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› [Health Canada's corporate management reporting](#) › [Departmental Plan - Health Canada](#)

Health Canada 2026-27 Departmental Plan

On this page

- [At a glance](#)
- [From the Minister](#)
- [Plans to deliver on core responsibilities and internal services](#)
 - [Core responsibility 1: Health care systems](#)
 - [Core responsibility 2: Health protection and promotion](#)
 - [Internal services](#)
- [Department-wide considerations](#)
 - [Related government priorities](#)
 - [Key risks](#)
- [Planned spending and human resources](#)
 - [Spending](#)
 - [Funding](#)
 - [Future-oriented condensed statement of operations](#)
 - [Human resources](#)
- [Supplementary information tables](#)
- [Federal tax expenditures](#)
- [Corporate information](#)

- [Definitions](#)

 Print this page

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Collapse all

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At a glance

This departmental plan details Health Canada's priorities, plans, and associated costs for the upcoming three fiscal years.

These plans align with the priorities outlined in the [Mandate Letter](#), as well as Health Canada's [raison d'être](#) and [operating context](#).

Key priorities

Health Canada identified the following key priorities for 2026-27:

- [Working with provinces and territories to support a modern and sustainable health care system for Canadians](#)
- [Supporting access to oral health care services for Canadians](#)

- Improving the accessibility, affordability, and timeliness of pharmaceuticals for Canadians
- Improving access to supports for Canadians for mental health and substance use
- Enabling modern, risk-based regulatory processes while ensuring that health and safety are not compromised
- Keeping Canadians safe by addressing the illegal drug crisis

Comprehensive Expenditure Review

The government is committed to restraining the growth of day-to-day operational spending to make investments that will grow the economy and benefit Canadians.

As part of meeting this commitment, Health Canada is planning the following spending reductions:

- **2026-27:** \$87.8 million
- **2027-28:** \$152.5 million
- **2028-29:** \$198.2 million

It is anticipated that these spending reductions will involve a decrease of 942 full-time equivalents by 2028-29.

Health Canada will achieve these reductions by:

- Modernizing and streamlining programs and operations, focusing resources on its core mandate and high-impact activities.
- Adopting new ways of working and shifting toward a more agile, efficient, and integrated regulatory system that supports Canadians and regulated parties, while maintaining the highest standards of health and safety.
- Modernizing regulatory and research functions to focus on highest-risk areas and enhance alignment with international best

practices, strengthening evidence-based decision-making through streamlined oversight, risk-based approaches, and building on established collaboration with international counterparts, industry, and academia.

This approach will enable the Department to meet its Comprehensive Expenditure Review savings targets, maintain continuity of service delivery, and continue advancing its red tape review commitments.

The figures in this departmental plan reflect these reductions.

Highlights for Health Canada in 2026-27

In 2026-27, among the many others detailed in this report, Health Canada's plans include the following:

- Attracting more health professionals, including internationally educated professionals, and working with key partners to support the training, retention and labour mobility for health professionals across Canada. Through the Health Care Policy and Strategies Program transfer payment program, Health Canada will support the creation of up to 120 family medicine training positions for international medical graduates and will increase assessment capacity to help them be able to work in Canada's health system more quickly. The Department will also continue to facilitate the sharing of licensing information between regulators as a foundation to labour mobility.
- Supporting the adoption of digital and artificial intelligence within Canada's health system through Infoway's efforts to advance the Pan-Canadian Interoperability Roadmap as well as the use of artificial intelligence, virtual care and digital tools to improve patient care and coordination across care teams.

- Supporting provinces, territories, and community organizations to expand access to comprehensive programs and services aimed at reducing overdose-related harms and deaths, through the [Substance Use and Addictions Program transfer payment program supplementary information table](#). This includes funding municipal and Indigenous-led projects to address emergent needs through the [Emergency Treatment Fund](#).
- Reducing red tape and enabling innovation by updating regulations and administrative processes. For example, by proposing regulatory amendments to enable more innovation in drug clinical trials, making Canada a more attractive place for companies to invest.
- Reducing substance use-related harms posed by the illegal drug crisis, including fentanyl, and advancing [Canada's Border Plan](#) while working with partners to strengthen public health and safety. Health Canada will accelerate the regulatory process for banning precursor chemicals that may be used to make illegal drugs.

In 2026-27, total planned spending (including internal services) for Health Canada is \$10,978,991,599 and total planned full-time equivalent staff (including internal services) is 8,614.

Summary of planned results

The following provides a summary of the results the department plans to achieve in 2026-27 under its main areas of activity, called "core responsibilities."

▼ Core responsibility 1: Health care systems

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 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.

Planned spending: \$9,816,898,007

Planned human resources: 583

More information about [Health care systems](#) can be found in the full plan.

▼ Core responsibility 2: Health protection and promotion

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 that Canadians can make informed decisions.

Planned spending: \$828,273,047

Planned human resources: 5,993

More information about [Health protection and promotion](#) can be found in the full plan.

For complete information on Health Canada's total planned spending and human resources, read the [Planned spending and human resources section](#) of the full plan.

From the Minister

As we look ahead to 2026-27, Health Canada remains committed to protecting the health and well-being of everyone in Canada. A key priority will be strengthening Canada's health care systems, while ensuring our investments deliver results for Canadians. Our work will be guided by collaboration and innovation, ensuring that every initiative reflects the values of equity and accessibility.

In 2026-27, we will work with provinces and territories to further advance the Government of Canada's Working Together Plan by expanding access to family health services, including in rural and remote areas; supporting our health workers and reducing backlogs; improving access to quality mental health and substance use services; and modernizing health care systems with health data and digital tools. We will also continue to uphold the principles of the Canada Health Act, ensuring that Canadians receive care based on need rather than ability to pay.

To address health workforce shortages, the Department will collaborate with provinces and territories to address workforce retention, improve labour mobility, and increase the sharing of health workforce data. We will also



**The Honourable
Marjorie Michel, P.C.,
M.P.**
Minister of Health

continue our work to make it easier for internationally educated health professionals to join Canada's workforce by supporting the streamlining of credential recognition and creating new training positions in family medicine.

Modernizing health care also means embracing and enabling digital transformation. Canadians also expect health care that is connected, efficient, and patient-centered, and digital tools including artificial intelligence are essential to achieving this vision.

To improve health outcomes, drive innovation, and support responsible artificial intelligence adoption, Health Canada is laying a strong foundation through better health data. Health Canada will invest in pan-Canadian organizations such as the Canadian Institute for Health Information and Canada Health Infoway to strengthen data standards and interoperability, improve how health data is used for the public good, and enable Canadians' access to their own digital health information.

The illegal drug crisis has claimed too many lives, and mental health and substance use continue to be pressing priorities. Health Canada will continue to support Canada's Border Plan by advancing efforts to counter the global threat of synthetic illegal drugs. Through the Substance Use and Addictions Program and the Emergency Treatment Fund, the Department will expand provinces and territories, municipalities, and Indigenous-led organizations' access to harm reduction, treatment, and recovery services.

Improving access to mental health supports remains a core focus of our work. Through the Youth Mental Health Fund, Health Canada signed agreements across Canada to provide timely and culturally safe care for more than 70,000 young Canadians through the creation of Integrated Youth Services hubs. We also recognize that supporting the mental health of young men and boys is central to this effort because they are less likely to use mental health services.

We are making important investments in women's health to increase access to resources and reduce preventable health challenges. These investments will also support women's ability to participate fully in work, family and community life, contribute to a stronger economy, and build healthier communities across the country. I am also interested in having more conversations on the health issues that disproportionately impact men – including mental health, substance use and problematic gambling. We know these risks often don't begin in adulthood. They start early, when boys and young men face pressures that impact their physical and mental well-being.

Oral health is another area where we are making historic progress. The Canadian Dental Care Plan will continue to support access to oral health care for millions of Canadians. Thanks to the dedication of oral health providers, this initiative represents one of Canada's largest social programs, helping to prevent dental disease, reduce emergency visits, and improve overall health outcomes.

Canadians deserve reliable access to the medications they need without financial hardship or unnecessary delays. Health Canada will continue working with partners, including Canada's Drug Agency, to strengthen supply chain resilience, reduce shortages, and accelerate approval processes for critical drugs.

Regulatory modernization remains a cornerstone of our agenda. In 2026-27, the Department will create regulations that are risk-based and built on cooperation with trusted foreign regulators. This approach promotes innovation and growth in Canadian industry while protecting Canadians. Our plans include streamlining inspections for health products that are monitored under multiple sets of rules, allowing more activities to be inspected at the same time. Additionally, we will reduce the regulatory burden for lower-risk health products to accelerate access to safe, innovative products in Canada.

Together, these priorities reflect our vision of a healthier, more inclusive Canada—one where everyone has access to the care and support they need, and where our health care system is prepared for the challenges of tomorrow. I am proud of the dedication shown by Health Canada employees and partners across the country, and I look forward to continuing this important work in the year ahead.

Plans to deliver on core responsibilities and internal services

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

- [Description](#)
- [Program inventory](#)
- [Summary of changes to reporting framework since last year](#)
- [Quality of life impacts](#)
- [Indicators, results and targets](#)
- [Planned resources to achieve results](#)
- [Plans to achieve results](#)
- [Gender-based Analysis Plus](#)

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 oral health care.

This includes modernizing health care systems to meet a broader range of needs in a timely manner and contributing to equitable access to oral health care and prescription 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](#)
- [Oral Health](#)

Additional information related to the program inventory for Health care systems is available on the [Results page on GC InfoBase](#).

Summary of changes to reporting framework since last year

- The addition of the Oral Health Program underscores the materiality and importance of this business line within the Department. It ensures that the Program structure more accurately reflects the scale of investment and policy commitment to oral health.
- Two new oral health-related indicators were added to measure uptake of the Canadian Dental Care Plan. Further, the description of Core responsibility 1 was updated to replace "dental care" with "oral health care".
- Overall, 4 departmental result indicators were removed, 6 were added, and 3 were amended for clarity and accuracy. The new suite of 11 indicators aligns with current priorities, available data, and the evolving health care landscape.
- Indicators on national health expenditure and national drug spending were replaced with more meaningful measures, such as per-capita pharmaceutical spending, which are easier for Canadians to understand than metrics based on Gross Domestic Product.
- Along with improved access to health care providers and affordability of prescription medicines, other indicators reflect the growing importance of digital health, including how effectively providers can share patient health information and how many Canadians can access their own health records electronically.

Quality of life impacts

This core responsibility contributes to the Health domain of the Quality of Life Framework for Canada and, more specifically, the subdomain Healthy care systems. Health Canada contributes to the following indicators in this subdomain: timely access to primary care provider, access to supplementary health insurance, unmet needs for health care, 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.

Indicators, results and targets

This section presents details on the department's indicators, the actual results from the three most recently reported fiscal years, the targets and target dates for Health care systems. Details are presented by departmental result.

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

Table 1 provides a summary of the target and actual results for each indicator associated with the results under Canada has modern and sustainable health care systems.

