

Health Canada

2008-2009

Departmental Performance Report

Table of Contents

Section 1 • 2008-2009 Departmental Overview

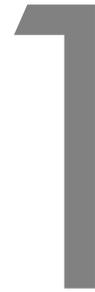
Minister's Message	7
Raison d'être	9
Responsibilities	9
Strategic Outcomes and Program Activity Architecture	10
Performance Summary: Financial and Human Resources Table	11
Performance Summary	11
Departmental Priorities	12
Management Priorities	13
Operational Priorities	18
Risk Analysis	19

Section 2 • Analysis of Program Activities by Strategic Outcomes

Accessible and sustainable health system responsive to the health needs of Canadians	24
1.1 Canadian Health System	24
1.2 Canadian Assisted Human Reproduction	27
1.3 International Health Affairs	28
Access to safe and effective health products and food and information for healthy choices	30
2.1 Health Products	30
2.2 Food and Nutrition	32
Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments	34
3.1 Sustainable Environmental Health	34
3.2 Consumer Products	37
3.3 Workplace Health	40
3.4 Substance Use and Abuse	42
3.5 Pesticide Regulation	44
Better Health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians	46
4.1 First Nations and Inuit Health Programming and Services	46

Section 3 • Supplementary Information

Financial Highlights	54
List of Supplementary Information Tables	57
Other Items of Interest - Advancing the Science Agenda 2008-2009	58



2008 - 2009 DEPARTMENTAL OVERVIEW

Minister's Message



This Departmental Performance Report is a synopsis of the work done by Health Canada in 2008-2009 to turn Government policy into tangible results for all Canadians.

In the last year, the Department has made important changes to help better protect and promote the health of Canadians. We have introduced new legislation to modernize and strengthen product safety laws -- legislation that will strengthen the Government's ability to respond when unsafe products are identified on the Canadian market. We have also taken additional steps to improve the safety and effectiveness of drugs on the market and to identify chemicals that may be harmful to Canadians. In 2008, we became the first country in the world to take steps towards a ban of Bisphenol A, a chemical that poses risks to infants and young children.

Through a range of programs, we have worked with communities in provinces and territories to help prevent and address addiction to drugs, alcohol and tobacco – especially among the young.

First Nations and Inuit health is an ongoing Health Canada responsibility and, in the last year, the Department made clear progress in enhancing community health programs for maternal and child health, mental health and suicide prevention. In partnership with other government departments, Health Canada supported communities as they took action to improve the quality of their drinking water and to address drug and alcohol addiction and communicable diseases. The Department bolstered many essential ongoing health services, such as those provided by nursing and other staff at facilities in First Nations and Inuit communities all over Canada.

Together with provinces and territories we made progress on common goals such as patient wait times and the transition to electronic health records. Collectively we also made progress on challenges such as the shortage of trained personnel in health care, exploring innovative approaches to providing services and seeking to facilitate the accreditation of internationally-trained professionals.

It was also a year during which we laid the groundwork for important advances in scientific research. In collaboration with The Canadian Institutes of Health Research (CIHR), we established a research consortium to advance cancer stem cell research. Funding was also provided for important research into obesity, diabetes, cardiovascular disease and into how to improve the health of children suffering from asthma and allergies.

We also worked hard with the Canadian Food Inspection Agency and the Public Health Agency of Canada to examine the factors that contributed to the August 2008 listeriosis outbreak and implement measures to help prevent and address a similar occurrence in the future.

Good health is important to every Canadian and the Government of Canada is proud to be a partner in enabling Canadians to achieve the best health outcomes possible. This *Departmental Performance Report* describes how Health Canada took action in 2008-2009 to deliver on the Government's commitment to safeguard the health of all Canadians.

Leona Aglukkaq, P.C. M.P.
Minister of Health

Raison d'être

Health Canada is responsible for helping Canadians maintain and improve their health. It is committed to improving the lives of all Canadians and to making this country's population among the healthiest in the world as measured by longevity, lifestyle and effective use of the public health care system.

Responsibilities

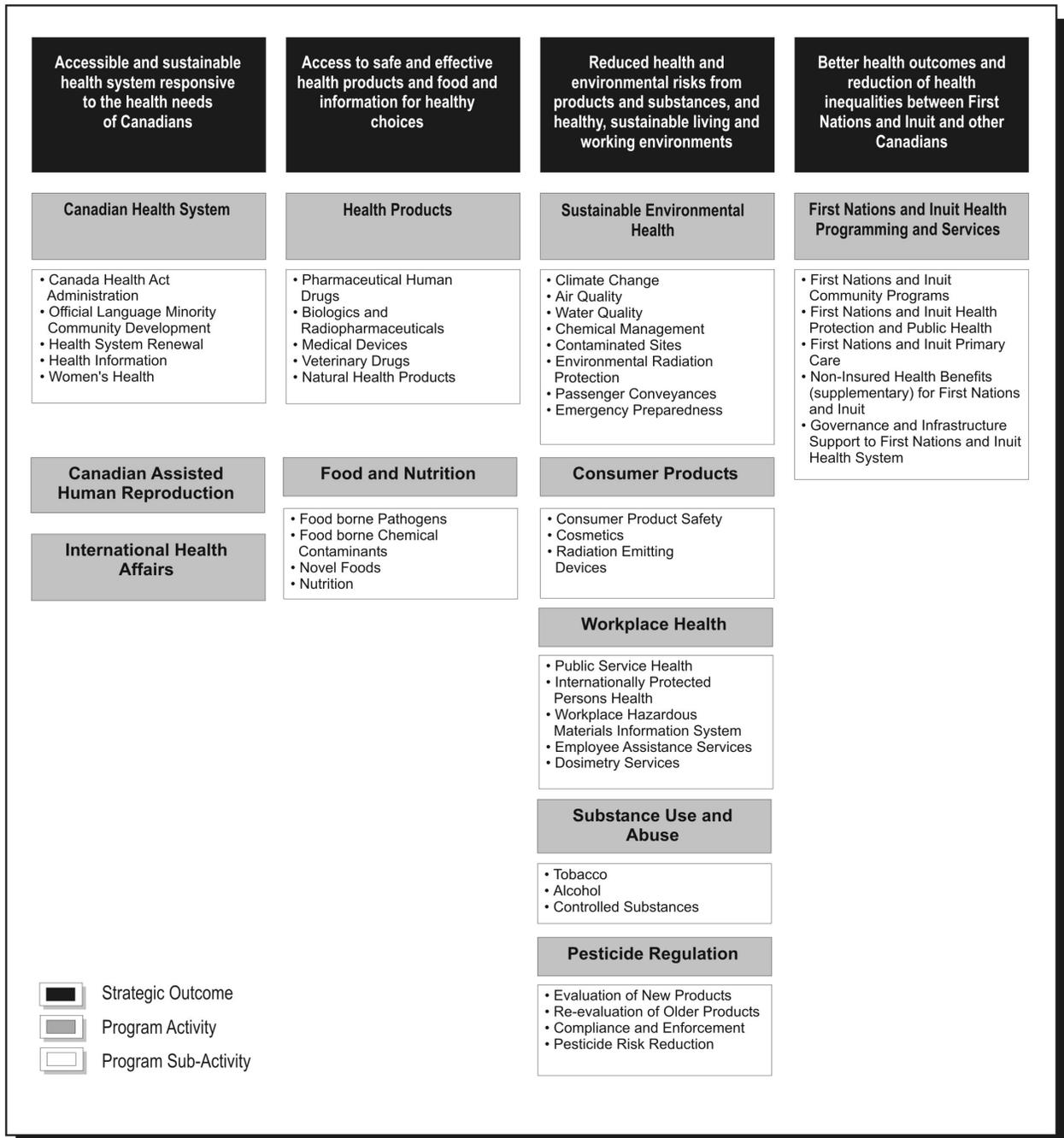
Health Canada helps Canadians maintain and improve their health through various roles and responsibilities. First, as a **regulator**, the Department is responsible for the regulatory regime governing the safety of a broad range of products affecting the lives of all Canadians, including food, pharmaceuticals, medical devices, natural health products, consumer products, chemicals, radiation emitting devices, cosmetics, and pesticides. Health Canada also regulates tobacco products and controlled substances, public health on passenger conveyances, and helps manage the risks posed by environmental factors such as air, water, radiation in the workplace and environmental contaminants. This responsibility also extends to using cutting-edge science to assess and mitigate health risks to Canadians.

The Department is also a **service provider**. The federal government has provided basic health services to First Nations since 1904. Today, Health Canada supports the delivery of basic primary care services in approximately 200 remote First Nations communities, home and community care in more than 600 First Nations and Inuit communities, and a limited range of medically necessary health-related goods and services not insured by private or other public health insurance plans to eligible First Nations and Inuit. The Department also funds or delivers community-based programs and public health activities that promote health, prevent chronic disease and control the spread of infectious diseases. Health Canada directly employs approximately 650 nurses, operates 225 health centres and 61 alcohol and drug treatment centers, and supports more than 6,800 community-based workers employed by First Nations communities.

Finally, in the context of health systems, Health Canada is a **catalyst for innovation**, a **funder**, and an **information provider**. It works closely with provincial and territorial governments to develop national approaches on health system issues and promotes the pan-Canadian adoption of best practices. The Department administers the *Canada Health Act*, which embodies national principles to ensure a universal and equitable publicly-funded health care system. It provides policy support for the federal government's Canada Health Transfer to provinces and territories, and provides funding through grants and contributions to various organizations to help meet Health Canada's objectives. Lastly, it generates and shares knowledge and information on which personal decision-making, regulations and standards, and innovation in health rely.

Strategic Outcomes and Program Activity Architecture

The chart below illustrates Health Canada's framework of program activities and sub-activities contributing to progress toward the Department's strategic outcomes:



Performance Summary: Financial and Human Resources Table

2008–09 Financial Resources

Planned Spending	Total Authorities	Actual Spending
3,195.3	3,690.0	3,668.1

2008–09 Human Resources (FTEs)

Planned	Actual	Difference
9,106	9,158	52

Performance Summary¹

Health Canada applied the performance status rating as defined by Treasury Board of Canada Secretariat in their *Guide to the Preparation of Part III of the 2009–10 Estimates*.

Exceeded—More than 100 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and outputs) for the expected result or priority identified in the corresponding RPP were achieved during the fiscal year.

Met All—100 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and expected outputs) for the expected result or priority identified in the corresponding RPP was achieved during the fiscal year.

Mostly Met—80 to 99 per cent of the expected level of performance (as evidenced by the indicator and target or, in the absence of targets, planned activities and expected outputs) for the expected result or priority identified in the corresponding RPP were achieved during the fiscal year.

Somewhat Met—60 to 79 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and outputs) for the expected result or priority identified in the corresponding RPP were achieved during the fiscal year.

Not Met—Less than 60 per cent of the expected level of performance (as evidenced by the indicator and target or planned activities and outputs) for the expected result or priority identified in the corresponding RPP were achieved during the fiscal year.

¹ The [Health Canada 2008-2009 Report on Plans and Priorities](#) (RPP) included an extensive range of performance indicators. Most did not have specifically defined targets. As such, the most appropriate synopsis for the year is provided by linking the expected results set out in the RPP with information on targets and results where available as well as other relevant performance evidence.

Departmental Priorities

The 2008-2009 Report on Plans and Priorities identified the following priorities for Health Canada

- Priority 1 – Contribute to the improvement of the health of Canadians (ongoing)
- Priority 2 – Reduce the risks to the health of the people of Canada (ongoing)
- Priority 3 – Work with others to strengthen the efficiency and effectiveness of the publicly-funded health care and health system (ongoing)
- Priority 4 – Strengthen accountability to Parliament and the public (ongoing)

These broad medium-term priorities, their strategies, and actions are addressed effectively in Health Canada's Management Priorities, which are described below under each strategic outcome, followed by the Health Canada Operational Priorities.

Management Priorities

Strategic Outcome 1: Accessible and sustainable health system responsive to the health needs of Canadians

Health Canada continued to implement Government of Canada commitments to work with provinces, territories and stakeholders for health system improvement. High-profile efforts with clear benefits for individual Canadians centred on initiatives testing approaches to reduce patient wait times and expand numbers of health professionals and other trained staff in place to provide services.

This strategic outcome links to Departmental Priorities 1, 3 and 4.

Expected Results	2008–09 Performance (Ongoing) Status: Mostly met
<p>Canadian Health System:</p> <p>Improved health care system planning and performance</p> <p>Enhanced capacity of governments and stakeholders to support health system planning</p> <p>Awareness and understanding among health sector decision-makers and the public of the factors affecting accessibility, quality and sustainability of Canada's health-care system and the health of Canadians</p>	<p>Implementation and monitoring of Government of Canada health commitments took place, including 12 Patient Wait Times Guarantees Pilot Projects implemented in eight jurisdictions.</p> <p>Progress on the Pan-Canadian Health Human Resources (HHR) Strategy, included support for integration of internationally educated health professionals into the Canadian health care system and innovative ways to address HHR needs.</p> <p>Research was supported and conducted on critical issues affecting current and longer-term health care policy and program choices for governments and health system partners.</p> <p>Accountability to Canadians and Parliament was enhanced through the annual Healthy Canadians – A Federal Report on Comparable Health Indicators 2008, with an increase from 18 to 37 reported health indicators.</p>
<p>Canadian Assisted Human Reproduction (AHR):</p> <p>Collection of relevant and timely information in AHR practices including the number of stakeholders in AHR sector and details of their activities</p> <p>Number of proposed regulations related to AHR activities using own gametes published in Canada Gazette, Part I</p> <p>Reports of relevant issues addressed through a number of regulations and other instruments developed to enforce the AHR Act</p>	<p>Publishing of draft regulations deferred until after the Supreme Court of Canada releases its opinion on constitutional issues related to the AHR Act.</p>
<p>International Health Affairs:</p> <p>Enhanced knowledge base and intersectoral collaboration on global health issues</p> <p>Influencing the global health agenda for the benefit of Canadians</p> <p>Developed global health policies for the benefit of Canadians</p>	<p>Active engagement in health initiatives on the international stage with other countries and through multilateral organizations (WHO, PAHO, OECD, APEC) helped to address issues such as regulatory cooperation, pandemic influenza preparedness, HIV/AIDS and global health security, and to influence global health policies, standards and actions.</p>

(\$ millions)						
Program Activity	2007-08 Actual Spending	2008-09				Alignment to Government of Canada Outcomes
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
Canadian Health System	1,342.5	306.2	306.3	538.5	533.9	Healthy Canadians
Canadian Assisted Human Reproduction	5.7	2.0	2.1	3.9	3.9	
International Health Affairs	8.9	28.6	28.7	26.1	25.6	
Total	1,357.1	336.8	337.1	568.5	563.4	

Strategic Outcome 2: Access to safe and effective health products and food and information for healthy choices

Health Canada continued to improve its administration of regulatory processes for health and food products in Canada as part of the Food and Consumer Safety Action Plan, resulting in more timely reviews of new products. Resources were reallocated to address confirmed or possible threats to health to better respond to the interests of Canadians and the information available to Canadians on food and health products was expanded.

This strategic outcome links to Departmental Priorities 1, 2 and 4.

