

HEALTH CANADA'S DEPARTMENTAL RESULTS REPORT / 2022-23



Health
Canada Santé
Canada

Canada 

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

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A photograph of a female scientist in a white lab coat and safety goggles, focused on using a pipette to transfer liquid into a small vial. In the background, another scientist is visible, and various laboratory glassware like beakers and flasks are on the table. The image has a light blue and green color palette.

Health Canada continued to work closely with provincial and territorial governments, Indigenous partners, key stakeholders, and communities across the country to advance shared health priorities and improve integrated health care for Canadians.



FROM THE MINISTERS

As Ministers of Health, we are pleased to present the 2022–23 Departmental Results Report for Health Canada. This report reflects the Department’s ongoing work to protect the health and safety of Canadians every day.

The past fiscal year saw the COVID-19 pandemic continue to evolve, with the Omicron variant circulating widely across Canada throughout much of 2022. Health Canada continued to lead Canada’s response with the Public Health Agency of Canada, as well as other federal organizations and the provinces and territories. The Department continued to provide Canadians with access to safe, effective, and quality COVID-19 related health products, including authorizing four new bivalent booster vaccines. Health Canada also collaborated with partners to deliver timely, trusted, accessible, and evidence-based information to health care providers, stakeholders, and Canadians, helping them to protect themselves, their families, communities, and businesses.

Throughout 2022–23, the strain of the ongoing pandemic further exposed and exacerbated vulnerabilities in the health care system. Recognizing the urgent need to improve health care for Canadians, Budget 2023 outlined the Government of Canada’s plan to invest close to

\$200 billion in the health care system. Collaborative work with provinces and territories was initiated to negotiate bilateral agreements that focus on four shared health priorities: expanding access to family health services; supporting health workers and reducing backlogs; increasing mental health and substance use support; and modernizing health care systems.

In support of Canada’s health workers, Health Canada focused efforts on measures to recruit, retain, plan, and innovate. We want to commend the mental health resiliency of every health care worker. One of these measures was the appointment of the Chief Nursing Officer to better understand and address challenges related to nursing. The Department also established a Coalition for Action for Health Workers to help develop immediate and long-term solutions to address the challenges facing the health workforce; announced the creation of a Centre of Excellence on health worker data; and accelerate pathways for foreign credential recognition for internationally educated health professionals.

Health Canada continued to work to improve how health data is collected and shared. In 2023, the Pan-Canadian Shared Interoperability Roadmap was endorsed by provinces and territories. This has set the foundation to advance towards improving Canadians' access to their own electronic health information that can be shared among the health professionals they consult.

Dental care is an important component of our health, but seeing an oral health professional can be expensive. To make dental care affordable for more Canadians, the federal government has committed to providing dental care for uninsured Canadians with family income of less than \$90,000 annually, starting with children under 12-years-old. In September 2022, the government announced the creation of the Canada Dental Benefit, and applications opened in December. As of March 2023, the Benefit had helped more than 250,000 children across Canada access oral health services. This is the first step toward creating a long-term, Canada-wide dental care plan for eligible families.

Health Canada, in cooperation with its partners, has also made progress toward a national pharmacare program. In March 2023, the Department launched Canada's first-ever National Strategy for Drugs for Rare Diseases. With an investment of up to \$1.5 billion over three years, the Strategy will help patients with rare diseases access life-improving treatments as early as possible. Health Canada also provided \$35 million over four years to support pharmacare in Prince Edward Island, allowing the province to add new drugs to its list of covered medications, increasing access and lowering out-of-pocket costs.

Ensuring medicines are available on store shelves and pharmacies is one of Health Canada's top priorities. The Department continues to work hard to prevent and mitigate drug shortages. In response to a shortage of children's analgesics last cold and flu season, Health Canada worked closely with stakeholders to help minimize its impacts, facilitate information sharing and, ultimately, resolve the shortage. Further, in November 2022, the Department established an internal Drug

Shortages Task Force, to bolster Canada's overall response to the growing supply challenges for drugs and other health products.

Advancing its Regulatory Innovation Agenda, Health Canada is developing more agile drug regulations that will expedite access to new drugs and medical devices, without compromising safety, effectiveness, and quality. In 2022–23, Health Canada consulted with Canadians on the proposed new regulations.

The Department also strengthened its risk management approaches and remains vigilant in protecting Canadians and their environment from unsafe products, including harmful chemicals. Our actions are guided by the Chemicals Management Plan, which is based on sound, scientific evidence. In addition, based on efforts in 2022–23 to introduce legislative changes to the *Food and Drugs Act*, Canada has now banned the cruel and unnecessary testing of cosmetic products on animals. This is a major step forward in supporting animal welfare by reducing reliance on animal testing to establish safety, while also ensuring the well-being of Canadians.

In addition, the Department has worked hard over the past two years to strengthen transparency and sustainability in pesticide management in Canada. This includes the launch of a Science Advisory Committee for Pest Control Products to support making evidenced-based decisions on pesticide health and environmental assessments, as well as posting plain language summaries of decisions online to increase understanding and meaningful public participation in the regulatory process.

Keeping Canadians healthy is one of the Government of Canada's top priorities. Having clear and easy to access information on the foods Canadians find in their grocery stores is an important part of that. In 2022, Health Canada introduced new front-of-package nutrition labelling regulations for packaged foods that are high in saturated fat, sugars and/or sodium.

Given the need for timely access to quality mental health, substance use and addictions services across the country, Health Canada invested more than \$145 million in 314 projects across Canada through the Substance Use and Addictions Program to support harm reduction, treatment, and prevention at the community level. Also, the Wellness Together Canada portal continues to provide free, virtual mental health and substance use resources to Canadians, 24/7, no matter where they live in the country. As of March 2023, over 3.37 million individuals across all provinces and territories have accessed the portal.

In March 2022, the Government of Canada announced a partnership with the Standards Council of Canada to develop national standards for mental health and substance use health (MHSUH) services. These standards will provide an evidence-based framework for service delivery that Canadians can rely on. As part of this work, the Council is working with key partners to develop standardized guidance in six priority areas: integration of MHSUH services in primary care settings; digital MHSUH apps; integrated community-based MHSUH services for youth; integrated MHSUH services for people with complex needs; substance use health treatment centres; and substance use health workforce.

The past few years have not been easy on Canada's health care system, and we recognize that transforming it is a task that requires dedication at all levels. We will continue to work closely with provincial and territorial governments, Indigenous partners, key stakeholders, and communities across the country to advance priorities that promote and protect the health of all Canadians.

As always, none of the work highlighted in this report would be possible without Health Canada's employees. Their resiliency, commitment, and dedication are key to protecting the health of people in Canada.



**The Honourable
Mark Holland, P.C. M.P.**
Minister of Health



**The Honourable
Ya'ara Saks, P.C. M.P.**
*Minister of Mental Health
and Addictions and
Associate Minister of Health*

Health Canada launched the interim Canada Dental Benefit as the first step towards creating a long-term, Canada-wide dental care plan for eligible families.





RESULTS AT A GLANCE

Resources used to achieve results for Canadians	
Health Canada’s total actual spending for 2022–23:	4,322,308,189
Health Canada’s total actual full-time equivalents for 2022–23:	9,724

Health Canada is the federal department responsible for helping Canadiansⁱ maintain and improve their health. In keeping with the Department’s commitment to making this country’s population among the healthiest in the world, its main responsibilities are as a regulator, a catalyst for innovation, a funder, and an information provider.

Health Canada administers the *Canada Health Act*² (CHA) which embodies national principles to ensure that all Canadians have access to insured health services without financial or other barriers. In addition to working closely with provincial and territorial (P/T) governments, the Department also works with partners in the Health Portfolio [Public Health Agency of Canada (PHAC), Canada Food Inspection Agency (CFIA), and Canadian Institutes of Health Research (CIHR)], other federal departments and agencies, non-governmental organizations, other countries, Indigenous partners,ⁱⁱ and the private sector.

From coast to coast to coast, Health Canada employees—scientists and researchers, inspectors, doctors and nurses, policy analysts and administrative professionals, and many others—are working to help Canadians maintain and improve their health.

ⁱ “Canadians” not only refers to those with citizenship but also those with residency status.

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

CORE RESPONSIBILITIES

Health Canada's [Departmental Results Framework](#) outlines two core responsibilities for the Department: **Health Care Systems** and **Health Protection and Promotion**. This reporting framework provides the structure for planned activities, which are organized according to these core responsibilities and their corresponding results.



Under the **Health Care Systems** core responsibility, Health Canada provides national leadership to foster sustainable healthcare systems that ensure access for Canadians to appropriate and effective health care. This is achieved through partnerships with P/T governments and support through targeted-funding agreements with organizations and key pan-Canadian health partners that contribute to health system improvements.

Within the **Health Protection and Promotion** core responsibility, Health Canada works with domestic and international partners to assess, manage, and communicate the health and safety risks and benefits associated with health and consumer products, food, chemicals, pesticides, environmental factors, tobacco and vaping products, cannabis, and controlled substances. These risks are managed through rigorous regulatory frameworks and by communicating risks and benefits to Canadians so that they can make informed decisions.

KEY RESULTS

In 2022–23, among the many others detailed in this report, Health Canada achieved the following key results that contribute to the health of Canadians.

CORE RESPONSIBILITY 1: Health Care Systems	<ul style="list-style-type: none">> Health Canada conducted research, analysis, and policy work in support of modernizing the healthcare system to ensure Canadians continued to access the services they need when and where they need them.> The Government of Canada announced an investment of close to \$200 billion over 10 years for the Working Together to Improve Health Care for Canadians Plan,³ to strengthen Canada's universal public healthcare system. Agreements-in-principle were reached with P/Ts and negotiations on bilateral action plans commenced.
	<ul style="list-style-type: none">> Health Canada continued to work collaboratively with PHAC, federal departments, P/Ts, and stakeholders to lead Canada's response to COVID-19, as well as introduce measures to address immediate pressures on the healthcare system created by the pandemic. This included a \$2 billion top-up to the Canada Health Transfer (CHT) transferred to P/Ts announced in February 2022 to address pressures in pediatric hospitals and emergency rooms, and long wait times for surgeries. This built on previous CHT top-ups, including \$2 billion transferred in July 2022 to address critical issues in our healthcare system, specifically the backlog of surgeries and diagnostics delayed because of COVID-19. Additionally, the Department provided access

to millions of rapid tests, mitigated social impacts of the vaccine, managed risks due to the pandemic and seasonal flu influenzas, provided personal protective equipment (PPE) and medical supplies, and advanced research to better understand and manage new strains of COVID-19.

- › The Department advanced work with P/Ts on the **four shared health priorities to improve integrated health by**:
 - Expanding access to **family health services**, especially in rural and remote areas and for underserved communities, including working with P/Ts to support virtual care initiatives to improve access to care and launching Equity Working Group on Virtual Care with a focus on questions related to equitable care, licensure, and remuneration.
 - Supporting the **health workforce** to provide Canadians with high-quality, effective, and safe health services, including working with P/Ts and other partners to advance pan-Canadian actions focused on retention, recruitment, improved planning and innovation; prioritizing streamlining of foreign credential recognition for internationally-educated health professionals; advancing work with P/Ts and partners on labour mobility, starting with multi-jurisdictional credential recognition for key health professionals; launching a Coalition for Action for Health Workers to inform immediate and long-term solutions; announcing support for creation of Centre of Excellence on health worker data; and appointing a Chief Nursing Officer to provide advice on priority policy and program areas, including health workforce planning.
 - Implementing initiatives to expand access to **timely, equitable and quality mental health, substance use and addictions services** by working with partners and stakeholders including: community-based mental health and substance use services for children and youth; sustaining the Wellness Together Canada portal and PocketWell app; advancing work with the Standards Council of Canada to develop national standards; and emergency funding for P/Ts to improve access to treatment.
- Improving access to **electronic health information**, by supporting P/T initiatives, such as secure messaging and document sharing solutions integrated within clinical systems, which will improve communication between care team members, as well as between patients and their care team. Additionally, the Pan-Canadian Shared Interoperability Roadmap was endorsed by all P/Ts, with the exception of Quebec, setting the foundation to advance key health data commitments.
- › Oral health is an important part of Canadians' overall health status, but not all Canadians are able to obtain dental care due to cost and other barriers, such as limited access to appropriate care. Following Royal Assent of legislation to establish an interim dental benefit in November 2022, the Department launched the **interim Canada Dental Benefit** as the first step towards creating a long-term, Canada-wide dental care program for eligible families. As of March 2023, the Benefit has **helped more than 250,000 children** across Canada receive dental care. Health Canada continued to work on the longer term Canadian Dental Care Plan, including launching a procurement process. In January 2023, following an Information to Qualify, the Department selected three qualified suppliers and worked with them to further refine the requirements for the delivery of a comprehensive, long-term Canada-wide dental care program. The Department's work on an **Oral Health Access Fund** was also advanced and subsequently announced as part of Budget 2023. This will complement the Canadian Dental Care Plan, especially by reducing barriers to accessing care, including in rural and remote communities.
- › Health Canada worked to ensure that those in long-term care live in **dignity, safety and comfort**. The Department provided funding to P/Ts to make improvements to home and community care. The Minister of Health with the Minister of Seniors announced that the National Seniors Council would serve as an expert panel to examine measures to further support Canadians who want to age at home. Health Canada also finalized negotiations for a 1-year renewal for F/P/T bilateral agreements on funding provided in 2017

through the Common Statement of Principles on Shared Health Priorities.

- > The Department continued to work with partners to advance pharmaceutical management strategies so that Canadians have affordable access to the drugs they need. Work continued to establish a **Canadian Drug Agency** and to implement the **first-ever National Strategy for Drugs for Rare Diseases** to help increase access to, and affordability of, effective drugs for rare diseases to improve the health of patients across Canada. Under the Prince Edward Island demonstration initiative to improve affordable access to prescribed medications, the province's formulary now has expanded access to 61 medications.
- > In addition, to **ensure that Canadians have access to appropriate and effective health services**, Health Canada focused on: expanding access to mental health and substance use services; improving access to quality home care, long-term care and palliative care; enhancing quality of care; implementing medical assistance in dying; improving access to sexual and reproductive health services, including funding to support two-spirit, trans and non-binary populations, underserved youths, and improving access to abortion services; modernizing the interpretation of, and strengthening compliance with the CHA to protect Canadians from patient charges for insured health services because of financial barriers they pose to needed care; combatting cancer; supporting the organs, tissues and blood program; as well as addressing anti-Indigenous racism in Canada's health systems and improving equitable access to care, including those disproportionately impacted by COVID-19.

CORE RESPONSIBILITY 2

Health Protection & Promotion

- > In 2022–23, Health Canada continued its role in protecting Canadians against COVID-19 by distributing rapid tests to P/Ts and maintaining preparedness to respond to COVID-19, particularly during flu and respiratory illness season.

- > Health Canada also advanced the **Regulatory Innovation Agenda**, a multi-year regulatory modernization plan designed to make the federal regulatory framework more agile and responsive to an innovative environment while ensuring the regulatory system remained science and safety-based. This includes the pre-publishing of the Regulations Amending Certain Regulations Made Under the *Food and Drugs Act* (Agile Licensing) in the *Canada Gazette*.
- > The Department continued to **provide Canadians with access to safe, effective, and quality health products** by providing ongoing access to COVID-related health products, including vaccines; promoting timely access to health products; managing and mitigating drug and medical device shortages; modernizing how we provide access to drugs not readily available; applying real-world evidence to support regulatory decision-making; strengthening regulatory oversight; modernizing compliance and enforcement; acting to prevent and control antimicrobial resistance; fostering international collaboration and coordination; and promoting access to new and emerging technologies.
- > Health Canada protected Canadians from **unsafe consumer and commercial products and substances** by: regulating cannabis; managing the health risks of chemicals in the home, the workplace, and the environment; supporting the safety of consumer products and cosmetics; protecting Canadians from radiation; and strengthening pesticide regulation and transparency.
- > Based on the Department's work in 2022–23 to introduce legislative changes to the *Food and Drugs Act*, Canada has now **banned testing of cosmetic products on animals**, in order to reduce our reliance on animal testing while ensuring health and safety.
- > Health Canada continued to address the **overdose crisis and broader substance use-related harms**, working with all levels of government and key partners. Among other initiatives, the Department continued to: renew the **Canadian Drugs and Substances Strategy** as part of the GOC's work to save lives and protect the health and safety of Canadians; modernize the approach to supervised consumption sites and establishing

harm reduction activities; renew the Substance Use and Addictions Program to fund community-based supports; implement the time-limited 3-year Section 56 exemption under the *Controlled Drugs and Substances Act* so adults 18 and over in British Columbia will not be subject to criminal penalties for the personal possession of small amounts of certain illegal drugs for personal use and continued to regulate cannabis and restrict youth access.

- > The Department **helped Canadians make healthy choices** by: promoting health eating; modernizing the regulatory oversight of food; improving food packaging and labelling; ensuring the safety of the Canadian food supply; taking action on youth vaping and reducing tobacco use; and supporting Canadians in making informed decisions about cannabis use through public education, research, and surveillance.

Internal Services

- > Health Canada is committed to building a healthy, diverse, and inclusive workforce. Along with the release of the Department's first **Accessibility Plan** in 2022–23 to remove barriers to accessibility, it has established a specialized team to highlight qualified Persons with Disabilities to hiring managers and has modernized office facilities.
- > The Department **focused its internal activities on**: building a healthy, diverse, and inclusive workforce; enabling a safe and productive workforce with access to modern tools and facilities; and communication services that provided Canadians with inclusive, timely and evidence-based information, allowing them to take informed action on personal and collective health and safety.

Sex- and Gender-Based Analysis Plus (SGBA Plus/GBA Plus)

- > Health Canada used its **Sex and Gender Action Plan** to provide a framework to continue to strengthen the systemic integration of sex, gender, and other intersectional factors (such as age, race,

and income level) in the Department's work. Each branch identified at least one signature initiative. Health Canada focused on integrating SGBA Plus through: increasing governance and accountability; promoting and enabling collection and analysis of disaggregated data for intersectional analysis; enhancing communications and guidance with clarity on SGBA Plus and intersectionality; increasing learning opportunities and tools; and developing strategic partnerships.

The United Nations 2030 Agenda for Sustainable Development and UN Sustainable Development Goals (SDGs)

- > As part of Canada's commitment to support the United Nations 2030 Agenda for Sustainable Development and UN Sustainable Development Goals, **Health Canada's domestic contribution** through ongoing policies, programs and initiatives advanced five SDGs: good health and well-being (3); clean water and sanitation (6); sustainable cities and communities (11); responsible consumption and production (12); and climate action (13).