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Real per capita health expenditure a b	<ul style="list-style-type: none"> • 2022-23: \$6,813 • 2023-24: \$6,661 • 2024-25: \$6,662 	Between \$6,152 and \$7,519	March 31, 2027

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Pharmaceutical spending per capita ^a ^c	<ul style="list-style-type: none"> • 2022-23: \$1,192 • 2023-24: \$1,222 • 2024-25: \$1,238 	Between \$1,212 and \$1,340	March 31, 2027
Percentage of family health service providers and other health professionals that can share patient health information electronically ^c	<ul style="list-style-type: none"> • 2022-23: 36.3% • 2023-24: 36.3% • 2024-25: 29.0% 	At least 40.0%	March 31, 2027
Percentage of Canadians that can access their own comprehensive health record electronically ^c	<ul style="list-style-type: none"> • 2022-23: 32.0% • 2023-24: 36.0% • 2024-25: 39.0% 	At least 75.0%	March 31, 2027
Percentage of Canada Health Act compliance issues addressed within 24 months of identification	<ul style="list-style-type: none"> • 2022-23: 85.0% • 2023-24: 86.4% • 2024-25: 89.7% 	At least 80.0%	March 31, 2027

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
<p><u>a</u> The results and targets are estimates and subject to change as new data is released. Updated data can be found at the Canadian Institute for Health Information's National health expenditure trends report.</p> <p><u>b</u> Real per capita health expenditure is expressed in 2010 constant Canadian dollars.</p> <p><u>c</u> New indicator as of 2026-27.</p>			

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

Table 2 provides a summary of the target and actual results for each indicator associated with the results under Canadians have access to appropriate and effective health services.

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
<p><u>a</u> New indicator as of 2026-27.</p>			

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of Canadians with a mental disorder who have expressed that they have an unmet mental health care need	<ul style="list-style-type: none"> • 2022-23: 24.7% • 2023-24: 28.3% • 2024-25: 28.3% 	At most 22.0%	March 31, 2027
Percentage of Canadians who have expressed that they have an unmet need for access to home care services	<ul style="list-style-type: none"> • 2022-23: 1.7% • 2023-24: 1.9% • 2024-25: 1.9% 	At most 1.0%	March 31, 2027
<p><u>a</u> New indicator as of 2026-27.</p>			

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of Canadians who take less medication than prescribed because of the cost	<ul style="list-style-type: none"> • 2022-23: N/A • 2023-24: 5.1% • 2024-25: 5.1% 	At most 8.0%	March 31, 2027
Percentage of the Canadian target population that is deemed eligible after applying for the Canadian Dental Care Plan ^a	<ul style="list-style-type: none"> • 2022-23: N/A • 2023-24: N/A • 2024-25: 40% 	At least 50%	March 31, 2027
Percentage of providers actively participating in the Canadian Dental Care Plan ^a	<ul style="list-style-type: none"> • 2022-23: N/A • 2023-24: N/A • 2024-25: 90% 	At least 85%	March 31, 2027
<p>^a New indicator as of 2026-27.</p>			

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of Canadians reporting access to a regular health care provider ^a	<ul style="list-style-type: none"> • 2022-23: N/A • 2023-24: N/A • 2024-25: 83% 	At least 91%	March 31, 2028
<p>^a New indicator as of 2026-27.</p>			

Additional information on the [detailed results and performance information](#) for Health Canada's program inventory is available on GC InfoBase.

Planned resources to achieve results

Table 3: Planned resources to achieve results for Health care systems

Table 3 provides a summary of the planned spending and full-time equivalents required to achieve results.

Resource	Planned
Spending	\$9,816,898,007
Full-time equivalents	583

[Complete financial](#) and [human resources information](#) for Health Canada's program inventory is available on GC InfoBase.

Plans to achieve results

The following section describes the planned results for Health care systems in 2026-27.

- 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

Health Canada works closely with provinces and territories (P/Ts) and other stakeholders to develop and implement innovative approaches that improve the efficiency, effectiveness, and sustainability of Canadian health care systems while also improving integrated access to health care for Canadians. The Department also conducts research and analysis, develops policy, and funds community and third-party organizations in support of modernizing the health care system.

Results we plan to achieve

▼ In this section

- Working with provinces and territories to support a modern and sustainable health care system for Canadians
- Increasing adoption of digital and artificial intelligence for improved efficiency within Canada's health system
- Attracting, retaining, and supporting the labour mobility of health professionals to provide care to Canadians

Working with provinces and territories to support a modern and sustainable health care system for Canadians

Health Canada supports P/Ts in transforming health care to better serve Canadians, fostering a modern and sustainable health care system.

Through continued collaboration with the Canadian Institute for Health Information, the Department will ensure the transparent measurement of health system results tied to these federal investments. Plans in 2026-27 include:

- Providing P/Ts with access to remaining Working Together bilateral agreement funds to advance the shared health priorities: expanding access to family health services, including in rural and remote areas; supporting our health workers and reducing backlogs; improving access to quality mental health and substance use services; and modernizing health systems with health data and digital tools.
- Continuing to help Canadians age with dignity, closer to home, with access to home care or care in a safe, long-term care facility by providing P/Ts with funding through Aging with Dignity bilateral agreements. P/T action plans aim to improve access to home and community care, palliative care, and long-term care services, including enhanced workforce stability and strengthened standards in long-term care.
- Enhancing access to quality palliative care by implementing the Action Plan on Palliative Care and by leveraging policy reports that reflect the distinct end-of-life care needs of First Nations, Inuit, and Métis Peoples.

Increasing adoption of digital and artificial intelligence for improved efficiency within Canada's health system

Canadians should be empowered to actively participate in their health care through seamless access to their electronic health information, securely shared among their health care providers. The Department will support

efforts to build a more connected, data-driven, and responsive health system by maximizing the value of health data, improving interoperability, and leveraging artificial intelligence. Plans in 2026-27 include:

- Enhancing health data collection, sharing, and use to improve care delivery and system efficiency, in part by funding the Canadian Institute for Health Information to advance a pan-Canadian framework for health data stewardship, develop common indicators, standards, and policies, and enable timely, actionable public health insights and transparent reporting on progress.
- Funding Canada Health Infoway to advance initiatives such as the Pan-Canadian Interoperability Roadmap, enabling digital health systems to connect more effectively, ultimately improving quality of care. Infoway funding will also support the use of virtual care and digital tools to improve patient care and coordination across care teams.
- Funding Health Workforce Canada via the Health Care Policy and Strategies Program transfer payment program to improve access to health workforce data for planning purposes and to share practical, innovative solutions across jurisdictions.

Attracting, retaining, and supporting the labour mobility of health professionals to provide care to Canadians

Canada's health workforce is fundamental to maintaining a sustainable health care system. Health Canada will support attracting health professionals and will work with key health system partners to support training, retention, and labour mobility for health professionals across Canada. Plans in 2026-27 include:

- Increasing the number of health professionals providing care to Canadians by supporting the creation of up to 120 family medicine training positions for international medical graduates and increasing

capacity to assess foreign credentials via the [Health Care Policy and Strategies Program transfer payment program](#).

- Supporting physician regulators in sharing licensing information, making it easier to temporarily fill positions in rural and remote areas, provide surge capacity, and promote physician retention via the [Health Care Policy and Strategies Program transfer payment program](#).
- Working with Innovation, Science and Economic Development Canada, and the federal granting agencies (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada and Social Sciences and Humanities Research Council) to implement Budget 2025's International Research Talent Attraction Strategy, which aims to bolster Canadian capacity in key areas, including health and life sciences.

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

Health Canada supports access to appropriate and effective health services including oral health care, pharmaceuticals, and mental health care. The Department also protects the core principles of the Canada Health Act, ensuring reasonable access to health services without financial or other barriers.

Results we plan to achieve

▼ In this section

- [Supporting access to oral health care services for Canadians](#)
- [Improving the accessibility, affordability, and timeliness of pharmaceuticals for Canadians](#)
- [Improving access to supports for Canadians for mental health and substance use](#)

- Improving equitable access to care, while protecting the core principles of the Canada Health Act

Supporting access to oral health care services for Canadians

Health Canada will continue to support access to oral health care services for Canadians who face barriers to care. The Canadian Dental Care Plan (CDCP) makes oral health care more affordable for Canadian residents with an adjusted annual family net income of less than \$90,000 without access to dental insurance. The Department's efforts to raise public awareness and understanding of the CDCP, along with its collaboration with oral health professional associations to facilitate implementation of the Plan, will support access to oral health care services. Finally, through the Oral Health Access Fund transfer payment program, Health Canada will fund projects focused on supporting training and provider capacity, connecting more people to care, and supporting prevention and education efforts.

Improving the accessibility, affordability, and timeliness of pharmaceuticals for Canadians

To improve Canadians' access to essential prescription drugs, Health Canada's plans in 2026-27 include:

- Funding Canada's Drug Agency to conduct health technology assessments, advance an appropriate use strategy for prescription drugs, improve pan-Canadian drug data and analytics, and enhance drug system coordination.
- Working with Canada's Drug Agency to render regulatory approval of a drug and recommendations to participating public drug plans on the same day. This enhanced coordination and alignment will bring new medications to Canadians faster.

- Providing residents of British Columbia, Manitoba, Prince Edward Island, and Yukon with free or low-cost contraception and diabetes medications via national pharmacare bilateral agreements. Further details can be found in the Diabetes Devices and Supplies Fund transfer payment program and the Universal Access to Contraception and Diabetes Medications Initiative transfer payment program.
- Working with health system partners and P/Ts to address affordability challenges via the National Strategy for Drugs for Rare Diseases. Further details can be found in the National Strategy for Drugs for Rare Diseases Program transfer payment program.

Improving access to supports for Canadians for mental health and substance use

The Department will collaborate with a wide range of partners to ensure that Canadians have access to evidence-based, trauma-informed, and culturally appropriate mental health and substance use services. Plans in 2026-27 include:

- Increasing access to community-based mental health services for youth aged 12–25, through the Youth Mental Health Fund via the Health Care Policy and Strategies transfer payment program. Projects will focus on strengthening and expanding integrated youth services and increasing supports for underserved and diverse youth including Black, Indigenous, and 2SLGBTQI+ youth, with a particular focus on the mental health of young men and boys.
- Improving access to integrated programs and services by funding P/Ts and community-led organizations. Further information on reducing substance use-related harms to address the illegal drug crisis can be found in departmental result 4.
- Funding the Mental Health Commission of Canada to advance efforts to address mental health challenges.

- Advancing Canada's Black Justice Strategy to expand culturally appropriate substance use and addictions programming for Black Canadians via the Substance Use and Addictions Program transfer payment program and for mental health via the Health Care Policy and Strategies Program transfer payment program.

Improving equitable access to care, while protecting the core principles of the Canada Health Act

Through Health Canada, the Government of Canada is responsible for promoting and protecting the core principles of the Canada Health Act. Starting April 1, 2026, under the new Canada Health Act Services Policy, patient charges for medically necessary services provided by health care professionals providing physician-equivalent services (for example, nurse practitioners) will be considered extra-billing and user charges under the Canada Health Act. Patients should not be charged for services that would otherwise be insured under a P/T health care plan, if delivered by a physician. Health Canada will work with P/Ts to address challenges in implementing the Policy, while supporting compliance.

