innovative and collaborative science research centres across Canada. • Updated the Department's laboratory infrastructure strategy to comply with Treasury Board Secretariat's directive to align with science program requirements.

	• Developed and implemented strategies to guide intentional and proactive management of the real property portfolio.
Promoted digital transformation	Established a Service and Digital Strategy to foster transformation and enhance efficiency and effectiveness of programs and services through the following: • Advanced the Department's digital-data transformation outlined in Health Canada's Data Strategy and Service and Digital Strategy. • Ensured alignment with the 2023-2026 Data Strategy for the Federal Public Service, Digital Standards, Policy on Results, Digital Ambition, AI Strategy for the Federal Public Service 2025-2027, and Policy on Service and Digital.
Promoted training and awareness	Ensured Department vigilance and raised employee awareness. For example: • Communicated with employees on privacy and security requirements and provided training on safeguarding information, including the implementation of a mandatory course, Discover Cyber Security, for all employees. • Implemented employee training on new applications and technologies, including mandatory cyber security training, Introduction to SharePoint as a Corporate Repository course, Information Security in M365 SharePoint, and Standard Information Architecture. As part of the Data Literacy Program, delivered several offerings focused on Power BI, advanced Excel, and foundational data skills. • Refined and delivered mandatory training regarding the management of personal information. • Conducted internal privacy risk assessments to ensure that employees understand and are aware of privacy risks and privacy advisory resources. • Improved internal process for procuring IT professional services to clearly define the roles of relevant teams, including contracting, client services, shared services, and security. • Ensured that all staff understand their security responsibilities and comply with the Treasury Board Secretariat's Policy on Government Security. • Continued to develop tools, guidelines, and communication products that enhance security awareness throughout the Department.
Strengthened oversight	Implemented oversight strategies and fostered a privacy and security culture remotely and onsite. For example: • Considered privacy when creating and delivering new programs. For example, a privacy-by-design approach was used to support the launch of the Canadian Dental Care Plan. These new supports ensured that the personal information of Canadians remains protected at all times as part of the services provided by the Department. • Updated policies and tools to safeguard and protect people, information and assets in compliance with Treasury Board Secretariat's policies, directives and standards such as the Standard on Security Screening. • Continued to implement the revised Privacy Management Framework expanding a risk-based approach for initiatives with personal information.

| | • Continued Privacy Impact Assessments, Privacy Protocols and Privacy Breach Process and Reporting. |
| | • Reviewed and updated the Business Continuity Plan to ensure alignment with current operational needs. |

Contracts awarded to Indigenous businesses

Government of Canada departments are required to award at least 5% of the total value of contracts to Indigenous businesses every year.

Health Canada's result for 2024-25:

Table 9: Total value of contracts awarded to Indigenous businesses[1]

As shown in the Table 9, Health Canada awarded 9.01% of the total value of all contracts to Indigenous businesses for the fiscal year.

Contracting performance indicators	2024-25 Results
Total value of contracts awarded to Indigenous businesses[2] (A)	$10,321,550.76
Total value of contracts awarded to Indigenous and non-Indigenous businesses (B)	$133,497,190.06
Value of exceptions approved by deputy head (C)	$18,941,124.05
Proportion of contracts awarded to Indigenous businesses [A / (B−C) × 100]	9.01%

- [1] "Contract" is a binding agreement for the procurement of a good, service, or construction and does not include real property leases. It includes contract amendments and contracts valued at below $10,000.00.
- [2] For the purposes of the minimum 5% target, the data in this table reflects how Indigenous Services Canada (ISC) defines "Indigenous business" as either:
  - Owned and operated by Elders, band and tribal councils.
  - Registered in the Indigenous Business Directory.
  - Registered on a modern treaty beneficiary business list.

For 2024-25, Deputy Head-approved exceptions were applied for laboratory, medical, and optical instruments and their related repair and maintenance. These are highly technical and specialized instruments, typically produced by a few major scientific manufacturers or niche suppliers, for which no Indigenous capacity currently exists to meet the department's needs.