Expected Results	2008–09 Performance (Ongoing) Status: Mostly met
<p>Health Products:</p> <p>Increased regulatory system response to health product-related health risks</p> <p>Increased awareness and/or knowledge of health products issues</p>	<p>Under the Food and Consumer Safety Action Plan, continued progress was demonstrated in timeliness of reviews, particularly for new drug submissions, as well as through fewer recalls of human drugs, veterinary drugs and natural health products, and Departmental responses to reported health product incidents improved over 2007-2008 levels.</p> <p>Expanded outreach to consumers, industry, and health professionals was matched by substantial evidence of public, professional and stakeholder interest in Health Canada reporting on and response to issues with health products identified by industry, health professionals and government, such as reports of adverse drug reactions.</p>
<p>Food and Nutrition:</p> <p>Reduction in exposure to disease-causing food-borne micro-organisms and environmental agrochemical contaminants, and food allergens</p> <p>Increased level of informed choices/ healthy decisions related to food quality and food safety</p>	<p>New resources enabled Health Canada to act on commitments in areas such as proposed new food labelling requirements, a risk management strategy to limit the exposure of newborns and young children to Bisphenol A and continued declines in transfat levels in food. They also enabled a rapid response to emerging issues of high priority to Canadians including support to the Canadian Food Inspection Agency during its major listeriosis investigation.</p> <p>Wide-ranging communications initiatives were implemented through printed documents such as the Canada's Food Guide in English and French and eight other languages, campaigns addressed particular food safety issues such as proper food handling procedures, information was also conveyed through extensive use of the Internet, contact with news media and presentations to audiences.</p>

(\$ millions)						
Program Activity	2007-08 Actual Spending	2008-09				Alignment to Government of Canada Outcomes
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
Health Products	207.1	183.3	186.5	257.1	255.9	Healthy Canadians
Food and Nutrition	100.8	77.6	77.9	65.0	61.7	
Total	307.9	260.9	264.4	322.1	317.6	

Strategic Outcome 3: Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments

New resources and improved processes enabled improved action on consumer and other product safety issues as well as departmental monitoring of substances that may have health impacts on Canadians under the [Food and Consumer Safety Action Plan](#), the [Clean Air Agenda](#) and the [Chemicals Management Plan](#). This was complemented by continued progress in reducing tobacco use and in supporting action against illicit drug use in Canada's communities.

This strategic outcome links to Departmental Priorities 1, 2 and 4.

Expected Results	2008–09 Performance (Ongoing) Status: Mostly met
<p>Sustainable Environmental Health:</p> <p>Timely regulatory system response to new and emerging health risks related to toxic chemicals and environmental risks to health</p> <p>New and emerging health risks related to toxic chemical substances are identified, assessed and managed</p> <p>Canadians are knowledgeable and aware of environmental health issues</p>	<p>Health Canada service commitments such as reviews of potentially toxic chemicals, inspections of passenger conveyances, emergency preparedness exercises and risk assessments of contaminated sites were fully met.</p> <p>Under the Chemicals Management Plan (CMP), 9 of 12 batches of substances with possible health or environment concerns were either under review or fully reviewed, meeting all CMP Challenge timelines.</p> <p>The Air Quality Health Index (AQHI) was made available in 26 locations across Canada, including 10 census metropolitan areas (target is approximately 27 census metro areas by 2011), while 23% of Canadians reported hearing about federal activities on chemicals and 7% were aware of the Chemicals Management Plan.</p>
<p>Consumer Products:</p> <p>Declining trends in levels of risk, adverse reactions, illnesses, and injuries from hazardous products, substances, cosmetic products, and radiation emitting devices</p> <p>Adherence to Acts and Regulations</p> <p>Canadians are knowledgeable/aware of the health risks of exposure to hazardous products, substances, cosmetic products, and radiation emitting devices</p>	<p>Improved effectiveness in recording and responding to complaints was achieved via more inspectors in the regions receiving and responding to complaints, better tracking, and new service standards for complaint response.</p> <p>Targeted surveillance activities lead to the early identification of emerging risks, rapid response and enforcement actions. Inspection cycles showed no significant changes in levels of industry compliance in two broad product categories and saw consistently high levels of compliance in other product categories. Where non-compliance was found, product recalls, seizures and advisories were used to address the issue.</p> <p>Increased Canadian awareness was indicated by 2,400 more subscriptions to the Consumer Product Safety Recall website, raising the total to 6,600.</p>

<p>Workplace Health:</p> <p>Timely system response to public service employees with psycho-social problems</p> <p>Internationally Protected Persons (IPPs) and Canadian public service employees are protected during visits and events from work-related and other risks to their health and safety</p> <p>Adherence to Acts, Regulations, and Guidelines</p>	<p>93% of public service employee clients' psycho-social problems were addressed within service standards (target: 70%).</p> <p>No serious health related incidents occurred involving IPPs and surveys found 100% of clients were satisfied (target: 80%).</p> <p>A review was identified for Health Canada Workplace Hazardous Material Information System responsibilities to address weaknesses.</p>
<p>Substance Use and Abuse:</p> <p>Smoking prevalence rate</p> <p>Reduced tobacco consumption</p> <p>Reduced abuse of drugs, alcohol, and other controlled substances</p>	<p>The Canadian smoking prevalence rate (the proportion of Canadians who smoke) declined from 21.7% in 2001 to 17.9% in the first half of 2008. Cigarette consumption in Canadian smokers declined from 17 cigarettes smoked per day in 1999 to 15 per day in 2008.</p> <p>While no measures are yet in place for prevalence rates, actions were taken through the National Anti-Drug Strategy to support community responses and provide support for law enforcement. The Department's planned progress on alcohol consumption initiatives was delayed.</p>
<p>Pesticide Regulation:</p> <p>Declining trends in levels of risk from regulated pest control products</p> <p>Increased stakeholder awareness of risks and confidence in regulatory activities</p>	<p>Development continued of the baseline data needed to measure declining trends in risk levels from regulated pest control products and a first annual report was produced.</p> <p>A survey provided baseline data to measure stakeholder satisfaction with Canada's pesticide regulatory system that will enable future progress to be tracked.</p>

(\$ millions)						
Program Activity	2007-08 Actual Spending	2008-09				Alignment to Government of Canada Outcomes
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
Sustainable Environmental Health	126.4	166.1	165.4	172.9	165.5	Healthy Canadians
Consumer Products	25.9	24.1	24.2	29.4	29.4	
Workplace Health	56.8	34.2	34.8	51.5	51.5	
Substance Use and Abuse	125.4	152.7	152.9	118.5	118.4	
Pesticide Regulation	58.9	60.3	60.5	66.4	64.5	
Total	393.4	437.4	437.8	438.7	429.3	

Strategic Outcome 4: Better health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians

With new resources from Budget 2008, Health Canada was able to continue to help address the health issues facing First Nations and Inuit. Supported by investments in innovative approaches to health service delivery and the negotiation of tripartite agreements, the Department continued to work with willing partners to improve health service delivery through the increased integration and harmonization of federal and provincial/territorial health systems. In addition to maintaining essential health programs and services, Health Canada helped to expand improved drinking water supply monitoring and helped to address priority issues such as youth suicide and mental wellness through the establishment of a mental wellness team, mental health promotion demonstration projects and community-based suicide prevention projects.

This strategic outcome links to Departmental Priorities 1, 2, 3 and 4.

Expected Results	2008–09 Performance ² (Ongoing) Status: Mostly met
Strengthened community programs; better health protection; improved primary health care; and access to Non-Insured Health Benefits (NIHB) to contribute to improved health status of First Nations and Inuit individuals, families and communities	<p>Performance Indicators:</p> <p>Life Expectancy – The most recent data (2001) estimated life expectancy for First Nations at 70.4 years for males and 75.5 years for females; and for Inuit at 64.4 years for males and 69.8 years for females (Canadian averages: males 77 years, females 82 years).</p> <p>Birth weight – The most recent data (2000) indicated that 4.7% of First Nations births were classified as low birth weight (5.6% Canadian average) and 21% were high birth weight (13% Canadian average).</p> <p>The most recent Non-Insured Health Benefits program utilization rate (2007-2008) was 64% (the percentage of clients who received at least one pharmacy benefit paid as a proportion of the total number of eligible clients).</p> <p>Initiatives:</p> <p>The Department took action on community program priorities (e.g., Patient Wait Times Guarantees Pilots, Maternal and Child Health Program, Aboriginal Head Start On Reserve, National Aboriginal Youth Suicide Prevention Strategy, Action Plan for First Nations and Inuit Mental Wellness).</p> <p>Health Canada took action on public health priorities (e.g., drinking water quality improvement support, communicable disease prevention and control programs, improved environmental health risk management).</p> <p>Departmental support for primary health care programs included substantial attention to recruiting and retaining professional and other health human resources needed to provide these and other programs and services.</p> <p>Actions took place on a range of governance and infrastructure priorities (e.g., quality improvement activities, community capacity building, improved access to funds for First Nations, Inuit, and Métis students pursuing health career studies, investments and agreements to support increased integration and harmonization of federal and provincial / territorial health systems, and investments in on-reserve health facilities and staff residences).</p>

(\$ millions)						
Program Activity	2007-08 Actual Spending	2008-09				Alignment to Government of Canada Outcomes
		Main Estimates	Planned Spending	Total Authorities	Actual Spending	
First Nations and Inuit Health Programming and Services	2,227.6	2,155.6	2,156.0	2,360.7	2,357.8	☞ Healthy Canadians
Total	2,227.6	2,155.6	2,156.0	2,360.7	2,357.8	

² The performance summary for this strategic outcome reflects high-level performance indicators for First Nations and Inuit health outcomes as well as descriptions of key Health Canada initiatives

Operational Priorities

In addition to performance linked to departmental priorities and the strategic outcomes, Health Canada is in the process of **transforming internal services to support more efficient program delivery** by the Department and its Health Portfolio partners.

Human resources (HR) practices were realigned to meet the needs of both present and future workforces. This business investment saw the establishment of Enterprise HR and implementation of innovative methods for service delivery with concentration in science and technology staffing. These transformation activities have positioned the Department to be the workplace of choice among federal science-based departments.

In similar fashion, the development of a long-term laboratory strategy and a **Real Property Management Framework** identified necessary laboratory refurbishments and began the foundation for a long-term office accommodation plan. The outcomes have resulted in many benefits, including lower operating costs where possible.

The Department's participation in the government-wide **Shared Services Initiative** has yielded a comprehensive benchmarking study on a distributed computing environment, major consolidation, and new efficiencies in **Information Technology** (IT) service delivery. While the Enterprise IT project continued to progress, it encountered resource challenges, moving some implementation into 2009-2010. The information management agenda advanced through implementation of a Proof of Concept project and the subsequent rollout of an electronic document management system in a limited number of Health Canada branches.

Management Improvement Initiatives

Human resources planning was more fully integrated into the departmental business planning process. The broader objective was to reach full **integration of planning activities** for all functional areas into one coherent planning process. As a result, the 2009-2010 Departmental Operational Plan outlines the full breadth of planned departmental activities for the fiscal year, together with their expected results and performance targets. It also integrates planned activities with information about requirements for human resources, information management, information technology, finance, procurement and facilities. Integration has improved the efficiency and effectiveness of planning activities.

Consistent and standardized departmental processes were implemented in the area of **financial management**, including the development of the Budget Management Framework. An independent Departmental Audit Committee was also fully implemented, providing additional departmental oversight. To support the efforts to have the Department ready for the audit of its financial statements in 2011, an action plan was presented to the Office of the Comptroller General on a quarterly basis. In addition, the Department explored and then agreed to provide certain financial management services to the Canada School of Public Service, as of 2009-2010.

An Integrated Risk Management Framework for Grants and Contributions was approved in 2008 with an Enterprise Risk Management software application being developed to harmonize risk management practices for transfer payments across the Health Portfolio. The Department also continued to apply the Management Accountability Framework (MAF) and integrate MAF expectations into the management culture.

Risk Analysis

As indicated in the [Report on Plans and Priorities for 2008-2009](#), Health Canada manages a diverse range of risks in the course of ongoing planning and management. During the year, the Department took action in several health-related areas as either lead or partner in coordinated efforts with other government and non-government organizations to address incidents of actual or potential impact on the health of Canadians.

During the food-borne [listeriosis](#) contamination situation during the summer of 2008, Health Canada worked with partners to minimize the impact of the outbreak on Canadians, as described elsewhere in this report. While the Department addressed the outbreak proactively, this incident highlighted the large number of external partners with whom activities need to be coordinated and importance of having clear roles and responsibilities to respond effectively to challenges and to manage risks during that work.

As part of work under the [Chemicals Management Plan](#), Canada became the first country to address the risks associated with [Bisphenol A](#) (BPA), a widely-used chemical compound found in some hard, clear, lightweight plastics and resins. Health Canada had to weigh research findings against the health risk to a particularly vulnerable segment of the population, infants up to the age of 18 months, which led to a Government decision to move forward with regulations to prohibit the importation, sale and advertising of polycarbonate baby bottles that contain [Bisphenol A](#).

Health Canada's programs and services for First Nations and Inuit are essential to helping to obtain better health outcomes and reduce the health inequalities between First Nations and Inuit and other Canadians. Health Canada has managed the risk associated with maintaining these programs and services in order to ensure adequate disease prevention and control in the face of cost pressures created by factors including rapidly-growing First Nation and Inuit populations and increased health care costs for a number of years. Budget 2008 helped to respond to this risk by providing funding to stabilize essential health services in 2008-09, support health system innovations and support the negotiation of Tripartite Agreements with willing provinces and First Nations. These investments will help strengthen the current health programs that help to improve First Nations and Inuit health outcomes, as well as support the system to become more efficient and effective through greater integration and harmonization with provincial/territorial health systems.

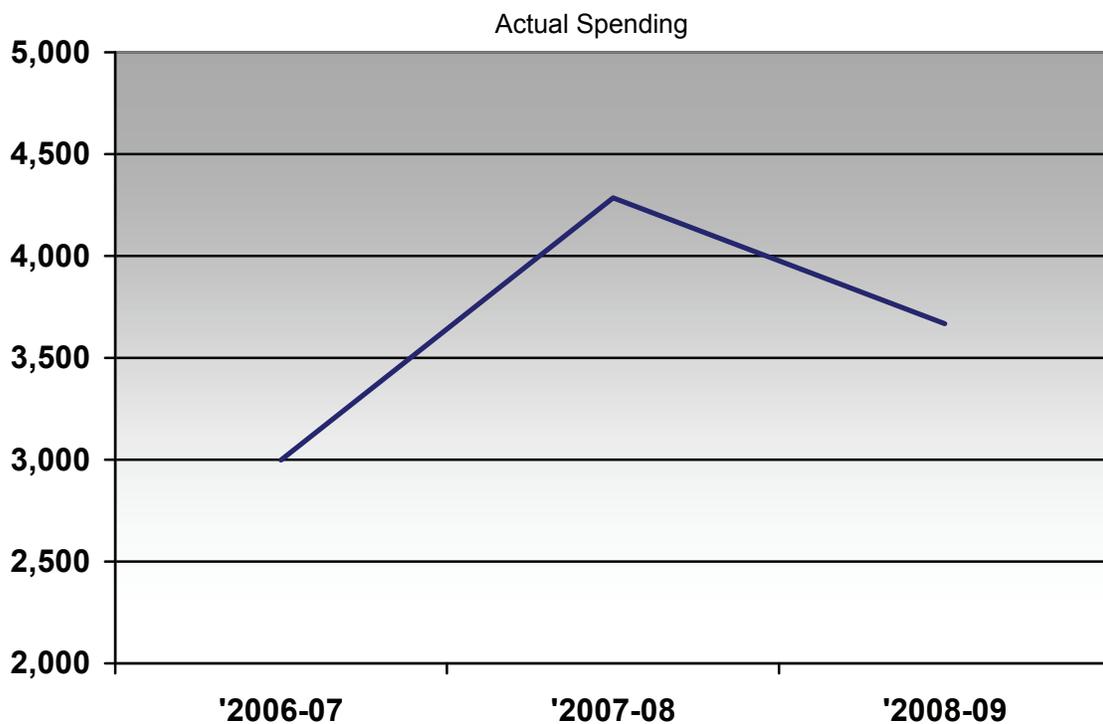
Expenditure Profile

For the 2008-09 fiscal year, Health Canada spent \$3,668.1 million to meet the expected results of its program activities and contribute to its strategic outcomes.