To foster a strong and effective public health care system, Health Canada supports the development of inclusive, innovative, and people-centered health care solutions. Through its transfer payment programs, the Department collaborates with domestic and international partners and communities to test new approaches and respond to population needs. In 2026-27, funding recipients will work 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, improving access to sexual and reproductive health services, combating cancer, and supporting safe and appropriate implementation of medical assistance in dying, among other issues.

Health Canada will also continue to invest in programs and organizations that support access to appropriate and effective health services. Plans in 2026-27 include:

- Meeting the health needs of key populations by working with other departments to undertake a comprehensive assessment of health care and health infrastructure needs in the Arctic and the North as well as supporting territories via the Territorial Health Investment Fund transfer payment program.
- Working with Housing, Infrastructure and Communities Canada to support the implementation of Budget 2025's Health Infrastructure Fund.
- Promoting linguistic duality and the vitality of official language minority communities, in accordance with Part VII of the Official Languages Act via the Official Languages Health Program.
- Leveraging international partnerships to improve the health and well-being of Canadians by deepening and expanding relationships with other jurisdictions and participating in global health meetings with partners such as the World Health Organization and the Pan American Health Organization.
- Working with P/Ts on their readiness for the March 2027 lifting of the exclusion of mental health as a sole underlying condition in the provision of Medical Assistance in Dying (MAID) and supporting the upcoming Parliamentary Review.

[Back to Departmental result 1: Canada has modern and sustainable health care systems.](#)

Gender-based Analysis Plus

Health Canada will implement its Sex- and Gender-Based Analysis (SGBA) Plus Action Plan (2026–30), which aims to embed sex, gender, and diversity considerations into departmental policies, programs, services and organizational culture. Additionally, the Department will continue to collect data to enable monitoring and/or reporting on program impacts by gender and diversity.

In 2026-27, Health Canada will continue to improve performance measurement by integrating SGBA Plus into both the Healthy People and Communities and Oral Health programs. The Department will expand disaggregated data collection across initiatives such as the Sexual and Reproductive Health Fund, Youth Mental Health Fund, Canadian Dental Care Plan, and Oral Health Access Fund.

As part of the Responsive Health Care Systems program, Health Canada will continue to provide funding to health organizations and P/Ts and encourage them, through funding agreements, to collect disaggregated performance data to inform program development, improve outcomes, and ensure that measurements of equity are applied and assessed. Additionally, the Department will work with partners like Statistics Canada, the Canadian Institute for Health Information, Canada Health Infoway, and Healthcare Excellence Canada to identify data gaps and implement corrective measures, and enhance culturally relevant reporting and equitable health programming.

Health Canada will further address data gaps in 2026-27 by working with P/Ts and funded organizations to improve pan-Canadian data availability and data standards as part of the Quality Health Science, Data and Evidence program.

Core responsibility 2: Health protection and promotion

▼ In this section

- [Description](#)
- [Program inventory](#)
- [Summary of changes to reporting framework since last year](#)
- [Quality of life impacts](#)
- [Indicators, results and targets](#)
- [Planned resources to achieve results](#)
- [Plans to achieve results](#)
- [Gender-based Analysis Plus](#)

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](#).

Summary of changes to reporting framework since last year

- One departmental result (Departmental result 3) was amended to clarify Health Canada's role in enabling access to health products with a positive benefit-risk profile as well as its mandate to ensure safety, effectiveness, and quality standards.
- Two departmental result indicators were removed, 1 was added, and 2 were amended for clarity and accuracy. The new suite of 8 indicators aligns with current priorities, available data, and the evolving health care landscape.
- An outdated indicator related to the review of risk management plans for new drug decisions was removed.
- An indicator related to the communication of consumer product recalls was removed and replaced with a new indicator that reports on a broader range of compliance activities.
- One updated indicator clarifies Health Canada's role in protecting people in Canada from chemical-related risks by using clearer, more inclusive language.

Quality of life impacts

This core responsibility contributes 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 contributes to the fruit and vegetable consumption/healthy eating environments indicator under the Health domain by promoting healthy eating. The Department contributes 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.

Indicators, results and targets

This section presents details on the department's indicators, the actual results from the three most recently reported fiscal years, the targets and target dates for Health protection and promotion. Details are presented by departmental result.

Table 4: Departmental result 3: Canadians have access to health products that meet safety, effectiveness, and quality requirements

Table 4 provides a summary of the target and actual results for each indicator associated with the results under Canadians have access to health products that meet safety, effectiveness, and quality requirements.

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
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Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of human new drug decisions issued within service standards	<ul style="list-style-type: none"> • 2022-23: 99.0% • 2023-24: 95.8% • 2024-25: 94.5% 	At least 93.0%	March 31, 2027
Percentage of domestic drug companies deemed to be compliant with manufacturing requirements under the Food and Drugs Act and associated Regulations	<ul style="list-style-type: none"> • 2022-23: 94.7% • 2023-24: 96.0% • 2024-25: 96.0% 	At least 90.0%	March 31, 2027

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

Table 5 provides a summary of the target and actual results for each indicator associated with the results under Canadians are protected from unsafe consumer and commercial products and substances.

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
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Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of all compliance actions for consumer products and cosmetics that were carried out voluntarily by industry in cooperation with Health Canada ^a	<ul style="list-style-type: none"> • 2022-23: N/A • 2023-24: N/A • 2024-25: 95% 	At least 90%	March 31, 2027
Percentage of actions taken in a timely manner to protect the health of people in Canada from chemicals found to be a risk to human health	<ul style="list-style-type: none"> • 2022-23: 95% • 2023-24: 95% • 2024-25: 100% 	At least 90%	March 31, 2027
Percentage of pre-market pesticide submission reviews that are completed within service standards	<ul style="list-style-type: none"> • 2022-23: 95% • 2023-24: 94% • 2024-25: 88% 	At least 90%	March 31, 2027

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
<p><u>a</u> New indicator as of 2026-27.</p>			

Table 6: Departmental result 5: Canadians make healthy choices

Table 6 provides a summary of the target and actual results for each indicator associated with the results under Canadians make healthy choices.

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of Canadians (aged 18+) who are currently smoking cigarettes	<ul style="list-style-type: none"> • 2022-23: 12.0% • 2023-24: 11.9% • 2024-25: 11.5% 	At most 9.0%	March 31, 2030

Departmental result indicators	Actual results	2026-27 Target	Date to achieve target
Percentage of youth (grades 10–12) who report frequent (daily to weekly) cannabis use in the past 30 days	<ul style="list-style-type: none"> • 2022-23: 11.1% • 2023-24: 11.1% • 2024-25: 10.5% 	At most 9.2%	March 31, 2027
Percentage of Canadians who use dietary guidance provided by Health Canada	<ul style="list-style-type: none"> • 2022-23: 44.3% • 2023-24: 44.3% • 2024-25: 44.3% 	At least 50.0%	March 31, 2029

Additional information on the [detailed results and performance information](#) for Health Canada's program inventory is available on GC InfoBase.

Planned resources to achieve results

Table 7: Planned resources to achieve results for Health protection and promotion

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

Resource	Planned
Spending	\$828,273,047
Full-time equivalents	5,993

Complete financial and human resources information for Health Canada's program inventory is available on GC InfoBase.

Plans to achieve results

As part of the Government of Canada's commitment to eliminate red tape and reduce regulatory burden, Health Canada will take measures to remove outdated regulations, reduce duplication, and streamline the delivery of regulatory decisions. Modern regulatory oversight will respond to stakeholder concerns and support both public health and economic growth without undermining the core purpose of regulations to protect health and safety. These improvements will be highlighted in the following section, which describes the planned results for Health protection and promotion in 2026-27.

The following section describes the planned results for Health protection and promotion in 2026-27.

- Departmental result 3: Canadians have access to health products that meet safety, effectiveness, and quality requirements
- 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 health products that meet safety, effectiveness, and quality requirements

Health Canada manages health product risks and ensures access to drugs (including prescription, non-prescription, and biocides), natural health products, medical devices, and other health products that meet safety, effectiveness, and quality requirements.

Results we plan to achieve

▼ In this section

- Enabling modern, risk-based regulatory processes while ensuring that health and safety are not compromised
- Enabling timely access to health products and mitigating the impact of shortages

Enabling modern, risk-based regulatory processes while ensuring that health and safety are not compromised

Health Canada will continue to modernize its regulatory frameworks for health products, aiming to create regulations that are risk-based and built on cooperation with like-minded regulators around the world. This is important given the increasingly rapid pace of global innovation, the complexity of supply chains for key health products and the threats posed to the international flow of critical goods. Doing so will promote innovation and growth in Canadian industry while protecting the health and safety of Canadians. Further information on Health Canada's efforts to reduce regulatory burden can be found in the report on red tape reduction. Plans in 2026-27 include:

- Streamlining inspections for health products that are monitored under multiple sets of rules. For example, inspecting a broader range of

activities at the same time.

- Minimizing duplication in health product inspections and fostering global cooperation by recognizing inspections from international partners, for example, the good manufacturing practice single inspection program for inspections of foreign drug manufacturing sites.
- Proposing regulatory amendments to enable more innovation in drug clinical trials and make Canada a more attractive place for companies to invest.
- Reducing the regulatory burden for lower-risk products such as non-prescription drugs and natural health products to accelerate access to safe, innovative products in the Canadian market.
- Conducting joint compliance and enforcement activities with other jurisdictions and exploring mutual recognition agreements to increase regulatory reliance and international cooperation.

Enabling timely access to health products and mitigating the impact of shortages

Health Canada will ensure timely access to health products and build expertise to assess new technologies. Plans in 2026-27 include:

- Introducing regulatory amendments to improve predictability and minimize interactions for regulated parties. For example, by streamlining and clarifying authorization processes for health products and addressing outdated or duplicative requirements.
- Supporting faster drug approvals by introducing a flexible risk-based approach, for example, by allowing Health Canada to request additional data without stopping a drug review. This will facilitate timely regulatory decisions.
- Supporting a new clinical trials portal to give the public and health care providers improved access to clinical trial information, enabling earlier

access to innovative therapies.

- Advancing a Ministerial Order to allow Health Canada to collaborate more closely with international regulators and to rely on their work, to help approve new drugs and bring important medications to Canada faster.

In collaboration with P/Ts, industry, health care practitioners, patient advocacy groups, and international organizations, and guided by Building resilience: Health Canada's plan to address health product shortages, 2024 to 2028, Health Canada will work to mitigate the impact of health product shortages. Plans in 2026-27 include:

- Finalizing amendments to the Food and Drug Regulations and the Medical Devices Regulations to help address and mitigate harm to public health caused by shortages through new tools that will allow Health Canada to respond more nimbly.
- Implementing a new health product shortage reporting platform to streamline the reporting process for both drug and medical device shortages for regulated parties.