Innovation

- > Innovation is a catalyst for addressing organizational challenges in the Department and continues to be a priority for Health Canada. The Department continued to build capacity for innovation through training and by empowering employees to create and uncover new solutions. Through its **Solutions Fund**, Health Canada invested in 5 new employee-led innovation projects in 2022–23, with a total of 28 funded projects since 2018. Under the **Innovative Solutions Canada program**, 2 projects concluded with successful prototypes to address health system challenges being developed.

For more information on Health Canada's plans, priorities and results achieved, see the "Results: What we achieved" section of this report.

On February 7, 2023, the Government of Canada announced an investment of close to \$200 billion over 10 years to strengthen Canada's universal public healthcare system, including \$46.2 billion in new funding to provinces and territories.





RESULTS: WHAT WE ACHIEVED

CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

DESCRIPTION

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

RESULTS

Modern and sustainable healthcare systems are vital to addressing the health needs of Canadians. The Government of Canada (GOC) plays an important role in a range of health care and health system priorities, including by working with P/T governments to improve health care for Canadians. This includes supporting the modernization of the healthcare system so that it can meet a broader range of needs, with a focus on backlogs and health workers, access to family health services, long-term care and home care, mental health and substance use, and supporting the development of modern health data and digital systems. The GOC is also taking steps to improve health care for Canadians by providing access to dental care and pharmaceuticals. Health Canada also administers the CHA and upholds its core principles which underpin the delivery of insured health services in Canada.

Health systems continue to evolve amidst technological and social changes and in the face of global health challenges, such as the COVID-19 pandemic and its negative impact on Canadians' timely access to care. The Department continues to play a leadership role to improve the quality and sustainability of Canada's healthcare systems with the objective of working collaboratively with P/Ts and other partners to improve integrated health care. This helps to ensure that Canadians have access to the services they need when and where they need them.

Working together to improve health care for Canadians

The GOC announced close to **\$200 billion over 10 years for the Working Together to Improve Health Care for Canadians Plan** in February 2023. In order to ensure results for Canadians, a portion of this funding will flow through **bilateral agreements with P/Ts**, that are intended to be flexible, and tailored, so that P/Ts can address the needs of their populations and geography. These agreements will focus on **4 shared priorities**:

- > Expanding **access to family health** services, including in rural and remote areas.
- > Supporting our **health workers and reducing backlogs** (e.g., for surgeries and diagnostics).
- > Improving access to quality **mental health and substance use services**.
- > **Modernizing the healthcare system** with standardized health data and digital tools.

To ensure Canadians can see the progress made by each jurisdiction, F/P/T governments will measure and report annual progress on priorities that are most important to Canadians through common indicators and P/Ts will set targets in action plans that will be publicly available.

As part of the Plan, P/Ts also committed to improve how health information is shared and used to support the health of Canadians, and to work together to accelerate foreign credential recognition for internationally-educated health professionals and support labour mobility.

In addition to focused engagement with P/Ts on bilateral agreements, Health Canada is collaborating with Indigenous Services Canada to support trilateral engagement with Indigenous and P/T partners on shared health priorities. The Department is also working with Indigenous Services Canada on the development of the Indigenous Health Equity Fund, announced on February 7, 2023, which will provide \$2 billion over 10 years to address unique challenges Indigenous Peoples face when it comes to fair and equitable access to quality and culturally safe health care services.

WHATS NEW

On February 7, 2023, the GOC announced an investment of close to **\$200 billion over 10 years** to strengthen Canada's universal public healthcare system, including \$46.2 billion in new funding to P/Ts. These investment include:

- An immediate \$2 billion Canada Health Transfer (CHT) Top-up to address urgent pressures especially in pediatric hospitals.
- A guaranteed 5% growth in the CHT over the next 5 years in addition to already projected growth.
- \$25 billion over 10 years in bilateral funding to P/Ts to advance shared priorities.
- \$350 million over 10 years to renew the Territorial Health Investment Fund.
- \$505 million over 5 years to the Canadian Institute for Health Information, Canada Health Infoway and federal data partners to work with P/Ts to use data to improve safety and quality of care.

Collaborative work is already underway with P/Ts to support Canadians to age with dignity through better access to home care and long-term care. This includes bilateral agreements to flow remaining funding from existing commitments of \$6 billion over 10 years for home and community care and \$3 billion over 5 years to improve the quality and safety of long term care.

Advancing health priorities for Canadians

In addition to F/P/T collaboration set out in the February 7, 2023 Working Together to Improve Health Care for Canadians, Health Canada continued to undertake significant work to strengthen Canada's healthcare system. In particular, the Department's efforts focused on:

- > **Supporting health care workers**—Health Canada worked with P/Ts and other partners to advance policy priorities focused on: retention of health workers so they continue to stay in their jobs; recruitment of health workers to increase supply of health professionals across the country, including accelerating integration of internationally educated health professionals into the Canadian health system and advancing labour mobility; improving health workforce data; and identifying opportunities to scale new models of care to address key barriers.

- > **Improving Canadians' access to family health services**—Improving access to family health services across the country, with a focus on a range of different professionals supporting patients, as well as enabling health care providers to work in underserved rural and remote communities. Following the February 7 announcement of the Government's plan for Working together to Improve the Health of Canadians, Health Canada commenced discussions with P/Ts to support the use of the targeted funds to improve Canadians' access to family health services. The tailored bilateral agreements will give P/Ts the flexibility to focus on transformations that will increase access to family health services that make the most sense for their jurisdiction, such as team-based care that can coordinate and integrate care across the continuum of care.
- > **Helping Canadians age with dignity, closer to home**—Health Canada focused on supporting individuals who wish to age at home and in their community with appropriate home care and Long-Term Care (LTC) services. The Department is supporting Employment and Social Development Canada with the work of the National Seniors Council, which is serving as an expert panel to examine measures, including a potential aging at home benefit, to further support Canadians who wish to age within the comfort of their own homes and communities. Health Canada continued to work with P/Ts and others to ensure seniors get the care they deserve. This included working closely with standardization bodies to support the launch of new standards for LTC as well as supporting P/Ts through significant investments to address critical long-term care issues, such as uptake of best practices, strengthening infection prevention and control, improving infrastructure, and better supporting health care workers.
- > **Improving access to mental health and substance use services**—The Department continued its collaboration with various partners to ensure Canadians can access culturally appropriate mental health and substance use services, especially to counter rising rates of illness and death due to these

issues. For example, through the Wellness Together Canada portal, and its companion app PocketWell, the Department continued to provide a range of free, self-guided resources and supports in both official languages to better enable access to mental health services.

- > **Working towards a modern, connected, world-class health system**—Improving how health data is collected and used to better inform the care that patients receive is critical to improve health systems. In conjunction with improving digital health systems, health data collection will allow Canadians to access their own health information in a timely manner. F/P/T collaboration in 2022, including the work undertaken on the Pan-Canadian Health Data Strategy, set the stage for the February 7, 2023, announcement, including commitments to modernize the health system through standardized health data and digital tools. In March 2023, the [Pan-Canadian Shared Interoperability Roadmap](#)⁴ was endorsed by all P/Ts, with the exception of Quebec, setting the foundation to advance key health data commitments.



Improving dental care for Canadians

Oral health is an important part of Canadians' overall health status, but not all Canadians are able to obtain dental care due to cost and other barriers, such as limited access to appropriate care. This leads to significant negative impacts on Canadians' lives. Budget 2022 committed \$5.3 billion over five years, beginning in 2022–23, and \$1.7 billion ongoing, for Health Canada to provide dental care for Canadians, starting with under 12-year-olds in 2022 with full implementation by 2025. The program would be restricted to families with an annual income of less than \$90,000, with no co-pays for those under \$70,000.

Following extensive consultations with P/Ts, experts, stakeholders, and Canadians, the Department developed a path forward for an interim plan. The legislation to cover dental care for children (Bill C-31, the *Cost of Living Relief Act*, No. 2), received Royal Assent in November 2022. The interim [Canada Dental Benefit](#)⁵ was launched in December 2022. This Benefit is intended to help **lower dental costs** for eligible families earning less than \$90,000 per year.

With this benefit, families can start addressing some of the basic dental care that their young children need while Health Canada continues its work to develop a long-term Canadian dental care program. Parents and guardians were able to apply if the child receiving dental care was under 12 years old and did not have access to private dental insurance. As set out in the *Dental Benefit Act*, the Canada Dental Benefit is a tax-free, upfront payment delivered by the Canada Revenue Agency. As of March 2023, the Benefit supported over 250,000 children to receive better oral health service.

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

In 2022–23, Health Canada strengthened its close collaboration with P/Ts, providing them with the policy and financial support needed to improve the efficiency, effectiveness, and sustainability of Canadian healthcare systems.

The Department conducted research, analysis, and policy work in support of modernizing the healthcare system, specifically on: supporting health care workers and reducing wait times; working towards a modern health data system; expanding virtual care; accelerating service delivery innovation; ensuring affordability and accessibility of pharmaceuticals; and advancing brain health. Health Canada also continued to play a leading role supporting Canada's ability to respond to health emergencies.

Supporting Canada's Health Workforce

Health Canada has taken an active role in working with P/Ts and key stakeholders to identify both immediate and longer-term solutions to address significant **health workforce issues**, such as challenges in the supply of health workers leading to Emergency Room closures, difficulty accessing health care services in rural and remote communities, and barriers to permanent residency for foreign-born physicians. In 2022–23, the Department:

- > Organized a Health Human Resources symposium to better understand the challenges facing the health workforce.
- > Collectively identified key areas for action, for example:
 - F/P/T governments identified priority pan-Canadian actions to address the health workforce crisis, focusing on 4 priorities: recruit, retain, plan, and innovate.

- To drive significant change in the health workforce sector, the Department established a [Coalition for Action for Health Workers](#)⁶ in November 2022. The Coalition’s advice is informing immediate and longer-term solutions to address health workforce challenges, so that all Canadians can access the quality health services they need and deserve.
- In March 2023, the Department announced the creation of a **Centre of Excellence on health worker data**. The Centre will leverage the expertise of a network of health workforce data partners and key stakeholders to lead a collaborative pan-Canadian approach to improved data collection, analysis, and knowledge mobilization, enabling evidence-based planning to support a sustainable and innovative health system for all Canadians.
- > Explored approaches to accelerate pathways for **foreign credential recognition** for internationally educated health professionals.
- > Investigated the vacancy rates for key health occupations to better understand the current state and trends related to health workforce.

In August 2022, Health Canada appointed Dr. Leigh Chapman as the federal Chief Nursing Officer for Canada to look at nursing issues with a federal focus and provide strategic advice to the Department. Dr. Chapman has been working with P/Ts and key partners to address challenges related to nursing, including the workforce crisis, to improve health care for Canadians, and working conditions for all nurses. Since her appointment, she has focused efforts on engaging directly with nurses across Canada to better understand the challenges they face.

Further, the Coalition for Action for Health Workers examined solutions to health workforce challenges. Members provide a comprehensive understanding of the medical profession and ideas to address key barriers; awareness of challenges related to medical training and education; understanding labour mobility challenges; and on-the-ground experience of health workforce challenges. The Coalition’s priorities included: providing advice on worker retention so health workers continue to stay in their jobs; increasing the supply of health professionals in the country; improving health

workforce data; and opportunities to scale new models of care to address key barriers.

Federal investments will accelerate efforts already underway by P/T governments to support the recruitment and retention of health workers within the public healthcare system. In addition, federal support for health human resource initiatives within the healthcare system can advance innovative new approaches and generate knowledge on solutions to the challenges faced by the health workforce. For example, in 2022–23, funding was provided for several new projects, including the broader implementation of a **national residency program** for newly graduated and licensed nurses by the Canadian Association of Schools of Nursing, as well as a national assessment of the state of health human resources by the Canadian Academies of Health Sciences.

Working towards a modern, connected, world-class health system

Investments in Pan-Canadian Health Organizations

In 2022–23, Health Canada invested in several organizations that directly contribute to the modernization of health systems. Specific highlights of these investments included:

- > \$39.1 million to [Canada Health Infoway](#)⁷ (Infoway) to advance digital health innovation. Infoway has played a key leadership role in working with the P/Ts and health system stakeholders to develop the **Shared Pan-Canadian Interoperability Roadmap**. Infoway also continued to develop its national e-Prescribing service, “PrescribeIT,” by supporting increased use by care providers and pharmacists and expansion into new jurisdictions. “PrescribeIT” enables prescribers to electronically transmit a prescription directly to a patient’s pharmacy of choice, making it easier for Canadians to better manage care (e.g., fewer lost/damaged prescriptions, improved medication safety, decreased risk of privacy breaches due to fax or unsecured email, and increased convenience). Additionally, Infoway continued to develop a pan-Canadian reporting system for Organ Donation and Transplantation.

- > \$99 million to the [Canadian Institute for Health Information](#)⁸ (CIHI) to analyze data and information that accelerates improvements in health care, health system performance and population health across the continuum of care. CIHI played an important role in supporting Infoway with the development of data content standards for the Shared Pan-Canadian Interoperability Roadmap and implementing the national **Organ Donation and Transplantation data and reporting system**. Further, CIHI began developing F/P/T driven Shared Health Priority indicators that span the 4 shared health priorities announced by the GOC on February 7, 2023. Additional efforts included continued work to close priority data gaps in key areas like home care, long-term care, emergency departments, pharmaceuticals, and the health workforce. Improved health data is critical in ensuring Canadians are able to monitor and track progress to health system.

Shared Pan-Canadian Interoperability Roadmap

A modern and connected health system is critical to improving health care for Canadians. In today's digitally enabled world, Canadians should be able to access their own digital health information and benefit from it being shared among the health professionals they consult.

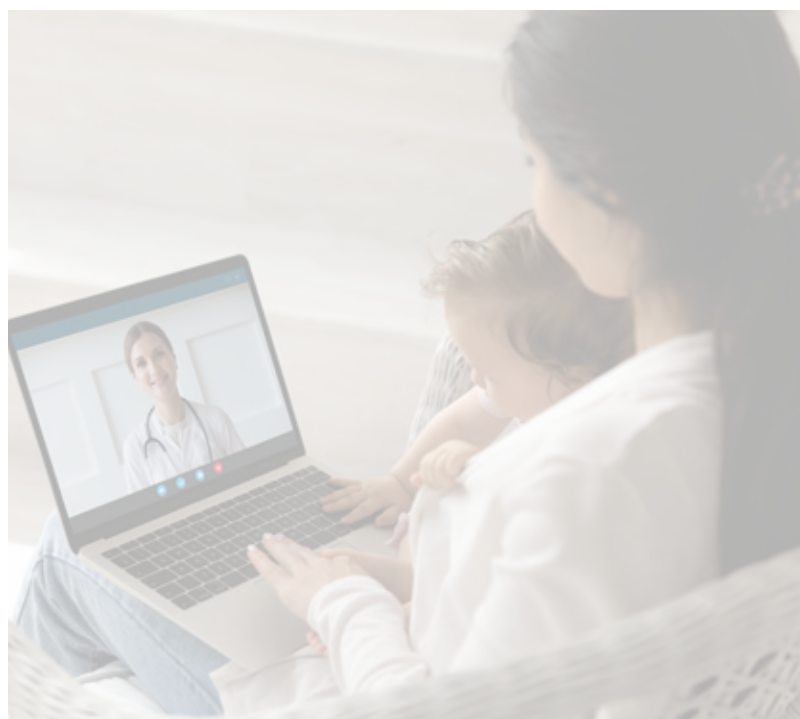
In March 2023, the Shared Pan-Canadian Interoperability Roadmap was endorsed by all P/Ts, with the exception of Quebec. The Roadmap provides guidance to P/Ts, health system managers and industry on common standards to be used to support the **secure transfer of health information** from different systems and to patients themselves. The Roadmap is a key step towards fulfilling the commitments of the February 7, 2023 announcement of the GOC's plan for Working Together to Improve the Health of Canadians and is focused on: preventing data blocking and easing portability within primary care; enabling patient access to their records; improving provider access to patient data at point of care through a common patient summary; and improving care coordination and collaboration through e-referral and e-consultations. The Roadmap will improve the quality and safety of patients' care by standardizing health information so that it can be accessed wherever patients go for care, while keeping it private and secure.

Expanding Virtual care

Since the pandemic, virtual care has become an important way for Canadians, including those living in rural and remote communities, to get the care they need, when they need it. The federal government has continued to work with P/Ts to advance progress on the adoption of virtual care in Canada through the F/P/T Table on Virtual Care and Digital Health.

In 2022, Health Canada concluded its activities related to the \$150 million that it provided directly to P/Ts through bilateral agreements to accelerate **five Pan-Canadian virtual care priorities** with respect to the use of virtual tools and digital approaches to support Canadians in response to the pandemic. Priorities included:

- > Secure messaging and information sharing platforms or supports for end-to-end messaging.
- > Secure video conferencing technology.
- > Remote patient monitoring tools.
- > Patient access to COVID-19 and other lab results.
- > Back-end supports for integration of new platforms and supports, included needed hardware.



Through these funds, HC supported P/T initiatives, such as Alberta's development of a patient-provider and provider-provider secure messaging and document sharing solution integrated within clinical systems, **provincial Electronic Health Records and MyHealth Records**, which will improve communication between care team members, as well as between patients and their care team. In Manitoba, these federal investments supported provincial initiatives which enhanced virtual care for rapid access to mental health and addiction services and to support primary care. In the Yukon, these federal funds supported the 1Health Yukon Strategic initiative to create a common medical record for every Yukoner, while providing comprehensive access for patient-to-provider and provider-to-provider secure messaging/file sharing, secure videoconferencing, remote patient monitoring tools/health information, and patient access to health records and lab results.

Further, in 2022, the Centre for Digital Health Evaluation (CDHE) continued its work (funded by Health Canada 2021) to help F/P/T governments evaluate the benefits of virtual care and build P/T capacity in this area. In partnership with CIHI, Infoway, CADTH, and the Centre for WISE Practices in Indigenous Health, the CDHE's work included the establishment of a new digital health evaluation network that comprises academics, patient groups, decision-makers, and other stakeholders, and the development of a digital health evaluation framework with standardized methods. The ultimate view of this work is to better understand and design virtual care in a way that enhances access to high-quality care for Canadians.

Accelerating service delivery innovation

Health Canada continued to collaborate with Innovation, Science and Economic Development Canada (ISED) and other stakeholders (such as Innovative Solutions Canada, the Strategic Innovation Fund, and the Digital Technology Supercluster) to support digital health solutions for individuals and improve Canadian healthcare systems.

WHAT'S NEW?

In Canada, 1 out of 12 people—many of whom are children—has a rare disease. Unfortunately, treatments are only available for a small percentage of these conditions. Even when treatments that might dramatically improve the quality of a patient's life are available, they are often unaffordable and out of reach.