In 2008, Health Canada conducted a Strategic Review of the funding, relevance and performance of all its programs and spending to ensure results and value for money from programs that are a priority for Canadians. The results of this Review will be reflected in future reporting to Parliament.

The figure below illustrates Health Canada's spending trend from 2006-07 to 2008-2009.

Spending Trend



For the 2006-07 to 2008-09 periods, the total spending includes all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, Treasury Board collective bargaining, operating budget carry forward, and other special adjustments.

In 2007-08, actual spending was particularly high due to the \$1B compensation payments to individuals infected with the Hepatitis C virus through the Canadian blood supply before 1986 and after 1990.

The table below offers a comparison of the Main Estimates, planned spending, total authorities and actual spending for the most recently completed fiscal year, as well as the historical actual spending figures for the previous year.

(In Millions)

Program Activities	2007-2008	2008-2009			
	Actual Spending	Main Estimates	Planned Spending	Total Authorities	Actual Spending
Canadian Health System	1,342.5	306.2	306.3	538.5	533.9
Canadian Assisted Human Reproduction	5.7	2.0	2.1	3.9	3.9
International Health Affairs	8.9	28.6	28.7	26.1	25.6
Health Products	207.1	183.3	186.5	257.1	255.9
Food and Nutrition	100.8	77.6	77.9	65.0	61.7
Sustainable Environmental Health	126.4	166.1	165.4	172.9	165.5
Consumer Products	25.9	24.1	24.2	29.4	29.4
Workplace Health	56.8	34.2	34.8	51.5	51.5
Substance Use and Abuse	125.4	152.7	152.9	118.5	118.4
Pesticide Regulation	58.9	60.3	60.5	66.4	64.5
First Nations and Inuit Health Programming and Services	2,227.6	2,155.6	2,156.0	2,360.7	2,357.8
Total Department	4,286.0	3,190.7	3,195.3	3,690.0	3,668.1

The \$4.6 million increase from Main Estimates to planned spending is due to anticipated funding for the renewal of the Genomics Research and Development Initiative and for public health and health-related responsibilities relating to the 2010 Olympic and Paralympic Winter Games.

The \$494.7 million increase from planned spending to total authorities was due to new funding received through Supplementary Estimates, including funding for accelerating First Nations and Inuit Health's tripartite negotiations in British Columbia and investments in health innovation and core health services for First Nations, implementing First Nations Water and Wastewater Action Plan, and strengthening and modernizing Canada's safety system for food, consumer and health products.

The \$21.9 million difference between total authorities and actual spending was mainly the result of lapses in the Health Council special purpose allotment, the Indian Residential Schools special purpose allotment, and TB frozen allotments for the [National Anti-Drug Strategy](#) (Mandatory Minimum Penalties), the Access to Medicines Program, and the Capital Carry Forward.

Voted and Statutory Items

This table illustrates the way in which Parliament approved Health Canada's resources, and shows the changes in resources derived from Supplementary Estimates and other authorities, as well as how the funds were spent.

(In Millions)

Vote	2007-2008	2008-2009			
	Actual Spending	Main Estimates	Planned Spending	Total Authorities	Actual Spending
Health Canada					
(1) Operating Expenditures	1,823.3	1,661.6	1,666.2	1,894.7	1,884.7
(5) Capital Expenditures	0.0	60.0	60.0	48.0	40.9
(10) Grants and Contributions	1,258.0	1,358.1	1,358.1	1,393.8	1,389.6
(S) Minister's Car Allowance & Salary	0.1	0.1	0.1	0.1	0.1
(S) Spending of proceeds from the disposal of surplus Crown assets	0.1	0.0	0.0	0.7	0.1
(S) Refunds from Previous Years Revenue	0.3	0.0	0.0	0.2	0.2
(S) Hepatitis C virus through the Canadian blood supply before 1986 and after 1990	1,023.5	0.0	0.0	0.0	0.0
(S) Canada Health Infoway Inc.	38.7	0.0	0.0	123.0	123.0
(S) Implementation Act	30.0	0.0	0.0	0.0	0.0
(S) Transfer payments to Mental Health Commission of Canada	0.0	0.0	0.0	110.0	110.0
(S) Contributions to employee benefit plans	112.0	110.9	110.9	119.5	119.5
Total Department	4,286.0	3,190.7	3,195.3	3,690.0	3,668.1

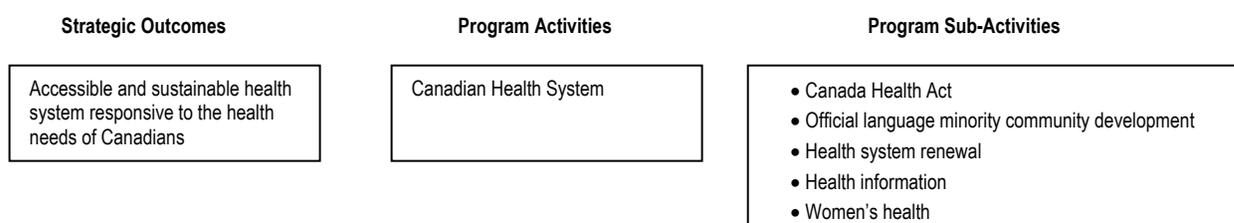
(S) Indicates expenditures the Department is required to make that do not require an appropriation act

2

ANALYSIS OF PROGRAM ACTIVITIES BY STRATEGIC OUTCOMES

Strategic Outcome 1: Accessible and sustainable health system responsive to the health needs of Canadians

This strategic outcome incorporates Health Canada's broad policy, knowledge development and dissemination as well as partnership and leadership roles in Canada's health system. The Department works closely with provincial and territorial governments, as well as health organizations and other stakeholder groups. It continually examines new and innovative approaches and responses to the health and health care system priorities and needs of Canadians. These efforts are complemented by international links and the Department's responsibility for strategic health policy research.



1.1 Canadian Health System

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
306.3	538.5	533.9	415	404	11

Expected Results	Performance Indicators	Performance Status	Performance Summary
Improved health care system planning and performance	Reports and analyses related to issues such as wait times reduction, health human resources planning, and provision of chronic, palliative and continuing care are used to improve the health care system	Mostly met	<ul style="list-style-type: none"> • 12 Patient Wait Times Guarantees pilot projects implemented in 8 jurisdictions. • Supported the integration of internationally educated health professionals into Canadian health care system; • Continued implementation of Pan-Canadian Health Human Resources (HHR) Strategy (Pan-Canadian HHR Planning, Inter-professional Education for Collaborative Patient-Centres Practice, HHR Recruitment and Retention). • Research support provided on patient safety/infectious disease, First Nations and Inuit health cost drivers and sustainability modeling, radioisotopes supply and demand modeling, efficiency and effectiveness in health care, physician forecasting, obesity, impacts of aging on health care costs.
Enhanced capacity of governments and stakeholders to support health system planning	Governmental and stakeholder engagement activities (e.g., meetings, workshops, conferences, program and policy proposals)	Mostly met	<ul style="list-style-type: none"> • Continued to collaborate with provinces and territories on pharmaceutical management, especially the Common Drug Review. • Established Drug Safety and Effectiveness Network with the Canadian Institutes of Health Research. • Continued to co-chair F/P/T Advisory Committee on Health and Human Resources, to support pan-Canadian collaboration on HHR challenges. • Ongoing dialogue with national health care organizations.

Awareness and understanding among health sector decision-makers and the public of the factors affecting accessibility, quality and sustainability of Canada's health-care system and the health of Canadians	Publication of information that raises awareness and understanding of the factors affecting accessibility, quality and sustainability of Canada's health-care system and the health of Canadians	Mostly met	<ul style="list-style-type: none"> • Provided background materials to the House of Commons Standing Committee on Health in support of its review of the 2004 Health Accord. • Prepared Healthy Canadians – A Federal Report on Comparable Health Indicators 2008, increasing the number of health indicators from 18 to 37. • Hosted a July 2008 International meeting to discuss common challenges in addressing sustainable pharmaceutical innovation. • Policy framework finalized on factors influencing the policy environment in health care to provide a basis for analysis of impact on health care costs of factors such as the aging population.
--	--	------------	--

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Health system renewal	Advance F/P/T policy on Pharmaceuticals Management Implementation of Patient Wait Times Guarantees Develop priority directions for Health Human Resources Strategy	Mostly met Somewhat met Mostly met
Health information	Explore Health Care cost drivers Research expected health impacts of climate change Share health policy research and analysis data	Met all Met all Met all

Performance Summary and Analysis

This program activity supports the strategic role Health Canada plays within the federal government for health care issues related to the Canadian health system and for leadership responsibilities. The departmental approach to this program activity during 2008-2009 incorporated funding for a range of Government of Canada health commitments as well as engagement in research and policy-related discussions with federal, provincial, territorial, international and other partners. In general, the Department reached the goals set in the [2008-2009 Report on Plans and Priorities](#).

Much of the program activity focus was on the Government's commitments to address key issues facing the health system. Health Canada led work with all provincial and territorial governments (except Quebec, which had already acted on its own to legislate guarantees) to establish a Patient Wait Times Guarantee (PWTG) by March 2010 in at least one of the priority clinical areas (cancer treatment, heart procedures, diagnostic imaging, joint replacement and sight restoration). While provincial and territorial governments continued to identify and address their own PWTG policy and operational issues, funding of 12 PWTG Pilot Project Fund projects supported them in order to generate lessons that can be shared across jurisdictions to further support the establishment of guarantees. Canadians are beginning to see the results of this work. Provincial and territorial governments appear to be well positioned to meet their commitments by March 2010, with reductions in wait times being made across a range of priority areas including those where guarantees are planned. Complementing this was progress on Government of Canada pilot projects, including the National Paediatric Surgical Wait Times Pilot Project (Stage I), which was completed, leading to the launch of a Stage II project, and projects designed to test First Nations and Inuit patient wait times for diabetes and prenatal care.

[Health Human Resources \(HHR\)](#) was another key Government of Canada commitment on which action continued. The Department continued to oversee the [Pan-Canadian HHR Strategy](#), which has a diverse range of elements focused on improved planning and managing of health human resources and action on specific issues such as facilitating the entry of internationally-educated health professionals into the Canadian health workforce. These projects and initiatives were largely the operational responsibility of individual provinces, territories and partners in the health system; however Health Canada is disseminating lessons learned to date.

The Department emphasized improved accountability for results. During the year, this involved support for the work of the House of Commons Standing Committee on Health as it reviewed the 2004 Health Accord and then as it

began study of health human resources. Health Canada also improved the number of indicators in the *Healthy Canadians – A Federal Report on Comparable Health Indicators* publication for 2008, in response to concerns raised by the Auditor General, and provided more context to assess the status of those indicators.

The research program under this program activity was implemented largely as projected. Projects targeted current issues facing the Department and the health system as well as key emerging science files with longer-term implications.

There was continued strong collaboration on the Common Drug Review, which supports public drug plan listing and reimbursement decisions in most Canadian jurisdictions. However, provincial and territorial governments were less engaged on issues related to system efficiency, health outcomes, equity, and system sustainability than anticipated, as they focused on their own jurisdiction-specific priorities and on securing new federal funding for drug coverage. Health Canada continued to work with the Canadian Institutes of Health Research towards the establishment of the *Drug Safety and Effectiveness Network*. Progress with international partners on drug issues was demonstrated through discussions of actions and common challenges in addressing pharmaceutical innovation, with a focus on how governments, manufacturers and others can work together to encourage sustainable innovation that aligns with public health goals. Two meetings held in Canada enhanced linkages and cooperative opportunities among international pharmaceutical policy-makers.

Benefits for Canadians

This program activity generates benefits for Canadians through its support for and facilitation of *initiatives designed to improve the Canadian health system*, including building the knowledge base that government and health system stakeholders can use to identify and implement innovative responses to issues. For example, support for Patient Wait Times Guarantee pilot projects and health human resources projects is already leading to information and evidence that governments and health care organizations can use. Research activities continue to enable Health Canada to make decisions on policy and program options that are most likely to generate better and more cost-effective results. Taken together, these actions support the sustainability of Canada's health system and ensure the principles of the *Canada Health Act* are respected. They help to address the health and health access needs of all Canadians as well as specific groups such as women and official language minority communities.

The progress being made in Canada's health system is indicated by some of the results reported in *Healthy Canadians 2008*. It shows health status improvements in areas such as life expectancy, chronic conditions that can be managed within the community rather than hospital settings, teenage smoking rates and mortality rates for prostate and breast cancer. While overall trends are encouraging, *Healthy Canadians 2008* also highlights issues such as rising obesity rates, declines in physical activity and the incidence and growing prevalence of diabetes.

Lessons Learned

As a program activity that emphasizes innovative approaches and research into health/ health system issues, this activity consistently generates lessons learned for potential application across the health system. A key lesson relevant to ongoing operations within the program activity is the complexity of working with partners, particularly provincial and territorial governments, given issues such as jurisdiction and funding priorities.

Strategic Outcomes

Accessible and sustainable health system responsive to the health needs of Canadians

Program Activities

Canadian Assisted Human Reproduction

1.2 Canadian Assisted Human Reproduction

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
2.1	3.9	3.9	13	13	0

Expected Results	Performance Indicators	Performance Status	Performance Summary
Increased input of Canadian stakeholders on AHR technologies	Stakeholder and advisory panel involvement and engagement of provinces and territories and online consultations	Somewhat met	<ul style="list-style-type: none"> Stakeholder Advisory Panels were engaged on an ad-hoc basis in development of regulatory policy options. Consultations were scaled back out of respect for the Supreme Court of Canada process.
Increased knowledge of the application of AHR procedures in Canada	Collection of relevant and timely information on AHR practices including, the number of stakeholders in the AHR sector and details of their activities	Mostly met	<ul style="list-style-type: none"> Relevant and timely information on AHR practices and stakeholders was collected based on regulatory development in key policy areas, informing the development of regulations.
Increased number of AHR regulations to protect the health and safety, dignity, and rights of Canadians using AHR technologies	Number of proposed regulations related to AHR activities using own gametes published in <i>Canada Gazette, Part I</i>	Not met	<ul style="list-style-type: none"> On hold pending Supreme Court of Canada outcome.
Health and safety risks related to AHR technologies addressed	Reports of relevant issues addressed through a number of regulations and other instruments developed to enforce the <i>AHR Act</i>	Not met	<ul style="list-style-type: none"> On hold pending Supreme Court of Canada outcome.