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

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

Health Canada is committed to helping Canadians lead healthier lives and providing protection from unsafe consumer and commercial products and substances. The Department is also addressing the continuing illegal drug crisis.

Results we plan to achieve

▼ In this section

- Keeping Canadians safe by addressing the illegal drug crisis
- Managing the health risks posed by harmful chemicals, pesticides, and climate change

Keeping Canadians safe by addressing the illegal drug crisis

The drug crisis continues to have a devastating impact across Canada, affecting individuals, families, and communities. Since 2016, more than 53,000 Canadians have died from opioid toxicity. The dangerous illegal drug supply, including fentanyl, poses serious challenges to public health and safety. In 2026-27, Health Canada will continue to work on reducing substance use-related harms and advancing Canada's Border Plan while working with partners to strengthen public health and safety.

Reducing substance use-related harms

Health Canada leads the Canadian Drugs and Substances Strategy, a comprehensive federal approach that aims to reduce substance use-related harms. The Strategy directs federal action across key areas: prevention, harm reduction, treatment and recovery services, surveillance and data collection, as well as regulatory efforts and controls to limit the flow of dangerous illegal drugs into communities. Additional information on Health Canada's efforts to advance the Strategy can be found in the Canadian Drugs and Substances Strategy Horizontal initiative table.

Further plans in 2026-27 include:

- 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 transfer payment program supplementary information table. This includes funding municipal and Indigenous-led projects through

Emergency Treatment Fund agreements to rapidly respond to critical needs tailored to specific communities.

- Raising awareness about opioid risks, preventing overdoses, and reducing stigma through public education initiatives in school-based settings and targeted partnerships.

Supporting Canada's Border Plan while strengthening public health and safety

The Department will continue to control and regulate access to controlled substances and precursor chemicals under the Controlled Drugs and Substances Act and its regulations to mitigate their public health and public safety risks. This includes minimizing the risk of them being diverted to the illegal market, while enabling their access for authorized uses, as appropriate.

The Department plays an important role in implementing Canada's Border Plan and supporting law and border enforcement efforts to counter the global threat of synthetic illegal drugs. Health Canada will continue to work with partners to strengthen public health and safety. Plans in 2026-27 include:

- Strengthening regulatory oversight and accelerating the regulatory process for banning precursor chemicals that may be used to make illegal drugs.
- Increasing oversight of precursor chemicals via regulatory amendments and enhanced compliance and enforcement activities, such as additional targeted inspections of licensed dealers conducting activities with high-risk precursor chemicals.
- Expanding the National Wastewater Drug Surveillance program, to analyze wastewater samples to detect the presence of over 500 substances, helping to identify trends in synthetic drug use, including new and emerging substances.

- Analyzing synthetic illegal drugs and related substances submitted by law enforcement partners to help identify distribution and manufacturing patterns and sources. This information helps law enforcement and public safety partners better address the synthetic drug threat.

Managing the health risks posed by harmful chemicals, pesticides, and climate change

Health Canada manages the health risks associated with a variety of products and substances, such as consumer and hazardous products, radiation, and cosmetics, some of which are produced from emerging technologies. The Department also addresses the health risks of chemicals, pesticides, and climate change and conducts related outreach activities, helping the public make informed decisions.

Health risks of chemicals

With Environment and Climate Change Canada, Health Canada continues to reduce the risks that chemicals pose to Canadians and the environment and to address substances of concern in Canada. This work is guided in part by the Chemicals Management Plan and the Plan of Priorities. Plans in 2026-27 include:

- Implementing a new Strategy to replace, reduce, or refine vertebrate animal testing under the Canadian Environmental Protection Act, 1999 (CEPA).
- Proposing regulations for "forever chemicals" (per- and polyfluoroalkyl substances) in firefighting foams. This will be the first step to managing these substances, many of which have been found to be harmful to human health and the environment.
- Advancing regulatory modernization for new substances to reduce barriers to entry into the Canadian market while continuing to protect

the public and the environment.

Regulating pesticides

Health Canada administers the Pest Control Products Act and its regulations using a science-based approach to review, register, and re-evaluate pesticides to protect human health and the environment. To improve performance and support innovation and competitiveness, plans in 2026-27 include:

- Strengthening guidance, tools, and policies for a more streamlined and timely review process.
- Reducing regulatory burden by advancing red tape reduction initiatives to improve efficiency and enhance clarity, for example, by exempting low-risk products from registration, eliminating unnecessary renewals, expanding international joint reviews, and modernizing pesticide labels.
- Supporting economic competitiveness by accelerating access to alternative or innovative pest management tools and by creating more flexible labelling requirements to minimize business disruption.
- Working towards implementing the legislative change identified in Budget 2025 for cyclical re-evaluations.

Advancing climate change adaptation

Recognizing the increasing impacts of climate change on human health, the Department is helping health systems become more resilient. In 2026-27, through the Climate Change and Health Capacity Building Program transfer payment program, Health Canada will fund projects that help health authorities plan for and respond to climate-related health risks and focus on protecting Canadians from extreme heat. The Department will

also work with P/Ts and other partners to share knowledge, tools, and best practices, empowering health systems to better safeguard the health of Canadians in a changing climate.

Back to Departmental result 3: Canadians have access to health products that meet safety, effectiveness, and quality requirements.

Departmental result 5: Canadians make healthy choices

Helping Canadians make healthy choices in their day-to-day lives is a vital part of Health Canada's Health protection and promotion core responsibility.

Results we plan to achieve

▼ In this section

- Reducing regulatory burden while protecting the health and safety of Canadians
- Ensuring the safety and nutritional quality of the Canadian food supply, including in response to emerging foodborne risks and hazards
- Promoting healthy eating and taking action to protect Canadians, particularly youth, from the harms of alcohol, cannabis, vaping, and tobacco

Reducing regulatory burden while protecting the health and safety of Canadians

As part of Health Canada's role to protect the health and safety of Canadians, the Department administers acts and regulations related to food, cannabis, vaping, and tobacco products. For example, the Department conducts compliance and enforcement activities to ensure that

regulated parties meet the requirements of the Cannabis Act in support of a safe, well-regulated, and legal cannabis market. Similarly, the Department also monitors those manufacturing, importing, or selling tobacco and vaping products, conducts product testing, and publishes compliance and enforcement reports.

Plans to modernize regulatory oversight and reduce red tape in 2026-27 include:

- Amending Section 37 of the Food and Drugs Act to remove unnecessary barriers to Canadian manufacturers who export food products to provide a more predictable regulatory environment and allow them to compete in both domestic and international markets.
- Continuing to modernize regulations for infant foods and foods for special dietary use to reduce regulatory burden, enable innovation and improve international alignment with the aim of improving access and mitigating against future shortages.
- Reducing the administrative burden on cannabis licence holders and regulated parties while still maintaining public health and public safety oversight across the federal cannabis framework. For example, streamlining forms and guidance and exploring how to simplify cannabis supply chain reporting requirements.

Ensuring the safety and nutritional quality of the Canadian food supply, including in response to emerging foodborne risks and hazards

Health Canada supports industry in bringing innovative products to market while maintaining a world-class food system. To strengthen the Department's ability to respond to advances in science and technology while ensuring the safety and nutritional quality of the Canadian food supply, plans in 2026-27 include:

- Modernizing processes, guidance, and regulations for certain food and nutrition requirements to support the adoption of new technologies and respond to market needs. This includes updating the way protein quality in food is measured and reducing or eliminating some pre-market requirements for certain food additives.
- Developing targeted food safety regulations that can adjust quickly to new science and emerging risks and provide businesses with streamlined administrative processes.
- Collecting and analyzing data on prepackaged foods to monitor the nutritional quality of the food supply (e.g., sugars, sodium, and saturated fat content) following the implementation of the front-of-package nutrition labelling regulations and as part of assessing industry progress towards meeting 2025 sodium reduction targets.
- Providing guidance to industry on Health Canada requirements when submitting assessments of new or modified food proteins' potential to cause an allergic reaction. This guidance will help the Department review assessment results, before authorization is granted to sell the products.
- Strengthening international partnerships to advance food safety and nutrition, enhancing Health Canada's understanding of global food issues, and promoting science-based standards and risk assessment.

Promoting healthy eating and taking action to protect Canadians, particularly youth, from the harms of alcohol, cannabis, vaping, and tobacco

The Department helps Canadians make healthy choices through public education and awareness initiatives that promote healthy eating and food safety as well as inform the public of the harms and risk of addiction

associated with alcohol, cannabis, vaping, and tobacco products, including Think Ahead: Know the Risks of Substance Use and Get the Facts. Plans in 2026-27 include:

- Providing healthy eating information to support healthy food choices. This can help reduce diet-related chronic diseases, which strain Canada's health care system and reduce workforce productivity. The Department will continue to advance initiatives to support Canadians in making healthier choices.
- Supporting Canadians' nutritional health and well-being through the use and understanding of Canada's food guide and encouraging healthy eating.
- Publishing revised guidelines for infant nutrition with the Canadian Pediatric Society, Dietitians of Canada, Breastfeeding Committee for Canada, Indigenous Services Canada, and Public Health Agency of Canada, which will support health professionals providing advice to parents and caregivers of infants from birth to 6 months of age in Canada.
- Helping Canadians, with a focus on youth and young adults, make informed decisions about cannabis through public education campaigns on the health risks of cannabis use, while monitoring changes in knowledge and behaviours through research and surveillance.
- Reducing tobacco use to less than 5% by 2035 by continuing to implement Canada's Tobacco Strategy, for example, by raising awareness of resources and services available through Tools for a Smoke-Free Life to help people quit smoking.
- Informing youth about the risks of nicotine addiction through resources developed through the Consider the Consequences of Vaping campaign.

[Back to Departmental result 4: Canadians are protected from unsafe consumer and commercial products and substances.](#)

Gender-based Analysis Plus

Health Canada will implement its [Sex- and Gender-Based Analysis \(SGBA\) Plus Action Plan \(2026–30\)](#), which aims to embed sex, gender, and diversity considerations into departmental policies, programs, services, and organizational culture. The 17 programs in core responsibility 2 collect sufficient data to enable monitoring and/or reporting on program impacts by gender and diversity.

The Department will further apply its SGBA Plus Action Plan for Health Products through its [Pharmaceutical Drugs](#), [Biologic and Radiopharmaceutical Drugs](#), [Natural Health Products](#), and [Medical Devices](#) programs. Health Canada will continue to collect, analyze, and use disaggregated data to monitor impacts by gender and diversity, support inclusive clinical trial design, address drug shortages in line with disaggregated data, update industry guidance, and enhance safety and effectiveness reviews.

The Department will continue to consider SGBA Plus when revising nutritional guidelines and refining risk assessments under the [Food and Nutrition Program](#) by analyzing disaggregated nutrition data, and controlling for equity factors (i.e., age, sex, racial group, Indigenous identity, household income, education, culture, and geography). This analysis helps ensure the needs of diverse population groups across Canada are appropriately reflected.