To address these challenges, Health Canada announced the first-ever National Strategy for Drugs for Rare Diseases to improve the health of patients across Canada, including children. As part of this overall investment, the GOC will make up to \$1.4 billion available to P/Ts through bilateral agreements to improve access to new and emerging drugs, as well as support enhanced access to existing drugs, early diagnosis, and screening for rare diseases.

Health Canada has sponsored several projects under the testing stream of the Innovative Solutions Canada program, including software testing in New Brunswick hospitals to help manage surges in patient volume, and an **Online Health Social Platform** for Intelligent Comprehensive Management of Chronic Conditions in hospitals in British Columbia.

Ensuring affordability and accessibility of pharmaceuticals

Over the course of 2022–23, the Department continued to work with partners to advance pharmaceutical management strategies so that Canadians have affordable access to the drugs they need. The Canadian Drug Agency Transition Office (CDATO), launched by Health Canada in 2021, was a first step towards creating a Canadian Drug Agency (CDA). Since its foundation, the CDATO has held over 300 meetings/roundtables with stakeholders to inform the development of the CDA and its functions. Priority areas identified by stakeholders include addressing system gaps, bolstering data and analytics, addressing the appropriate use of health products, and supporting pharmaceutical system coordination and cohesion.

Rare diseases impact many Canadians, yet innovative treatments can cost anywhere from \$100,000 to more than \$2 million per patient per year. Building on Health Canada's What We Heard Report [summarizing diverse perspectives](#)⁹ from over 650 individuals and organizations, including patients with lived experience, family members, and caregivers on a potential strategy, in March 2023, Health Canada announced a total investment of up to \$1.5 billion over 3 years to implement the **first-ever National Strategy for Drugs for Rare Diseases**. Through this strategy, the Department will help increase access to, and affordability of, effective drugs for rare diseases to improve the health of patients across Canada, including children. Furthermore, the funding will support eligible First Nations and Inuit patients living with rare diseases and will be invested to improve the information on the safety and effectiveness of drugs for rare diseases.

Further, in December 2022, Health Canada [pre-published proposed amendments to the Food and Drug Regulations](#)¹⁰ that would introduce regulatory flexibilities such as the option of a rolling review, which may facilitate earlier market access for certain drugs, including drugs for rare diseases. The proposal would also allow for terms and conditions for all drugs, enabling Health Canada to include obligations on the manufacturer to optimize the benefits and manage any risks and uncertainties associated with the drug. This would be particularly important in the cases of drugs for rare diseases where patient populations are small.

To advance national pharmacare, the GOC continued to support the government of Prince Edward Island (PEI) through an investment of \$35 million over 4 years to add new drugs to its list of covered drugs, and lower out of pocket costs for PEI residents. Consequently, PEI has **increased coverage of opioid and alcohol dependency medications** to provide residents with no-cost access to these addiction treatments and strengthened community mental health services with the addition of second generation long-acting antipsychotic medications. PEI has also changed the requirements for dozens of medications to allow greater ease of access for physicians seeking to provide these medications to PEI residents and expanded access to 61 new medications under the PEI demonstration initiative. Lessons from PEI's efforts to improve accessibility and affordability of pharmaceuticals

will help inform ongoing work to advance national universal pharmacare.

In 2022–23, Health Canada invested \$28.5 million in the [Canadian Agency for Drugs and Technologies in Health](#)¹¹ (CADTH) to continue to provide independent, evidence-based information and advice on the management of drugs and non-drug technologies for public drug plans and health care decision makers. CADTH also increased its capacity to assess and generate evidence on the real-world performance of drugs through a pan-Canadian network of researchers.

Advancing brain health

In 2022–23, Health Canada allocated \$20.3 million to the [Brain Canada Foundation](#)¹² (Brain Canada), matched by the organization's private and charitable sector donors and partners in support of innovative neuroscience research. The research supported by Brain Canada aims to improve the diagnosis, treatment, and prevention of neurological, mental health, and other brain health conditions, and to do so in a manner that is reflective of diverse populations' their most pressing needs. For example, in 2022–23, Brain Canada launched an innovative approach to increase the impact of its funding for research on Traumatic Brain Injury by engaging people with lived experience from diverse backgrounds to help shape Brain Canada's research priorities. This novel approach helped ensure that research initiatives address a common disconnect between researchers and patients, which often results in research priorities and findings that do not reflect the needs of people with lived experience.

Leading Canada's readiness for health emergencies

In 2022–23, Health Canada worked collaboratively with PHAC, federal departments, P/Ts and stakeholders to lead Canada's response to COVID-19. The Department invested in research; approved new vaccines, therapeutics, and diagnostics; supported the procurement of PPE and other necessary medical supplies and equipment; purchased and deployed millions of vaccines, treatments, and rapid tests to P/Ts; and **funded Contact Tracing Surge Support** for P/Ts via a Memorandum of Understanding with Statistics Canada. Further, Health Canada worked closely with PHAC to research and monitor the safety of COVID-19 vaccines, to rapidly

investigate and mitigate any risks and increase awareness of vaccine safety and effectiveness. The Department provided timely, clear, and evidence-based information to the public and stakeholders, in a time where mis- and dis-information on COVID-19 were pervasive and undermined public health objectives. Health Canada also continued to work closely with partners to protect Canadians from non-compliant advertising of COVID-19 vaccines and treatments.

As part of the February 7, 2023 funding announcement to improve the healthcare system, an immediate unconditional \$2 billion CHT top-up was provided to address immediate pressures, especially in pediatric hospitals, emergency rooms, and surgical and diagnostic backlogs primarily resulting from the COVID-19 pandemic. Additionally, the GOC is prepared to measure and report annual progress on common indicators with disaggregated data which will include an indicator on size of COVID-19 surgery backlog.

To meet Canadians' ongoing need for COVID-19 testing, the Department worked with federal departments, P/Ts, and stakeholders to procure rapid tests. Federal supply enabled P/Ts to provide access to millions of rapid tests to Canadians across the country and develop significant reserves of tests, allowing them to sustain rapid testing programming throughout 2022 and 2023 and increase preparedness for any future resurgence. Health Canada procured over 811 million rapid tests, distributed more than 680 million to P/Ts, over 13 million to private sectors, and over 8 million to at-risk, and vulnerable populations via organizations such as the Canadian Red Cross and the Northern Grocers.

The Department continued to work with international partners and the P/Ts to monitor COVID-19 and to mitigate domestic health and societal impacts of this virus, including through community engagement, risk communications and research. Health Canada advanced \$22.4 million via the **Safe Restart Agreement** to 30 P/Ts and Non-Government Organizations to support the implementation and maintenance of

innovative wastewater surveillance projects across Canada, rapid test distribution programs to northern and isolated communities, clinical trials on the accuracy and feasibility of rapid tests, and cost effectiveness evaluations on the value of rapid test screening programs. The Department also supported **9 data management projects with Indigenous Organizations** and P/Ts that have enhanced capacity and infrastructure to support the safe collection of data and First Nations data governance, as well as improved public health data transfer and data analysis.

In partnership with ISED, the Department established the Council of Expert Advisors who will lead Canada's readiness for future health emergencies by enhancing Canada's pandemic preparedness and response capacity, enabling the rapid deployment of resources and programs to detect, prevent, and respond to adverse health scenarios through research, skills, and industrial level medical counter measure capabilities.



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

Health Canada provides funding and other supports to facilitate access to health services through a number of mechanisms. Through Health Canada, the GOC is responsible for promoting and defending the core principles of the *Canada Health Act* (CHA)—public administration, comprehensiveness, universality, portability, and accessibility—and ensuring that P/T health care insurance plans provide reasonable access to health services without financial or other barriers, such as patient charges for insured services.

In addition to the new \$200 billion Working Together to Improve Health Care for Canadians Plan announced in February 2023, the GOC continued financial contributions to P/Ts to support publicly funded health care services through the **Canada Health Transfer** (CHT) (more than \$43.1 billion in funding for 2022–23). Health Canada also provided targeted funding in key areas such as supporting improved access to **mental health and substance use services and home and community care** (i.e., \$11 billion over 10 years starting in 2017, with \$6 billion to improve home and community care, and \$5 billion for mental health and addiction services).

Following agreement by F/P/T Ministers (except Quebec) on a Common Statement of Principles on Shared Health Priorities in 2017, the GOC negotiated and signed bilateral agreements with each P/T, setting out details of how each jurisdiction will use federal funding to improve access to home and community care, and mental health and substance use services. Agreements for the first 5 years expired on March 31, 2022, and one-year extensions of the agreements were implemented for 2022–23 to provide P/Ts an opportunity to evaluate their current needs and adjust their plans for future investments, in line with those outlined in the [Common Statement of Principles on Shared Health Priorities](#).¹³

To ensure that Canadians have access to appropriate and effective health services, Health Canada focused its 2022–23 efforts on the following **priorities, detailed further below**: supporting access to dental care services; expanding access to mental health and substance use services; improving access to quality home care, long-term care and palliative care; enhancing quality of care; implementing medical in assistance in dying (MAID); improving access to sexual and reproductive health services; modernizing the interpretation of and strengthening compliance with the CHA; combatting cancer; supporting the organs, tissues and blood program; as well as improving equitable access to care, including strengthening territorial health systems, addressing anti-Indigenous racism in Canada’s health systems, supporting Official Languages Health Programs, and meeting the lifetime needs of Canadian thalidomide survivors.

Supporting access to dental care services

As part of Health Canada’s efforts to improve access to health services, which are essential for preventative, effective, and equitable health care, the Department expanded access to oral health care. Some Canadian families struggle with the costs of dental care and avoid visiting dental professionals or getting recommended dental treatment due to cost. In response, Budget 2022 included a commitment to provide dental care for the Canadian population with a family income of less than \$90,000, starting with eligible children under 12 years old. In November 2022, the **Dental Benefit Act** was enacted and provides the needed authorities to the Minister of Health to implement the interim Canada Dental Benefit.

The interim **Canada Dental Benefit** was launched on December 1, 2022, with the support of the Canada Revenue Agency. The Benefit provides eligible parents or guardians with family income less than \$90,000, direct, up-front, tax-free payments of up to \$650 per year per child under 12 years old. The provision of an up-front payment recognizes that many parents or guardians do not have the financial flexibility to wait for reimbursement.

As of March 2023, the interim Canada Dental Benefit has **helped more than 250,000 children** across Canada to receive dental care by providing eligible individuals more than \$156 million to cover the costs of dental care for their children.

The interim Canada Dental Benefit is the first step towards fulfilling the federal government's commitment to create a long-term, Canada-wide dental care program for eligible families and to address the significant negative impact poor oral health can have on quality of life, especially during formative childhood years. To advance this work, the Department continued to work on the longer term Canadian Dental Care Plan and launched a procurement process. Following an Information to Qualify, in January 2023, three qualified suppliers were selected to participate in the following stages. Health Canada worked with the qualified suppliers to further refine the requirements for the delivery of a comprehensive, long-term Canada-wide dental care program.

In addition, Budget 2023 proposed providing \$250 million over three years and \$75 million ongoing to Health Canada to establish an Oral Health Access Fund. In 2022–23, the Department worked to develop policy options on the fund based on needs identified by communities and experts. The fund will complement the Canadian Dental Care plan by investing in targeted measures to address oral health gaps among vulnerable populations and reduce barriers to accessing care, including in rural and remote communities.

Health Canada is also working with partners, such as Statistics Canada, to collect data on oral health and access to dental care in Canada, which is informing the rollout of the dental care program. This will involve developing a data framework to fill in identified gaps in oral health data to measure progress towards program outcomes. Ultimately the program is expected to contribute to:

- > Improved oral health of the target population.
- > Reduced inequities in access and oral health outcomes.
- > Reduced economic burden on the health care system and individuals.

Expanding access to mental health and substance use services

With the appointment of an inaugural Minister of Mental Health and Addictions in November 2021 and with rates of mental health and substance use concerns rising, in 2022–23, Health Canada continued working with partners and stakeholders on comprehensive, evidence-based and integrated approaches for mental health and substance use policy and programs. The goal of this work is **improving access to timely and culturally safe** mental health and substance use services and supports as part of health services within Canadian health systems.

Addressing ongoing mental health and substance use challenges continued to be a key priority for F/P/T governments. Partners worked together to:

- > Establish a F/P/T Assistant Deputy Minister Committee in July 2022 that serves as the principal F/P/T forum to address issues related to mental health, addiction and substance use in an integrated manner. The Committee supports the objective of an integrated approach to prevent and address mental health and substance use issues, including services and supports across the continuum of care.
- > Convening the first 2 meetings of F/P/T Ministers responsible for mental health and substance use in October 2022 and November 2022 to consider integrated mental health and substance use supports for Canadians, including for children and youth.

Health Canada also continued work with the Standards Council of Canada to develop **national standards in priority areas** for mental health and substance use health services. Additionally, the Department made investments to support the expansion of access to community-based mental health and substance use health services for children and youth, including to providers of integrated Youth Services.

Health Canada directed \$14.25 million to the **Mental Health Commission of Canada (MHCC)** to support the mental health and wellness of Canadians in four priority areas: initiatives focusing on priority populations, suicide prevention, integration of mental health and substance use, and increasing engagement with Canadians. The organization provided mental health education and training on addressing stigma for targeted populations. MHCC also continued to work on the development of an e-mental health strategy, mental health app standardization, and the implementation of **e-mental health Toolkit**¹⁴ to promote a dialogue on emerging e-mental health issues and trends.

In collaboration with the **Canadian Centre on Substance Use and Addiction (CCSA)**, the MHCC released multiple reports highlighting the long-term impact of the COVID-19 pandemic on mental health and substance use, based on the CCSA and MHCC joint public polling results. These organizations also worked together to conduct a gap analysis to inform the development of operational guidelines for mental health and substance use care integration.



DID YOU KNOW?

A November 2022 survey of people who accessed the **Wellness Together Canada** portal revealed that their top three challenges are anxiety (78.7%), stress (72.3%), and depression (61.5%). Without the portal, about 42% of respondents indicated that they would have considered reaching out to a general practitioner, 24.5% to a community service and 25% would have done nothing.

WELLNESS TOGETHER

Canada

Mental Health and
Substance Use Support

Budget 2022 provided \$140 million over 2 years, starting in 2022–23, to sustain and enhance the **Wellness Together Canada portal**¹⁵ so that it can continue to provide Canadians with tools and services to support their mental health and well-being, given the impact that the pandemic has had on mental health. The portal provided Canadians with free access to live and confidential online mental health and substance use resources, **available 24/7 in more than 200 languages and dialects**, with tailored support for youth, adults, and frontline health care workers. Through the portal, individuals have immediate access to a range of supports that include assessments, self-guided programming, peer support, and counselling. In addition, a dedicated phone line allows callers to reach Program Navigators to help users access resources appropriate to their needs. **Wellness Together Canada** has helped alleviate local pressures on service delivery due to the pandemic by providing an alternative to in-person care.

As of March 2023, **more than 3.37 million individuals across Canada had accessed the portal**, and data shows that users experience a positive change on self-assessment scales after using the portal's support services. **PocketWell, the free companion app** to the portal, has been downloaded more than 38,000 times since its launch in January 2022. The app provides another way to help Canadians access mental health and substance use resources and supports, and measure and track aspects of their mental well-being.

In 2022–23, Health Canada worked closely with P/Ts through the Emergency Treatment Fund. Established in Budget 2018, the Fund provided one-time emergency funding of \$150 million via bilateral agreements, which was matched by P/T investments, and combined, saw more than \$300 million directed towards improving access to treatment in the context of the overdose crisis.

Based on annual reports from P/Ts, progress has been made on: reducing treatment wait times; increasing the number of treatment beds and **Rapid Access to Addiction Medicine** clinics; as well as improving access to culturally-appropriate care for Indigenous communities, and in certain jurisdictions, **care tailored to the needs of racialized groups and youth**. Investments have also contributed to: expanding access and broadening flexibility of virtual services; supporting providers through training opportunities that in some cases have become embedded into regular orientations; addressing methamphetamine use; and improving health systems and building community-level capacity through better integration and collaboration of service providers. As the implementation of P/T initiatives progressed, the Fund’s investments contributed to the expansion of treatment options across the country, incorporating innovation in care, including access to virtual services, and broadening clinical and non-clinical provider skills and capacity to support people seeking treatment for substance use.

Improving access to quality home care, long-term care and palliative care

In 2022–23, Health Canada engaged experts and key stakeholders to develop new knowledge products, and facilitated the adoption of proven approaches and best practices to advance the GOC’s commitment to help people age closer to home and community.

Through the **Health Care Policy and Strategies Program**, the GOC continued to invest in projects targeted to formal and informal caregivers and health care professionals to build capacity in primary care and equip family caregivers with the skills and resources needed to care for elderly loved ones at home. Examples include:

- > Alberta Health Services’ “Primary Health Care Integrated Geriatric Services” project is enhancing integration of health care geared to seniors, to better support people with chronic health issues (including dementia) and their caregivers. The initiative is bringing together community coalitions of health and social services providers to plan and implement strategies to improve care in rural areas and leverage the expertise of primary care providers to advance the prevention and management of chronic diseases.
- > McMaster University’s “Detection of Indicators and Vulnerabilities of Emergency Room Trips scale Education, Change, Outcomes” project is developing and validating a training program that provides informal caregivers with the skills to care for their loved ones at home.
- > Pallium Canada’s Palliative Care ECHO project is a national initiative connecting local health care providers and community leaders with palliative care subject matter experts to share knowledge, skills, and resources that build capacity for care providers to provide a palliative approach to care for their patients and families.

Home Care

In 2022–23, the GOC continued to deliver targeted funding to P/Ts to increase Canadians’ access to quality care at home. This included funding initiatives across the country that are making improvements in key areas, including:

- > Better coordinated and integrated care.
- > Enhanced digital connectivity and use of remote technology so patients can receive care at home.
- > Increased supports for caregivers, with more education and respite services.
- > Improved access to palliative and end-of-life supports at home.

As a result of this investment, P/Ts have implemented new initiatives to improve access, better coordinate and integrate care, and support caregivers to help more Canadians receive the care and services they need. Some examples include:

Integrating care in the community

- > Through the Yukon Home First and Complex Client Supports initiative, Yukon clients will be provided enhanced services at home, with the goal of keeping them out of LTC.
- > Saskatchewan is establishing Community Health Centres and teams to shift the delivery of care from hospitals into community settings.
- > To allow people to remain in their homes as long as possible, Quebec is making a wide range of care and services more readily available in the community (including nursing, nutrition, rehabilitation).

Investing in digital and IT infrastructure

- > Prince Edward Island, the Northwest Territories, Yukon, and Nova Scotia are implementing various care assessment tools (InterRAI), which allow clinicians to identify issues, develop care plans, and monitor home care client/LTC resident progress.
- > Newfoundland and Labrador is expanding remote monitoring of dementia patients through the use of e-consults.