In its 2025-26 Departmental Plan, Health Canada estimated that it would award 5% of the total value of its contracts to Indigenous businesses by the end of 2024-25.

In 2024-25, Health Canada significantly exceeded its target by awarding over 9% of the total value of contracts to Indigenous businesses. Software license and maintenance fees for commercial and

development software was the most significant commodity, accounting for almost 36% of the total contract value awarded to Indigenous businesses.

Health Canada worked to increase opportunities for Indigenous businesses by continuing to implement the following measures:

- Reporting quarterly on progress towards the target to senior management, contracting authorities, and business owners.
- Updating resources for business owners and contracting authorities on commitments, policy requirements, guidance, checklists, tools, and strategies as appropriate to increase opportunities for Indigenous businesses.
- Integrating procurement planning with departmental planning processes before the start of the fiscal year to support early identification of potential opportunities for Indigenous businesses.
- Participating in inter-departmental working groups and meetings to develop guidance and share best practices.
- Increasing awareness among business owners, contracting authorities and senior management, including promoting mandatory training requirements on Indigenous considerations in procurement for new hires.

Spending and human resources

In this section
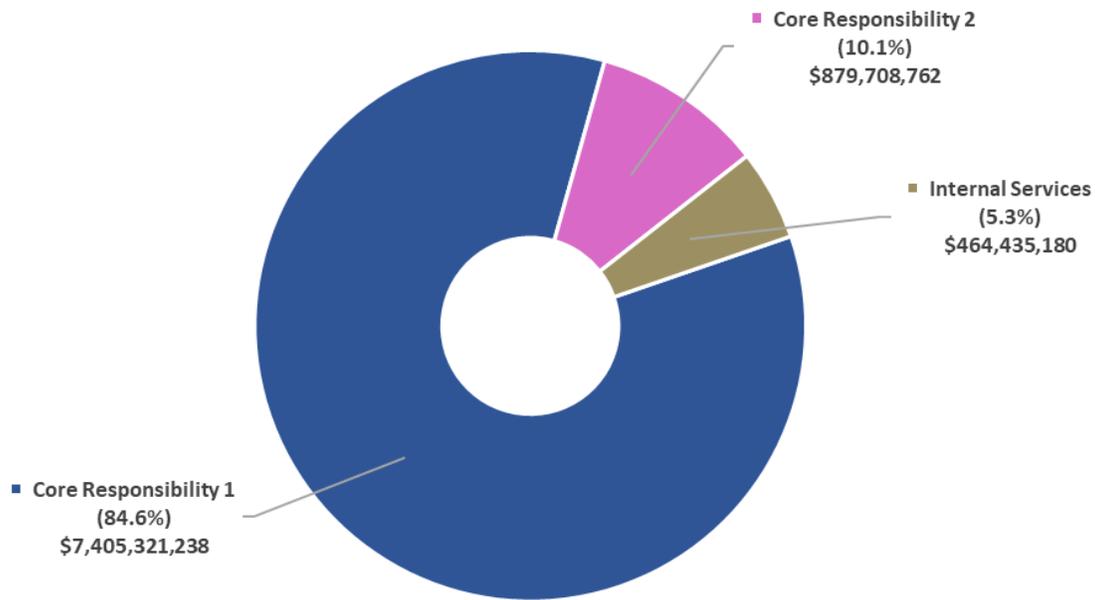- Spending
- Funding
- Financial statement highlights
- Human resources

Spending

This section presents an overview of the department's actual and planned expenditures from 2022-23 to 2027-28.

Graph 1: Actual spending by core responsibility in 2024-25
Graph 1 presents how much the department spent in 2024-25 to carry out core responsibilities and internal services.