Health Canada will continue to assess differential health risks in its environmental and consumer products through its [Air Quality](#), [Climate Change](#), [Water Quality](#), [Health Impacts of Chemicals](#), [Consumer Product Safety](#), [Workplace Hazardous Products](#), [Radiation Protection](#), and [Pesticides](#)

programs. These programs will continue to consider SGBA Plus factors such as gender, occupation, education, location, immigration status, etc., in their work to reflect and respond to the diverse needs of population groups.

Health Canada will continue to consider substance use patterns and access to services using SGBA Plus through its Tobacco Control, Controlled Substances, and Cannabis programs to focus public health messaging and harm reduction strategies for the diverse experiences of Canadians.

Finally, the Department will continue to apply an SGBA Plus lens when delivering the Employee Assistance Program (EAP), which provides mental health supports to over 90 federal departments and agencies, provided under the Health Canada Specialized Services program. SGBA Plus data collection under the EAP will include Black-centric enhancements to ensure inclusive services that better support employees navigating ongoing systemic barriers across federal departments and agencies. Health Canada will also explore improvements for other specialized service program areas, the Public Service Occupational Health Program and the Internationally Protected Persons Program, where data collection is more limited.

Internal services

▼ In this section

- Description
- Planned resources to achieve results
- Plans to achieve results
- Planning for contracts awarded to Indigenous businesses

Description

Internal services are the services that are provided within a department so that it can meet its corporate obligations and deliver its programs. There are 10 categories of internal services:

- acquisition management services
- communications services
- financial management services
- human resources management services
- information management services
- information technology services
- legal services
- material management services
- management and oversight services
- real property management services

Planned resources to achieve results

Table 8: Planned resources to achieve results for internal services this year

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

Resource	Planned
Spending	\$333,820,545
Full-time equivalents	2,038

[Complete financial](#) and [human resources information](#) for Health Canada's program inventory is available on GC InfoBase.

Plans to achieve results

This section presents details on the department's plans to achieve results and meet targets for internal services.

▼ In this section

- Building a diverse and inclusive workforce that is resilient, adaptable, and equipped with the tools required to deliver results for Canadians
- Delivering inclusive, timely, and evidence-based communications

Building a diverse and inclusive workforce that is resilient, adaptable, and equipped to work in a secure digital environment to deliver results for Canadians

A skilled and engaged workforce, specializing in science, regulations, and other core competencies, equipped with the required tools, is essential to delivering results for Canadians. The Department aims to ensure a diverse and inclusive workforce that is resilient and adaptable, and a workplace where all employees feel safe and are treated with respect and fairness.

The Centre for Ombuds and Resolution will continue 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 will continue to raise awareness of systemic issues and trends to people with the authority to act while fostering collaborative approaches to managing workplace concerns. In addition, it will continue to offer a range of services to build skills to increase competence in conflict management, communication, and emotional intelligence, as well as tools to foster a more inclusive workplace.

Guided by a strong values and ethics ecosystem, Health Canada will continue to strengthen a culture where public service values guide decisions, relationships, and results. Rooted in trust, accountability, and ethical leadership, this culture supports employees in delivering excellence in service to Canadians. To further advance a diverse, inclusive, and resilient workforce at Health Canada, plans in 2026-27 include:

- Implementing the Department's 2026-28 Accessibility Plan and working with persons with disabilities to identify, remove, and prevent barriers to accessibility in the workplace and in our services to Canadians, including efforts to support career success and advancement for employees with disabilities.
- Furthering the Accessibility Strategy for the Public Service of Canada and measuring improvements to accessibility, as detailed in Health Canada's progress reports.
- Supporting the Government of Canada's Action Plan to support Black public servants by implementing commitments made as part of the Black-centric enhancements to the Employee Assistance Program.
- Continuing efforts to support the adoption of the Official Languages Act by offering targeted language training to strengthen Health Canada's capacity to provide services in both official languages and maintain this capacity over time.
- Providing targeted training to managers to support them in navigating workforce uncertainty, leading through change, and inclusive leadership.
- Implementing the Department's Indigenous Cultural Competency Learning Policy in support of fulfilling the government's commitments to Reconciliation and as a step towards eliminating anti-Indigenous racism in health care systems.

Health Canada will collaborate across the Health Portfolio to enhance and modernize workforce security, in alignment with the Treasury Board Secretariat's Service and Digital Policy suite. Plans in 2026-27 include implementing digital capabilities under the Open Science Action Plan and building a secure, digital first organization by leveraging enterprise platforms and artificial intelligence.

Delivering inclusive, timely, and evidence-based communications

Health Canada provides clear, timely, and evidence-based information by leveraging various communication platforms including Canada.ca and social media. In 2026-27, messages will reach diverse audiences to inform them about the Canadian Dental Care Plan, mental health and substance use services, as well as other health and safety topics. Health Canada will continue to engage with employees regularly and share information via accessible and inclusive town halls and all-staff messages from deputy heads and senior officials.

The Department will also take action to address mis- and disinformation, which can have negative impacts on health behaviours and outcomes, and the Government of Canada's ability to effectively respond to health emergencies. Health Canada will work with the Public Health Agency of Canada to implement a joint strategy to prevent, detect, and respond to health mis- and disinformation. The strategy will support effective internal collaboration, foster external public trust, support health and media literacy, and encourage the public's participation in countering falsehoods.

Planning for contracts awarded to Indigenous businesses

Health Canada is committed to creating economic opportunities for Indigenous Peoples and advancing the Government of Canada's reconciliation efforts. As part of this commitment, the Department aims to

award at least 5% of the total value of Health Canada contracts to businesses owned and led by Indigenous Peoples.

In 2024-25, the Department continued to face challenges in sourcing specialized science and health-related goods and services such as laboratory, medical and optical instruments and psychological and mental health services from Indigenous businesses due to limited capacity.

Health Canada anticipates similar constraints in 2026-27. Consequently, these categories will continue to be excluded from the 5% target calculation. The Department remains committed to working with partners such as Indigenous Services Canada, Procurement Assistance Canada, and Buy Social to assess and monitor Indigenous capacity in these specialized areas.

To achieve the 5% target, Health Canada, through its Indigenous procurement strategy, will identify opportunities for Indigenous businesses by:

- Reporting regularly to senior management, contracting authorities, and business owners on progress towards the target.
- Integrating procurement planning with departmental planning processes before the start of the fiscal year to support early identification of potential opportunities for Indigenous businesses.
- Updating resources for business owners and contracting authorities on policy requirements, available tools, and strategies as appropriate.
- Increasing awareness among business owners, contracting authorities and senior management, including by promoting mandatory training requirements on Indigenous considerations in procurement for new hires.
- Participating in inter-departmental meetings and working groups, such as Indigenous Services Canada's Procurement Strategy for Indigenous

Businesses coordinator network, to develop guidance and share best practices.

Table 9: Percentage of contracts planned and awarded to Indigenous businesses

Table 9 presents the current, actual results with forecasted and planned results for the total percentage of contracts the department awarded to Indigenous businesses.

	2024-25 Actual result	2025-26 Forecasted result	2026-27 Planned result
5% Reporting field			
Total percentage of contracts with Indigenous businesses	9.01%	5.0%	5.0%

[Back to Departmental result 5: Canadians make healthy choices.](#)

Department-wide considerations

▼ In this section

- [Related government priorities](#)
- [Key risks](#)

Related government priorities

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 advances 5 SDGs.

The Department advances [SDG 3](#) (Good health and well-being) through core responsibility 1 activities. Health Canada also advances [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 on 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](#).

Artificial Intelligence

In 2026-27, Health Canada will deploy artificial intelligence within the Department by:

- **Increasing productivity and decreasing operating costs** - The Department will use artificial intelligence to support internal services, including translating internal communications and automating reports. Planning is also underway to improve Help Desk support via virtual agents and smart ticketing solutions.
- **Improving service delivery** - The Department will leverage artificial intelligence to improve how Canadians find information on Canada.ca and will explore how it can be used to modernize and streamline Canadian Dental Care Plan member eligibility review processes in support of strengthened program efficiency.

- **Delivering on the Department's mandate** - Health Canada will integrate artificial intelligence into scientific and regulatory processes to strengthen monitoring, oversight and decision-making. For example, artificial intelligence will support pesticide review and oversight by improving the screening, triage, and analysis of scientific literature. The Department will also leverage predictive modelling and machine learning tools to support the early identification of environmental health risks by processing large volumes of data, which will enable more efficient environmental health risk assessments. Image recognition and document analysis tools will help Health Canada inspectors more quickly and accurately assess labels on regulated products such as drugs, medical devices and consumer products, to determine if they comply with regulations or to detect altered documents.

Health Canada will prepare the workforce for artificial intelligence adoption by:

- **Upskilling the workforce to use artificial intelligence safely and effectively / Implementing change management and data readiness** - The Department will enhance artificial intelligence literacy training for all employees. This training will focus on methods and approaches, ethics, privacy, accessibility, and responsible use of artificial intelligence, which will empower staff to automate simple tasks and enhance data workflows in line with Government of Canada policies. Health Canada will offer enterprise learning materials, courses, and guidance as part of its data strategy, ensuring alignment with the Government of Canada's AI Strategy and related policies on the responsible use of artificial intelligence.
- **Providing access to approved artificial intelligence tools and resources needed to develop artificial intelligence solutions** - The

Department will continue to pilot Shared Services Canada's generative artificial intelligence tools and expand the use of GCTranslate to support a more agile and bilingual workplace. Health Canada will also support a protected artificial intelligence technology hub. This secure environment will provide coding support and scientific literature analysis to enable the development of artificial intelligence capabilities and guide projects from pilot to adoption.

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 planned risk responses

Risk responses	Planned activities
Monitor and report on compliance	Administer the Canada Health Act. For example: <ul style="list-style-type: none"> • Monitor compliance through P/T reports on patient charges as per the <u>Extra-billing and User Charges Information Regulations</u>. • <u>Report to parliamentarians</u> on the administration and operation of the Canada Health Act.
Implement new policies	Help P/Ts implement the Canada Health Act Services Policy, effective April 1, 2026, which confirms that medically necessary services provided by regulated health care providers (e.g., nurse practitioners) are insured under the Canada Health Act.