Performance Summary and Analysis

This program activity involves [Health Canada activities](#) to implement the *Assisted Human Reproduction Act*, through the development of policies and regulations. Its goal is a responsive regulatory regime that will be a domestic and international leader. The Department is working towards a pan-Canadian approach by seeking input from stakeholders, including provincial and territorial governments. While the development of regulations and policies continued, this work was affected by an opinion of the Quebec Court of Appeal on the constitutionality of certain provisions of the *Assisted Human Reproduction Act*. The Government of Canada appealed that opinion to the Supreme Court of Canada and decided not to pre-publish regulations while the constitutional issues were before the Court.

Benefits for Canadians

The *Assisted Human Reproduction Act* seeks to protect and promote human health, safety, dignity and human rights in the use of assisted human reproduction technologies. Once the legislation is implemented by [Assisted Human Reproduction Canada](#) through regulations and policies, the benefits from this program activity will be realized when the needs of patients who use these technologies to help them build their families, the children born from these technologies, and the providers of these services, are balanced with health and safety as the overriding factors.

Strategic Outcomes

Accessible and sustainable health system responsive to the health needs of Canadians

Program Activities

International Health Affairs

1.3 International Health Affairs

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
28.7	26.1	25.6	80	79	1

Expected Results	Performance Indicators	Performance Status	Performance Summary
Enhance knowledge base and intersectoral collaboration on global health issues	Short term program evaluation results	Met all	<ul style="list-style-type: none"> Canada actively participated on the international stage to influence and shape global health policies, standards, and actions on key issues such as regulatory cooperation, pandemic influenza preparedness, HIV/AIDS and global health security, through partnerships with other countries and multilateral organizations such as PAHO, WHO and OECD.
Influencing the global health agenda for the benefit of Canadians	Number of resolutions passed at multilateral organizations Number of multilateral fora in which Health Canada participates Number of foreign delegations hosted	Mostly met	<ul style="list-style-type: none"> 37 WHO, 16 PAHO, 13 UN health and human rights resolutions passed. Participated in events including: International Agency for Research on Cancer, 61st World Health Assembly, 23rd and 24th WHO Executive Board meetings, WHO Intergovernmental Working Group on Public Health, Innovation and Intellectual Property, Intergovernmental Meeting on Pandemic Influenza Preparedness, APEC Health Working Group, meetings of UNAIDS, PAHO Executive meeting and PAHO Directing Council and Caribbean Caucus meeting. As member of the Global Health Research Initiative, Health Canada sponsored health projects in over 60 countries involving Canadian and international researchers. Canada participated and led preparations for the Ninth under the Global Health Security Initiative, Ministerial Meeting in December 2008. Health Canada provided the secretariat of the Global Health Security Action Group and convened 3 meetings related to global health threats. It also led or facilitated 19 bilateral meetings and policy dialogues to facilitate exchange of information and innovative practices that will benefit Canadians and advance global health security.
Global health policies for the benefit of Canadians	Relevant policy advice, papers and positions	Mostly met	<ul style="list-style-type: none"> Health Canada provided strategic and integrated policy advice through bilateral relations (China, Brazil, USA), multilateral engagement (GHSI, tobacco, HIV/AIDS), and participation in multilateral organizations (WHO, PAHO, APEC, OECD). It contributed to core governance and policy documents of international organizations such as the WHO governance process and the OECD case study on the migration of immigrant physicians and nurses.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
International Health Affairs	Contribute to Government of Canada's Americas Strategy	Met all
	Provide strategic direction on key global health and governance issues relating to the World Health Organization	Met all
	Contribute to a Global Health Security Initiative	Met all

Performance Summary and Analysis

This program activity encompasses the collaboration and engagement of Health Canada with other countries and international organizations such as the [World Health Organization \(WHO\)](#), [Pan American Health Organization \(PAHO\)](#), [Asia-Pacific Economic Cooperation \(APEC\)](#), the [Organisation for Economic Co-operation and Development \(OECD\)](#) and the [Global Health Security Initiative \(GHSI\)](#). It also involves collaboration with other government departments, such as DFAIT and CIDA on topics such as the Government's International Health Strategy. Plans for the year proceeded much as expected through cooperation on major health issue. The Department furthered bilateral collaboration with countries and regions of interest and priority to Canada, such as the United States and the European Union and enhanced relationships with states such as China and Brazil through the development and implementation of bilateral agreements and policy dialogues.

Through the establishment of strong multilateral and bilateral relationships in global health, Canada is advancing the health and well-being of Canadian citizens, supporting Canada's development and foreign policy priorities, and contributing to the advancement of trade and investment. Advancing global health priorities also protects Canadians through the implementation of the International Health Regulations, enhanced regulatory cooperation on food, health and consumer products, as well as addressing health risks associated with environmental contaminants.

Benefits for Canadians

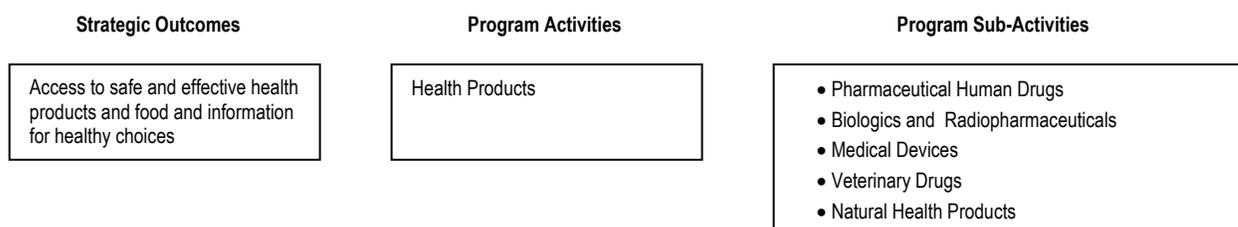
International collaboration on global health, such as pandemic influenza preparedness, food and consumer product safety, and global health security, are essential to prevent, prepare and respond to health threats that transcend national borders.

Lessons Learned

The importance of continuing to look at innovative ways to share information and best practices from other countries helps to inform the development of policy and programs in Canada. As a program activity that supports international engagement with strategic partners across the Health Portfolio, alignment of priorities and common goals is essential to address challenges and opportunities, as well as ensuring better linkages to the provinces, territories and stakeholders and strategic alliances with other countries and networks.

Strategic Outcome 2: Access to safe and effective health products and food and information for healthy choices

This strategic outcome incorporates Health Canada's legislated, regulatory and related responsibilities to promote and protect the health and safety of Canadians. Under it, the Department works towards reducing health risks to Canadians from health products and food and provide information so Canadians can make informed decisions and healthy choices. Key activities include the evaluation and monitoring of the safety, quality, and effectiveness of drugs, vaccines, medical devices, natural health products and other therapeutic products for humans and for animals. They also include the evaluation and monitoring of the safety and nutritional quality of food. Health Canada promotes the health and well-being of Canadians by developing nutritional policies and standards and through educational information.



2.1 Health Products

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
186.5	257.1	255.9	2,038	2,066	28

Expected Results	Performance Indicators	Performance Status	Performance Summary
Increased regulatory system response to health product-related health risks	Timeliness / appropriateness of regulatory actions (recalls, health advisories) for approved health products	Mostly met	<ul style="list-style-type: none"> • 22% decrease in number of recalls for Human Drugs, Veterinary Drugs and Natural Health Products, indicating compliance by industry.
	Proportion of incidents/investigations (by type) addressed/closed	Mostly met	<ul style="list-style-type: none"> • Closure rate for health product incidents 82% (up from 79% in 2007-2008).
Increased awareness and/or knowledge of health products issues	Number and type of publications disseminated and used by the public to make informed decisions	Mostly met	<ul style="list-style-type: none"> • Improved outreach to consumers, industry, and health professionals <ul style="list-style-type: none"> - 19% increase in subscriptions to MedEffect e-Notice over 2007-2008 levels. - 18% increase in risk communications postings over 2007-2008 levels. • Distributed 118,752 Adverse Drug Reaction newsletters, compared to 111,141 in 2007-2008. • Social marketing campaign launched to promote adverse drug reaction reporting; • 22,492 Adverse Reaction Newsletter received in calendar 2008, an increase of 28% from 2007. • 100% of Adverse Reaction Reports related to death or serious illness/injury were processed within 15 days of receipt.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Pharmaceutical Human Drugs	Improved capacity for evaluation of drugs over the product life cycle Updated anti-counterfeit strategy for drugs Increased clinical trials inspections Collected info on the safety of health products	Mostly met Mostly met Somewhat met Somewhat met
Medical Devices	Increased industry rate of compliance with <i>Medical Devices Regulations</i> Reduction of medical devices inspections cycle to every 7 years	Met all Exceeded (cycle now 4.8 years)

Performance Summary and Analysis

The performance under this program activity took place in the larger context of a renewal process designed to update the approach to health products regulation, which began through the five-year Therapeutics Access Strategy that ended in 2008. While the Strategy had many elements including additional funding, it was particularly important in reducing the backlog of new health product submissions to be reviewed for approval by Health Canada and improving review times in line with targets. It was complemented by actions to address all departmental responsibilities under this program activity in more timely ways.

The renewal process emphasizes all stages of the lifecycle, rather than focusing primarily on the stage when a company seeks approval of a drug, medical device or other product for sale and use in Canada. It has guided increased attention to departmental surveillance of products once they go on the market. This includes the Health Canada role in gathering and receiving notifications of issues related to health products from stakeholders, consumers and industry and its roles in responding to issues promptly and in communicating the information. The increased attention to this post-market reporting role, and the response of Canadians to it, was demonstrated through the rise in subscriptions to the [MedEffect e-Notice](#), which informs Canadians about advisories, recalls and warnings for commonly-used health products. It is also demonstrated by expanded distribution of [Canadian Adverse Drug Reaction Newsletters \(CARN\)](#), which provide factual information on serious or unexpected side effects or adverse reactions suspected of being associated with drugs, natural health products and medical devices. The information approach was reinforced through advertising aimed at the general public and health professionals.

In general, overall management of this program activity was influenced by the reality that individual incidents related to health products cannot be predicted but the capacity must be in place to enable response. Although Health Canada makes every effort to ensure that sufficient resources are in place to respond to unanticipated incidents and shifts resources as necessary, any performance targets relating to reducing the number and/or severity of these incidents are influenced by the unpredictability of the incidents themselves. The Department explores improved methods of measuring performance as part of its commitment to continuous improvement.

Benefits for Canadians

This program activity contributed to protecting Canadians from undue risks associated with health products by minimizing factors that pose health risks to Canadians while maximizing the safety provided by a strong regulatory system. It also provided information to Canadians that enabled them to make informed decisions about their health.

Lessons Learned

In 2008-2009, 250 medical devices companies in Canada were inspected under this program activity, which reduced the inspection cycle from 7 years to 4.8 years for these companies. The results of those inspections led to the identification of areas of concern to be addressed through a risk rating scheme in 2009-2010 that will lead to more focused work and improve the assessment of industry compliance.

Strategic Outcomes	Program Activities	Program Sub-Activities
Access to safe and effective health products and food and information for healthy choices	Food and Nutrition	<ul style="list-style-type: none"> • Food-borne pathogens • Food-borne chemical contaminants • Novel foods • Nutrition

2.2 Food and Nutrition

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
77.9	65.0	61.7	706	701	5

Expected Results	Performance Indicators	Performance Status	Performance Summary
Reduction in exposure to disease-causing food-borne micro-organisms and environmental agrochemical contaminants, food allergens	Incidence of <i>rate of illness / diseases related to food products</i>	Mostly met	<ul style="list-style-type: none"> • Amendments completed on <i>Labelling for Food Allergens, Gluten Sources and Added Sulphites</i>. • Developed risk management strategies to ensure that Canadian exposure to <i>Bisphenol A</i> is kept as low as possible, particularly for newborns and infants. • Significant reductions in levels of trans fats in foods; • Major contribution to CFIA <i>listeriosis</i> investigation; • Launched "<i>Be Food Safe</i>" campaign to avert food-borne illnesses. • Set standards for <i>melamine</i> in milk and milk products including infant formula.
Increased level of informed choices/ healthy decisions related to food quality and food safety	Number of educational documents published (i.e., Codes of Practice, policies, Internet postings)	Mostly met	<ul style="list-style-type: none"> • Prepared <i>Industry guidance document for health claims submissions</i>. • Prepared 4 guidelines on genetically modified foods and revised <i>guidelines for Prenatal Nutrition</i>. • Policy completed on <i>sprouted beans and seeds</i>; • Released Volumes 2 & 3 of the <i>Nutrient intakes from food summary tables</i>, based on data from the Canadian Community Health Survey 2.2; began <i>Fruit & Vegetable Report</i> • Distributed 4.8 million copies of <i>Canada's Food Guide</i> in English and French and 390,000 copies in 10 other languages. • 500 educational information updates, publications and nutrition documents posted. • 88 food safety and <i>nutrition presentations</i> given.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Food-borne pathogens	Increased consumer awareness of ways to combat disease-causing food-borne micro-organisms (e.g., raw meat, poultry, unpasteurized juice) Enhanced food production and handling practices (e.g., raw ground meat)	Met all Mostly met
Food-borne <i>chemical contaminants</i>	Limited exposure of Canadians to selected chemicals in food Risk communication on risks from mercury in fish, benefits of eating fish Development of Food Chemical Surveillance Plan through Health Canada's food chemical safety laboratory network Provided advice from food chemical surveillance activities (e.g., furan, acrylamide)	Met all Met all Met all Met all
Novel foods	Improved transparency and process for review of post-market submissions for novel foods	Met all
Nutrition	Reduced presence of trans fatty acids in Canadian diets Increased consumer confidence in nutrition claims Amended Food and Drug Regulations Increased awareness on nutrition and healthy eating Strategy on <i>sodium intake reduction</i>	Met all Not met Somewhat met Mostly met Met all

Performance Summary and Analysis

Much of the work under this program activity during 2008-2009 addressed planned initiatives, such as increasing protection for Canadians with food allergies through the finalization of proposed new labelling requirements for [food allergens, gluten sources and added sulphites](#) contained in pre-packaged foods, which were published in the *Canada Gazette* in July 2008. A continued transfat monitoring program generated preliminary results indicating a significant reduction in overall transfat levels in the Canadian food supply. A new pre-market submission review process was developed, which includes safety review service standards and timeframes for applicant response to requests from Health Canada for new information. As well, a revised [industry guidance document](#) was published to ensure that proposed health claims for foods are substantiated in a systematic, comprehensive and transparent manner. A new “Be Food Safe” campaign was launched to raise awareness among consumers of safe food handling practices at home.