Supporting caregivers

- > Better respite services for caregivers (Newfoundland and Labrador, Nova Scotia, New Brunswick, Ontario).
- > Expanding the Caregiver Benefit (Nova Scotia).
- > Plans to introduce a paid family/community caregiver option (the Northwest Territories).

Expanding access to palliative care

- > Manitoba and British Columbia are investing in afterhours access to resources for palliative care clients and their families.
- > Alberta is enhancing palliative home care programming to rural, remote parts of the province.

- > New Brunswick will implement standardized assessment and monitoring tools, and develop a physician model for integrated community-based palliative care.
- > Supporting initiatives aimed at specific population groups.
- > Prince Edward Island is developing culturally appropriate information regarding programs, services and training specific to First Nations continuing care needs.

In October 2022, the Minister of Health and the Minister of Seniors have asked the **National Seniors Council** to serve as an expert panel to examine measures, including a potential aging at home benefit, to further support Canadians who wish to age within the comfort of their own homes. Recently, the National Seniors Council held an online consultation inviting Canadians and stakeholders to share their lived experiences and views on ways to support Canadians in aging at home. **Over 12,000 respondents provided invaluable input** that will inform the GOC's work on this issue. A report containing recommendations for federal consideration on potential ways to enhance current measures or introduce new ones, including a potential new benefit, is scheduled to be submitted, by the National Seniors Council, to Ministers in September 2023.

Long-term care

In 2022–23, the GOC launched discussions with P/Ts on providing additional funding to assist them to further improve the standard of care in their long-term care facilities. Health Canada supported the development process for new national LTC standards by providing funding for enhanced engagement including residents, families, health service providers, clinicians, and policymakers from across Canada. This included hearing from **Indigenous perspectives and members of Official Language Minority Communities**, which will help make sure their voices are included. In addition, Budget 2023 included a \$1.7 billion commitment over five years to support hourly wage increases for personal support workers and related professions, as F/P/T governments work together on how best to support recruitment and retention.

WHAT'S NEW?

In 2022–23, Health Canada provided funding to the Health Standards Organization and Canadian Standards Association Group, with more than \$285,000 to support enhanced engagement and consultations for the development of national standards for long-term care. In January 2023, the GOC welcomed the release of the new standards, which aim to foster a healthy and competent workforce, create safer physical environments, and promote a culture of quality improvement and learning across long-term care homes.

Palliative care

Palliative care helps address the needs of seriously ill people, improving their quality of life and that of their families. Health Canada continued to enhance access to quality palliative care through its [Action Plan on Palliative Care](#).¹⁶ The GOC has invested \$29.8 million over six years (2021–22 to 2026–27) to advance the Plan. In 2022–23, the Department launched initiatives to raise public awareness and to make advance care planning resources more universally accessible for people with disabilities; supported training to increase competency and capacity among health care providers at all levels and in all sectors; launched a national initiative to improve access to palliative care for persons experiencing homelessness or who are vulnerably housed; supported palliative care research through the **Pan-Canadian Palliative Care Research Collaborative**; and began Indigenous-led engagement.

Enhancing quality of care

Health Canada worked to improve quality of care across Canada through policy research and analysis and its support for [Healthcare Excellence Canada](#)¹⁷ (HEC previously the Canadian Foundation for Healthcare Improvement). \$25.1 million was provided to HEC to encourage innovation and catalyze change in support of healthcare system improvement.

During 2022–23, HEC continued to **work to improve person-centered care and staff well-being** in long-term care homes by supplying seed funding, coaching, creating peer-to-peer networks, and offering webinars. This work led to improvements in 93% of homes working to improve person-centered care and 70% of homes working to improve staff well-being. Now approaching the halfway point of its 5-year contribution agreement, HEC is continuing to advance the adoption of quality and safety innovations and implementation of relevant policy change, through events such as its Leader's Forum and programs such as its highly successful Long-Term Care Plus initiative.

Implementing Medical Assistance in Dying (MAID)

Budget 2021 provided \$2.6 million per year ongoing to ensure that MAID is implemented in a consistent and safe manner across all jurisdictions in Canada. Funding is being used to:

- > Provide \$3.3 million to the Canadian Association of MAID Assessors and Practitioners to develop and **implement a national, fully accredited MAID curriculum** that will provide high quality MAID training to health care practitioners across Canada. Through this multiyear project (2021–22 to 2024–25), training modules are being developed to support the practical application of the MAID legislative framework. This includes modules to guide clinicians in assessing persons who request MAID, such as those with mental illness, complex chronic conditions, or those who are impacted by systemic inequalities. These modules will begin to be launched in late summer 2023.
- > **Advance research on the delivery of MAID services** and facilitate gathering of critical qualitative information, including gaining greater insight into the circumstances and experiences of people who seek MAID. This information will supplement the data collected through the federal MAID monitoring system and help to identify any potential systemic inequalities in the delivery of MAID.

In 2022–23, Health Canada continued to collaborate with P/Ts and key partners to support the implementation of MAID legislation and prepare for the extension of MAID eligibility for persons whose sole medical condition is a mental illness. Achievements included:

- > Tabling the [final report of the Expert Panel on MAID and Mental Illness](#)¹⁸ supporting health system preparedness.
- > Funding the development of a Canadian MAID Curriculum for health care practitioners across Canada.
- > Introducing a revised regulatory framework to enhance data collection on MAID.
- > Supporting development and release of a model clinical practice standard for MAID.
- > Advancing research on MAID delivery.

Additionally, the Department tabled a [government response](#)¹⁹ to the [interim report](#)²⁰ on MAID and mental illness prepared by the Special Joint Parliamentary Committee on MAID. This Committee was tasked to review the *Criminal Code* provisions regarding MAID and to include the following topics: MAID and mental illness, advance requests, mature minors, the state of palliative care in Canada, and the protection of persons with disabilities. Health Canada's response to the interim report was tabled in October 2022 and described the GOC's efforts in implementing recommendations made by the Expert Panel on MAID and Mental Illness. These focused on health system preparedness to address complex MAID cases, including those involving a mental disorder.

Other key activities included the release of Health Canada's "[Third Annual Report on Medical Assistance in Dying in Canada, 2021](#)"²¹, which provides greater insight into the characteristics of persons and circumstances related to requests for MAID.

These activities aim to address existing data gaps, strengthen the breadth and quality of information on MAID delivery in Canada, and increase the knowledge and confidence of health practitioners and other health system stakeholders to effectively promote both consistency in MAID practice and safety.

Improving access to sexual and reproductive health services

Health Canada aims to strengthen the healthcare system and public health supports for underserved community members and those who have faced discrimination by the very system that is meant to serve them.

In 2022–23, the GOC continued to invest \$45 million to support various sexual and reproductive health initiatives, with \$13.6 million being used for national, regional, and provincial projects across Canada.

Eligible activities through the **Sexual and Reproductive Health Fund** include: providing assistance with travel and logistics for Canadians seeking abortion services; developing training resources and materials for health care providers; and through developing tools, awareness activities, and resources for underserved populations.

Funded initiatives focused on access to abortion, sexual and reproductive health for 2SLGBTQIA+ populations, Indigenous communities, racialized populations, and the unique sexual and reproductive health needs of underserved youth, including autistic and physically disabled youth. Two initiatives also addressed endometriosis.

An early example of results can be seen from Action Canada for Sexual Health and Rights' accomplishments. In 2022–23, with the Department's \$1.2 million investment, the project realized:

- > A 70% increase in number of calls coming into the Access Line—up from 3,085 calls in 2021–2022, to 5,249 calls in 2022–2023.
- > A 167% increase in the number of people supported through the Emergency Fund—up from 98 people supported in 2021–22 to 262 people supported in 2022–23.
- > A 225% increase in financial support provided to Access Line callers compared to 2021–22, considering both Health Canada funding and donations.

Modernizing the interpretation of and strengthening compliance with the CHA

Health Canada focused on strengthening compliance with the CHA by levying mandatory deductions to P/T CHT payments totalling over \$82 million. These deductions were the result of patient charges levied during 2020–2021 for medically necessary services that should have been accessible to patients at no cost. This included the first deductions taken under the [Diagnostic Services Policy](#),²² which came into effect in 2020, totalling over \$76 million for patient charges levied for medically necessary diagnostic imaging services. Patient charges for insured health services are not permitted under the CHA because of the financial barrier they pose to needed care.

The [Reimbursement Policy](#)²³ encourages P/Ts to comply with the CHA and allows for mandatory CHT deductions to be reimbursed provided the implicated P/T carries out a **Reimbursement Action Plan** to eliminate patient charges and the circumstances that led to them. Through this process, a reimbursement of approximately \$15.5 million was made to the Government of British Columbia in recognition of its progress in eliminating patient charges.

DID YOU KNOW?

Health Canada funded CPAC initiatives to support Canadians including:

- Developing a first-ever tool that provides a mapped view of cancer human resources and cancer burden to support health policy decisions in Canada, like how to address the system pressures caused by the COVID-19 Pandemic.
- Completing a [study](#)²⁴ examining the burden of health-related out-of-pocket cancer costs in Canada, which is relevant for monitoring inequities in the weight of these costs on households post cancer. Even within a universal healthcare system, it is necessary to monitor health-related out-of-pocket spending to ensure there are no gaps.

The Department also continued to work with P/Ts to **ensure access to abortion services**. In 2022–23, \$32,800 in CHT deductions were levied from Ontario and \$64,850 from New Brunswick as a result of patients being charged for insured surgical abortion services provided in private clinics in 2020–2021. Health Canada continued to engage with Ontario as they work to eliminate patient charges for abortion services and the circumstances that led to them. If successful, Ontario may be eligible for reimbursement of their 2022 and 2023 deductions.

In terms of modernizing the interpretation of the Act, a F/P/T forum was initiated so jurisdictions could bring forward issues of shared concern regarding emerging challenges in managing their public health insurance plans. A series of meetings was held to discuss the delivery of virtual care and in-person care in the context of health plan management, and standards of care for virtual settings across jurisdictions, as well as other issues (e.g., enrollment fees paid to access insured primary care services).



Combating cancer

In 2022–23, Health Canada provided over \$14 million to **The Terry Fox Research Institute** to grow its national network of cancer centres with expertise in advancing precision medicine in cancer. The data generated continue to form an important resource for Canadian cancer research.

The Department provided \$2.25 million to **Ovarian Cancer Canada** towards addressing gaps in knowledge about ovarian cancer. Funding was used to conduct research projects contributing to increased knowledge of effective treatment options.

In 2022–23, Health Canada provided \$47.4 million to the **Canadian Partnership Against Cancer** (CPAC) to continue improving cancer control in Canada. The Partnership worked collaboratively with P/Ts, cancer programs and agencies, health organizations, Indigenous agencies, and other key stakeholders to leverage collective efforts in advancing the priorities and actions of the 2019 Canadian Strategy for Cancer Control, prioritizing health equity, and supporting pandemic recovery.

Supporting organs, tissues, and blood program

Health Canada provided \$3.6 million to **Canadian Blood Services** to support leading practices, and develop public and professional education materials as they relate to organ and tissue donation and transplantation. The funds assisted many activities to support improved health care services, including:

- > Promoting engagement and collaboration between 2 communities of practice (i.e., the Donation Physician Network and the Donor Coordinator Network) through 2 webinars: “Voices, Rights and Healthcare Equity” and “Organ Donation Following MAID: A Scoping Review.”
- > Developing an enhanced approach for pediatric and neonatal donation and transplantation via a 5-year retrospective audit of potential pediatric and neonatal donors (supported by a manuscript [BMJ Open in September 2022](#)).²⁵

- > Increasing the willingness of Canadians to donate organs and tissue by producing significant knowledge products and learning opportunities for children, youth, students, and teachers, disseminated through the [Education portal](#),²⁶ including the creation of a network of champions a toolkit to promote the education portal, new resource pages for the portal, and [toolkits](#),²⁷ and outreach materials for teachers.
- > Supporting annual national activities, such as the National Organ and Tissue Donation Awareness Week (media release celebrating the 25th Anniversary issued in [English](#)²⁸ and [French](#))²⁹, Green Shirt Day, and an annual living donation campaign.

Health Canada provided an additional \$5 million to Canadian Blood Services to support research that helped maintain and increase the safety, supply, and efficiency of the Canadian blood system. The following activities helped advance innovation and maintain Canadian capacity in transfusion science and medicine:

- > Enabling basic research studies on blood products, stem cells, and transfusion medicine helped increase the transfusion medicine and science knowledge base, ensuring safety and sufficiency of the blood.
- > Establishing the scientific basis for **changing the blood donor eligibility criteria** for gay, bisexual, and other 2SLGBTQIA+ communities contributed to reducing barriers for equity-deserving groups when donating blood.
- > Reducing pathogens in blood components used in Canadians hospitals provided a further safeguard against transfusion-transmitted infections.

Budget 2021 provided \$20 million over 2 years, starting in 2022–23, for the construction by Canadian Blood Services of **6 new plasma collection sites** across the country by 2023–2024. In 2022–23, three plasma collection sites were constructed and in 2023, opened in British Columbia and Ontario.

Health Canada provided a further \$510,000 over 2 years to Canadian Blood Services starting in 2022–2023 to address the limited amounts of immunoglobulin available to patients. In 2022–2023, a literature review was completed to inform the ethical framework and a stakeholder engagement platform developed to allow for future activities.

Health Canada continued to work with stakeholders to improve organ and tissue donation and transplantation through the **Organ Donation and Transplantation Collaborative** to develop a decision-making and accountability framework for Organ Donation and Transplantation with clear roles and responsibilities. Next steps involve broadly sharing the framework with members of the Collaborative and exploring implementation issues with system operators and decision-makers before seeking endorsement from the F/P/T Conference of Deputy Ministers of Health.

Improving equitable access to care

Over the course of 2022–23, Health Canada continued to invest in programs and organizations that directly support access to appropriate and effective health services for Canadians. Improving access to COVID-19 health services to those disproportionately impacted and addressing the health care needs of specific populations such as those living in Canada's territories, Indigenous Peoples, official language minority communities, and Canadian thalidomide survivors continued to be a priority.

Strengthening Territorial Health Systems

In 2022–23, Health Canada provided \$27 million to the **Territorial Health Investment Fund to help offset medical transportation costs** incurred by territorial governments, as well as to continue supporting the development and implementation of innovative activities intended to transform territorial health systems. Initiatives with ongoing work in 2022–23 included:

- > \$7.1 million to the Northwest Territories, supporting: work under its Primary Health Care Reform Initiative (including demonstration projects); and undertaking the second of two years of work to implement a System Sustainability Plan, with a goal of strengthening health care service delivery in the territory.
- > \$6.4 million to the Yukon, supporting: development of new cultural safety and humility training; development and launch of integrated and collaborative health service delivery models; projects to increase coordination and access through the use of technology, including the development and expansion of new virtual care options; and implementation of transformative recommendations set out in Putting People First (the report of the Independent Expert Panel on the comprehensive review of health and social services).
- > \$13.5 million to Nunavut supporting: work in priority areas of health human resources and capacity building (such as strengthening and supporting participation of Inuit paraprofessionals within the health workforce); continued focus on tuberculosis program development; and continued implementation of the oral health program.



The GOC committed an additional \$350 million over 10 years to renew the Territorial Health Investment Fund as part of the Working Together to Improve the Health Care of Canadians Plan announced in February 2023.

Addressing Anti-Indigenous Racism in Health Care

In 2022–23, Health Canada established its new [Addressing Racism and Discrimination in Canada’s Health Systems Program](#),³⁰ identifying 2 distinct streams of funding, the Project, and Engagement streams.

The Project stream **supports projects addressing systemic racism and discrimination in Canada’s health systems** in a way that is informed by the lived experiences of Indigenous, racialized, and marginalized communities. The Call for Proposals launched in April 2022, targeted proposals addressing anti-Indigenous racism, with priority given to projects focused on cultural safety training, curriculum and/or accreditation requirements, integrating culturally safe care into acute care settings and traditional approaches to health. As of March 2023, **15 successful applicants** were selected to receive \$11.3 million over 2 years to implement their projects.

The Engagement stream provided a total of **\$600,000 in funding to 4 National Indigenous organizations** in 2022–23. The funding was provided to increase capacity to engage on one of the following health priorities: primary and virtual care; mental health and substance use; data and digital health; long-term care and supportive care; health human resources; and dental care.

This Program is a flagship initiative under the [Federal Pathway to Address Missing and Murdered Indigenous Women, Girls and 2SLGBTQIA+ People](#),³¹ and advances progress on several of the Calls for Justice outlined in the [Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls](#),³² including Calls for Miskotahâ, contributing to the Department’s commitment to [advancing reconciliation](#).³³

Supporting Official Languages Health Programs

In 2022–23, Health Canada invested \$37.6 million via its **Official Languages Health Program** to support community organizations, P/T governments, and academic institutions. The Program funding supported training and retention of health professionals, health networking to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada, in their official language of choice. Funded activities helped to increase the availability of bilingual health professionals and intake staff who can offer services in the official language of choice and hence, ensure the quality and safety of the care received, given the importance of language for effective communication between provider and patient.

In addition, the Program supported a series of innovative projects that considered the **specific needs of patients from official language minority communities** (OLMCs), including home, long-term and palliative care as well as mental health. These projects sought to better understand the needs of these communities and improve their access to health services in the official language of their choice, which will strengthen the efficiency of the entire healthcare system in Canada. Key results included:

- > Association des collèges et universités de la francophonie canadienne (ACUFC)-Consortium national de formation en santé (CNFS) and McGill University increased the number of bilingual health providers delivering services in OLMCs. The ACUFC-CNFS recorded 1,038 additional registrations and 838 additional graduates in 108 health training programs. In June 2022, 95% of the graduate health professionals surveyed were employed in OLMCs, increasing the health human resources available to meet the needs of Francophone minority communities.
- > Between April 1 and November 30, 2022, McGill University enrolled over 1,125 health and social services professionals in its language training program aimed at improving their ability to better serve English-speaking patients in Quebec. 916 health care professionals successfully completed the training, a completion rate of 81%. For

courses aimed at improving the French language proficiency of English-speaking health professionals, McGill University registered 103 participants, and of these, 78 completed their training, a completion rate of 76%.

- > McGill University's Recruitment and Retention Program for Health and Social Services Professionals awarded 56 scholarships for internships to bilingual students pursuing full-time studies in health who agreed to return to or stay in a region of Quebec for a minimum of 1 year in a public health service establishment.
- > The Société Santé en français supported francophone minority communities (outside Quebec), and the Community Health and Social Services Networks supported English-speaking minority communities (in Quebec) by undertaking networking initiatives that mobilized partners in health to improve access to health services within OLMCs. In 2022–2023, 39 community health networks and 12 satellites across Canada collaborated with various stakeholders to improve OLMCs' access to health services in their official language of choice.
- > Health Canada also supported innovative projects to improve access to health services for OLMCs in relation to F/P/T health priorities such as mental health and home care.