Risk responses	Planned activities
Work to resolve issues with P/Ts	Engage with P/Ts on potential compliance issues and apply dollar-for-dollar deductions to the <u>Canada Health Transfer</u> if any issues remain unresolved. For example: <ul style="list-style-type: none"> • Communicate the reimbursement process outlined in the <u>Reimbursement Policy</u>. • Collaborate with P/Ts to develop <u>Reimbursement Action Plans</u>.
Monitor litigation	Track litigation that may implicate the Canada Health Act and support federal involvement as needed, particularly in cases challenging its administration.
Monitor changes in health care delivery	Identify situations where P/Ts reduce coverage of insured services based on care setting, delivery method, or provider (e.g., remote or virtual care). For example: <ul style="list-style-type: none"> • Monitor developments with potential implications for the Canada Health Act, such as the use of artificial intelligence. • Track 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 planned risk responses

Risk responses	Planned activities
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Risk responses	Planned activities
Foster collaborative partnerships	<p>Foster partnerships with other federal departments, agencies, and P/Ts to share resources, expertise, and responsibilities in implementing complex initiatives.</p> <p>For example:</p> <ul style="list-style-type: none"> • Manage bilateral agreements with P/Ts, including <u>Working Together</u>, <u>Aging with Dignity</u>, and <u>national pharmacare</u>, to address health priorities. • Collaborate with federal partners to deliver complex programs, such as the <u>Canadian Dental Care Plan</u>. • <u>Engage stakeholders</u>, including professional associations, official language minority communities, under-represented patient groups, and Indigenous partners, in program design and delivery.
Ensure openness and transparency	<p>Regularly update other federal government departments and agencies, P/Ts, stakeholders, and the public to share credible information and build trust.</p> <p>For example:</p> <ul style="list-style-type: none"> • Provide trusted, accurate, accessible, plain language and culturally appropriate information designed with users in mind. • Communicate regularly on key priorities, including supporting access to oral health care, advancing shared health care system priorities with P/Ts, and addressing other health and safety related issues.

Risk responses	Planned activities
Strengthen oversight and governance	<p>Maintain oversight while upholding accountability and ethical decision-making. For example:</p> <ul style="list-style-type: none"> • Maintain strong governance frameworks, policies and processes for compliance, sound stewardship, and best value for assets and services, while monitoring and reporting on resource and procurement management in alignment with established standards. • Continue to strengthen transfer payment practices by introducing a framework to articulate common, principles-based requirements for transfer payment programs, which will support consistent and harmonized engagement with applicants and recipients. • Continue to establish <u>external advisory bodies</u> for large-scale initiatives.
Encourage innovation and operational efficiency	<p>Foster a culture of creativity and problem-solving, enabling the Department to explore innovative solutions to complex challenges. For example:</p> <ul style="list-style-type: none"> • Promote innovation and operational improvements, including the responsible use of artificial intelligence to enhance service delivery and decision-making. • Provide training and development opportunities to build employee capacity to lead and deliver complex initiatives.

Key risks for Core responsibility 2: Health protection and promotion

3. 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 planned risk responses

Risk responses	Planned activities
Implement informative initiatives	<p>Increase and update regulatory health and safety information in both official languages to make it clear, accessible, and evidence-based. For example:</p> <ul style="list-style-type: none"> • Enhance transparency in <u>clinical trials</u>, food safety, and product oversight by improving digital access to drug and medical device information. • Provide timely updates on <u>drug shortages and supply concerns</u>, <u>recalls and public advisories</u>, and enhance the user experience on related websites. • Raise awareness about health risks related to cannabis, alcohol, controlled substances, tobacco and vaping. • Advance surveillance activities through tools like the <u>Canadian Drug and Substance Watch</u> to monitor emerging drug trends in Canada. • Improve access to health science and safety research by publishing data, survey results, and reports. • Provide timely, trustworthy information on healthy eating, helping to counter misinformation and disinformation and guide Canadians through complex food environments.

Risk responses	Planned activities
Offer engagement opportunities to Canadians and stakeholders	<p>Provide opportunities for meaningful participation in the development of regulations and policies, consistent with the Government of Canada's <u>Open Government</u> initiative. For example:</p> <ul style="list-style-type: none">• Consult with stakeholders, Indigenous Peoples, and official language minority communities on multiple initiatives and post activities on <u>Consulting with Canadians</u> and the <u>Canada Gazette</u>.

Risk responses	Planned activities
Reinforce Health Canada's role as a trusted regulator	<p>Continue to improve tools, processes, and resources to effectively communicate with and engage people on digital platforms. For example:</p> <ul style="list-style-type: none"> • Proactively share information on approved health products through initiatives such as the Drug and Health Product Portal and the Clinical Information Portal, and communicate early and consistently about health and safety risks. • Enhance transparency on national drug and medical device shortages and publish an annual report on health product shortages in Canada. • Continue to publish the outcomes of health product inspections on the Drug and Health Product Inspections Database. • Improve transparency of cannabis and vaping compliance and enforcement activities by continuing to publish the annual cannabis inspection report, enhancing data shared on Open Government, and expanding publications related to vaping product inspections. • Strengthen public access to regulatory information by enhancing communications products and streamlining the disclosure process to build public trust.

Risk responses	Planned activities
Advance regulatory modernization initiatives	<p>Continue modernizing regulatory frameworks to make them as strong, modern, flexible, and effective as possible, while safeguarding the health, safety, and security of people and communities in Canada. For example:</p> <ul style="list-style-type: none"> • Advance modernization of regulatory frameworks and reduce red tape by implementing priority initiatives from <u>Health Canada and the Public Health Agency of Canada's report on red tape reduction</u>.

4. 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 planned risk responses

Risk responses	Planned activities
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Risk responses	Planned activities
Strengthen oversight	<p>Develop strategies and tools to strengthen market surveillance and oversight of emerging products and supply shortages. For example:</p> <ul style="list-style-type: none"> • Promote and enforce compliance with the <u>Food and Drugs Act</u> and its regulations. • Continue to support law and border enforcement efforts to detect and disrupt the illegal drug trade by increasing oversight of <u>precursor chemicals</u> used in illegal drug production, and by expanding analysis and tracing of drug origins. • Implement regulatory initiatives and plans (e.g., <u>Health Canada Forward Regulatory Plan</u>, the <u>Regulatory Cooperation Council Action Plan</u> and the <u>Health Canada and the Public Health Agency of Canada's report on red tape reduction</u>) that support progress in regulatory development. • Improve detection and mitigation of <u>health product shortages</u> in collaboration with regulated parties and health care partners. • Strengthen regulatory frameworks and global collaboration by participating in the <u>Codex Alimentarius Commission</u> and leveraging international scientific advice to support domestic and global food safety and nutrition frameworks. • Continue to enhance oversight of online marketplaces and e-commerce platforms across product lines (e.g., health products, consumer products, tobacco, vaping, cannabis, and pesticides) through cross-product strategies and the development of digital and administrative tools.

Risk responses	Planned activities
Leverage international expertise on global issues	<p>Collaborate with international regulatory organizations and align with foreign regulators, where appropriate, to strengthen Canada's regulatory system and improve access to safe, effective, and high-quality health products. For example:</p> <ul style="list-style-type: none"> • Share information with international partners on emergent safety issues, health product shortages, and the development of international standards. • Promote <u>international alignment and reduction of trade barriers</u> for quicker access to drugs for Canadians. • Contribute to the implementation of the <u>G7 Clinical Trials Charter</u> and participate in global efforts to streamline trial coordination. • Continue to pilot the <u>good manufacturing practice single inspection program</u> with Australia and the United Kingdom, to establish a coordinated approach to inspections of foreign drug manufacturing sites.
Address changing business models in the supply chain	<p>Strengthen oversight of foreign sites involved in health product manufacturing. For example:</p> <ul style="list-style-type: none"> • Strengthen reliance agreements and mechanisms to enhance oversight of health product manufacturing while avoiding additional regulatory burden on industry. • Share information on non-compliance, such as foreign-site inspection results, with trusted regulators that have established confidentiality and recognition agreements.

Key risks for Internal services

5. 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 planned risk responses

Risk responses	Planned activities
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Risk responses	Planned activities
Support workplace wellness initiatives	<p>Invest in initiatives to foster a healthy and safe workplace. For example:</p> <ul style="list-style-type: none"> • Prioritize mental health and psychological health and safety to ensure that employees have the resources and support needed through the Health Canada People Plan. • Provide, 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. • Provide neutral and confidential advice, guidance, and resources to employees and managers, through the Respect in the Workplace Office, to prevent and resolve workplace harassment and violence. • Continue implementing a Psychological Health and Safety Management System in the Department to strengthen employee well-being, foster psychological safety, and align with national standards. • Modernize the Corporate Employee Recognition Program to ensure relevant and meaningful employee recognition.

Risk responses	Planned activities
<p>Promote diversity, values and ethics, bilingualism, and inclusion</p>	<p>Encourage diversity, bilingualism, inclusion, and a strong foundation of values and ethics. For example:</p> <ul style="list-style-type: none"> • Advance inclusion and accessibility within the workplace by supporting employee networks, implementing Health Canada's second Accessibility Plan, and furthering the Inclusion, Diversity, Equity and Anti-Racism Action Plan. • Continue implementation of the Department's Official Languages Action Plan and expand access to language training for Indigenous Peoples, Black and Racialized employees and persons with disabilities groups to promote bilingualism and inclusion in the workplace. • Promote accountability, inclusion, and ethical leadership to ensure consistent application of the Code of Conduct across the organization. • Provide training and clear evaluation criteria to help reduce systemic bias in performance management evaluations. This includes education on unconscious bias, anti-racism, and reconciliation, along with monitoring and reporting trends through data and analytics.

Risk responses	Planned activities
Maintain a skilled and resilient workforce	<p>Uphold a high-performing workforce with the appropriate skills and competencies. For example:</p> <ul style="list-style-type: none"> • Foster career development and training through clear performance measures, personalized portals, and equitable talent management. • Review enterprise-wide operations and programming to identify opportunities for innovation, reducing duplication and inefficiencies, and improving workload management by leveraging and refining artificial intelligence capabilities. • Continue supporting leadership and management development through the Manager and Executive Learning Pathway, which combines training and practical experiences to help leaders build and maintain high-performing teams. • Launch a talent management strategy for all employees, including a departmental inventory to identify existing talent in manager and executive feeder groups to increase internal talent visibility and promote leadership mobility.

6. 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 planned risk responses

Risk responses	Planned activities
Continue to update IT and lab infrastructure	<p>Equip employees with modern, enhanced, and secure infrastructure. For example:</p> <ul style="list-style-type: none"> • Modernize tools while phasing out outdated technologies and systems. • Prioritize investments to remediate high-risk aging laboratory infrastructure, while advancing world-class science through sustained engagement with Labs Canada. • Review Health Canada's real property holdings to ensure optimal use and the right-sizing of laboratories.
Promote digital transformation	<p>Advance the Department's digital-data transformation as outlined in Health Canada's Data Strategy through:</p> <ul style="list-style-type: none"> • Alignment to the <u>2023-2026 Data Strategy for the Federal Public Service</u>, <u>Digital Standards</u>, <u>Policy on Results</u>, <u>Digital Ambition</u>, <u>AI Strategy for the Federal Public Service 2025-2027</u>, and <u>Policy on Service and Digital</u>.

Risk responses	Planned activities
Promote training and awareness	<p>Ensure Department vigilance and raise employee awareness. For example:</p> <ul style="list-style-type: none">• Deliver training and communications on privacy, access to information, security, procurement, and new technologies to strengthen awareness and compliance.• Conduct internal privacy risk assessments and refine mandatory training on personal information management.• Continue developing tools and resources that promote a culture of security and ethical stewardship across the Department.