Text description of graph 1

Core responsibilities and internal services	2024-25 actual spending
Core responsibility 1: Health care systems	$7,405,321,238
Core responsibility 2: Health protection and promotion	$879,708,762
Internal services	$464,435,180

Analysis of actual spending by core responsibility

Core responsibility 1 supports the national health care system by providing contributions and transfer payments to P/Ts as well as funding to universities and organizations to reinforce and improve health care for Canadians. Of the total spending for core responsibility 1 for 2024-25, 64% of total expenditures was utilized for such items as Working Together to Improve Health Care for Canadians, home, supportive care, and mental health initiatives, and the National Strategy for Drugs for Rare Diseases. Further, 27% of expenditures supported the implementation of the Canadian Dental Care Plan to help ease the burden of dental expenses on families.

For core responsibility 2, 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. As part of the Department's mandate, and its supporting acts and regulations, Health Canada reviews and evaluates products, and issues establishment and right-to-sell licences. In 2024-25, 39% of the funding associated with core responsibility 2 was spent towards evaluation, assessment or programs supporting pharmaceutical, biological, and radiopharmaceutical drugs, medical devices, radiation protection, health impacts of chemicals, and pesticides (of which 58%

was recovered through external fees). In addition, 36% of the core responsibility 2 funding was used for controlled substances, cannabis, and tobacco programs, of which 39% was provided to P/Ts, universities, and other non-profit organizations by way of contribution funding.

Internal services provided support to Health Canada's program areas, as well as administrative services to the Public Health Agency of Canada through the Shared Services Partnership. Such services were for, but not limited to, the management of information technology, provision of communications services, financial and human resources services, and assistance in procurement of items to facilitate efficiencies and cost effectiveness for both the Department and the Agency.

Refocusing Government Spending
In Budget 2023, the government committed to reducing spending by $14.1 billion over five years, starting in 2023-24, and by $4.1 billion annually after that.

As part of meeting this commitment, Health Canada identified the following spending reductions.

- 2024-25: $20,682,000
- 2025-26: $28,948,000
- 2026-27 and after: $40,057,000

During 2024-25, Health Canada worked to realize these reductions through the following measures:

- Improved operational efficiencies of programs post-pandemic including investing in digital solutions, business informatics, and re-aligning research and surveillance.
- Optimized risk-based approaches to compliance and enforcement activities across product lines.
- Reduced spending on internal services (e.g., on corporate activities such as human resources, real property), made a small reduction to the grants and contributions budget, and reduced travel and the use of professional services.

Budgetary performance summary
Table 10: Actual three-year spending on core responsibilities and internal services (dollars)
Table 10 shows the money that Health Canada spent in each of the past three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2024-25 Main Estimates	2024-25 total authorities available for use	Actual spending over three years (authorities used)
Core responsibility 1: Health care systems	7,555,392,020	8,191,994,176	• 2022-23: 2,953,648,145 • 2023-24: 5,369,628,448 • 2024-25: 7,405,321,238
Core responsibility 2: Health protection and promotion	801,063,755	881,978,893	• 2022-23: 862,845,484 • 2023-24: 945,883,667 • 2024-25: 879,708,762
Subtotal	**8,356.455,775**	**9,073,973,069**	• **2022-23: 3,816,493,629** • **2023-24: 6,315,512,115** • **2024-25: 8,285,030,000**
Internal services	322,146,749	386,804,047	• 2022-23: 505,814,560 • 2023-24: 526,781,104 • 2024-25: 464,435,180

Core responsibilities and internal services	2024-25 Main Estimates	2024-25 total authorities available for use	Actual spending over three years (authorities used)
Total	8,678,602,524	9,460,777,116	• **2022-23: 4,322,308,189** • **2023-24: 6,842,293,219** • **2024-25: 8,749,465,180**

Analysis of the past three years of spending

The variance between total authorities and actual spending for Internal Services in 2024-25 is mainly due to the high demand of services required for the Shared Services Partnership between Health Canada and the Public Health Agency of Canada. Through cost recovery, the difference was reimbursed to Health Canada but is not reflected in the table above.