Meeting the lifetime needs of Canadian thalidomide survivors

The Department continued its contribution to meeting the lifetime needs of Canadian thalidomide survivors, supporting their ability to age with dignity. In 2022–23, the Canadian **Thalidomide Survivors Support Program** provided assistance to 125 thalidomide survivors. Between June 2019 and March 2023, a total of 262 applications for eligibility had been submitted to the Program and of those, 24 were new in 2022–23. The application period remains open until June 2024.

As a result of enhancements made to the **Extraordinary Medical Assistance Fund** in 2020–21, as well as efforts to streamline the application process, the number of requests submitted to the Fund increased significantly (from 44 in 2021–22 to 105 in 2022–23), reflecting greater utilization and better access. The Fund helps cover the costs of some ongoing health support treatments, specialized surgeries, and home and vehicle adaptations, to better accommodate the unique needs of Canadian thalidomide survivors.

The 2022–23 annual survey was completed by 104 survivors. 94% of survivors reported an enhanced ability to age with dignity, while 74% reported better access to care, treatment, and/or support from ongoing payments.

Key risk for Core Responsibility 1: Health Care Systems

Information on [Key Risks](#)³⁴ is available on Health Canada's website.



RESULTS FOR CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

The following tables show, for Core Responsibility 1: Health Care Systems, the results achieved, the performance indicators, the targets, and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which these results are available.

DEPARTMENTAL RESULT 1: CANADA HAS MODERN AND SUSTAINABLE HEALTH CARE SYSTEMS

Departmental Result Indicators	Target	Date to achieve target	Actual Results
National health expenditure as a percentage of Gross Domestic Product (GDP) (Baseline: 10.9% ^a of GDP in 2014–15)	Between 11.5% and 14.0% ^a	March 31, 2023	2020–21: 13.8% ^a 2021–22: 13.2% ^a 2022–23: 12.2% ^a

Data source: Canadian Institute for Health Information. Data is collected annually. The most recent data was collected in 2021 and made available in 2021–22.

^a These results are estimates; therefore, the results, baseline, and target are subject to change as new data is released.

Real per capita health expenditure (1997) ^b (Baseline: \$4,049 ^c per person in 2014–15)	Between \$4,218 and \$5,155 ^c	March 31, 2023	2020–21: \$4,759 ^c 2021–22: \$4,963 ^c 2022–23: \$4,874 ^c
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Data source: Canadian Institute for Health Information. Data is collected annually. The most recent data was collected in 2021 and made available in 2021–22.

^b Real per capita health expenditure is expressed in 1997 constant Canadian dollars.

^c These results are estimates; therefore, the results, baseline, and target are subject to change as new data is released.

Drug spending as a percentage of Gross Domestic Product ^d (Baseline: 1.7% in 2014–15)	Between 1.0% and 2.0%	March 31, 2023	2020–21: 1.9% 2021–22: 1.7% 2022–23: 1.7%
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Data source: Canadian Institute for Health Information. Data is collected annually. The most recent data was collected in 2021 and made available in 2021–22.

^d Drugs include prescribed and over the counter medication.

Percentage of family physicians using electronic medical records (Baseline: 73.0% in 2015)	At least 95.0%	March 31, 2023	2020–21: 86.0% 2021–22: 86.0% 2022–23: 92.6% ^e
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Data source: Commonwealth Fund International Health Policy Survey of Primary Care Physicians. Data is collected every three years. The most recent data was collected in 2022 and made available in 2023–24.

^e Global supply chain shortages due to the pandemic meant that some vendors may have had limited access to hardware required to support the implementation of digital health technologies. Increased implementation is expected as supply chains return to normal.

DEPARTMENTAL RESULT 2: CANADIANS HAVE ACCESS TO APPROPRIATE AND EFFECTIVE HEALTH SERVICES

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of Canadians (aged 15+) with a mental disorder who have expressed that they have an unmet mental health care need (Baseline: 26.0% in 2012)	At most 22.0%	March 31, 2027	2020–21: 24.7% 2021–22: 24.7% 2022–23: 24.7%

Data source: Canadian Community Health Survey. Data is collected every three years. The most recent data was collected in 2020 and made available in 2020–21.

Percentage of Canadians (aged 18+) who have expressed that they have an unmet need for access to home care services (Baseline: 1.6% in 2015–16)	At most 1.0%	March 31, 2027	2020–21: 1.3% 2021–22: 1.7% 2022–23: N/A
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Data source: Canadian Community Health Survey. Data is collected annually. The most recent data was collected in 2021 and made available in 2021–22. New results are expected to be published in fall 2023.

Percentage of <i>Canada Health Act</i> compliance issues addressed within 24 months of identification (Baseline: 53% in 2016–17)	At least 95%	March 31, 2023	2020–21: 96% 2021–22: 93% 2022–23: 94%
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Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

Percentage of Canadians (aged 12+) who did not fill a prescription for medicine or skipped doses of medicine because of the cost (Baseline: 7.1% in 2014)	At most 5.0%	March 31, 2023	2020–21: 5.0% 2021–22: 5.0% 2022–23: N/A
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Data source: Canadian Community Health Survey. Data is collected every two years. The most recent data was collected in 2019 and made available in 2019–20. New results are expected to be published in fall 2023.

BUDGETARY FINANCIAL RESOURCES (DOLLARS) FOR CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

2022-23 Main Estimates	2022-23 planned spending	2022-23 total authorities available for use	2022-23 actual spending (authorities used)	2022-23 difference (actual spending minus planned spending)
2,851,114,525	2,851,114,525	4,175,620,782	2,953,648,145	102,533,620

Note: The variance of \$102.5 million between actual and planned spending is mainly due to additional in-year funding authority for payments for COVID-19 tests pursuant to *An Act respecting certain measures related to COVID-19*, funding to improve mental health supports and services, and the implementation of the interim Canada Dental Benefit Plan and payments pursuant to the *Dental Benefit Act*.

This is primarily offset by a reprofile of funding to support investments in long-term care and lapses in funding for supporting emergency measures related to the pandemic.

HUMAN RESOURCES (FULL-TIME EQUIVALENTS) FOR CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

2022-23 planned full-time equivalents	2022-23 actual full-time equivalents	2022-23 difference (actual full-time equivalents minus planned full-time equivalents)
285	434	149

Note: The variance in FTE utilization is mainly due to the continued response to the COVID-19 pandemic and additional in-year resources to implement the interim Canada Dental Benefit Plan and to improve mental health supports and services.

Financial, human resources and performance information for Health Canada's Program Inventory is available in [GC InfoBase](#).³⁵



CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

DESCRIPTION

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

RESULTS

The Department continued to advance the [Regulatory Innovation Agenda](#),³⁶ a multi-year regulatory modernization plan designed to make the federal regulatory framework more agile and responsive to an innovative environment. This in turn aims to help companies in the health and biosciences sector bring products to the market in the future while ensuring the regulatory system remains science and safety-based.

The Agenda cuts across multiple Departmental Results that make up Core Responsibility 2. Its continued development and implementation is expected to result in modernized policies, frameworks, and regulations for health products and foods that protect the health and safety of the Canadian population, while encouraging innovation.

Health Canada continued to build on the lessons learned from the temporary measures implemented in response to the pandemic to inform policy and regulatory development as it continued to advance commitments described in the [Health and Biosciences: Targeted Regulatory Review Roadmap](#)³⁷ and the [Agri-food and Aquaculture Regulatory Review Roadmap](#).³⁸

Achievements in 2022–23 included:

- > Pre-publishing proposed regulatory amendments under the [Agile Licensing regulatory proposal](#)³⁹ in the *Canada Gazette, Part I*, along with multiple supporting draft guidance documents.
- > Publishing [amendments to the Natural Health Products Regulations](#)⁴⁰ in the *Canada Gazette, Part II*, and updated guidance on the [labelling of natural health products](#)⁴¹ and [evidence for homeopathic medicines](#).⁴²
- > Launching the [Non-Prescription Drug Action Plan](#).⁴³

A collection of various medical instruments and supplies is arranged on a light blue background. Visible items include a syringe, a glass vial, a blue and white device, a pair of forceps, a pair of surgical scissors, a clear plastic device, a white pill bottle, a blood pressure cuff, a digital blood pressure monitor, a digital thermometer, a stethoscope, and a pair of blue gloves. The text is centered in the upper half of the image.

Health Canada continued efforts to provide Canadians with timely access to safe, effective and quality health products and to support the needs of the healthcare system.

- > Pre-publishing a proposal in the *Canada Gazette, Part I*, on new [regulations for biocides](#)⁴⁴ under the *Food and Drugs Act*, and holding a separate consultation for a proposal to amend the [Fees in Respect of Drugs and Medical Devices](#)⁴⁵ to introduce new fees for biocides.
- > Publishing a [list of surface disinfectants for emerging viral pathogens](#)⁴⁶ to provide transparent information to Canadians regarding which disinfectants work best against a broad spectrum of viruses.
- > Publishing regulatory amendments to the [Food and Drug Regulations on Exports and Transshipment of Drugs](#)⁴⁷ in the *Canada Gazette, Part II*.
- > Publishing a draft [Advanced Therapeutic Products Framework guidance](#)⁴⁸ for public consultation.
- > Publishing final regulations for [supplemented foods](#)⁴⁹ in the *Canada Gazette, Part II*.
- > Publishing final regulations for [front-of-package nutrition labelling](#)⁵⁰ in the *Canada Gazette, Part II*.
- > Publishing a state-of-the-science report, [State of the Science of Titanium Dioxide \(TiO₂\) as a Food Additive](#),⁵¹ describing current data gaps for Titanium Dioxide in foods and Health Canada's position on its safety and continuing outreach with stakeholders and international regulators on this issue through participation in the International Food Chemical Safety Liaison Group.
- > Continuing to use modern science and data to authorize new pesticides and re-evaluating existing pesticides already on the Canadian Market.
- > Continuing to implement the [Pesticide Regulatory Program Transformation Initiative](#).⁵²

Departmental Result 3: Canadians have access to safe, effective, and quality health products

In 2022–23, Health Canada continued efforts to ensure that Canadians had timely access to safe, effective, and quality health products—including prescription and non-prescription pharmaceutical drugs, biologic and radiopharmaceutical drugs, natural health products, and medical devices. These efforts helped accelerate market access for innovative, breakthrough products along with cost effective alternatives, such as generic and biosimilar drugs, which supports the needs of the healthcare system.

The Department focused on the following **priorities, detailed further** below: providing ongoing access to COVID-related health products, including vaccines; promoting timely access to health products; managing and mitigating drug and medical device shortages; modernizing how we provide access to drugs not readily available; applying real-world evidence to support regulatory decision-making; strengthening regulatory oversight; modernizing compliance and enforcement; acting to prevent and control antimicrobial resistance; fostering international collaboration and coordination; as well as promoting access to new and emerging technologies.

Providing ongoing access to COVID-related health products, including vaccines

Health Canada continued to work closely with domestic and international partners to meet the needs of Canadians for COVID-19 related health products. In particular, the Department authorized 7 new COVID-19 products, including **4 new bivalent booster vaccines**. Health Canada provided guidance on the management of COVID-19 clinical trials and provided advice on the regulatory requirements for COVID-19 related medical devices, drugs, and vaccines. The Department also developed new methods to evaluate vaccine quality and measure the effectiveness of both current and new vaccines and treatments against future variants of concern.

DID YOU KNOW?

Health Canada continued to strengthen the oversight of medical devices impacting women's health. In 2022–23, Health Canada published an updated [safety review](#)⁵³ of Breast Implant Associated—Anaplastic Large Cell Lymphoma and a new surveillance [data blog](#),⁵⁴ as well as a [safety review](#)⁵⁵ of standard synthetic mid-urethral slings, a type of vaginal mesh.

In February 2023, Health Canada introduced amendments to the Medical Devices Regulations, creating a permanent regulatory framework for COVID-19 medical devices. These amendments maintain many of the flexibilities provided during the pandemic while upholding safety, effectiveness, and quality. This provides a predictable and stable environment for both Health Canada as a regulator, as well as for manufacturers, importers, and distributors of COVID-19 medical devices. The Department approved an additional 27 COVID-19 testing devices in 2022–23, authorized amendments to existing COVID-19 testing devices and reviewed responses to conditions from authorization holders.

Promoting timely access to health products

In addition to facilitating access to COVID-related health products in 2022–23, Health Canada continued to provide Canadians with timely access to other health products by reviewing the safety, efficacy, and quality of pharmaceutical and biologic drugs, medical devices, and natural health products.

Health Canada **approved 40 prescription pharmaceutical drugs** for human use, of which 21 contained new active substances not previously approved in Canada, as well as 6 new veterinary drugs for use in companion and food-producing animals. 186 new generic drugs for human use and 17 new veterinary generic drugs were also approved. As well, the Department **approved 37 new biologic drugs** for human use, of which 25 were drugs containing new active substances not previously approved in Canada. Furthermore, Health Canada issued market authorizations for 8 biosimilar drugs,

demonstrated to be highly similar to a biologic drug previously authorized in Canada. Of the approved biologic and pharmaceutical drugs for human use, 9 were for pediatric use of which 5 were drugs containing new active substances and **25 drugs for rare diseases**, of which 17 contained a new active substance.

Health Canada also approved 539 requests for significant changes (referred to as “supplements”) to pharmaceutical drugs for human use already on the market, 748 supplements/specific changes for generics, and 319 supplements for significant changes to biologic drugs for human use already on the market. These supplements included changes such as new uses (including 15 new pediatric uses), safety updates to the labelling material, new manufacturing methods, and new dosing recommendations for existing drugs.

In addition, the Department **approved a total of 6,169 new natural health products**, along with 1,359 amendments to existing authorized natural health products. It also approved **1,344 new medical devices** (1,051 class II, 248 class III and 45 class IV), as well as 1,792 (839 class II, 699 class III and 254 class IV) amendment requests to medical devices already on the market.

WHAT'S NEW?

In 2022–23, the Department hosted 5 webinars (3 in English and 2 in French) with health care practitioners across Canada on safe access to health products. Topics discussed included:

- The dangers of accessing drugs and medical devices online;
- How to identify a safe online pharmacy;
- Restrictions on prescription drug imports;
- Programs available to facilitate access to drugs not licensed in Canada for patient care;
- Tools for signalling product risk issues;
- The Department's recall, safety alert and advisory database.

DID YOU KNOW?

Health Canada explored ways to help Canadians access a wider range of lower-cost generic drugs and proposed an approach that would allow manufacturers to pursue developing generic drugs from a broader stream of innovator drugs. This approach would involve changing the Canadian Reference Product definition and is currently [under consultation](#).⁵⁶

Health Canada proposed to introduce new regulations for biocides (i.e., surface disinfectants and surface sanitizers) that would provide more flexibility in tailoring application and regulatory requirements to these products, thus maintaining a safe and effective supply of these products and facilitating international alignment. The Department pre-published the proposed Biocides Regulations in the Canada Gazette, Part I, for consultation in May 2022.

Health Canada is continuously gathering information to better understand the real-world benefits and harms of therapeutic products. In 2022–23, **Health Canada received over 1.5 million reports of suspected adverse reactions** to drugs for human use and investigated potential risks to Canadians' health and safety. The Department reviewed safety reports, requested additional safety information from manufacturers, and detected and acted on emerging safety issues through its monitoring and surveillance activities.

In addition, the Department continued to conduct Good Manufacturing Practices inspections of facilities involved in the manufacturing of health products, including 341 domestic inspections and 34 foreign onsite inspections. Health Canada also completed 271 domestic medical device inspections.

Health Canada investigated 17 safety signals and imposed new restrictions on pharmaceutical and biological drugs. The Department also assessed the benefit-risk profile of more than 400 drugs and responded to over 500 false and misleading advertising incidents. Through its [Health Product Risk Communications](#),⁵⁷ Health Canada shared over 20 new health-related risks associated with marketed health products with health care professionals.

Managing and mitigating drug and medical device shortages

Health product shortages have been a growing concern over the past decade, exacerbated by recent events, such as the COVID-19 pandemic. In 2022–23, the Department managed a variety of shortages, including the shortage of children's pain and fever medication. In partnership with a range of stakeholders, including P/Ts, industry, and patient advocacy and health care groups, Health Canada played a leadership role and took action in 2022–23 to address drug shortages impacting Canadians. As a result of these actions, **23 shortages considered to have the greatest impact** on Canada's drug supply and healthcare system were mitigated. This included oncology drugs, drugs used in diagnostic imaging, cardiac drugs, and antibiotics.

In November 2022, the Department established an internal **Drug Shortages Task Force** to bolster Canada's overall response to the growing supply challenges for drugs and other health products. Initial efforts were aimed at supporting a more resilient drug supply so that Canadians could have access to the drugs they need in a timely manner. In 2022–23, Health Canada continued to work collaboratively with many stakeholders to identify, prevent, manage, and mitigate shortages of critical drugs of national significance. The Department:

- > Held roundtables and communicated regularly with stakeholders on shortages of children's pain and fever medication, antibiotics, and adult cough and cold medicines.
- > **Mobilized stakeholders to release 12.3 million units** of domestically manufactured children's analgesics to the market and permitted the import of 3.5 million units of imported foreign-authorized product, without compromising Canada's high standards for safety, efficacy, and quality.
- > Increased surveillance and data collection to improve supply and demand analysis and foresight capacity to address critical shortages.
- > Initiated early consultations with stakeholders on policy options to try to prevent and better mitigate shortages under 4 themes: Agile Regulatory Toolbox, Greater Supply Chain Visibility, Improved Communications and Transparency, and Enhanced Responses to Fluctuations in Supply and Demand.

DID YOU KNOW?

The Department continued to implement the [Pediatric Drug Action Plan](#)⁵⁸ to address multiple challenges affecting access to safe and effective health products for children and youth in Canada. As part of the Plan, with support from the Health Canada-appointed Pediatric External Reference Group, in March 2023, the Department launched a 60-day consultation with pediatric medical experts across the country to nominate products to be listed on the National Priority List of Pediatric Drugs. By the time the consultation closed in May 2023, Health Canada had received more than 900 nominations, which are being analyzed to identify duplicates and verify alignment with pre-established criteria. A broad consultation on the Priority List is expected to be launched in fall 2023.

- > Improved drug shortage information-sharing with stakeholders, including chairing national discussions and engaging the Multi-Stakeholder Steering Committees on Drug Shortages.
- > **Added 37 drugs to Health Canada’s list of designated drugs** to permit importation of foreign-authorized drugs to mitigate shortages.