Risk responses	Planned activities
Strengthen oversight	<p>Implement oversight strategies and foster a culture of transparency, privacy and security, remotely and onsite. For example:</p> <ul style="list-style-type: none"> • Update policies and tools to safeguard and protect information assets and the public, in line with Treasury Board policies, directives, and standards, such as the <u>Treasury Board Standard on Security Screening</u>. • Continue facilitating access to information and implementing the revised Privacy Management Framework by expanding its risk-based approach to initiatives involving personal information and by advancing work on Privacy Impact Assessments, Privacy Protocols, and Privacy Breach Management. • Provide dedicated privacy support for the Canadian Dental Care Plan to ensure that access to information and privacy requirements are met. • Regularly review and update the Business Continuity Plan to ensure alignment with current operational needs.

Key risks for all areas

7. 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 planned risk responses

Risk responses	Planned activities
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Risk responses	Planned activities
Foster engagement and collaboration	<p>Work with federal departments and agencies (e.g., Public Health Agency of Canada, Innovation, Science and Economic Development, Public Services and Procurement Canada) to advance a whole-of-government approach to better meet the needs of Canadians. For example:</p> <ul style="list-style-type: none"> • Help strengthen Canada's capacity to respond to future emergencies with health impacts including by working collaboratively with <u>Health Emergency Readiness Canada</u> to enhance Canada's pandemic preparedness through supporting industrial life sciences innovation. • Collaborate with P/Ts to enhance the health care system's ability to protect priority populations. • Maintain and strengthen international regulatory partnerships to enable coordinated, mutually beneficial responses during global health or safety crises.

Risk responses	Planned activities
Provide timely, trusted and evidence-based information	<p>Provide P/Ts, health care providers, and Canadians with timely, clear, and evidence-based information in both official languages. Foster public trust and reinforce Health Canada's commitment to openness and transparency. For example:</p> <ul style="list-style-type: none"> • Publish summaries of regulatory decisions and supporting clinical information for health products on the <u>Drug and Health Product Portal</u> and the <u>Clinical Information Portal</u>. • Provide health product safety information to health care professionals by issuing Health Product Risk Communications through the <u>recalls and safety alerts database</u> and the monthly <u>Health Product InfoWatch</u>. • Publish summaries of safety reviews on the <u>Drug and Health Product Portal</u>. • Publish inspection and compliance findings for regulated companies in Canada.
Facilitate access to health products	<p>Facilitate access to health products needed during major crises. For example:</p> <ul style="list-style-type: none"> • Support the prevention and treatment of novel diseases via clinical trials and flexible measures. • Collaborate with regulated parties and health care partners to manage health product shortages. • Continue to prioritize and expedite the review of high-need health products and maintain high standards for quality, safety, and efficacy.

Risk responses	Planned activities
Enhance internal services	<p>Continue to optimize service delivery to meet commitments during major crises. For example:</p> <ul style="list-style-type: none"> • Work with Shared Services Canada to ensure reliable network infrastructure that meets business needs. • Maintain clear and well-tested plans in place for emergencies, crisis response, communications, business continuity, privacy, and recovery, based on best practices and lessons learned.

Planned spending and human resources

This section provides an overview of Health Canada's planned spending and human resources for the next three fiscal years and of planned spending for 2026-27 with actual spending from previous years.

▼ In this section

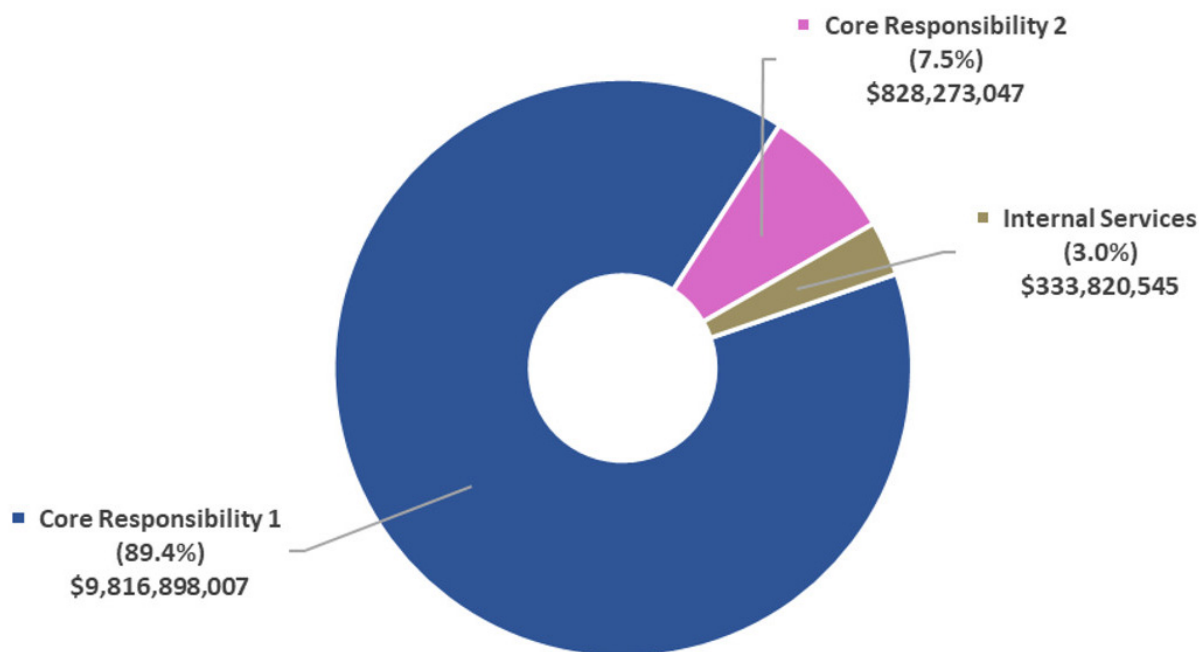
- [Spending](#)
- [Funding](#)
- [Future-oriented condensed statement of operations](#)
- [Human resources](#)

Spending

This section presents an overview of the department's planned expenditures from 2023-24 to 2028-29.

Graph 1: Planned spending by core responsibility in 2026-27

Graph 1 presents the department's planned spending in 2026-27 by core responsibility and for internal services.



▼ Text description of graph 1

Core responsibilities and internal services	2026-27 planned spending
Core responsibility 1: Health care systems	\$9,816,898,007
Core responsibility 2: Health protection and promotion	\$828,273,047
Internal services	\$333,820,545

▼ Analysis of planned spending by core responsibility

Core responsibility 1 supports the national health care system in 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 2026-27 planned spending for

core responsibility 1, over 90% of the funding supports the Canadian Dental Care Plan, transfers to P/Ts under the Shared Health Priorities transfer payment program, National Strategy for Drugs for Rare Diseases, and payments to P/Ts to provide coverage for specific prescription drugs and related products under section 6 of the Pharmacare Act.

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 licenses. For 2026-27, funding will support programs such as the legalization and regulation of cannabis in Canada, Emergency Treatment Fund, the Public Service Occupational Health Program, and Canada's Border Plan will further enable Health Canada to protect and improve the health of Canadians.

Internal services provide 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 include, but are 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 Health Canada and the Public Health Agency of Canada.

Budgetary performance summary

Table 10: Three-year spending summary for core responsibilities and internal services (dollars)

Table 10 presents Health Canada's spending over the past three years to carry out its core responsibilities and for internal services. Amounts for the 2025-26 fiscal year are forecasted based on spending to date.

Core responsibilities and internal services	2023-24 Actual expenditures	2024-25 Actual expenditures	2025-26 Forecast spending
Core responsibility 1: Health care systems	5,369,628,448	7,405,321,238	10,725,545,864
Core responsibility 2: Health protection and promotion	945,883,667	879,708,762	933,230,871
Subtotal	6,315,512,115	8,285,030,000	11,658,776,735
Internal services	526,781,104	464,435,180	433,035,267
Total	6,842,293,219	8,749,465,180	12,091,812,002

▼ Analysis of the past three years of spending

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

The increase in forecasted spending for 2025-26 is mainly due to funding level increases over the previous year for:

- The Canadian Dental Care Plan.
- 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.

- Emergency Treatment Fund.
- Youth Mental Health Fund.

More financial information from previous years is available on the [Finances section of GC Infobase](#).

Table 11: Planned three-year spending on core responsibilities and internal services (dollars)

Table 11 presents Health Canada's planned spending over the next three years by core responsibilities and for internal services.

Core responsibilities and internal services	2026-27 Planned spending	2027-28 Planned spending	2028-29 Planned spending
Core responsibility 1: Health care systems	9,816,898,007	8,395,806,873	7,882,270,648
Core responsibility 2: Health protection and promotion	828,273,047	730,698,886	557,795,913
Subtotal	10,645,171,054	9,126,505,759	8,440,066,561
Internal services	333,820,545	323,933,882	297,349,184
Total	10,978,991,599	9,450,439,641	8,737,415,745

▼ Analysis of the next three years of spending

The decrease in planned spending in 2027-28 is mainly due to the expiry of budget authorities for:

- Strengthening Canada's home care and mental health service initiative.
- National Strategy for Drugs for Rare Diseases.

- Emergency Treatment Fund.
- The diabetes devices and supplies fund.

This is offset by an 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.

The decrease in planned spending in 2028-29 is mainly due to the expiry of budget authorities for:

- Long-term care, improved access to palliative care, and safe access to medical assistance in dying.
- The legalization and regulation of cannabis in Canada.
- Canadian Drugs and Substances Strategy.
- Building a world-class health data system for Canadians.

Decisions on the renewal of initiatives with expiring budgetary authorities will be made in future budgets and reflected accordingly in subsequent Estimates and Departmental Plans.