At the outset of 2024-25, Health Canada's planned spending was $8,678.6 million. Additional in-year funding received for Treasury Board Secretariat approved initiatives increased the Department's total authorities to $9,460.8 million. The additional authorities received during 2024-25 related mainly to improving working conditions for personal support workers, the Canadian Dental Care Plan, the Chemicals Management Plan, establishment of the Emergency Treatment Fund and strengthening the capacity and transparency of the pesticide review process. The variance between total authorities and actual spending is mainly due to lapsing funds related to the Canadian Dental Care Plan ($433 million) and Personal Support Workers ($275 million). A large portion of lapsed funding has been frozen for the purpose of reprofile to future fiscal years.

The increase in actual expenditures in 2023-24 from 2022-23 is mainly due to funding received in-year for Working Together to Improve Health Care for Canadians.

The increase in actual expenditures in 2024-25 is mainly due to the Canadian Dental Care Plan, as well as the National Strategy for Drugs for Rare Diseases.

The Finances section of the Infographic for Health Canada on GC Infobase offers more financial information from previous years.

Table 11: Planned three-year spending on core responsibilities and internal services (dollars)
Table 11 shows Health Canada's planned spending for each of the next three years on its core responsibilities and on internal services.

Core responsibilities and internal services	2025-26 planned spending	2026-27 planned spending	2027-28 planned spending
Core responsibility 1: Health care systems	9,313,052,163	9,829,846,661	8,571,746,082
Core responsibility 2: Health protection and promotion	972,369,630	737,264,577	680,182,777
Subtotal	**10,285,421,793**	**10,567,111,238**	**9,251,928,859**
Internal services	339,935,960	319,944,311	318,161,957
Total	**10,625,357,753**	**10,887,055,549**	**9,570,090,816**

Analysis of the next three years of spending

The increase in planned spending in 2026-27 is mainly due to the increase in funding for the Canadian Dental Care Plan and payments to P/Ts to provide coverage for specific prescription drugs and related products under section 6 of the Pharmacare Act. This is offset by the expiry of budget authorities for the renewal of the framework for the legalization and regulation of Cannabis in Canada, Chemicals Management Plan, funding to support Canada Health Infoway under Shared Health Priorities, the Terry Fox Research Institute, and strengthening the capacity and transparency of the pesticide review process.

The decrease in planned spending in 2027-28 is mainly due to the expiry of budget authorities for home care and mental health services under Shared Health Priorities, the National Strategy for Drugs for Rare Diseases, and the Emergency Treatment Fund, which are offset by an increase in funding for the Canadian Dental Care Plan.

For expiring budgetary spending authorities, the Department would have to request funding for these initiatives for future years.

The Finances section of the Infographic for Health Canada on GC Infobase offers information on the alignment of Health Canada's spending activities.

Funding

This section provides an overview of the department's voted and statutory funding for its core responsibilities and for internal services. For further information on funding authorities, consult the Government of Canada budgets and expenditures.