- > Improved communication with Canadians on drug shortages by providing [relevant and timely information](#).⁵⁹
- > Participated in an international drug shortages working group with other regulatory bodies to share shortage information, mitigation strategies, and opportunities to align and coordinate.

In partnership with P/Ts, industry and group purchasing organizations, Health Canada played a leadership role in 2022–23 to address critical national medical device shortages to ensure Canadians had access to the devices they needed. The Department implemented new regulations in March 2022 to help safeguard the Canadian medical devices supply. Companies are now required to provide information on specific shortages and Health Canada has authority to obtain and post information related to medical device shortages. To address actual or anticipated [medical device shortages](#),⁶⁰ the Department enabled the acquisition of additional supplies of medical devices (i.e., PPE) for Canadians by establishing the **exceptional importation framework**. This permits the exceptional importation and sale of medical devices that are manufactured to comparable quality standards. Finally, Health Canada launched a new committee with its stakeholders in November 2022 to facilitate discussions on supply issues and possible solutions.

WHAT’S NEW?

Health Canada worked quickly to address the [shortage of infant formula](#)⁶¹ Canada experienced in 2022–23. As these foods are the sole source of nutrition for some infants, the Department allowed formula approved in other jurisdictions to be imported into Canada to strengthen the domestic supply. This was the first shortage of its kind in Canada, highlighting opportunities for Health Canada to be prepared in the case of similar future shortages.



Modernizing how we provide access to drugs not readily available

Health Canada continued policy work on future regulatory amendments regarding the use of foreign decisions, in order to increase access to drugs while still ensuring their safety and efficacy. Of note, [The Regulations Amending Certain Regulations Concerning the Sale of Drugs](#)⁶² (Public or Canadian Armed Forces Health Emergencies) was published in *Canada Gazette, Part II* in February 2023. Referred to as the “**block release regulations**,” Public Health Officials will now be able to access drugs that are not authorized or available in Canada and stockpile these drugs for use in a public or military health emergency in Canada. This increased access is part of the broader efforts related to emergency preparedness and response. Safeguards have been included to minimize safety risks by requiring Public Health Officials to monitor the drug in the emergency, hospitals to report serious adverse drug reactions through the Canada Vigilance Program, and provide the Department with follow-up reports when requested.

Canadians and industry have demonstrated a growing interest in **psychedelic-assisted psychotherapy**. However, there are the possible psychological and physical risks associated with this type of therapy. In response, the Department published [a notice to stakeholders](#)⁶³ outlining its expectations for clinical trials involving this type of therapy. Furthermore, Health Canada published an additional [notice to stakeholders](#)⁶⁴ detailing what health care practitioners need to know when applying for access to psychedelic drugs through Health Canada’s [Special Access Program](#)⁶⁵ for purposes of psychedelic-assisted psychotherapy.

Applying real-world evidence to support regulatory decision-making

Real-world evidence (RWE) is evidence regarding the use, and potential benefits or risks, of a medical product that is gathered after a product is on the market. In 2022–23, as co-chair of the RWE Steering Committee along with CADTH, the Department advanced RWE projects and contributed to the development of the [RWE Reporting Guidance](#)⁶⁶ for stakeholders which was published in May 2023.

WHAT’S NEW?

Recognizing the growing interest in the therapeutic use of psilocybin, Health Canada issued a [notice to stakeholders](#)⁶⁷ regarding the possible use of psilocybin mushrooms (magic mushrooms) in clinical trials or as a drug requested through the Special Access Program. This notice emphasized the importance of drug quality and Good Manufacturing Practices.

Health Canada also helped develop guidance for planning and designing studies that use RWE to assess the safety of drugs, vaccines, and biologics as a member of an international working group.

Building on work with other trusted international regulators to apply RWE during the COVID-19 pandemic, the Department also co-organized an International Coalition of Medicines Regulatory Authorities regulator workshop on RWE with the European Medicines Agency and United States Food and Drug Administration. This collaboration resulted in [the publication of a statement](#)⁶⁸ on international collaboration to enable RWE for regulatory decision-making.

Strengthening regulatory oversight

In 2022–23, Health Canada made progress towards implementing an agile, modern licensing scheme for drugs (prescription and over-the-counter) and medical devices in Canada, which contribute to commitments outlined in the [Health and Biosciences Regulatory Review Roadmap](#)⁶⁹ as well as the objectives of [Canada’s Biomanufacturing and Life Sciences Strategy](#).⁷⁰ In December 2022, Health Canada pre-published in *Canada Gazette, Part I* [targeted amendments](#)⁷¹ to the **Food and Drug Regulations and Medical Devices Regulations**. Amending these regulations is expected to strengthen the Department’s ability to provide efficient, effective, and agile oversight of drugs and medical devices in a manner better aligned with international best practices. Known as the “**Agile Licensing**” proposal, these regulations intend to introduce additional risk-based measures and modern, flexible regulatory tools, such as requiring risk

management plans for certain drugs, enabling the use of terms and conditions on the drug identification number of all drugs, and broadening the scope of their use for Class II, III, and IV medical devices, and introducing the option of a rolling review, which may facilitate earlier market access for certain drugs, including drugs for rare diseases. These proposed regulations expect to strengthen Health Canada's commitments to the safety, effectiveness and quality of drugs and devices as well as provide tools to better manage risks and uncertainties once they are on the market. To support stakeholders in their review of this proposal, Health Canada also published multiple guidance documents to help improve their understanding of implementation plans. Additionally, Health Canada also continued to advance a regulatory proposal to modernize the Drug and Medical Devices Establishment Licensing frameworks and strengthen oversight of drug and medical devices recalls.

To improve the transparency of **Canadian clinical trial information**, Health Canada posted a [draft Guidance document](#)⁷² in February 2023 and an example of a clinical trials search portal for consultation and feedback from stakeholders including patients and their caregivers, academic and industry researchers, and health care providers. The guidance outlines policy expectations for registering Canadian-authorized clinical trials and public disclosure of the results of clinical trials via the new portal. This portal would make clinical trial information available to the public and improve accessibility of this information. Furthermore, it could help sponsors recruit participants, as both patients and health care providers would be able to find information on active trials for their conditions and by location.

The Department continued to strengthen its regulatory oversight and resiliency through its **Medical Device Establishment Licenses (MDEL) eLearning module**,⁷³ implemented in October 2022. This module is helping importers and distributors of medical devices understand and comply with the Department's regulations. Health Canada also leveraged lessons learned from the COVID-19 MDEL assessments and established processes for domestic remote MDEL inspections

using web-based interviews. The Department began conducting these inspections in August 2022 and created methods to prioritize the inspection of domestic and foreign companies without a compliance history. In December 2022, [amendments to the export requirements](#)⁷⁴ under the *Food and Drugs Act* came into effect, improving Canada's oversight of drugs manufactured domestically but intended solely for export.

Health Canada continued to work closely with manufacturers and international partners to manage nitrosamine impurities in drugs. Nitrosamines are compounds that can form in certain drugs during manufacturing. Some may increase the risk of cancer if people are exposed to them over long periods of time. The Department published [updated guidance](#)⁷⁵ for industry, continued to communicate to the public regarding affected drugs, and furthered international collaboration to address the issue of nitrosamines impurities while maintaining access to medications for Canadians.

Modernizing compliance and enforcement

In 2022–23, Health Canada maintained its commitment to becoming more agile, assertive, consistent, innovative, proactive, and risk-based with respect to its compliance and enforcement activities. Activities included:

- > Continuing to update the Department's designation framework to ensure that the inspectors and analysts who enforce Acts and Regulations have the optimal level of expertise, training, and certification.
- > Advancing Health Canada's Directive for the Ministerial Designation of Inspectors and Analysts under various Acts.
- > Continuing proactive work to verify, monitor, promote, and gather information on health product compliance.
- > Continuing oversight of market authorization holders and compliance with pharmacovigilance requirements through Goods Pharmacovigilance Practices inspections.

While on-site inspections remained the primary approach to assessing compliance with drug Good Manufacturing Practices requirements, Health Canada expanded the use of remote and virtual tools implemented during the COVID-19 pandemic, and advanced internal policies to promote efficiency, consistency, safety, and security for inspectors conducting remote or online compliance and enforcement activities. The use of remote and virtual tools also enhanced the Department's collaboration with its international counterparts.

The Department continued to focus on data and analytics as it modernizes its approach to compliance and enforcement with the aim of becoming more agile, assertive, consistent, innovative, proactive, and risk-based. To that end, an emphasis was placed on increasing its data capacity and capability by onboarding data specialists and upskilling of existing staff, cataloguing, processing, modelling relevant data sources, and generating data analytics products ranging from reports and dashboards to prioritization tools, all in support of **data-driven decision-making** and regulatory oversight.

Acting to prevent and control antimicrobial resistance (AMR)

Recognizing the urgent need to monitor, prevent, and mitigate the serious and growing threat of AMR for the health of humans, animals, and the environment, and in accordance with the [Federal Action Plan on Antimicrobial Resistance and Use in Canada](#)⁷⁶ and the [Pan-Canadian Framework for Action on Tackling Antimicrobial Resistance and Antimicrobial Use](#),⁷⁷ Health Canada undertook a number of initiatives in 2022–23 to preserve the effectiveness of antimicrobials:

- > Updated [List A: List of certain antimicrobial active pharmaceutical ingredients](#),⁷⁸ which names ingredients important in human medicine. A summary of amendments to List A was also published through a [final notice](#).⁷⁹
- > Published a [notice to stakeholders](#)⁸⁰ on the project to re-evaluate and update labels of key medical antimicrobials for use in animals with unspecified or prolonged durations.
- > Published the [2021 Veterinary Antimicrobial Sales Highlights Report](#)⁸¹ in collaboration with PHAC. This 4th report summarizes antimicrobial sales data submitted through the **Veterinary Antimicrobial Sales Reporting system** to inform antimicrobial surveillance and stewardship.
- > Conducted research and analysis of scientific data to inform the development of effective interventions to reduce human exposure to AMR through food.
- > Established capacity to evaluate and regulate biotherapeutics targeting the gastrointestinal microbiota and understand how immune systems respond to pathogenic microbes and if this contributes to antimicrobial resistance.

In 2022–2023, Health Canada also renewed its commitment to the **Transatlantic Task Force** on Antimicrobial Resistance by contributing to and adopting a revised work plan for 2021–26. The Department championed the International Coalition of Medicines Regulatory Authorities Best Practices project, which released its [report in November 2022](#)⁸² that highlights proven or promising measures across jurisdictions to address AMR.

DID YOU KNOW?

Veterinary health products are low-risk drugs commonly containing vitamins, minerals, botanicals, traditional medicines and/or homeopathies used to maintain or promote the general health and welfare of animals. Through its Notification Program, Health Canada has accepted over 3,000 of these for importation and sale since the Program's launch in November 2017. These additional products help to keep animals healthy, which could reduce the need for and use of antimicrobials.

Fostering international collaboration and coordination

Health Canada continued to collaborate with international partners and participate on various international committees over 2022–23.

The Department was actively engaged with and provided support to the WHO and Global Affairs Canada on global health issues related to the safety of health products and food, including on initiatives such as the Standardization of Medical Devices Nomenclature, [WHO's Traditional Medicine Strategy 2014–2023](#),⁸³ and international treaty obligations. Health Canada continued to participate in international initiatives to address safety issues associated with marketed health products to mitigate potential risks and support the continued access to health products for Canadians.

Health Canada further strengthened its international collaborations in the review of drug submissions, risk management plans and surveillance, and promoted international alignment to enhance efficiencies and predictability in the drug review process. The Department continued to:

- > Partner with countries such as Australia, Singapore, Switzerland, and the U.K. as part of the Access Consortium to strengthen work-sharing initiatives. For example, Health Canada **authorized seven work-sharing submissions** (new drug/indication), which included Scemblix and Vabysmo, the Consortium's first five-way work-sharing applications.

DID YOU KNOW?

In 2022–23 Health Canada collaborated with the international community to monitor COVID-19, address risks, and respond to the pandemic. The Department supported efforts to help Canadians and people around the world access health interventions including vaccines and therapeutics to fight COVID-19 and to strengthen health systems. Other activities involved preparing for future pandemics such as advancing a new [WHO Pandemic Instrument](#),⁸⁴ engaging in a process to strengthen and modernize the International Health Regulations (2005), and mobilizing global action to better prevent, prepare for, and respond to health emergencies.

- > Collaborate on the assessment of COVID-19 vaccines and treatments (European Medical Association [EMA] OPEN Pilot Project).
- > Collaborate with the EMA on the simultaneous release of clinical data associated with 8 COVID-19 drugs and vaccines under **Health Canada's Public Release of Clinical Information regulations** and the EMA Clinical Data Publication policy.
- > Collaborate with international regulatory counterparts with respect to pharmacovigilance and met quarterly with the U.S. Food and Drug Administration (FDA) and the U.K. Medicines and Healthcare products Regulatory Agency to share information and cross-train staff on Good Pharmacovigilance Practices.
- > Implement 3 guidelines from the **International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use** and launched stakeholder consultations on 7 others to align Canadian regulations with international standards.
- > Work internationally to standardize the use of patient-reported outcome data in cancer clinical trials.
- > Launch a consultation on guidance for simultaneous reviews of veterinary drugs with the U.S. FDA and initiated the first simultaneous review with the U.K. for a veterinary drug.

Knowledge Exchanges and Projects

- > Continued participation in Project Orbis, an international project that leverages scientific and regulatory partnerships to review cancer drugs so that patients can access treatments earlier.
- > Continued a pilot project with the U.S. FDA to inform the development of harmonized review requirements for an international Medical Device Single Review Program.
- > Continued to collaborate with the WHO to develop international guidelines and standards for evaluating the quality, safety, and efficacy of drugs, including standards for drugs used to treat colorectal cancer and arthritis.

- > Continued participation with the International Coalition of Medicines Regulatory Authorities to globally harmonize pharmaceutical quality knowledge management. This includes participating on the collaborative hybrid inspection pilot to promote global collaboration on manufacturing capacity.

Additionally, the Department worked to strengthen international collaboration and harmonization regarding Good Manufacturing Practices. For example, Canada and the European Commission mutually recognized one another's Good Manufacturing Practices Programs for Active Pharmaceutical Ingredients in early 2023. This means that Canadian manufacturers of these ingredients no longer require a written confirmation from Health Canada to export them to European Union (EU) member states. Canada also expanded the scope of its agreements with the EU and the U.K. to now allow Health Canada to recognize the outcomes of foreign inspections conducted by the EU and U.K.

Health Canada is also serving as the Chair of the Pharmaceutical Inspection Co-operation Scheme and participated in its various international working groups, including on the topics of inspection reliance and remote assessments.

Promoting access to new and emerging technologies

Increasingly, health products are becoming personalized, developed at point of care, and manufactured, distributed, and used in notably new and non-traditional ways. To keep pace with emerging technologies, Health Canada:

- > Continued to participate in the Council for International Organizations of Medical Sciences Artificial Intelligence Working Group XIV, which is tasked with establishing guidance for the use of Artificial Intelligence (AI) in the field of pharmacovigilance.
- > Collaborated with international counterparts to test an **AI-assisted Literature Search Application** for detecting serious adverse drug events from biomedical literature using deep learning models.

- > Launched research projects to increase knowledge about the latest gene editing techniques and cancer fighting therapies using engineered immune cells from patients. This will help the Department regulate Advanced Therapeutic Products, i.e., drugs or devices that are complex or distinct to the point that they significantly challenge the current regulatory system.

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

In 2022–23, Health Canada helped Canadians lead healthier lives and provided protection from unsafe consumer and commercial products and substances. The Department's efforts focused on the following priorities, detailed further below: applying a comprehensive approach to substance use-related harms; regulating cannabis; managing the health risks of chemicals in the home, the workplace, and the environment; supporting the safety of consumer products and cosmetics; protecting Canadians from radiation; and strengthening pesticide regulation and transparency.



Applying a comprehensive approach to substance use-related harms

Substance use-related harms continue to cause devastating health and social effects on Canadians from every walk of life. For example, [7,328 Canadians died from apparent opioid toxicity between January and December 2022](#).⁸⁵

To address the overdose crisis and broader substance use-related harms, the Department continued to work with all levels of government and other key partners and stakeholders to respond to this urgent, immediate challenge.

The [Canadian Drugs and Substances Strategy](#)⁸⁶ (CDSS) outlines the GOC's approach to addressing substance use-related harms, including the overdose crisis, with the goal of minimizing harms for individuals, families, and communities. In 2022–23, Health Canada worked with federal partners to renew the CDSS, based on recommendations from **Health Canada's Expert Task Force on Substance Use** and input from 2018 public consultations on the federal drug policy. Budget 2023 committed \$359.2 million over five years, beginning in 2023–24 (\$5.7 million ongoing), for activities to support federal actions under the CDSS.

DID YOU KNOW?

The number of federally approved supervised consumption sites has increased from 2 sites between 2016–17, to 39 sites currently offering services in August 2023. These sites provide a safe, clean space for people to bring their own drugs to use, in the presence of trained staff. This helps prevent accidental overdoses and reduces the spread of infectious diseases.

From October 2017 to March 2023, supervised consumption sites received over 4.17 million visits, responded to over 47,000 overdoses, and made over 239,000 referrals to health and social services, including substance use treatment for people who were ready.

DID YOU KNOW?

Health Canada treats substance use as a health issue and not as a criminal one. Stakeholders have reported that stigma and fear of criminalization cause some people to hide their drug use, use alone, or use in other ways that increase risk of harms.

On May 31, 2022, the Minister of Mental Health and Addictions and Associate Minister of Health granted the province of British Columbia's request for an exemption under the *Controlled Drugs and Substances Act* for adults (18 years of age and older) to possess small amounts of certain illegal drugs for personal use. Instead of facing criminal action, individuals are offered a voluntary referral to health and social services or supports.

In 2022–23, Health Canada continued to modernize its approach to supervised consumption sites and services. The Department extended [specific legislative exemptions](#)⁸⁷ so that P/Ts continued to have the flexibility needed to manage the overdose crisis in their communities. These exemptions allowed jurisdictions to:

- > Establish temporary **Urgent Public Need Sites** within shelters or other locations to help people stay safe from overdoses while respecting physical distancing and self-isolation measures.
- > Establish other **harm reduction activities** such as drug checking (where people can have their drugs tested for toxic or unexpected and potent substances like fentanyl) to help prevent overdoses and overdose deaths.
- > Practitioners to verbally prescribe, and pharmacists to prescribe, sell, or provide controlled substances in limited circumstances, or transfer prescriptions for controlled substances.
- > Individuals to deliver controlled substances to those in isolation.