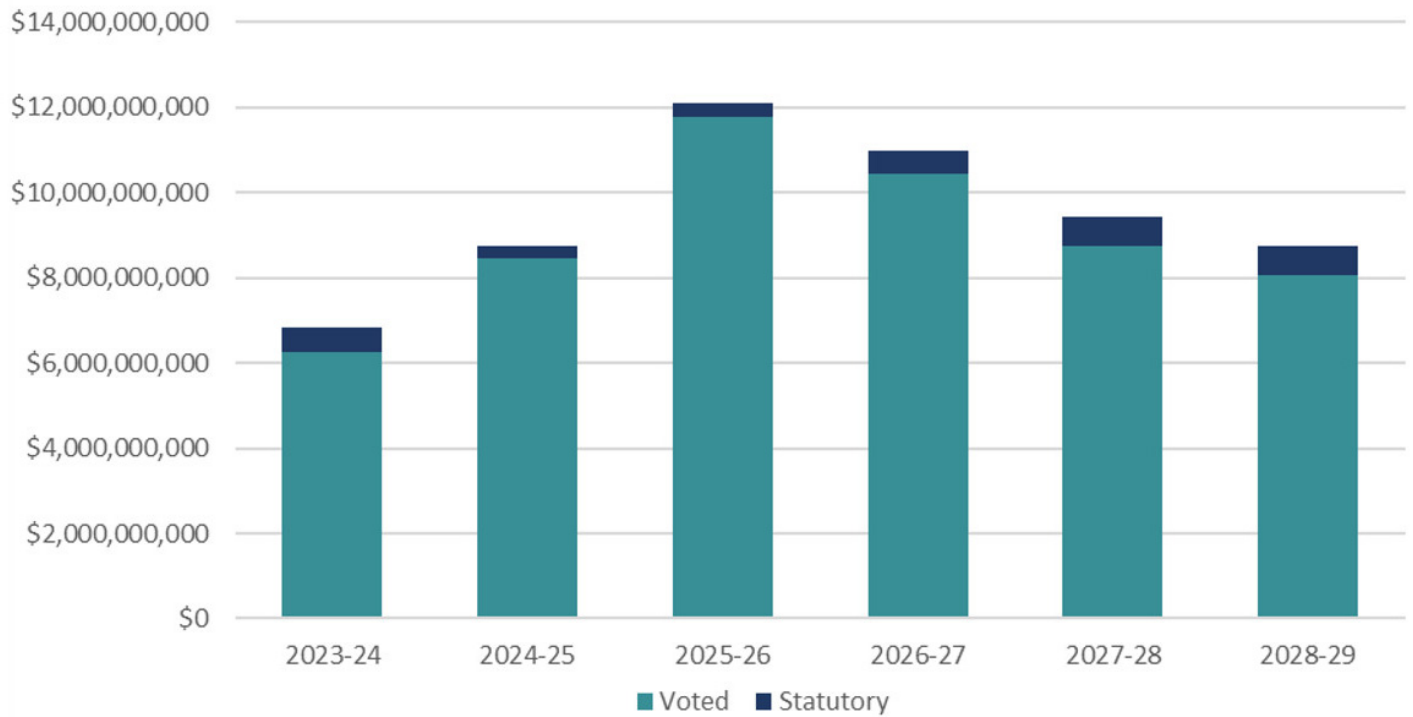
More detailed financial information on planned spending is available on the Finances section of GC Infobase.

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 2023-24 to 2028-29.



▼ Text description of graph 2

The figure illustrates Health Canada's approved funding trend from fiscal year 2023-24 to fiscal year 2028-29 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	Total	Voted	Statutory
2023-24	6,842	6,276	566
2024-25	8,749	8,446	303
2025-26	12,092	11,764	328
2026-27	10,979	10,427	552
2027-28	9,450	8,747	703
2028-29	8,737	8,051	686

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

Voted Authority spending increased 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 increase in forecast spending in 2025-26 is mainly due to additional funding for the Canadian Dental Care Plan.

For 2027-28, the decrease is mainly due to the expiry of budget authorities for:

- Strengthening Canada's home care and mental health service initiative.
- National Strategy for Drugs for Rare Diseases.
- Emergency Treatment Fund.
- The diabetes devices and supplies fund.

This is offset by an increase in funding for the Canadian Dental Care Plan.

Finally for 2028-29, planned spend decreases are for the expiry of budget authorities for:

- Long-term care, improved access to palliative care, and safe access to medical assistance in dying.
- The legalization and regulation of cannabis in Canada.
- Canadian Drugs and Substances Strategy.
- Building a world-class health data system for Canadians.

For statutory funding, in 2024-25, there was a planned decrease for payments pursuant to the Dental Benefit Act. Additionally, 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.

Decisions on the renewal of initiatives with expiring budgetary authorities will be made in future budgets and reflected accordingly in subsequent Estimates and Departmental Plans.

For further information on Health Canada's departmental appropriations, consult the [2026-27 Main Estimates](#).

Future-oriented condensed statement of operations

The future-oriented condensed statement of operations provides an overview of Health Canada's operations for 2025-26 to 2026-27.

Table 12: Future-oriented condensed statement of operations for the year ending March 31, 2027 (dollars)

Table 12 summarizes the expenses and revenues which net to the cost of operations before government funding and transfers for 2025-26 to 2026-27. The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

Financial information	2025-26 Forecast results	2026-27 Planned results	Difference (Planned results minus forecasted)
Total expenses	12,121,113,231	11,075,405,035	(1,045,708,196)
Total revenues	309,364,296	303,263,124	(6,101,172)
Net cost of operations before government funding and transfers	11,811,748,935	10,772,141,911	(1,039,607,024)

▼ Analysis of forecasted and planned results

Health Canada is projecting \$11,075.4 million in expenses based on 2026-27 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of \$1,045.7 million from 2025-26 forecast results.

The decrease in planned results is mainly due to a funding reprofile for the Canadian Dental Care Plan into 2025-26.

This decrease is partially offset by funding level increases to support coverage of specific prescription drugs and related products under section 6 of the Pharmacare Act.

The 2026-27 planned expenses by core responsibility are as follows:

- Health care systems \$9.5 billion.
- Health protection and promotion \$1.2 billion.
- Internal services \$0.4 billion.

Health Canada receives most of its funding through annual parliamentary appropriations. Health Canada's revenue is generated by programs that support the above-noted core responsibilities. Health Canada projects total revenues in 2026-27 to be \$303.3 million (2025-26 \$309.4 million).

The 2026-27 main sources of revenues by type are as follows:

- Services of a regulatory nature \$113.4 million.
- Rights and privileges \$180.8 million.
- Services of a non-regulatory nature \$112.2 million.

A more detailed [Future-Oriented Statement of Operations and associated Notes for 2026-27](#), including a reconciliation of the net cost of operations with the requested authorities, is available on Health Canada's website.

Human resources

This section presents an overview of the department's actual and planned human resources from 2023-24 to 2028-29.

Table 13: Actual human resources for core responsibilities and internal services

Table 13 shows a summary of human resources, in full-time equivalents, for Health Canada's core responsibilities and for its internal services for the previous three fiscal years. Human resources for the 2025-26 fiscal year are forecasted based on year to date.

Core responsibilities and internal services	2023-24 Actual full-time equivalents	2024-25 Actual full-time equivalents	2025-26 Forecasted full-time equivalents
Core responsibility 1: Health care systems	453	479	568
Core responsibility 2: Health protection and promotion	6,638	6,617	5,998
Subtotal	7,091	7,095	6,566
Internal services	2,757	2,648	2,625
Total	9,848	9,743	9,191

▼ Analysis of human resources over the last three years

For 2025-26, a decrease in FTEs is mainly due to a decrease in resources for the legalization and regulation of cannabis in Canada and an optimization of the FTE complement to focus on priority activities.

Table 14: Human resources planning summary for core responsibilities and internal services

Table 14 shows information on human resources, in full-time equivalents, for each of Health Canada's core responsibilities and for its internal services planned for the next three years.

Core responsibilities and internal services	2026-27 Planned full-time equivalents	2027-28 Planned full-time equivalents	2028-29 Planned full-time equivalents
Core responsibility 1: Health care systems	583	561	520
Core responsibility 2: Health protection and promotion	5,993	5,940	4,719
Subtotal	6,576	6,501	5,239
Internal services	2,038	2,028	1,784
Total	8,614	8,529	7,023

▼ Analysis of human resources for the next three years

The decrease in FTEs for 2028-29 is primarily due to the expiry of budgetary authorities for the administration of the Cannabis Act and its regulations and the Canadian Drugs and Substances Strategy.

Additionally, FTE reductions from the Comprehensive Expenditure Review are reflected in the table above for 2028-29.

Decisions on the renewal of initiatives with expiring budgetary authorities will be made in future budgets and reflected accordingly in subsequent Estimates and Departmental Plans.

Supplementary information tables

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

- [Details on transfer payment programs](#)
- [Horizontal Initiatives](#)

Information on [Health Canada's departmental sustainable development strategy](#) can be found on Health Canada's website.

Federal tax expenditures

Health Canada's Departmental Plan does not include information on 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:

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

Institutional head:

Shalene Curtis-Micallef

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 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

Mailing address:

Ryan Higgs

Acting Assistant Deputy Minister and Chief Financial Officer

[Health Canada](#)

Assistant Deputy Minister Office
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613-297-4952

Email:

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Definitions

▼ List of terms

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 performed by a department. The intentions of the department with respect to a core responsibility are reflected in one or more related departmental results that the department seeks to contribute to or influence.

Departmental Plan (plan ministériel)

A report on the plans and expected performance of an appropriated department over a 3-year period. Departmental Plans are usually tabled in Parliament each spring.

departmental result (résultat ministériel)

A consequence or outcome that a department seeks to achieve. A departmental result is often outside departments' immediate control, but it should be influenced by program-level outcomes.

departmental result indicator (indicateur de résultat ministériel)

A quantitative measure of progress on 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 on a department's actual accomplishments against the plans, priorities and expected results set out in the corresponding Departmental Plan.

full-time equivalent (équivalent temps plein)

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. For a particular position, the full-time equivalent figure is the ratio of number of hours the person actually works divided by the standard number of hours set out in the person's collective agreement.

gender-based analysis plus (GBA Plus) (analyse comparative entre les sexes plus [ACS Plus])

Is an analytical tool used to support the development of responsive and inclusive policies, programs, and other initiatives. GBA Plus is a process for understanding who is impacted by the issue or opportunity being addressed by the initiative; identifying how the initiative could be tailored to meet diverse needs of the people most impacted; and anticipating and mitigating any barriers to accessing or benefitting from the initiative. GBA Plus is an intersectional analysis that 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.

Using GBA Plus involves taking a gender- and diversity-sensitive approach to our work. Considering all intersecting identity factors as part of GBA Plus, not only sex and gender, is a Government of Canada commitment.

government priorities (priorités gouvernementales)

For the purpose of the 2026-27 Departmental Plan, government priorities are the high-level themes outlining the government's agenda in the [2025 Speech from the Throne](#).

horizontal initiative (initiative horizontale)

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

Indigenous business (entreprise autochtones)

Requirements for verifying Indigenous businesses for the purposes of the departmental result report are available through the Indigenous Services Canada [Mandatory minimum 5% Indigenous procurement target](#) website.

non-budgetary expenditures (dépenses non budgétaires)

Non-budgetary authorities that comprise assets and liabilities transactions for loans, investments and advances, or specified purpose accounts, that have been established under specific statutes or under non-statutory authorities in the Estimates and elsewhere. Non-budgetary transactions are those expenditures and receipts related to the government's financial claims on, and obligations to, outside parties. These consist of transactions in loans, investments and advances; in cash and accounts receivable; in public money received or collected for specified purposes; and in all other assets and liabilities. Other assets and liabilities, not specifically defined in G

to P authority codes are to be recorded to an R authority code, which is the residual authority code for all other assets and liabilities.

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 means of measuring an output or outcome, with the intention of gauging the performance of a department, program, policy or initiative respecting expected results.

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 those amounts presented in Main Estimates.

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

program (programme)

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

program inventory (répertoire des programmes)

Identifies all the department's programs and describes how resources are organized to contribute to the department's core responsibilities and results.

result (résultat)

A consequence attributed, in part, to a department, policy, program or initiative. Results are not within the control of a single department, policy, program or initiative; instead they are within the area of the department's influence.

statutory expenditures (dépenses législatives)

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

target (cible)

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

voted expenditures (dépenses votées)

Expenditures that Parliament approves annually through an appropriation act. The vote wording becomes the governing conditions under which these expenditures may be made.

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