Graph 2: Approved funding (statutory and voted) over a six-year period
Graph 2 summarizes the department's approved voted and statutory funding from 2022-23 to 2027-28.
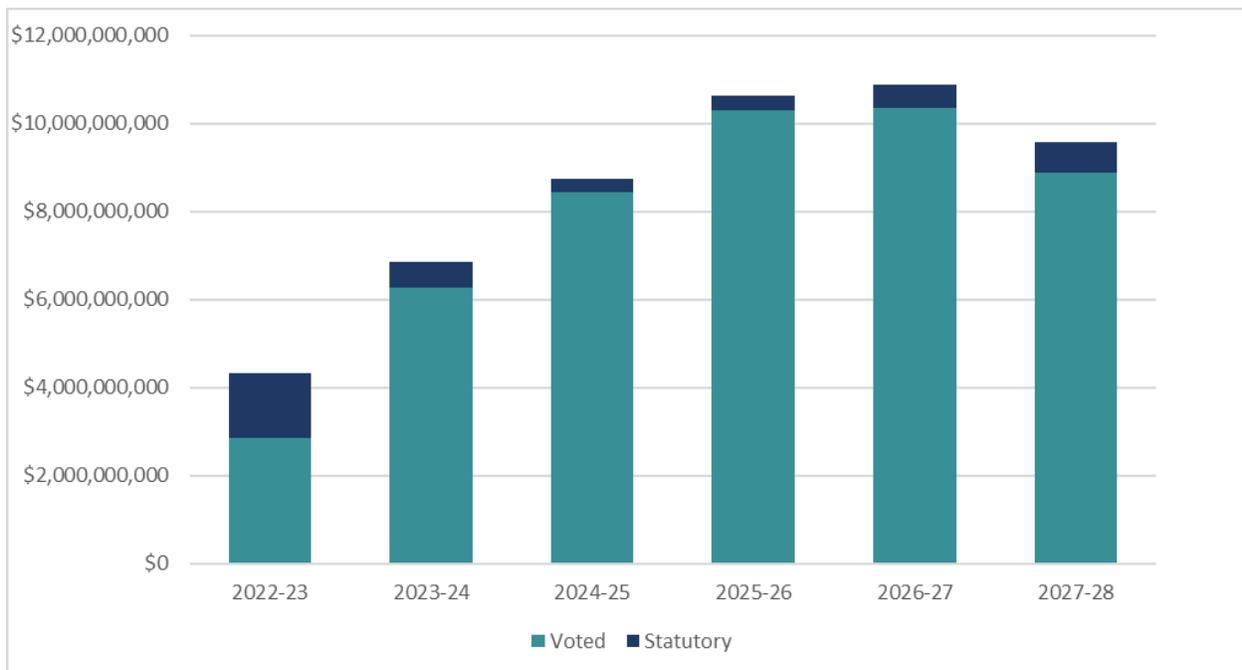
Text description of graph 2

The figure illustrates Health Canada's approved funding trend from fiscal year 2022–23 to fiscal year 2027–28 where funding, in millions of dollars, is shown on the vertical axis, and time period, in fiscal years, is shown on the horizontal axis.

Graph 2 includes the following information in a bar graph:

Fiscal year	Statutory	Voted	Total
2022-23	1,474,087,868	2,848,220,321	4,322,308,189
2023-24	566,361,403	6,275,931,816	6,842,293,219
2024-25	303,598,095	8,445,867,085	8,749,465,180
2025-26	329,238,339	10,296,116,413	10,625,357,752
2026-27	531,502,646	10,355,552,902	10,887,055,548
2027-28	689,063,518	8,881,027,299	9,570,090,817

Analysis of statutory and voted funding over a six-year period

Voted Authority spending increased in 2023-24 due to additional funding received in-year for Working Together to Improve Health Care for Canadians Plan and an increase in funding for the Canadian Dental Care Plan.

Spending increased again in 2024-25 due to an increase and reprofile of funding for the Canadian Dental Care Plan, as well as the National Strategy for Drugs for Rare Diseases. The planned voted authorities in 2025-26 increase is mainly due to additional funding authority for the Canadian Dental Care Plan. For 2027-28, the decrease is mainly due to the expiry of budget authorities for home care and mental health services under Shared Health Priorities, the National Strategy for Drugs for Rare Diseases, and the Emergency Treatment Fund, which are partially offset by an increase in funding for the Canadian Dental Care Plan.

For statutory funding, in 2023-24 there was a decrease due to the expiry of authorities for the procurement of critical and time-sensitive COVID-19 rapid tests, which was partially offset by payments pursuant to the Dental Benefit Act. For 2024-25 there was a planned decrease for payments pursuant to the Dental Benefit Act. Finally, for 2026-27 and 2027-28 there is a statutory funding increase for payments to P/Ts to increase existing public pharmacare coverage and to provide coverage for specific prescription drugs and related products under section 6 of the Pharmacare Act.

For expiring budgetary spending authorities, the Department would have to request funding for these initiatives for future years.

Consult the Public Accounts of Canada for further information on Health Canada's departmental voted and statutory expenditures.

Financial statement highlights

Health Canada's Financial statements (Unaudited) for the Year Ended March 31, 2025.