The year was marked by a need to shift resources to deal with food safety issues that emerged rapidly. In the fall of 2008, there were concerns about the possible contamination of a variety of food products with the chemical [melamine](#). To determine how much [melamine](#) could be consumed without adverse health effects, the Department conducted a risk assessment for melamine in foods and set interim standards to differentiate between normal background levels of [melamine](#) and intentional contamination in products containing milk and milk-derived ingredients, including infant formula. The Department was also actively involved in the government-wide response to the 2008 [listeriosis](#) outbreak through human health risk assessments and laboratory testing of food samples. Health Canada reviews of [Bisphenol A \(BPA\)](#), a chemical found in some plastic baby bottles, took place as new information became available relating to its toxicity and/or potential exposure to it from food packaging applications. Reviews assessed whether dietary exposure to [\(BPA\)](#) could pose a health risk to consumers and led to a Government announcement of proposed risk management strategies aimed particularly at protecting newborns and infants.

Benefits for Canadians

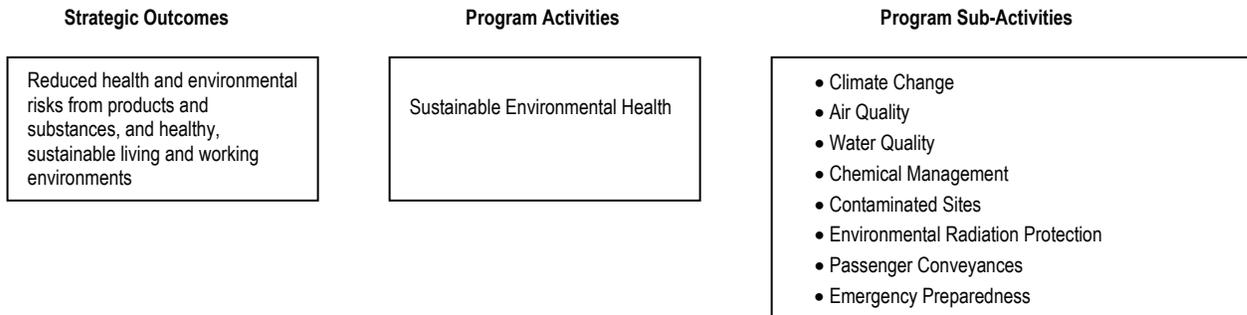
This program activity reaches all Canadians by seeking to reduce their exposure to health risks related to food-borne pathogens and chemicals, including allergens, and helping to ensure the nutritional quality of the food supply. It contributed to the protection of Canadians from unsafe foods, enabled Canadians to make informed decisions about their health and supported the active Government of Canada response to high-profile food safety issues.

Lessons Learned

Experience with the major food safety situations that emerged during the year tested the Health Canada ability to shift resources promptly and underlined the importance of creating information sharing, work-sharing and confidentiality agreements that can be put in place with international partners quickly to facilitate the timely flow of information, so regulators can respond quickly and effectively. An exercise after the 2008 [listeriosis](#) outbreak identified a departmental need to improve in four areas: 1) being more proactive with targeted communications to the public; 2) improving the Department’s laboratory surge capacity to deal with emergency situations; 3) reviewing departmental policies and procedures to ensure that they reflect emerging food safety issues; and 4) streamlining internal processes for dealing with health risk assessments and interactions with other government departments during crises. As well, that experience underlined the importance of the Government commitment to modernize the food regulatory and legislative framework.

Strategic Outcome 3: Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments

This strategic outcome incorporates Health Canada's legislated, regulatory and related responsibilities to promote and protect the health and safety of Canadians in relation to many elements of day-to-day living. These include drinking water safety, air quality, climate change, radiation exposure, substance use and abuse (including alcohol), consumer product safety, tobacco and second-hand smoke, workplace health, and environmental chemicals including pest control products. The Department is also engaged in chemical and nuclear emergency preparedness; inspection of food and potable water for the travelling public; health contingency planning for visiting dignitaries; and health risks to Canadians posed by environmental factors.



3.1 Sustainable Environmental Health

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
165.4	172.9	165.5	1,056	815	241

Expected Results	Performance Indicators	Performance Status	Performance Summary
Timely regulatory system response to new and emerging health risks related to toxic chemicals and environmental risks to health	Proportion of regulatory activities addressed within service standards / targets	Met all	Chemical Management <ul style="list-style-type: none"> • 100% of new substances for which a potential risk was identified had risk mitigation measures imposed. • Evaluation of higher level notifications within the prescribed assessment period. Passenger Conveyances <ul style="list-style-type: none"> • Met inspection service standards. Emergency Preparedness <ul style="list-style-type: none"> • Four exercises simulated radio-nuclear emergencies (Target: 3) Contaminated Sites <ul style="list-style-type: none"> • 100% (51 of 51) of peer review assessments completed for Preliminary Quantitative Risk Assessments (Target: 90%).
New and emerging health risks related to toxic chemical substances are identified, assessed and managed	Time period within which serious health risks are brought into a risk management regime	Met all	Chemicals Management Plan <ul style="list-style-type: none"> • Nine of 12 batches of substances with possible health or environment concerns either under review or fully reviewed, meeting all CMP Challenge timelines.
Canadians are knowledgeable and aware of environmental health issues	% of target population aware of environmental health issues	Mostly met	Air Quality <ul style="list-style-type: none"> • The Air Quality Health Index (AQHI) is available in 26 locations across Canada, including 10 census metropolitan areas (target is approximately 27 census metro areas by 2011). CMP <ul style="list-style-type: none"> • 23% of Canadians have heard of federal activities on chemicals and 7% are aware of the CMP.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Air Quality	Risk assessments leading to improved risk management strategies to reduce overall human exposure to air pollutants Increased public awareness of the impacts of reduced indoor and outdoor air pollution and the protective measures that can be taken Build awareness related to radon in indoor air	Mostly met Mostly met Somewhat Met
Water Quality	Up to 5 Guidelines for Canadian Drinking Water Quality developed and submitted for approval through the federal, provincial and territorial (F/P/T) process Health Canada will continue to work with partners to prioritize and develop strategies to improve the safety of small community drinking water supplies	Met all Met all
Chemicals Management	With Environment Canada, integrate chemical substances activities across federal laws and significantly strengthen and accelerate the risk assessment and risk management of new and existing substances With Environment Canada, establish the monitoring, research, and reporting needed to measure success in protecting from risks due to chemical substances With Environment Canada, work with stakeholders to develop and implement a regulatory framework that will provide for appropriate environmental assessments of substances found in commodities regulated under the <i>Food and Drugs Act</i>	Met all Met all Met all
Passenger Conveyances	Address risk areas and meet commitments under the World Health Organization's International Health Regulations Continue to improve this program in consultation with the conveyance industries, including expanding water management plans to trains and ferries and initiating discussions with airport and seaport operators Develop and implement a risk-based inspection framework, including an assessment tool to determine the types and frequency of inspections that are required	Mostly met Mostly met Mostly met
Emergency Preparedness	Develop a Programme Emergency Response Plan consistent with the Health Portfolio Emergency Response Plan, and expand Emergency Preparedness Response training and exercises.	Met all

Performance Summary and Analysis

During 2008-2009, Health Canada continued to address a wide range of factors affecting human health in the environment and in specific settings under this program activity. Much of the departmental management focus was on the health aspects of the Government's commitments to [Chemicals Management Plan \(CMP\)](#) and the [Clean Air Agenda](#). This led to close work with other federal departments as well as provincial, territorial and other partners.

New resources helped the Department to deliver achievements such as meeting [CMP](#) timelines and implementing the [Air Quality Health Index](#) in locations across Canada. Increased awareness of the [CMP](#) was demonstrated by the 6,900 inquiries received since 2007 and four stakeholder workshops. Results from public opinion research will serve as a baseline for future performance measurement on [CMP](#) awareness among Canadians and help guide a new outreach strategy. That strategy will address the challenges of communicating environmental health risks to the general public. The Department began to publish risk assessment and management documents on the [Chemical Substances website](#) and through Health Reports available on the Statistics Canada website.

Complex horizontal programs like the [CMP](#) and the [Clean Air Agenda](#) are challenging to implement. These challenges are being met by building stakeholder support and through increased integration of work planning across departments as well as a focus on horizontal program management. More generally in this program activity, recruitment of qualified scientists and program managers at the middle management level were challenges that were addressed in part through a university recruitment campaign and development programs.

Benefits for Canadians

This program activity benefited Canadians by ensuring that potentially hazardous risks to human health were assessed and effectively managed to reduce potential impacts and ensured that Canadians were knowledgeable about reducing these risks.

Lessons Learned

In addition to points noted above, Health Canada and its partners are learning the importance of better prioritization and communication to simultaneously address multiple priorities in a large, complex horizontal program. The Department and its partners face the reality that Canadians have high expectations of the role to be played by governments in protecting them from risks potentially posed by chemicals.

Strategic Outcomes	Program Activities	Program Sub-Activities
Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments	Consumer Products	<ul style="list-style-type: none"> • Consumer Product Safety • Cosmetics • Radiation Emitting Devices

3.2 Consumer Products

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
24.2	29.4	29.4	203	202	1

Expected Results	Performance Indicators	Performance Status	Performance Summary
Declining trends in levels of risk, adverse reactions, illnesses, and injuries from hazardous products, substances, cosmetic products, and radiation emitting devices	*3Number of complaints related to a consumer product safety incident	Mostly met	<ul style="list-style-type: none"> • Incidents baseline established (2006-2008): FY 2006-2007, 567 complaints; FY 2007-2008, 672 complaints; FY 2008-2009, 944 complaints. • In order to ensure rapid response to consumer product related incidents, Health Canada implemented a new service standard for complaint response. Over a six-month period 357 complaints were received through the Report Your Consumer Product Complaint web page, 100% met new service standards for follow-up with complainant and 89% met the service standard to follow-up with the company that sold the product to minimize future product related incidents. In order to reduce exposure to hazardous products, Health Canada developed risk management strategies for lead, Bisphenol A and certain phthalates in consumer products, particularly products intended for young children.
Adherence to Acts and Regulations	% of inspected registrants/firms/users that are compliant with regulations	Met all	<ul style="list-style-type: none"> • Targeted surveillance activities lead to the early identification of emerging risks, rapid response and enforcement actions. For example, these activities identified the emergence of hazardous materials in Halloween costumes which resulted in the removal of the product from the marketplace. • Successfully completed the 6 planned inspection cycles and identified no significant changes in level of industry compliance in 2 broad product categories (Bedding Textiles 96% and Surface Paint in Toys 95%) and on average saw consistently high levels of compliance (88.3%) in the other product categories (Second Hand Children's Products, Teethers and Halloween Costumes). • Since the introduction of the Lead in Children's Jewellery Regulations in 2005, Health Canada has been monitoring compliance with these regulations. The average rate of compliance of targeted samples over the last three years has been 81%. Health Canada took enforcement action to remove non-compliant products from the marketplace and have been working with counterparts in other jurisdictions such as China

³ Performance indicator has been modified from what is indicated in the 2008-2009 Report on Plans and Priorities since the link between injuries/illnesses and complaints will be established through the mandatory reporting system that is being developed as part of the Food and Consumer Safety Action Plan. Consumer products include substances, cosmetics and radiation emitting devices.

Expected Results	Performance Indicators	Performance Status	Performance Summary
			to ensure that products imported into Canada are compliant with regulations.
Canadians are knowledgeable/aware of the health risks of exposure to hazardous products, substances, cosmetic products, and radiation emitting devices	% of public that is knowledgeable/aware of the risks of exposure to hazardous products, substances, cosmetic products, and radiation emitting devices	Met all	<ul style="list-style-type: none"> Increased awareness through subscriptions to the Consumer Product Safety Recall website e.g. there are now 6,600 subscribers as compared to the previous year total of 4,200. The data indicates that there continues to be an increasing number of Canadians who are becoming aware of consumer product safety issues. Recent public opinion research (POR)⁴ suggests that Canadian are generally more aware of safety issues related consumer products and when surveyed the vast majority of Canadians (93%) check product safety at least sometimes. A majority (52%) check the safety of the products that they buy at least frequently, including 23% who always do this. Targeted and effective marketing activities lead to a spike in web traffic following the Consumer Product Safety/Cross Border Shopping Campaign in 2008-09. Visits to the Consumer Product Safety web site tripled from the week before (1,316 vs. 378 visits).

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Consumer Product Safety	Work with key trading partners (and other countries) to strengthen cooperation and dialogue on issues related to consumer products (including cosmetics) and radiation emitting devices including establishing technical working groups on consumer product safety issues of interest and other mechanisms to facilitate information exchange as per the MOU between Canada and China	Mostly met

Performance Summary and Analysis

The 2007 announcement of the Government's [Food and Consumer Safety Action Plan](#) and significant funding through Budget 2008 underlined a Government of Canada commitment to address the concerns of Canadians about the safety of consumer products. Public interest grew in this program activity sharply in 2008-09, demonstrated by a 32% increase in subscriptions to receive Consumer Product Safety Recall notices and to the increased request for information by consumers, industry and the media. Also, public opinion research⁴ suggests that Canadians are becoming more aware of safety issues related to consumer products and that a majority of Canadians check the safety of the products that they buy on a frequent basis. In addition, 2008-09 was the launch year for the Action Plan where by a renewed focus on areas such as "Active Prevention" where Government will provide information to consumers and work closely with industry to promote awareness, provide regulatory guidance, help identify and assess safety risks at early and ongoing stages, and develop standards and share best practices. Progress towards achieving results and performance is described in more detail in Table 3 of this report.

New for 2008-09 was the creation of rigorous service standards for responding to complaints about consumer products from Canadians. This new service standard has already exceeded performance expectations where over a six-month period of the 357 complaints received, 100% met the new standards for follow-up with complainant and

⁴ "Assessing Canadians' Knowledge, Attitudes and Behaviours Regarding the Importation of Consumer Products" POR conducted in 2008-09

89% met the standard to follow-up with the company which sold the product. In 2008-09, 306 product recalls were issued, 128 seizures were undertaken and 12 advisories and warnings were posted. The data received through inspection, monitoring and testing showed that industry compliance with regulations continues to remain stable over the 2008-09 planned inspections cycle. Health Canada conducts targeted sampling to determine compliance by industry with product safety regulations and takes action on those products which are found to be non-compliant. Although industry compliance remains largely unchanged, compliance and enforcement activities will continue to be focussed on those areas of highest risk. To improve the Health Canada capacity to act on product safety related issues, the Department provided substantial support and leadership for introducing [Bill C-6](#), the proposed *Canada Consumer Product Safety Act (CCPSA)* which has passed Third Reading in the House of Commons and is currently at the Second Reading stage with the Senate.

Benefits for Canadians

This program activity continues to provide benefits to Canadians by bringing about the removal of consumer products that are likely to be dangerous, while also enabling Canadians to identify products that may pose a risk to their health and providing ways for possible dangers to be identified and addressed.

Lessons Learned

The proposed *Canada Consumer Product Safety Act (CCPSA)* that the Government had before Parliament at the end of the fiscal year responds to the lessons learned over time under this program activity. The CCPSA contains a broad set of new authorities which will improve the department's ability to monitor the marketplace through a mandatory incident reporting provision and to take timely compliance and enforcement actions when unsafe products are identified. It will also encourage compliance through increased fines and penalties for violators.