Health Canada also worked to support safer supply as a potential intervention to help reduce overdose deaths. In practice, it means health professionals prescribe pharmaceutical-grade drugs for people at risk of overdose as a safer alternative to the toxic drug supply. The goal of this work is to prevent overdoses and save lives while also connecting people who use drugs to other important health services and supports. In 2022–23, Health Canada undertook a number of activities to support safer supply and build the evidence around this promising practice, including:

- > Providing \$32.5 million in funding for safer supply pilot projects via the **Substance Use and Addictions Program** (SUAP) to help build evidence on outcomes.
- > Seeking advice from an independent Expert Advisory Group to inform Departmental activities pertaining to safer supply models in Canada.
- > Hosting a [Knowledge Exchange Series](#)⁸⁸ on safer supply with a focus on evidence with participation from researchers, safer supply prescribers, national drug policy organizations, and people with lived and living experiences.

Recognizing that substance use can increase the underlying risk of mental health issues and exacerbate existing issues and vice versa, the Department advanced integrated approaches to treating mental health, substance use, chronic pain, and other disorders. Cross-cutting issues were highlighted through new projects, such as funding provided to Pain BC Society to build and expand a **Pain Canada network**. This network connects medical experts and people with lived

WHAT'S NEW?

In November 2022, the GOC announced an investment of \$4.5 million over 5 years to [Pain Canada](#).⁸⁹ This initiative brings together 14 pain organizations and people living with pain from across the country to enhance national collaboration, scale up best practices, and expand available resources for people living with chronic pain.

WHAT'S NEW?

In August 2022, the Minister of Mental Health and Addictions and Associate Minister of Health added chemicals used in the illegal production of fentanyl to Schedule V of the *Controlled Drugs and Substances Act* (CDSA) for a period of 1 year. This allowed the Minister to take quick action to control these substances temporarily while also providing Health Canada more time to determine the best approach to take with respect to longer-term control. Scheduling this group of chemicals under the CDSA has allowed law enforcement to address illegal importation, distribution, and use of these substances. This helped to reduce the availability of these chemicals and their use in the illegal production of fentanyl in Canada.

and living experience for improved data gathering, and to increase access to pain education and mentorship opportunities for health professionals. Engaging with people with lived and living experience to seek their advice and perspectives continued to be invaluable in the development and implementation of Health Canada's programs, policies, science, and regulatory approaches.

The Department continued to collaborate with international partners such as the United Nations Office on Drugs and Crime and the Council of Europe Pompidou Group to better understand how stigma affects people who use drugs. Health Canada promoted the use of non-stigmatizing approaches during discussions at the **Commission on Narcotic Drugs**. The Department also participated in the development of the [Global Alcohol Action Plan \(2022–2030\)](#)⁹⁰ to effectively implement it to reduce the harmful use of alcohol.

In 2022–23, the Department continued to promote, monitor, verify, and enforce compliance with the CDSA. It monitored the supply chain, including licensed dealers and pharmacies, to ensure controlled substances and precursor chemicals were handled appropriately and remained in legal distribution channels.

Health Canada inspected 220 licenced dealers of controlled substances and precursor chemicals, and followed up on 10 compliance verifications where potential concerns were identified. The Department **inspected 108 pharmacies** and followed up on an additional **433 compliance verifications** to mitigate the risk of diverting controlled substances to the illegal market. Health Canada also successfully expanded its reach to ensure that pharmacies comply with legal requirements by providing 10 information sessions to this sector and holding 8 meetings with regulatory partners.

The Department also continued to analyze suspected illegal drugs seized by Canadian law enforcement agencies as part of criminal investigations or submitted by public health partners in support of harm reduction initiatives. Results provided by the Department's laboratories are used by law enforcement agencies as evidence in Canadian court proceedings. Health Canada also shared statistics and trends based on the drug samples submitted for analysis, including notifications about newly identified and emerging potent illegal drugs. Information on analyzed drugs as well as targeted reports on substances of interest were made available on the [Infobase website](#).⁹¹

DID YOU KNOW?

In the first 6 months of 2022–23, SUAP projects delivered over 60,200 knowledge products and learning opportunities, reaching approximately 8.7 million Canadians. These projects focused on a wide audience: adults and youth who use drugs and/or who are living in vulnerable situations; who are Indigenous, 2SLGBTQIA+, racialized, or low-income; front-line care teams and health care professionals; F/P/T, regional and municipal governments; school boards/trustees; community partners; non-profit organizations; program designers; policy makers; and the general public.

Health Canada continued to support organizations at the community, regional and national levels through the Substance Use and Addictions Program (SUAP). In 2022–23, Health Canada invested over \$145 million in 314 projects that focused on substance use prevention, harm reduction, and treatment as it relates to opioids, stimulants, cannabis, alcohol, tobacco, and vaping products. Key projects included:

- > 29 safer supply projects in British Columbia, Ontario, Quebec and New Brunswick designed to provide pharmaceutical-grade drugs as an alternative to the contaminated drug supply to help prevent overdoses and save lives.
- > 4 projects to distribute naloxone kits and provide overdose response training. This work is integral to harm reduction efforts as it provides education and tools to allow for quick responses to overdoses.
- > 25 projects across Canada providing opiate agonist treatment programs. Opiate agonist treatments such as methadone prevent rapid withdrawal and allow for a slow taper off opiates, thereby reducing the burden of recovery.
- > 13 projects across 5 provinces to support public education and awareness on the use of cannabis, tobacco, vaping, and alcohol products.

Health Canada directed \$12 million to the **Canadian Centre on Substance Use and Addiction** (CCSA) for initiatives targeting prevention, treatment, harm reduction of substance use, and for core operations. With this funding, CCSA advanced work in key areas contributing to federal priorities on substance use by: informing stakeholders, including P/Ts, on substance use trends and emerging issues; developing and disseminating new knowledge to improve awareness; creating tools and relevant resources targeting specific groups such as educators, people with lived and living experience of substance use and their families, and youth; and working with partners to support the development of guidelines and resources to **improve workforce capacity that understand evolving substance use issues and risks**. CCSA's key achievements in 2022–23 included:

- > Developing [Canada’s Guidance on Alcohol and Health](#)⁹² with input from Health Canada and Canadian experts to encourage public dialogue on the issue and inform future alcohol policy.
- > Releasing [Canadian Substance Use Costs and Harms](#)⁹³—a unique national source of data informing policy makers on how to allocate resources to reduce substance use harms.
- > Publishing bulletins to inform policy makers and the substance use community about emerging drug trends and risks associated with Canada’s unregulated drug supply. For example, last year’s Xylazine drug alert drew extensive domestic and international media attention and generated interest from both Canadian and US-based academia and government agencies.
- > Developing competencies for Canada’s substance use workforce in line with the GOC’s priority to equip health human resources with necessary competencies to address substance use challenges.
- > Continuing collaboration with the **Mental Health Commission of Canada (MHCC)** to incorporate substance use and mental health aspects into workforce competencies as well as increasing awareness of mental health and substance use intersections through knowledge sharing and highlighting the long-term impact of the COVID-19 pandemic on mental health and substance use.

In 2022–23, the Department also invested an additional \$2.3 million in the CCSA for cannabis research to build evidence needed to inform policy. In 2022–23, [CCSA released](#)⁹⁴ 15 knowledge products and published 3 peer-reviewed journal articles as a result of this funding.

In 2022–23, SUAP directed an additional \$1.6 million in cannabis funding to the MHCC to continue to inform current and future research; to build an evidence-base, and mobilize knowledge regarding the impact of cannabis use on mental health in a legalized and regulated environment.

Regulating cannabis

Health Canada continued to support the effective implementation of the *Cannabis Act* to protect public health and public safety—in particular, the **health of young persons by restricting their access to cannabis**—while providing adults of legal age with access to regulated products and reducing illegal activities involving cannabis.

To meet these objectives, the Department worked closely with P/Ts, Indigenous communities, the regulated industry, public health organizations, academics, federal partners, international partners, and law enforcement.

Health Canada continued to closely monitor cannabis usage rates through examining the results from the [2022 Canadian Cannabis Survey](#)⁹⁵ published in December 2022. The survey found that the number of respondents reporting cannabis use in the previous 12 months remained higher among youth aged 16–19 years and young adults aged 20–24 years compared to individuals over 25 years old. Since the coming into force of the *Cannabis Act* in 2018, the prevalence of past 12-month cannabis use in youth aged 16–19 years has remained relatively stable.

A **tightly-regulated cannabis industry** capable of delivering a sufficient supply of quality-controlled products continued to be in place in 2022–23 and Health Canada observed progress towards the displacement of the illegal cannabis market. The proportion of household spending on cannabis in the legal market has grown from 9% in Q3 2018 to 71% in Q4 of 2022. The Department publishes [market data](#)⁹⁶ on its website each quarter to keep Canadians informed of industry trends.

The federally-regulated cannabis industry continued to expand and diversify. In 2022–23, Health Canada granted an additional 179 licences for the cultivation, processing, and sale of cannabis for medical purposes, 125 licences for research, analytical testing, and/or cannabis drug, and 120 for industrial hemp. The Department also granted 1,805 import and export permits.

Health Canada continued to enable a diverse and competitive cannabis industry comprised of small and large businesses, with participation from Indigenous, Black, and other racialized communities. The **Cannabis Tracking and Licensing System** was updated to include responses to frequently asked questions from micro-class licence holders; demographic data was gathered to better understand the diversity of the cannabis industry; social media campaigns were leveraged to help disseminate information to a more diverse audience; communication between Health Canada and its stakeholders was enhanced through its virtual learning series; and feedback was gathered from industry surveys to support program improvements and to inform the streamlining of processes.

The Department also continued to work to strengthen the integrity of the medical access framework. In April 2022, Health Canada published the [Guidance on Personal Production of Cannabis for Medical Purposes](#),⁹⁷ based on [stakeholder feedback](#),⁹⁸ which outlined factors the Department may consider when deciding whether to refuse or revoke a registration for personal or designated production of cannabis for medical purposes. Further, during the registration process, Health Canada sought additional evidence from health care practitioners to substantiate or support authorizations for high daily amounts of cannabis and communicated concerning trends to the appropriate health care practitioner. The Department used its authority to refuse a request if it was not substantiated, and represented a risk to public health and safety, especially if the cannabis was being diverted to an illicit market or activity.

Health Canada **actively supported law enforcement** by providing a dedicated 24–7 service to confirm whether specific individuals were authorized to possess or produce cannabis for medical purposes. Where appropriate, the Department provided information to law enforcement and other authorities, such as provincial regulatory medical colleges, to assist with active investigations.

Conducting clinical trials with cannabis is critical to generating high-quality evidence that can be used to better understand the health risks and benefits of cannabis use and support the development of cannabis-based drug products that are safe, effective, and of high quality. On March 9, 2023, Health Canada published the notice, [Clarification of requirements under the Food and Drug Regulations when conducting clinical trials with cannabis](#),⁹⁹ with a focus on requirements for clinical trials with cannabis under the Food and Drug Regulations.

Health Canada continued to promote, monitor, verify, and enforce compliance with cannabis legislative and regulatory requirements. The Department is responsible for regulatory oversight of the legal industry while law enforcement agencies are responsible for enforcing the criminal prohibitions associated with cannabis.

In 2022–23, Health Canada undertook over 779 compliance promotion activities (e.g., emails, webinars, calls, letters), reviewed a total of 23,417 notices of new cannabis products and undertook compliance promotion action for 8% (over 1,800 notices) with product characteristics that were potentially non-compliant with the *Cannabis Act* and its *Regulations*, investigated over 1,185 cannabis complaints, and made 142 referrals to law enforcement for possible enforcement action.

WHAT'S NEW?

In December 2022, amendments to the *Cannabis Act* and its *Regulations* came into force. These amendments foster a stronger cannabis research climate (including research on cannabis for non-therapeutic purposes in humans), facilitate cannabis testing by improving access to testing materials and broadening the educational qualifications for those responsible for testing cannabis at licensed sites, and increase the public possession limit for cannabis beverages to better align with other cannabis products.

In 2022–23, Health Canada assessed 41% of current cannabis license holders. These assessments were conducted using a risk-based approach, which continues to be reviewed and refined as new cannabis products are introduced into the market. The Department inspected 377 cannabis license holders and found that industry complied with Health Canada regulations 96% of the time. The Department also actioned 129 compliance verifications, undertook 104 cannabis compliance promotion sessions, collected 43 cannabis product samples for laboratory analysis and monitoring, and conducted 170 inspections at personal and designated production sites.

The Department continued its in-depth collaboration with international partners such as European Pharmacopeia and the United Nations Office of Drugs and Crime. Common objectives included the development of standardized cannabis testing methods and quality specifications.

Health Canada updated its [Guidance on Cannabis Promotion Prohibitions](#)¹⁰⁰ to reinforce all parties of their obligations to comply with the Act, including the prohibitions relating to the promotion of cannabis, cannabis accessories and services related to cannabis, and prohibitions around packaging and labelling of cannabis and cannabis accessories.

The Department continued to **closely monitor the impacts of cannabis legalization and regulation**. The [Legislative Review of the Act](#)¹⁰¹ was launched in September 2022. The review is led by an independent Expert Panel that will provide advice on progress made towards achieving the Act's objectives. The Minister of Health is required to table a report setting out the findings of the review in both Houses of Parliament by March 2024.

Health Canada's **Science Advisory Committee on Health Products Containing Cannabis** published its [final report](#)¹⁰² in July 2022. The report focused on cannabidiol (CBD) and provided advice on the appropriate safety, efficacy, and quality standards for health products containing CBD for both human and animal use. In 2022–23,

WHAT'S NEW?

In March 2023, Health Canada published a Notice of Intent in the *Canada Gazette, Part I*, seeking feedback on potential amendments to the Cannabis Regulations. These amendments aim to streamline and clarify existing requirements; eliminate duplicative requirements; and reduce burdens where possible, while continuing to meet the public health and public safety objectives in the *Cannabis Act*.

Health Canada published a notice to stakeholders inviting interested parties to provide input on a potential regulatory pathway that would permit CBD as a medicinal ingredient in certain health products for human use that would not require a prescription.

Managing the health risks of chemicals in the home, the workplace, and the environment

Through the Chemicals Management Plan, the GOC assesses and manages risks posed by chemical substances that can be found in food and food products, consumer products, cosmetics, drugs, drinking water, and industrial releases.

As part of its commitment to implementing the Plan, Health Canada continued to conduct research, monitoring, and surveillance (including biomonitoring). For example, the Canadian Health Measures Survey resumed data collection following a pause during the COVID-19 pandemic. This ongoing survey includes nationally representative biomonitoring data for new and emerging environmental chemicals and will be used to inform risk assessment and risk management actions for chemical substances.

In partnership with Environment and Climate Change Canada (ECCC), Health Canada continued to assess the safety of existing substances under the Plan, with approximately 95% (4,144 substances) of total planned assessments completed by the end of March 2023. The Department continued to take risk management actions to protect the health of Canadians from substances found to be a risk to human health.

WHAT'S NEW?

To facilitate access to medical advice on poisonings, Health Canada launched a new toll-free number, 1-844 POISON-X, or 1-844-764-7669, in collaboration with Canadian poison centres (Quebec will continue using its current toll-free number). This makes it easier for Canadians to access poison centre services 24/7.

Health Canada continued to identify and manage the risks of chemical substances to protect the health of Canadians as part of its ongoing commitment to chemicals management. In 2022–23, the Department improved accessibility of information by refining its approach on the communication of information on risks from chemicals and the actions that can be taken. This included collaborating with organizations, leaders, and schools on how to better leverage existing technology, and develop new educational resources, including reimaged exhibit spaces and materials that supported virtual and in-person participation. These new tools allowed the Department to reach over 2.4 million Canadians and resulted in 213,631 interactions to raise awareness among underserved individuals and households across Canada.

The Department also raised public awareness about the health risks of chemicals and pollutants that may be found in and around the home via the [Healthy Home Campaign](#).¹⁰³ It continued to **provide science-based information on chemicals of concern** and expanded its reach by investing in projects to accelerate the digital transformation of outreach activities, including new web content, publications, and the development of a digital game-based learning tool. Results were demonstrated through 298,555 web page views, 635,455 social media impressions and an advertising campaign that made 23.5 million impressions.

In addition, Health Canada issued updated tips and information on various drinking water pollutants—its [Drinking Water webpages](#)¹⁰⁴ continued to be among the top three most viewed pages related to environmental health on Canada.ca.

The Department continued to partner with ECCC to strengthen the [Canadian Environmental Protection Act, 1999](#)¹⁰⁵ (CEPA). In 2022–23, the two departments continued to support the passage of **Bill S-5**, which was introduced in the Senate in February 2022 (Royal Assent received on June 13, 2023). The Bill's amendments to CEPA focused on two themes: recognizing that every individual in Canada has a right to a healthy environment, as provided under CEPA, and strengthening the GOC's foundation for chemicals management. Bill S-5 also proposed amendments to the *Food and Drugs Act*, to strengthen the environmental risk assessment and risk management of drugs. These amendments will modernize Health Canada's approach to the environmental risk assessment of active ingredients in drugs and will further strengthen the GOC's ability to protect individuals in Canada and their environment from harmful substances. For example, industry will be required to provide environmental data on new drug ingredients at the same time as a submission for authorization is made (e.g., when applying for market authorization).

DID YOU KNOW?

In October 2022, Health Canada, in collaboration with The Canadian Association for Poison Centres and Clinical Toxicology, Parachute Canada, and all 5 Canadian poison centres, released a [Pan-Canadian Poison Centres 2020 Annual Report](#).¹⁰⁶ The first of its kind since 1987, this report provides valuable data and expertise collected from Canada's poison centres on exposure and hazards for people in Canada, and highlights the ongoing need for collaboration and action to reduce the national burden of poisonings.

Health Canada continued to collaborate with ECCC to assess all new substances (351 in 2022–23) before they were imported into or manufactured in Canada under the authority of CEPA. For those deemed to be potentially harmful to human health or the environment, the two Departments developed at least one risk management instrument within mandated timelines and published relevant notices in the Canada Gazette.

Health Canada also continued to act as a **WHO Collaborating Centre on Environmental Health** working on managing the health effects of chemical exposures as well as other environmental risk factors such as air pollution, drinking water contamination and climate change. In its role as the National Focal Point for the Strategic Approach to International Chemicals Management, the Department continued leading the GOC's involvement in developing a strengthened voluntary global framework for the sound management of chemicals and waste.

Health Canada continued to mitigate risks posed by workplace hazardous products by implementing new processes and efficiencies in the administration of the *Hazardous Materials Information Review Act*¹⁰⁷ such as launching a new risk-based framework for compliance verification of safety data sheets and labels related to confidential business information claims submitted by industry. In addition, the Department published a notice of intent to introduce a new requirement under the *Hazardous Products Act*¹⁰⁸ for suppliers of chemical consumer products to provide, upon request, safety data sheets for consumer products used in the workplace.