Table 12: Condensed Statement of Operations (unaudited) for the year ended March 31, 2025 (dollars)
Table 12 summarizes the expenses and revenues for 2024-25 which net to the cost of operations before government funding and transfers.

Financial information	2024-25 actual results	2024-25 planned results	Difference (actual results minus planned)
Total expenses	9,061,355,243	9,037,768,848	23,586,395
Total revenues	392,066,545	290,948,615	101,117,930
Net cost of operations before government funding and transfers	8,669,288,698	8,746,820,233	(77,531,535)

Analysis of expenses and revenues for 2024-25

In 2024-25, the Department's total expenses amounted to $9,061.4 million, representing a difference of $23.6 million compared to planned results. This variance is primarily attributable to the following factors:

- Higher-than-anticipated expenditures in support of the Public Health Agency of Canada (PHAC) through the Health Portfolio Shared Services Partnership (SSP).
- Increased spending under the Chemicals Management Plan.
- Additional investments to enhance the capacity and transparency of the pesticide review process.

These increases were partially offset by:

- Lower-than-expected use of contingency funding related to the volume of claims under the Canadian Dental Care Plan, as well as the conclusion of the interim Canada Dental Benefit on June 30, 2024.

Total departmental revenues for 2024–25 were $392.1 million, exceeding planned revenues by $101.1 million. This variance is primarily due to the department invoicing PHAC for internal support services actually provided under the SSP, which exceeded the amounts reported in the planned results.

The 2024-25 planned results information is provided in Health Canada's Future-Oriented Statement of Operations and Notes 2024-25.

Table 13: Condensed Statement of Operations (unaudited) for 2023-24 and 2024-25 (dollars)

Table 13 summarizes actual expenses and revenues and shows the net cost of operations before government funding and transfers.

Financial information	2024-25 actual results	2023-24 actual results	Difference (2024-25 minus 2023-24)
Total expenses	9,061,355,243	7,197,645,681	1,863,709,562
Total revenues	392,066,545	407,714,722	(15,648,177)

Financial information	2024-25 actual results	2023-24 actual results	Difference (2024-25 minus 2023-24)
Transferred operations	-	24,287,892	(24,287,892)
Net cost of operations before government funding and transfers	8,669,288,698	6,814,218,851	1,855,069,847

Analysis of differences in expenses and revenues between 2023-24 and 2024-25

When comparing year-over-year expenses, there was an increase of $1,863.7 million. The significant changes were:

- A higher volume of benefit payments and an increase in related administrative services for the Canadian Dental Care Plan.
- An increase in contributions to P/Ts for the National Strategy for Drugs for Rare Diseases Program.

These increases were partially offset by:

- A decrease in statutory expenditures for benefit payments to recipients pursuant to the Dental Benefit Act by Canada Revenue Agency, through an administrative arrangement under the interim Canada Dental Benefit, which ended on June 30, 2024.

The Department's total revenues were $392.1 million in 2024-25 representing a decrease of $15.6 million in actual revenues from the prior year. While actual expenses and revenues in 2024–25 related to the SSP agreement with PHAC exceeded planned results, the actual results were lower than in the previous fiscal year, and contributed to the decrease in total revenues in 2024-25. This decrease is partially offset by an increase in annual fees in accordance with section 4(1) of the Fees in Respect of Drugs and Medical Devices Order.

Table 14: Condensed Statement of Financial Position (unaudited) as at March 31, 2025 (dollars)

Table 14 provides a brief snapshot of the amounts the department owes or must spend (liabilities) and its available resources (assets), which helps to indicate its ability to carry out programs and services.