Strategic Outcomes	Program Activities	Program Sub-Activities
Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments	Workplace Health	<ul style="list-style-type: none"> • Public Service Health • Internationally Protected Persons Health • Workplace Hazardous Materials Information System • Employee Assistance Services • Dosimetry Services

3.3 Workplace Health

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
34.8	51.5	51.5	437	437	0

Expected Results	Performance Indicators	Performance Status	Performance Summary
Timely system response to public service employees with psycho-social problems	% of public service employee clients' psycho-social problems dealt with within service standards (nominally set at eight sessions)	Exceeded	<ul style="list-style-type: none"> • 93% (target: 70%).
Internationally Protected Persons (IPPs) and Canadian Public Servants are protected during visits and events from work-related and other risks to their health and safety	% of visits/events without serious health-related incidents for Internationally Protected Persons or for Canadian Public Servants	Exceeded	<ul style="list-style-type: none"> • 100% of target met given that no serious health related incident occurred that involved IPPs in 2008-2009. • Client satisfaction surveys indicated that the program exceeded expectations (100% of satisfied clients against a target of 80%).
Adherence to Acts, Regulations, and Guidelines	% of federal departments that are purveyors of water, that are in compliance with the Canadian Guidelines on Drinking Water Quality	N/A	<ul style="list-style-type: none"> • Data not available. The performance indicator measuring progress towards achieving the expected results will be revised because the Federal Drinking Water Compliance Program ended in 2007.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Public Service Health	Continue work on two studies aimed at revitalizing and modernizing the Program	Met all
Workplace Hazardous Materials Information System	Review WHMIS to, among other things, be consistent with the Globally Harmonized System of Classification and Labelling of Chemicals, while maintaining WHMIS standards, improving the overall communication of hazards in Canadian workplaces and facilitating international trade in chemicals	Somewhat met
Dosimetry Services	Provide radiation dose monitoring services to Canadian workers and provide response personnel with dosimetry capabilities in the event of a radiological emergency	Mostly met

Performance Summary and Analysis

This program activity centred on services to Government of Canada employees and to Internationally Protected Persons (IPPs), such as representatives of foreign governments and international organizations at international events in Canada. Surveys of the Employee Assistance Services (EAS) and Workplace Health services found extremely high satisfaction rates and reports of positive impacts on people receiving the services and on workplace issues. The reports on Internationally Protected Persons (IPPs) and client surveys at the end of major events such

as the Sommet de la Francophonie during the year found that the program exceeded expectations. The EAS and IPP surveys and consultations supported the continuous improvement of these services.

Health Canada's Workplace Hazardous Materials Information System (WHMIS) responsibilities are a challenge. The Department is home to the National Office that coordinates governance and administration of the WHMIS program in Canada and provides the national secretariat for this federal, provincial and territorial government partnership program. The ability of the National Office for WHMIS to meet program expectations and to be responsive to current needs cannot be ascertained in the absence of relevant baseline information. Without such information, it is difficult to determine whether the relevant compliance and enforcement framework, including target compliance rates and related resource levels are appropriate. Accordingly, the Department is considering opportunities to run WHMIS more cost-effectively. A 2009-2010 review will look at the National Office and its role in the policy coordination and regulatory development of WHMIS.

The Department provided occupational radiation monitoring services to over 95,000 workers and met its key service standards more than 95% of the time. An estimated 99% of clients are satisfied with service delivery, based on more than 500,000 dose results reported, regular client service interaction and follow-up satisfaction questionnaires.

Benefits for Canadians

This program activity benefitted Canadians by supporting health and productivity in the federal public service that enables the delivery of quality services to Canadians, by protecting foreign dignitaries visiting Canada, by supporting the national WHMIS system that helps to protect Canadian workers from adverse effects of hazardous materials through provision of relevant information, and by providing services that track the exposure of workers to ionizing radiation so that exposures are kept as low as reasonably achievable.

Lessons Learned

This relatively stable ongoing program activity makes incremental improvements based on lessons learned through the continuous management assessment of operations and results. The lessons learned during the year in relation to departmental WHMIS responsibilities have led to a much larger-scale reassessment of that program.

Strategic Outcomes	Program Activities	Program Sub-Activities
Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments	Substance Use and Abuse	<ul style="list-style-type: none"> • Tobacco • Alcohol • Controlled Substances

3.4 Substance Use and Abuse

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
152.9	118.5	118.4	575	570	5

Expected Results	Performance Indicators	Performance Status	Performance Summary
Reduced tobacco consumption	Smoking prevalence rate in % of the Canadian population	Exceeded	<ul style="list-style-type: none"> • The Canadian smoking prevalence rate (the proportion of Canadians who smoke) has declined from 21.7% in 2001 to 17.9% in the first half of 2008. • Cigarette consumption declined from an average of 17.0 cigarettes smoked per day in 1999 to 15.0 per day in the first half of 2008 among Canadian smokers. *Source: Canadian Tobacco Use Monitoring Survey (February – June 2008)
Reduced abuse of drugs, alcohol, and other controlled substances	Prevalence (in %) rates of illicit drugs, alcohol, and pharmaceuticals	N/A	<ul style="list-style-type: none"> • Data on prevalence rates for controlled substances is not available for 2008-2009. Prevalence data will be available once the results for the Canadian Alcohol and Other Drug Use Monitoring Survey (CADUMS) become available at the end of June 2009. Work is underway to identify a performance indicator that will better reflect progress towards achieving the expected results.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Tobacco	Move forward with a number of tobacco control initiatives under the Federal Tobacco Control Strategy 2007-2011 including: increasing the number of smokers who quit, updating the health warning messaging on tobacco packaging, and enforcing product labelling requirements	Exceeded
Alcohol	Develop national alcohol drinking guidelines to support Canada's move toward a culture of moderation where alcohol is used sensibly	Not met
Controlled Substances	Under the National Anti-Drug Strategy , focus on reducing drug use among Canadians/ particularly vulnerable groups; support effective approaches to treatment for drug dependencies; and support enforcement activities through enhanced compliance, particularly for precursor chemicals used in illicit drug productions, and enhanced safety in the dismantling of clandestine laboratories	Mostly met

Performance Summary and Analysis

Work under this program activity has three distinct components. Health Canada has a leadership role in a broadly-based, multifaceted, long-term pan-Canadian effort to reduce tobacco use. Some efforts are regulatory, such as those addressing packaging and enforcement of the *Tobacco Act*. Others support public awareness and action on tobacco use. During the year, the Department continued to implement components of the [Federal Tobacco Control Strategy](#) 2007-2011 as planned. Expected results are being demonstrated for inspections and the development of new regulations, such as those related to package labelling. In response to departmental funding limits on public opinion research that affected plans to test options for future tobacco packaging alternate contingency plans were made that should meet Strategy goals over its full duration.

Involvement in the [National Anti-Drug Strategy \(NADS\)](#), which the Government announced and funded in 2007, was the second component of this program activity. Departmental roles in helping to dismantle illicit drug production and support prosecutions continued. As well, the Department provided support to community-based responses to drug issues, particularly through the [Drug Strategy Community Initiatives Fund \(DSCIF\)](#), with 63 new national and community-based projects launched by March 31, 2009 under (NADS). Reporting tools and templates were implemented that will enable results tracking and reporting.

The third component of this program activity, and by far its smallest, centred on the proposed development of national alcohol drinking guidelines. Competing departmental demands for public opinion research resources and a change in policy direction led to suspension of action for the time being.

Benefits for Canadians

This program activity benefitted Canadians by supporting and accelerating actions that address substance use and abuse. For example, tobacco control actions have contributed to a decline in the Canadian smoking prevalence rate (the proportion of Canadians who smoke) from 21.7% in 2001 to 17.9% in the first half of 2008. These actions generate health benefits among affected Canadians and economic benefits, including reduced health care costs and increased productivity. They also address the interest of Canadians in healthy communities.

Strategic Outcomes	Program Activities	Program Sub-Activities
Reduced health and environmental risks from products and substances, and healthy, sustainable living and working environments	Pesticide Regulation	<ul style="list-style-type: none"> • Evaluation of New Products • Re-evaluation of Older Products • Compliance and Enforcement • Pesticide Risk Reduction

3.5 Pesticide Regulation

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
60.5	66.4	64.5	707	626	81

Expected Results	Performance Indicators	Performance Status	Performance Summary
Declining trends in levels of risk from regulated pest control products	Level of risk based on exposure and hazard.	Mostly met	<ul style="list-style-type: none"> • Development of data continued to set a baseline for future measurement of trends in levels of risk from regulated pest control products. • A first annual report was produced based on a mandatory reporting system for pesticide incidents.
Increased stakeholder awareness of risks and confidence in regulatory activities	% of target population aware / engaged / confident	Mostly met	<ul style="list-style-type: none"> • A survey established baseline data to measure stakeholder satisfaction with Canada's pesticide regulatory system. • Results indicate that stakeholder awareness of transparency initiatives ranged between 64% and 87%.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
Evaluation of New Products	Expand on progress made with the United States and Mexico under NAFTA on the technical requirements and processes involved in new pesticide registration	Met all
	Improve the transparency of the Pest Management Regulatory Agency's (PMRA) new product decision-making process and enhance communication initiatives in order to increase Canadians' confidence in the pesticide regulatory system	Mostly met
Re-evaluation of Older Products	Work with growers to develop transition strategies for products under re-evaluation as part of PMRA's life cycle stewardship strategy	Met all
	Increase the transparency of the re-evaluation process and improve communications to stakeholders and the Canadian public	Mostly met

Performance Summary and Analysis

This program activity encompasses legislated Health Canada responsibilities to regulate pest control products under the federal authority of the *Pest Control Products Act* (PCPA) and Regulations. Submission workloads continued to rise, which affected some performance measures as available resources were focused on priority product submissions. As a result, while the performance for regulatory actions addressed within service standards was as low as 55% in one category, it was 97% for priority submissions targeted to meeting Canadian grower needs as a result of consultations.

During the year, the Department made significant progress toward new risk assessment and risk management approaches that will continue the decline in levels of risk for these products. As part of this, a new Habitat Protection Policy was designed to minimize potential impacts of pesticides on non-target habitats and wildlife, which will complement the programs and action of other governments and organizations. Health Canada also developed strategies, policies and guidelines to facilitate the registration of non-conventional "low risk" pest control products.

A key evolution in the approach to this program activity is increasing use of joint reviews or work shares with international partners. By working with other governments, Canadians are gaining timely access to products that people in other countries use, particularly lower risk pesticides. This means a more efficient registration process and it engages Canada in work with the US Environmental Protection Agency (US-EPA), Organization for Economic Cooperation and Development (OECD), and other government departments to advance and harmonize the science and policy development needed for a standardized global approach to risk assessment and the management of pesticide regulation. This includes initiatives such as collaboration with Agriculture and Agri-Food Canada, grower associations and the US-EPA to develop North American transition strategies to help encourage and facilitate the transition to lower risk pesticides and management practices.

The additional funding provided through the [Chemicals Management Plan](#) has been critical in enabling the re-assessment of 330 (82%) of the 401 active ingredients that were in use before existing regulation processes came into force. Another 328 marketplace inspections of pest control products aimed at consumers and sold through liquidation stores contributed to Government-wide progress under the [Food and Consumer Safety Action Plan](#).

Benefits for Canadians

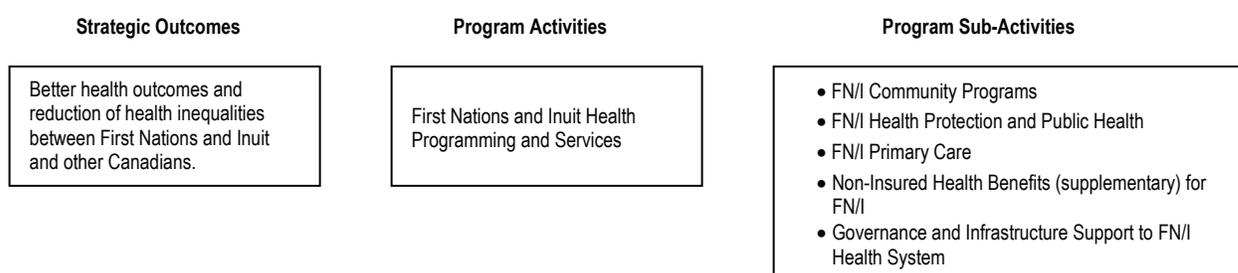
This program activity contributed to reducing health and environmental risks from pesticides by ensuring that only those pesticide products that meet standards of value and acceptable human health and environmental risk are allowed on the market. It also provided information for informed decisions by Canadians about pesticide use.

Lessons Learned

Health Canada continually adjusts the way that business is conducted to respond to changing science and the global approach to pesticide regulation. A new Science Operations Committee was begun in the Pest Management Regulatory Agency to make decisions on process management, technical issues, tracking of submission progress/performance as well as recommendations on priorities and strategies to overcome workload issues. A review began of the Management of Submissions Policy for pest management products to reflect changes such as use of international joint reviews.

Strategic Outcome 4: Better Health outcomes and reduction of health inequalities between First Nations and Inuit and other Canadians

This strategic outcome incorporates Health Canada's broad policy, partnership and related roles supporting First Nations and Inuit Health. This includes the delivery or funding of basic primary care services in approximately 200 First Nations communities, largely in remote and isolated areas where access to provincial health care services is limited. Home and community care services are provided in approximately 600 First Nations communities and funding is provided to support the delivery of these services in Inuit communities in the territories and in Inuit regions located in Quebec and Newfoundland and Labrador. In addition, Health Canada supports a range of community-based health programs for First Nations and Inuit focusing on children and youth, mental health and addictions, and chronic disease and injury prevention, as well as public health programs in all First Nations communities with a focus on communicable disease control and environmental health and research. The Non-Insured Health Benefits Program provides coverage to approximately 800,000 eligible First Nations and Inuit for a limited range of medically necessary health related goods and services when they are not insured elsewhere.



4.1 First Nations and Inuit Health Programming and Services

2008-09 Financial Resources (\$ millions)			2008-09 Human Resources (FTEs)		
Planned Spending	Total Authorities	Actual Spending	Planned	Actual	Difference
2,156.0	2,360.7	2,357.8	2,876	3,245	369

Expected Results	Performance Indicators	Performance Status	Performance Summary
Strengthened community programs; better health protection; improved primary health care; and access to Non-Insured Health Benefits (NIHB) to contribute to improved health status of First Nations and Inuit individuals, families and communities	Life expectancy	N/A (Measured over the long term)	<ul style="list-style-type: none"> • While still behind the Canadian average (males 77 years, females 82 years), life expectancy for First Nations has increased. In 1980, First Nations life expectancy for males was 60.9 years and for females it was 68.0 years. • By 2001, life expectancy for First Nations was estimated at 70.4 years for males and 75.5 years for females; and life expectancy for Inuit was estimated at 64.4 years for males and 69.8 years for females. This is <i>the most recent data available</i>.
	Birth weight	N/A (Measured over the long term)	<ul style="list-style-type: none"> • Statistics for 2000 indicate that 4.7% of First Nations births are classified as low birth weight compared with 5.6% in Canada overall. The high birth weight rate for First Nations is 21%, almost double the Canadian rate of approximately 13%. Health Canada is working in maternal and prenatal health to improve these outcomes. Birth weight data for 2001-2002 is expected to be published in early 2010.
	NIHB client utilization rates	N/A	<ul style="list-style-type: none"> • NIHB client utilization rates represent clients who received at least one pharmacy benefit paid through the Health Information and Claims Processing Services system, as a proportion of the total number of eligible clients in the fiscal year. • In 2007-2008, the national utilization rate for the pharmacy benefit was 64%. Regional rates ranged from 74% in Saskatchewan to 47% in the Northwest Territories and Nunavut.