Financial information	Actual fiscal year (2024-25)	Previous fiscal year (2023-24)	Difference (2024-25 minus 2023-24)
Total net liabilities	549,008,527	2,326,624,857	(1,777,616,330)
Total net financial assets	427,751,410	2,194,142,775	(1,766,391,365)
Departmental net debt	121,257,117	132,482,082	(11,224,965)
Total non-financial assets	215,138,237	168,757,107	46,381,130
Departmental net financial position	93,881,120	36,275,025	57,606,095

Analysis of department's liabilities and assets since last fiscal year

Total net liabilities were $549.0 million at the end of 2024-25, representing a decrease of $1,777.6 million from the previous year. This variance is the result of a number of factors at the end of fiscal year 2023-24 which did not recur in 2024-25, including significant contributions payable to P/Ts for Shared

Health Priorities, partially offset by an increase in amounts payable to Sun Life Assurance Company of Canada for administrative services and benefit payments related to the Canadian Dental Care Plan.

The year-over-year decrease in total net financial assets of $1,766.4 million is primarily a result of a decrease in amounts due from the Consolidated Revenue Fund, which is reflective of the decrease in accounts payable noted above.

Total non-financial assets were $215.1 million at the end of 2024-25, representing an increase of $46.4 million from the previous year. This increase primarily reflects an advance payment to Sun Life Assurance Company of Canada to manage and process benefit claims to service providers under the Canadian Dental Care Plan.

Human resources

This section presents an overview of the department's actual and planned human resources from 2022-23 to 2027-28.

Table 15: Actual human resources for core responsibilities and internal services
Table 15 shows a summary of in full-time equivalents (FTEs) of human resources for Health Canada's core responsibilities and for its internal services for the previous three fiscal years.

Core responsibilities and internal services	2022-23 actual FTEs	2023-24 actual FTEs	2024-25 actual FTEs
Core responsibility 1: Health care systems	434	453	479
Core responsibility 2: Health protection and promotion	6,628	6,638	6,617
Subtotal	**7,062**	**7,091**	**7,095**
Internal services	2,662	2,757	2,648
Total	**9,724**	**9,848**	**9,743**

Analysis of human resources over the last three years
Health Canada's FTEs have remained stable over the last three fiscal years.

Table 16: Human resources planning summary for core responsibilities and internal services
Table 16 shows the planned full-time equivalents (FTEs) for each of Health Canada's core responsibilities and for its internal services for the next three years. Human resources for the current fiscal year are forecasted based on year to date.

Core responsibilities and internal services	2025-26 planned FTEs	2026-27 planned FTEs	2027-28 planned FTEs
Core responsibility 1: Health care systems	613	583	561
Core responsibility 2: Health protection and promotion	6,417	5,381	5,352
Subtotal	**7,030**	**5,964**	**5,913**
Internal services	2,099	1,973	1,968

Core responsibilities and internal services	2025-26 planned FTEs	2026-27 planned FTEs	2027-28 planned FTEs
Total	9,129	7,937	7,881

Analysis of human resources for the next three years

The decrease in FTEs is primarily due to the expiry of budget authorities for the renewal of the federal framework for the legalization and regulation of cannabis in Canada, the Chemicals Management Plan, and strengthening the capacity and transparency of the pesticide review process.

Supplementary information tables

The following supplementary information tables are available on Health Canada's website:

- Details on transfer payment programs
- Gender-based analysis plus
- Response to parliamentary committees and external audits
- Horizontal initiatives

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. 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 and GBA Plus of tax expenditures.

Corporate information

Departmental profile
Appropriate minister: Marjorie Michel, P.C., M.P.

Institutional head: Greg Orencsak

Ministerial portfolio: Health

Enabling instrument(s):

Assisted Human Reproduction Act, Canada Consumer Product Safety Act, Canada Health Act, Cannabis Act, Controlled Drugs and Substances Act, Dental Benefit Act, Dental Care Measures Act, Department of Health Act, Food and Drugs Act, Hazardous Materials Information Review Act, Hazardous Products Act, Pest Control Products Act, Pharmacare Act, Radiation Emitting Devices Act, Tobacco and Vaping Products Act.

List of Acts and Regulations

Year of incorporation / commencement: 1913

Departmental contact information

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Email: ryan.higgs@hc-sc.gc.ca

Definitions

appropriation (crédit)

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

budgetary expenditures (dépenses budgétaires)

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

core responsibility (responsabilité essentielle)

An enduring function or role of a department. The departmental results listed for a core responsibility reflect the outcomes that the department seeks to influence or achieve.