Other 2008-2009 RPP Commitments:

Sub-Activity	Commitment	Performance Status
First Nations and Inuit Community Programs	Improved continuum of programs and supports in First Nations and Inuit (FNI) communities	Mostly met
	Increased participation of Aboriginal individuals, families and communities in programs and supports	Mostly met
	Maternal and Child Health Program	Mostly met
	Aboriginal Head Start on Reserve	Mostly met
	National Aboriginal Youth Suicide Prevention Strategy	Mostly met
	First Nations and Inuit Mental Wellness Strategic Action Plan	Mostly met
	Indian Residential Schools Resolution Health Support Program	Mostly met
	Aboriginal Diabetes Initiative	Mostly met
Patient Wait Times Guarantees Pilot Projects	Mostly met	
First Nations and Inuit Health Protection and Public Health	Improved access to communicable disease prevention and control programs	Exceeded
	Improved environmental health risk management Drinking water quality	Mostly met Met all
First Nations and Inuit Primary Care	Improved access to primary health care programs for First Nations and Inuit	Met all
Non-Insured Health Benefits (supplementary) for First Nations and Inuit	Access by eligible clients to Non-Insured Health Benefits	Met all
Governance and Infrastructure Support to First Nations and Inuit Health System	Access to quality health services by supporting development and implementation of quality improvement activities including accreditation of FNI health organizations and modernization and accreditation of addictions treatment centres	Met all
	Increased capacity of First Nations and Inuit communities to manage and deliver health programs and services	Met all
	Increased amount of bursary and scholarship funds available to FNI and Métis students pursuing health career studies	Exceeded
	Construction, operation, maintenance and environmental management of on-reserve health facilities and staff residences	Exceeded
	Improve the integration and adaptation of health services through the Aboriginal Health Transition Fund and Tripartite agreements on health	Mostly met
	Facilitate development of electronic Pan-Canadian communicable disease management public health surveillance system	Met all
	Support enhanced and more effective use of information and communications technologies (Health Infrastructure and e-Health Strategy Framework) to support health care delivery and management	Met all
	Support First Nations to conduct the First Nations Regional Longitudinal Health Survey	Mostly met

Performance Summary and Analysis

Health Canada largely met projected results under this program activity for 2008-2009. This included progress on major initiatives, such as Patient Wait Times Guarantees pilot projects designed to test time frames defined by clinical practice guidelines for diabetes and prenatal services for First Nations, and offer alternative care options if time frames are exceeded. Departmental actions to support the Government's Plan of Action for [Drinking Water](#) in First Nations communities enhanced testing of water quality samples, provided guidance to community members who carry out sampling and provided instruction on ways to inspect and maintain wells to reduce contamination risks. In addition, Budget 2008 funding enabled Health Canada to maintain and improve Non-Insured Health Benefits and primary care programming in 2008-2009, and to invest in improvements to health facilities in First Nations communities to ensure maintenance of infrastructure required for primary care and community-based programs.

Health Canada also invested in health issues of particular importance to First Nations and Inuit such as youth suicide prevention and mental wellness by continuing to support mental health promotion demonstration projects, 200 community-based youth suicide prevention projects, data gathering and research with key partners to improve youth suicide prevention activities. In support of the First Nations and Inuit Mental Wellness Strategic Action Plan, a mental wellness team was established in British Columbia and work took place to establish teams in the Atlantic, Ontario,

Quebec, and Manitoba/Saskatchewan regions. The Department continued to offer a range of services to 80,000 eligible former residential school students and their families through the Indian Residential School Resolution Health Support Program, providing cultural, paraprofessional and professional support for individuals, families and communities, as well as assistance with transportation costs, throughout all phases of the Settlement Agreement.

Recruitment and retention of health care professionals was a key focus of efforts, in order to ensure the availability of or support access to health services for First Nations and Inuit communities. As a longer-term approach, 456 [bursaries and scholarships](#) were awarded in 2008-2009 to First Nations, Inuit and Métis students in health career programs. More generally, action within specific programs helped to improve community health capacity. The Maternal Child Health Program had 24% more trained nurses and 60% more home visitation workers supporting the program than in the previous year. To support new and existing workers, case management sessions were offered in the Atlantic and Saskatchewan regions. During 2008-2009, the [Aboriginal Diabetes Initiative](#) increased the number of trained community-based diabetes workers by 80%, conducted research into pre-diabetes, diabetes and its complications, and participated in the dissemination and promotion of the tailored food guide for First Nations, Inuit and Métis to increase capacity in more than 600 communities with diabetes programming. [Aboriginal Head Start on Reserve](#) (AHSOR) community staff training increased, a study of AHSOR capital requirements was completed, and outreach/home visitation activities were strengthened.

Health Canada continued to strengthen the integration and adaptation of health services, to improve access to health services through the Aboriginal Health Transition Fund. Work progressed on 296 projects and all regional integration plans and provincial/territorial adaptation plans are being implemented. Supported by Budget 2008 investments, Health Canada continued to work with provincial and First Nations partners to pursue improvements to the quality and accessibility of health services through tripartite agreements to increase health systems integration, as well as First Nations control in the design and delivery of health services. Implementation of the British Columbia Tripartite First Nations Health Plan continued, while the Government signed a Tripartite Memorandum of Understanding (MOU) with the Government of Saskatchewan and the Federation of Saskatchewan Indian Nations. The MOU committed signatories to the joint development of a 10-year First Nations health and wellness plan. Budget 2008 also provided investments to support innovative approaches to health services delivery in the areas of First Nations e-Health services, communicable disease surveillance, health service accreditation, new models for delivery of nursing services and the implementation of an oral health survey in First Nations and Inuit communities in order to better align federal services with those offered to other Canadians. The anticipated result will be to foster integration and make progress towards a more efficient, effective and equitable health system for First Nations and Inuit.

Benefits for Canadians

This program activity provides direct benefits to First Nations and Inuit through the range of health programs and services designed to help improve First Nations and Inuit health outcomes and reduce health inequalities between First Nations and Inuit and other Canadians.

Lessons Learned

Lessons learned in the past year include the importance of:

- building flexibility into program frameworks and guidelines, while still supporting the development and implementation of evidence-based approaches in community prevention and intervention projects;
- working closely with communities to understand their operational practices and priorities in order to develop tools that are functional to them and complementary to First Nation and Inuit needs;
- establishing clear communications between Health Canada's headquarters and regional offices; and
- flexibility, innovation and creativity that must be exercised in responding to change.

Weblinks

Section 1

The Health Canada 2008-2009 Report on Plans and Priorities: <http://www.tbs-sct.gc.ca/rpp/2008-2009/inst/shc/shc00-eng.asp>

Pan-Canadian Health Human Resources: <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/recru/init-prof-educ-eng.php>

Healthy Canadians – A Federal Report on Comparable Health Indicators 2008: <http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2008-fed-comp-indicat/index-eng.php>

WHO: <http://www.who.int/en/>

PAHO: <http://www.hc-sc.gc.ca/ahc-asc/intactiv/index-eng.php>

OECD: http://www.oecd.org/document/47/0,3343,en_2649_33929_36506543_1_1_1_37407,00.html

APEC: <http://www.apec.org/>

Food and Consumer Safety Action Plan: http://www.healthycanadians.ca/pr-rp/action-plan_e.html

Bisphenol A: <http://www.hc-sc.gc.ca/fn-an/securit/packag-emball/bpa/index-eng.php>

Listeriosis: <http://www.hc-sc.gc.ca/fn-an/pubs/securit/exec-listeriosis-res-eng.php>

Canada's Food Guide in 12 languages: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/guide_trans-trad-eng.php

Food handling: <http://www.befoodsafe.ca/en-home.asp>

Clean Air Agenda: www.hc-sc.gc.ca/ewh-semt/air/regulatory-reglementation-eng.php

Chemicals Management Plan (CMP): www.chemicalsubstanceschimiques.gc.ca/en/index.html

The Air Quality Health Index (AQHI): www.ec.gc.ca/cas-aqhi/default.asp?lang=Engn=450C1129-1

Consumer Product Safety Recall website: http://www.healthycanadians.ca/pr-rp/index_e.php

National Anti-Drug Strategy: www.nationalantidrugstrategy.gc.ca/

Non-Insured Health Benefits Program: http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_e.html

Aboriginal Head Start On Reserve: http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa_intro_e.html

Section 2

SO1

Pan-Canadian Health Human Resources: <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/recru/init-prof-educ-eng.php>

HHR Recruitment and Retention: <http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/index-eng.php>

Sustainability modeling: http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=spend_e

Drug Safety and Effectiveness Network: <http://www.cihr-irsc.gc.ca/e/39389.html>

Healthy Canadians – A Federal Report on Comparable Health Indicators 2008: <http://www.hc-sc.gc.ca/hcs-sss/pubs/system-regime/2008-fed-comp-indicat/index-eng.php>

July 2008 International meeting: <http://ppri.oebig.at/index.aspx>

Health Canada - Health Care System: <http://www.hc-sc.gc.ca/hcs-sss/index-eng.php>

Canada Gazette, Part I: <http://gazette.gc.ca/archives/p1/2005/2005-09-24/html/reg1-eng.html>

Health Canada: <http://www.hc-sc.gc.ca/hl-vs/reprod/index-eng.php>

Assisted Human Reproduction Canada: <http://www.ahrc-pac.gc.ca/>

HIV/AIDS: http://www.hc-sc.gc.ca/ahc-asc/activit/strateg/int_aids-sida-eng.php

Pan American Health Organization (PAHO) on pandemic influenza preparedness, HIV/AIDS and global health security: <http://www.hc-sc.gc.ca/ahc-asc/intactiv/index-eng.php>

WHO: <http://www.who.int/en/>

International Health Affairs: http://www.hc-sc.gc.ca/ahc-asc/minist/speeches-discours/2008_05_19-eng.php

Pan American Health Organization : <http://new.paho.org/hq/>

PAHO-Canada Portal: www.hc-sc.gc.ca/ahc-asc/activit/strateg/paho-ops-eng.php

Organisation for Economic Co-operation and development- Health Workforce and Migration Project: www.oecd.org/health/workforce

Asia-Pacific Economic Cooperation Website: www.apec.org/

S02

Risk Communications: http://www.hc-sc.gc.ca/dhp-mps/pubs/medeff/_guide/2008-risk-risques_comm_guid-dir/index-eng.php

MedEffect e-Notice: <http://www.hc-sc.gc.ca/dhp-mps/medeff/subscribe-abonnement/index-eng.php>

Canadian Adverse Reaction Newsletter: <http://www.hc-sc.gc.ca/dhp-mps/medeff/bulletin/index-eng.php>

PHAC annual summary reports on enteric disease incidence: <http://www.nml-lnm.gc.ca/NESP-PNSME/assets/pdf/2006AnnualReport.pdf>

Allergen Labelling <http://www.hc-sc.gc.ca/fn-an/label-etiquet/allergen/index-eng.php>

Bisphenol A: <http://www.hc-sc.gc.ca/fn-an/securit/packag-embal/bpa/index-eng.php>

Listeriosis <http://www.hc-sc.gc.ca/fn-an/pubs/securit/exec-listeriosis-res-eng.php>

Be Food Safe Campaign: <http://www.befoodsafe.ca/>

Melamine: http://www.hc-sc.gc.ca/fn-an/pubs/melamine_hra-ers-eng.php

Preparing submissions for health claims: http://www.hc-sc.gc.ca/fn-an/legislation/guide-ld/health-claims_guidance-orientation_allegations-sante-eng.php

Revised Prenatal Nutrition Guidelines: <http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/index-eng.php>

Policy on sprouted beans and seeds: http://www.hc-sc.gc.ca/fn-an/legislation/pol/sprouts_pol_pousses-eng.php

Nutrient intakes from food summary tables: http://hc-sc.gc.ca/fn-an/surveill/nutrition/commun/cchs_focus-volet_escsc-eng.php

Canada's Food Guide in 12 languages: http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/order-commander/guide_trans-trad-eng.php

Nutrition labelling presentation: <http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/educat/info-nutri-label-etiquet-eng.php>

Food-borne chemical contaminants: <http://www.hc-sc.gc.ca/fn-an/securit/chem-chim/contaminants-guidelines-directives-eng.php>

Sodium Intake reduction <http://www.hc-sc.gc.ca/fn-an/nutrition/sodium/sodium-memb-list-eng.php>

Allergens http://www.hc-sc.gc.ca/fn-an/pubs/securit/gluten_conn-lien_gluten-eng.php

Enhanced Labelling for Food Allergen and Gluten Sources and Added Sulphites: <http://www.gazette.gc.ca/rp-pr/p1/2008/2008-07-26/html/reg1-eng.html>

Nutrition Labelling Articles through News Canada: http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/educat/ready_use_articles-articles_prets_utiliser-eng.php

S03

Chemicals Management Plan (CMP): www.chemicalsubstanceschimiques.gc.ca/en/index.html

The Air Quality Health Index (AQHI): www.ec.gc.ca/cas-aqhi/default.asp?lang=Eng&nav=450C1129-1

Clean Air Agenda: www.hc-sc.gc.ca/ewh-semt/air/regulatory-reglementation-eng.php

Consumer Product Safety Recall website: http://www.healthycanadians.ca/pr-rp/index_e.php

Food and Consumer Safety Action Plan: www.healthycanadians.ca/pr-rp/plan_e.html

Canadian Tobacco Use Monitoring Survey (February – June 2008): www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/_ctums-esutc_2008/wave-phase-1_summary-sommaire-eng.php

Federal Tobacco Control Strategy: www.hc-sc.gc.ca/hc-ps/tobac-tabac/about-apropos/role/federal/strateg-eng.php

National Anti-Drug Strategy: www.nationaldrugstrategy.gc.ca/

Drug Strategy Community Initiatives Fund (SDCIF): www.hc-sc.gc.ca/hc-ps/drugs-drogues/dscif-ficsa/index-eng.php

SO4

Aboriginal Head Start On Reserve: http://www.hc-sc.gc.ca/fnih-spni/famil/develop/ahsor-papa_intro_e.html

Aboriginal Diabetes Initiative http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index_e.html

Drinking Water Quality <http://www.hc-sc.gc.ca/fnih-spnia/promotion/public-publique/water-eau-eng.php>

Drinking water risk communication materials, available at [Health Canada publications \(publications@hc-sc.gc.ca\)](mailto:publications@hc-sc.gc.ca)

Non-Insured Health Benefits Program http://www.hc-sc.gc.ca/fnih-spni/nihb-ssna/index_e.html

Bursary and Scholarship Funds: www.naaf.ca

National Aboriginal Achievement Foundation report www.naaf.ca

www.afmc.ca/social-aboriginal-health-e.php

www.ipac-amic.org/docs/IPAC_AFMC_Core_Compencies_Eng_Final.pdf

e-Health http://www.hc-sc.gc.ca/fnih-spni/services/ehealth-esante/index_e.html

Provincial Public Health Legislation, First Nations and Inuit Health Branch Transfer Initiative: www.hc-sc.gc.ca/fnih-spnia/pubs/finance/_agree-accord/initiative_transfer/index-eng.php

Memorandum of Understanding on First Nations Health and Well-Being in Saskatchewan <http://www.hc-sc.gc.ca/fnih-spnia/pubs/services/2008-sask-mou-pde/index-eng.php>

3

SUPPLEMENTARY INFORMATION

Financial Highlights

(\$ thousands)

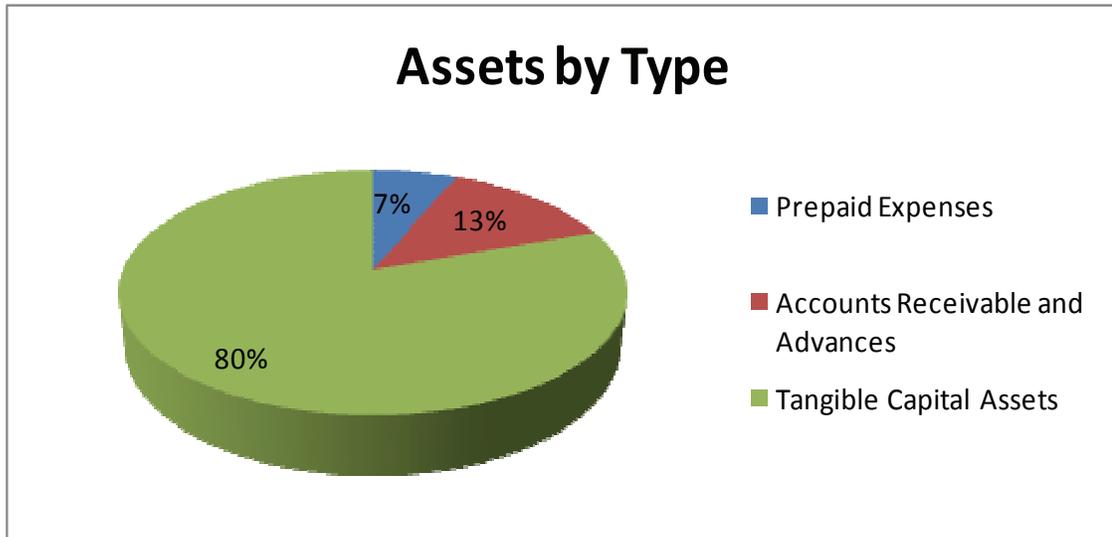
Condensed Statement of Financial Position At End of Year (March 31, 2009)	% Change	2009	2008
ASSETS			
Total Assets	6%	173,486	164,129
TOTAL	6%	\$173,486	\$164,129
LIABILITIES			
Total Liabilities	-11%	969,750	1,094,681
EQUITY			
Total Equity	-14%	-796,264	-930,552
TOTAL	6%	\$173,486	\$164,129

(\$ thousands)

Condensed Statement of Operations At End of Year (March 31, 2009)	% Change	2009	2008
EXPENSES			
Total Expenses	4%	3,607,649	3,461,753
REVENUES			
Total Revenues	1%	84,839	83,743
NET COST OF OPERATIONS	4%	\$3,522,810	\$3,378,010

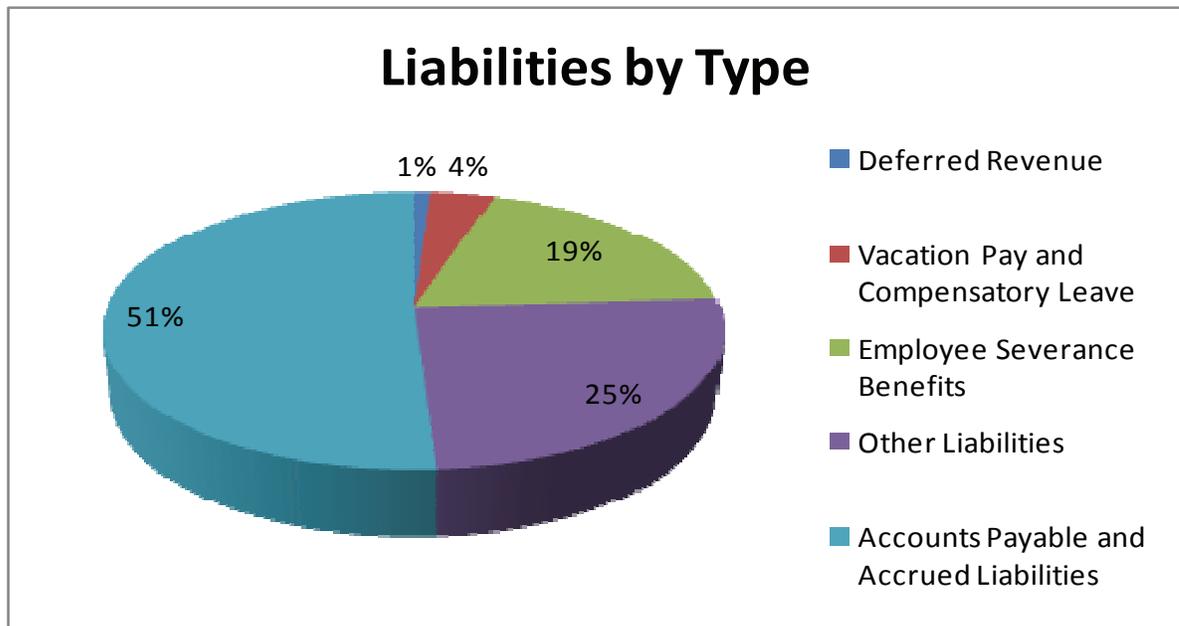
Refer to the full [Statement of Management Responsibility](http://www.hc-sc.gc.ca) for further details (www.hc-sc.gc.ca).

Assets by Type



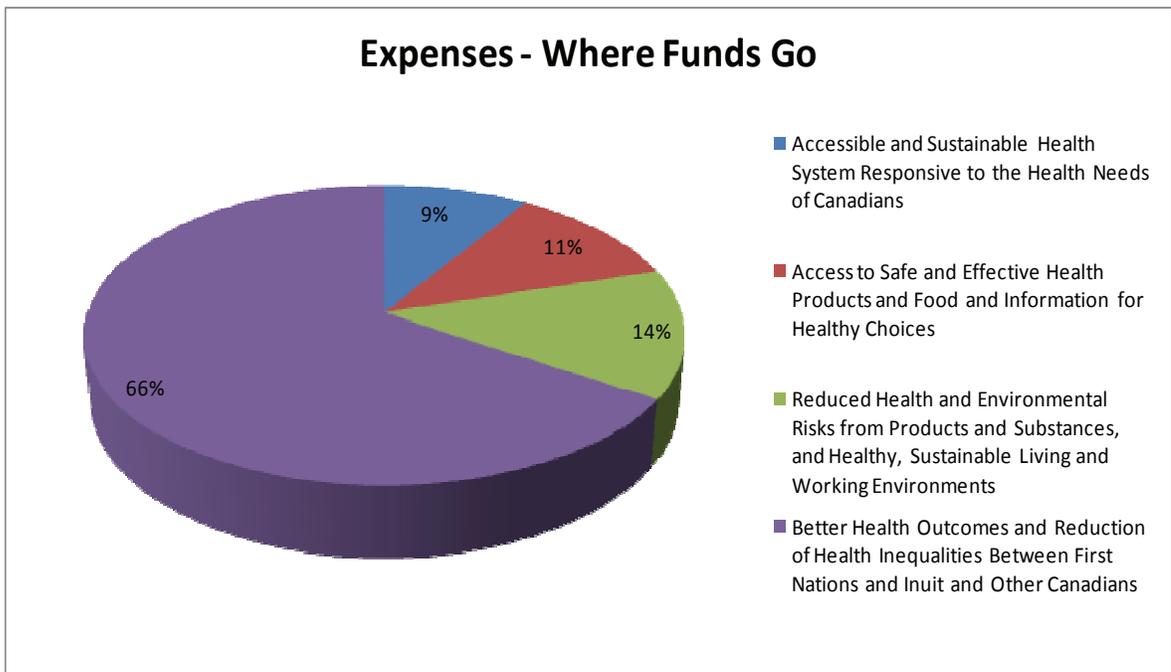
Total assets were \$173.5M at the end of 2008-09, an increase of \$9.3M over the previous year. The majority of the increase was due to the recognition of prepaid expenses. \$11.2M of prepaid expenses was recorded this year to recognize the estimated balance of transfer payments for First Nations and Inuit Health program recipients at the end of the fiscal year.

Liabilities by Type



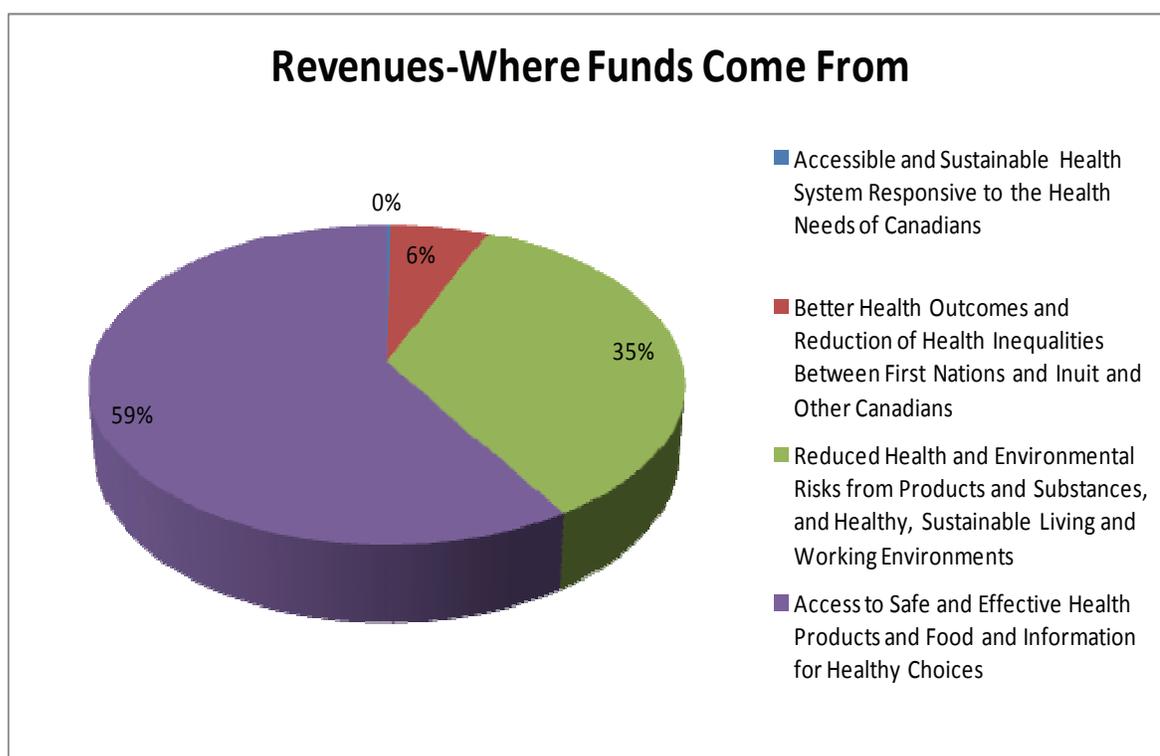
Total liabilities were \$969.8M at the end of 2008-09, a decrease of \$124.9M over the previous year. \$110M of the reduction in liability is due to the payment to the Mental Health Commission of Canada and a payment of \$123M to Canada Health Infoway. Increases in liabilities were recognized for a change in estimate to employee severance benefits and accounts payable and accrued liabilities.

Expenses by Strategic Outcome



There was an increase in expenses of \$144.8M in 2008-09 over 2007-08. This was due mainly to increases salaries and wages \$130.8M, professional and special services \$23.4M and, travel for non-insured health patient \$10.2M. These increases were partially offset by a decrease in amortization expenses (\$20.3M)

Revenues by Strategic Outcome



Health Canada receives most of its funding through annual Parliamentary appropriations. HC uses the Consolidated Revenue Fund (CRF) which is administered by the Receiver General for Canada. All cash received by the department is deposited to the CRF and all cash disbursements made by the department are paid from the CRF. HC does however generate revenue from program activities that support the above-noted Strategic Outcomes. HC's total revenue was \$84.8M in 2008-09, an increase of \$1.1M over 2007-08.

List of Supplementary Information Tables

All electronic supplementary information tables for the 2008-09 Departmental Performance Report can be found on the Treasury Board of Canada Secretariat's website at: <http://www.tbs-sct.gc.ca/dpr-rmr/2008-2009/index-eng.asp>.

- Sources of Respendable and Non-Respendable Revenue
- User Fees/External Fees
- Status Report on Major Crown Projects
- Details on Transfer Payment Programs (TPPs)
- Up-Front Multi-Year Funding (formerly *Foundations (Conditional Grants)*)
- Horizontal Initiatives
- Sustainable Development Strategy
- Green Procurement
- Response to Parliamentary Committees and External Audits
- Internal Audits and Evaluations

Other Items of Interest - Advancing the Science Agenda 2008-2009

In response to the Strategic Policy Renewal, clear goals were established: to foster the integration of science and policy, an important departmental priority; to ensure horizontal leadership in the development of a solid evidence base into departmental policy and regulatory decision making. This leadership role includes continued support on key ministerial priorities such as: pharmaceuticals management, mental health and addictions, patient safety/infectious disease, children and seniors, obesity, and injury prevention.

Health Canada's Science and Technology (S&T) Strategy, released in late 2008, lays out a strategic direction for science within Health Canada providing a policy framework for science planning, priority setting and management.

The S&T Strategy provides a foundation for the Department to draft a Science Plan that will put the policy framework into action. The Science Plan will set out the manner in which the S&T Strategy will be implemented and establish science priorities over the next 5-10 years, to: strengthen the contribution of science on key departmental priorities and the links between science and policy; deal with laboratory and science infrastructure issues; and recruit and retain the human resources required to deliver on its mandate.

To ensure continuity and effectiveness of external science advice to the Minister, interactions between the Senior Management Board of Health Canada and the Science Advisory Board have been enhanced. The Board reviews specific scientific and regulatory issues and broader science policy issues with future implications such as: climate change and health; healthy living initiatives; pandemic planning; efficiency and effectiveness in health care; physician forecasting; and Chemicals Management Plan.

The Research Ethics Board (REB), an independent body of experts, continues to ensure that research involving humans that is funded or conducted by the Department meets the highest ethical standards. HC and PHAC have examined the feasibility and value of establishing a joint REB. Progress has been achieved on the development of a HC science integrity policy to strengthen the oversight and governance of departmental science and research. It is expected the policy will be completed in 2009-2010.

For the last 8 years, the Science Forum has been a major event on the Health Canada calendar, bringing together highly trained professionals from across the department to discuss cutting-edge science that will ultimately inform and support health policies, program and regulatory work.

Contributing to the Government of Canada's Northern Strategy, Health Canada developed a scoping paper outlining its priorities and interests in the context of the design of a High Arctic Research Station.

The Department will continue to pursue strategic partnerships and linkages with external partners/stakeholders.