Departmental Plan (plan ministériel)

A report that outlines the anticipated activities and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament in spring.

departmental priority (priorité)

A plan, project or activity that a department focuses and reports on during a specific planning period. Priorities represent the most important things to be done or those to be addressed first to help achieve the desired departmental results.

departmental result (résultat ministériel)

A high-level outcome related to the core responsibilities of a department.

departmental result indicator (indicateur de résultat ministériel)

A quantitative or qualitative measure that assesses progress toward a departmental result.

departmental results framework (cadre ministériel des résultats)

A framework that connects the department's core responsibilities to its departmental results and departmental result indicators.

Departmental Results Report (rapport sur les résultats ministériels)

A report outlining a department's accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

Full-time equivalent (équivalent temps plein)

Measures the person years in a departmental budget. An employee's scheduled hours per week divided by the employer's hours for a full-time workweek calculates a full-time equivalent. For example, an employee who works 20 hours in a 40-hour standard workweek represents a 0.5 full-time equivalent.

Gender-based Analysis Plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

An analytical tool that helps to understand the ways diverse individuals experience policies, programs and other initiatives. Applying GBA Plus to policies, programs and other initiatives helps to identify the different needs of the people affected, the ways to be more responsive and inclusive, and the methods to anticipate and mitigate potential barriers to accessing or benefitting from the initiative. GBA Plus goes beyond biological (sex) and socio-cultural (gender) differences to consider other factors, such as age, disability, education, ethnicity, economic status, geography (including rurality), language, race, religion, and sexual orientation.

government priorities (priorités pangouvernementales)

For the purpose of the 2024–25 Departmental Results Report, government priorities are the high-level themes outlining the government's agenda as announced in the 2021 Speech from the Throne.

horizontal initiative (initiative horizontale)

A program, project or other initiative where two or more federal departments receive funding to work collaboratively on a shared outcome usually linked to a government priority, and where the ministers involved agree to designate it as horizontal. Specific reporting requirements apply, including that the lead department must report on combined expenditures and results.

Indigenous business (entreprise autochtones)

For the purposes of a Departmental Result Report, this includes any entity that meets the Indigenous Services Canada's criteria of being owned and operated by Elders, band and tribal councils, registered in the Indigenous Business Directory or registered on a modern treaty beneficiary business list.

non-budgetary expenditures (dépenses non budgétaires)

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

performance (rendement)

What a department did with its resources to achieve its results, how well those results compare to what the department intended to achieve, and how well lessons learned have been identified.

performance indicator (indicateur de rendement)

A qualitative or quantitative measure that assesses progress toward a departmental-level or program-level result, or the expected outputs or outcomes of a program, policy or initiative.

plan (plan)

The articulation of strategic choices, which provides information on how a department 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 to the expected result.

planned spending (dépenses prévues)

For Departmental Plans and Departmental Results Reports, planned spending refers to the amounts presented in Main Estimates. Departments must determine their planned spending and be able to defend the financial numbers presented in their Departmental Plans and Departmental Results Reports.

program (programme)

An Individual, group, or combination of services and activities managed together within a department and focused on a specific set of outputs, outcomes or service levels.

program inventory (répertoire des programmes)

A listing that identifies all the department's programs and the resources that contribute to delivering on the department's core responsibilities and achieving its results.

result (résultat)

An outcome or output related to the activities of a department, policy, program or initiative.

statutory expenditures (dépenses législatives)

Spending approved through legislation passed in Parliament, other than appropriation acts. The legislation sets out the purpose and the terms and conditions of the expenditures.

target (cible)

A quantitative or qualitative, measurable goal that a department, program or initiative plans to achieve within a specified time period.

voted expenditures (dépenses votées)

Spending approved annually through an appropriation act passed in Parliament. The vote also outlines the conditions that govern the spending.