The Department addressed recommendations made in the **Evaluation of the Workplace Hazardous Products Program** 2014–15 to 2018–19, which included the implementation of a new stakeholder engagement strategy. Launched in fall 2022, the engagement strategy targets all interested parties including industry, labour, F/P/Ts, employers, and workers. The implementation of the strategy is ongoing, and the main mechanisms include an annual multi-stakeholder workshop, bilateral meetings with individual stakeholder groups as requested/needed, an optimized web presence, and *quarterly newsletter*.¹⁰⁹

Internationally, Health Canada collaborated with global partners in 2022–23 to advance the adoption, implementation, and updating of the **Globally Harmonized System of Classification and Labelling of Chemicals**¹¹⁰ to promote the safe use of chemicals while also facilitating international trade. This included participation in the United Nations Sub-Committee of Experts on the Globally Harmonized System and in the **Canada-U.S. Regulatory Cooperation Council**.¹¹¹

As part of its commitment to support the GOC's **agenda for reducing plastic waste**, the Department initiated research on the effects of microplastics on human health including methods to detect microplastics in air and biological samples (e.g., placenta, lung tissues). The Department also established the **Environmental Health Research Contribution Program** to fund further research in this area. Health Canada initiated toxicology research to support the reassessment of titanium dioxide (TiO₂) in food and develop methods to address the health hazards of microplastics in food. The Department conducted research to determine if microplastics or nanoplastic particles posed hazards to human health if ingested through bottled water or food. Health Canada continued to monitor chemical contaminants such as trace elements, persistent organic pollutants, process-induced toxicants, and chemicals transferred from food contact materials in the **Canadian Total Diet Study**.¹¹²



The Department continued to update its regulatory maximum levels for chemical contaminants in food, as well as published consumer advice and information for Canadians on a number of additional topics related to food chemical safety such as:

- > [Ethyl carbamate in food](#)¹¹³ and alcoholic beverages and its [risk management commitments](#).¹¹⁴
- > [Monosodium glutamate](#).¹¹⁵
- > The [maximum level for total arsenic in fruit juice and fruit nectar](#)¹¹⁶ and added [new maximum level for arsenic in rice based foods intended for infants and young children](#).¹¹⁷

Supporting the safety of consumer products and cosmetics

In 2022–23, Health Canada notified Canadians of **216 consumer product and cosmetic recalls**, 82 of which were coordinated as joint recalls with the United States and/or Mexico.

To promote awareness of potentially unsafe consumer products, the Department participated in several internationally coordinated consumer product awareness campaigns, including with the US Consumer Product Safety Commission, the European Commission, and the Organisation for Economic Co-operation and Development, focusing on such areas as safe sleep for infants and online shopping.

Health Canada continued to maintain and develop relationships with key partners such as Australia and the European Commission. In addition, the Department participated in global forums such as the United Nations Conference on Trade and Development.

Health Canada continued to mitigate risks posed by **unsafe consumer products and cosmetics** through compliance and enforcement activities, including the implementation of new approaches that increase the volume of testing done on consumer products and imports.

To protect people in Canada from risks associated with consumer products and cosmetics, the Department collaborated with ECCC to consult with Canadians and key stakeholders on supply chain transparency and consumer product labelling. Health Canada also notified manufacturers, importers, and other stakeholders of proposed amendments to the [Cosmetic Regulations](#)¹¹⁸ to require **the labelling of**

fragrance allergens and proposed amendments to modernize the [Carriages and Strollers Regulations](#).¹¹⁹ These regulations had not changed substantively since they were introduced in 1985, while stroller design evolved considerably. The requirements were updated, and incorporated by reference in two international voluntary standards (ASTM F833 and ISO 31110). As well, the Department strengthened the [Surface Coating Materials Regulations](#)¹²⁰ and updated the [Cosmetic Ingredient Hotlist](#).¹²¹

During 2022–23, Health Canada also continued work that led to the introduction of legislation to amend the *Food and Drugs Act* to **ban cosmetic testing on animals**, which was announced in Budget 2023 and received Royal Assent in June 2023. These amendments represent a major step forward in supporting animal welfare by reducing our reliance on animal testing, while ensuring health and safety. The new legislative changes prohibit testing cosmetics on animals in Canada; selling cosmetics that rely on animal testing data (with some exceptions); and false or misleading labelling pertaining to the testing of cosmetics on animals.

The Department also responded to recommendations made in the Evaluation of the Consumer Product Safety Program by reviewing its compliance and enforcement approach for products sold online and developing an outreach strategy to increase consumer awareness of the potential risks of consumer products purchased online.

DID YOU KNOW?

On June 30, 2022, Health Canada published an updated version of its guidelines for the safe installation, use, and control of dental x-ray equipment, also known as [Safety Code 30](#).¹²² These updates addressed technological advancements in x-ray equipment, along with new international standards, and set out best practices to help protect individuals who may be exposed to radiation from dental x-ray equipment.

DID YOU KNOW?

In January 2023, Health Canada led a National Recovery Workshop bringing together nuclear power plant operators, municipalities, provincial governments, and federal departments to review the roles and responsibilities for recovery planning following a nuclear emergency in Canada. The workshop included a tabletop exercise to test the existing arrangements for a nuclear recovery scenario.

Protecting Canadians from radiation

The Department continued to conduct research and develop science-based advice for Canadians and stakeholders on the safety of radiation-emitting devices. For example, in March 2023 Health Canada launched a consultation with stakeholders on proposed updates to guidance for the installation, use and control of x-ray equipment in large medical radiological facilities ([Safety Code 35](#)).¹²³ These proposed updates reflect the latest science relating to radiation protection practices for x-ray procedures and help protect patients, workers, and the public.

Through outreach and engagement activities, Health Canada continued to inform Canadians about the **health risks posed by radon** in indoor air and how to reduce those risks. For example, the Department distributed 1.3 million radon postcards to homes in at risk regions of Canada and distributed a video message via social media from the Minister of Health promoting radon reduction action and it published [Radon Action guides](#)¹²⁴ for P/Ts and municipalities to support radon risk management in relevant policies and programs.

In 2022–23, Health Canada published the results of [a survey comparing radon gas levels in Halifax homes](#)¹²⁵ built before and after 2010, when radon requirements in the National Building Code were adopted. Results are informing decisions to strengthen radon requirements in the 2025 update to the Code.

As part of the [Federal Nuclear Emergency Plan](#),¹²⁶ the Department participated in 10 nuclear emergency drills and exercises to verify operational readiness and identify opportunities to strengthen emergency preparedness. For example, in October 2022, Health Canada and the Department of National Defence co-lead Exercise Maritime Integration 2022 at the Canadian Forces Base Halifax in Nova Scotia. The exercise was for a nuclear emergency involving a nuclear-powered vessel in Canada.

Strengthening pesticide regulation and transparency

In 2022–23, Health Canada continued to promote, monitor, and enforce compliance with the [Pest Control Products Act](#)¹²⁷ (PCPA) and its [Regulations](#), and make timely science-based decisions that supported the safe and sustainable use of pesticides in Canada. For example, the Department **registered 340 new pesticide products** and **completed 35 re-evaluations**. Of these re-evaluations, 6 were remaining legacy pesticide reviews marking the completion of a federal commitment made in 2001 to re-examine all pesticide active ingredients registered before 1995.

In addition, Health Canada continued efforts to transform Canada's pesticide regulatory system to undertake better-informed, transparent, accessible, and more responsive pesticide reviews for the 21st century. Achievements for 2022–23 included:

Improved transparency to help Canadians better understand how pesticides are regulated in Canada

- > Enhanced online pesticide and pest management [consultation](#)¹²⁸ and [decision](#)¹²⁹ lists to make it easier to find regulatory updates.
- > Promoted increased understanding and meaningful public participation in the regulatory process by incorporating plain language communications in regulatory decisions, tools, and templates and in explaining the Department's work. For example, the release of [Maximum Residue Limit materials pertaining to pesticides](#)¹³⁰ and the plain language summary for the recent regulatory decision on [Atrazine](#).¹³¹

Increased use of Real-World Data and Independent Advice for better-informed pesticide review decisions

- > Established the [Health Canada Science Advisory Committee on Pest Control Products](#),¹³² made up of scientific experts, to provide the Department with independent expert advisors to support making evidenced-based decisions on pesticide health and environmental assessments.
- > Consulted broadly with stakeholders on the development of a [National Water Monitoring Framework for Pesticides](#).¹³³
- > Conducted a [pilot](#)¹³⁴ water monitoring program for pesticides across 89 sites in Canada, including rivers, streams, wetlands, and lakes, and made this data available to the public. This work will inform a future water monitoring program and the development of a National Water Monitoring Framework for pesticides.

Strengthened human health and environmental protection through modernized pesticide business processes

- > Launched a pilot program to enhance stakeholder engagement in re-evaluations with the goal of developing continuous oversight policies and responding earlier to emerging risks.
- > Began developing a framework to guide the level of oversight and resources allocated to reviewing high-and low-risk pesticide submissions. This will help ensure the level of effort and oversight is proportional to the risk.

Conducted a Targeted Review of the PCPA and Regulations

- > Completed [broad consultations to inform the review of the PCPA](#).¹³⁵

Departmental Result 5: Canadians make healthy choices

Helping Canadians make healthy choices in their day-to-day lives is a vital part of Health Canada's Health Protection and Promotion core responsibility. Over the course of 2022–23, the Department **focused on the following priorities, detailed further below:** promoting healthy eating; modernizing the regulatory oversight of food; improving food packaging and labelling; ensuring the safety of the Canadian food supply; taking action on youth vaping and reducing tobacco use; and supporting Canadians in making informed decisions about cannabis use through public education, research, and surveillance.

Promoting healthy eating

In 2022–23, Health Canada continued to advance its [Healthy Eating Strategy](#),¹³⁶ which aims to curb the rising burden of obesity and chronic disease by making healthier choices easier for all Canadians.

As part of its monitoring strategy, the Department continued to track and [report on the state of food and beverage advertising in Canada](#).¹³⁷ Monitoring advertising to children supports evidence-informed nutrition policy, while studying its impact. Results demonstrated that advertisers reach children and teens in many settings, using many techniques; advertising is pervasive on TV and online; and most of this advertising undermines healthy eating. Health Canada created new resources to help people increase their knowledge of [Canada's food guide](#)¹³⁸ and to promote healthy eating using the guide. These included:

- > A new dynamic recipe website, the [Food guide kitchen](#)¹³⁹ that connects recipes, videos, and cooking skills articles designed to increase food skills and use of food guide recommendations.
- > A [food guide friendly initiative and webpage](#)¹⁴⁰ that raises awareness of the importance of making changes to the food environment in publicly funded institutions.
- > A resource for health professionals and policy makers, [Applying Canada's Dietary Guidelines](#),¹⁴¹ to assist with implementation at different life stages.

The Department continued to promote healthy eating among youth, young adults, and families, through the food guide e-newsletter, peer to peer youth engagement activities, and experiential and social marketing. The e-newsletter continued to be an effective tool to promote content and increase traffic to the food guide website. The e-newsletter subscribership steadily increased from 60,029 at the start of 2022 to 68,503 by March 2023. Other engagement initiatives included a pilot tour of virtual sessions with youth across Canada to increase awareness that food marketing can influence food choices. The tour delivered 272 sessions, engaging over 5,000 youth from March to May 2022. Also, Health Canada completed its Student Ambassador Network initiative in June 2022 to improve food literacy and practical skills and promote healthy habits in the post-secondary environment. The Network engaged over 1,800 students in activities across Canada.

Health Canada developed plans to assess the food processing sector's progress towards meeting the 2025 targets set in the [Voluntary Sodium Reduction Targets for Processed Foods, 2020–2025](#).¹⁴² As well, Health Canada published [updated information on sodium](#)¹⁴³ so consumers, industry and health professionals have up-to-date food and nutrition labelling information.

DID YOU KNOW?

Starting in 2018, Health Canada prohibited the use of partially hydrogenated oils in foods, the largest source of industrially produced trans-fat. To understand the prohibition's effectiveness, the Department studied data from the 2015 Canadian Community Health Survey—Nutrition, and determined that most of Canada's population groups were already meeting the WHO's recommendation for daily total trans-fat intake. The only group that did not meet the target was the one consisting of children 1–3 years of age.

Based on the latest scientific evidence, the Department amended the potassium and sodium values for specific age groups in the [Table of daily values](#)¹⁴⁴ in October 2022, which sets reference values and recommended daily amounts of nutrients by age group for nutrition labelling. These are the reference points upon which the percentage of daily values in the Nutrition facts table are based.



Modernizing the regulatory oversight of food

Under the Food and Drug Regulations, novel foods (including those derived from genetically modified crops) are required to be safe and approved by Health Canada before they enter the Canadian market. The path to market for these foods is well established, with some requiring safety assessment and others not, depending on whether they meet the regulatory definitions for a novel food. The Department embarked on modernizing its **oversight of novel food products** of plant breeding, by creating guidance which further clarified when such foods are novel or not. Following a 60-day public consultation on the [regulation of products of plant breeding](#),¹⁴⁵ Health Canada published a What We Heard Report and new guidance for the **Novel Food Regulations**.¹⁴⁶ This new guidance serves to provide developers of foods derived from products of plant breeding with clarity, predictability, and transparency in the regulatory system. It clarifies when food derived from products of plant breeding are novel under the existing regulatory definitions, require premarket notification, and assessment. To support this work, the Department launched a new [transparency initiative](#)¹⁴⁷ to provide Canadians with information on gene-edited plants that do not meet the definition of a novel food. Additionally, Health Canada published a [scientific opinion](#)¹⁴⁸ on the regulation of gene-edited plant products within the context of the Food and Drug Regulations.

Supplemented foods are prepackaged foods containing one or more added ingredients, such as vitamins, minerals, amino acids, or caffeine. In July 2022, the [Regulations Amending the Food and Drug Regulations and the Cannabis Regulations](#)¹⁴⁹ (Supplemented Foods) came into force. These establish detailed conditions for the use of supplemental ingredients in food to protect the health and safety of Canadians, while providing a predictable regulatory environment for industry.

Improving food packaging and labelling

Health Canada published the [Regulations Amending the Food and Drug Regulations](#)¹⁵⁰ (Nutrition Symbols, Other Labelling Provisions, Vitamin D, and Hydrogenated Fats or Oils) in the *Canada Gazette, Part II* in July 2022. A **front-of-package nutrition symbol** is now required on foods high in saturated fat, sugars and/or sodium, to help consumers more easily identify these foods. Avoiding excess consumption of these nutrients can help reduce associated health risks. The food industry has been given until January 1, 2026 to make this change but may start introducing the symbol earlier.

In addition to front-of-package nutrition labelling, the new regulations also include: changes to nutrient content claims, amendments to align the Food and Drug Regulations with the ban on partially hydrogenated oils, simplification of the labelling requirements for some high-intensity sweeteners, and increases to the amount of vitamin D addition in some foods.

Using new consumption data and market trends, the Department amended the [Table of Reference Amounts for Food](#)¹⁵¹ in November 2022 to address identified gaps in certain food categories. The Table is used to determine serving size in the [Nutrition Facts table](#),¹⁵² providing consumers with useful information.

WHAT'S NEW?

The new [front-of-package nutrition symbol](#)¹⁵³ is intended to act as a quick and easy visual cue to identify foods that are high in saturated fat, sugars and/or sodium.

The symbol complements the Nutrition Facts table, on the back of food packages, to help Canadians make more informed food choices.



Health Canada and the Canadian Food Inspection Agency continued to further voluntary guidelines and best practices for the [display of nutrition labelling information](#)¹⁵⁴ for foods sold via e-commerce through a [joint-consultation](#).¹⁵⁵ A high-level summary of stakeholder feedback was published in a What We Heard report. Nutrition labelling information helps consumers make well-informed and safe food choices.

Enhancing the safety and nutritional quality of the Canadian food supply

The Department continued work to improve public education and awareness related to the importance of safe food handling and preparation practices to reduce foodborne illnesses in Canada. The **Food Safety marketing campaign reached more than 12 million Canadians** in 2022–23 using targeted advertising on popular English and French cooking shows, as well as coordinated digital and social media ads. The objective was to reach young children who watched and learned as their parents prepared food in the home while introducing safe food handling habits as norms in everyday life.

Health Canada also worked to maintain and improve food safety. In 2022–23, the Department updated the [policy on Listeria monocytogenes in ready-to-eat foods](#),¹⁵⁶ and released a What We Heard Report with [new scientific information and input](#)¹⁵⁷ from stakeholders such as manufacturers, industry, and regulatory agencies. The policy provides clear guidance to industry and regulatory authorities, includes new instruction for food produced for underserved populations, and continues to **protect Canadians from foodborne listeriosis**. Additionally, the Department continued to contribute to federal outbreak responses with health portfolio partners to limit foodborne illnesses by supporting recalls and [public health notices](#).¹⁵⁸

Health Canada also worked to improve its understanding of food pathogens. For example, the Department began assessing the risks of pathogenic E. coli which will inform a potential shift in the approach to managing this organism in the Canadian food supply.

DID YOU KNOW?

Health Canada published work on the [links between the consumption of tahini and tahini-based products and outbreaks of salmonella](#)¹⁵⁹ as part of the Department's efforts to address all high-risk food safety and nutrition issues.

Taking action on youth vaping and reducing tobacco use

Health Canada took additional action to address the ongoing high rates of youth vaping and continued to implement **Canada's Tobacco Strategy**, which aims to reduce tobacco use to less than 5% by 2035.

In 2022–23, the Department tabled the [first legislative review](#)¹⁶⁰ of the *Tobacco and Vaping Products Act* which focused on the vaping-related objectives of the Act, particularly those related to protecting young people. The review found that in general, the Act is making progress towards achieving its vaping-related objectives.

The review also proposed potential areas for action, such as: examining access to vaping products by youth; communicating the potential benefits of vaping as a less harmful source of nicotine for people who smoke, as well as the health hazards; strengthening compliance and enforcement; and addressing scientific and product uncertainty to better understand the vaping product market and the health impacts of vaping.

The Department consulted on the proposed Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act (Flavours) and received over 25,000 comments. Health Canada is considering these comments as it continues to explore options to best address youth vaping.

Taking action on youth vaping

In 2022–23, Health Canada pre-published the proposed [Vaping Products Reporting Regulations](#)¹⁶¹ in the *Canada Gazette Part I* and received 44 responses during the public consultation. The regulations would require manufacturers to submit information on the sales and ingredients of vaping products to the Department. This information would help better understand the impact of these products and will inform the development of policies and regulations that protect people’s health from the **risks of vaping and nicotine addiction**, especially that of young persons and people who do not smoke. The new regulations support federal actions to address youth vaping and build on investments in research, public education, regulation, and enforcement.

In addition, Health Canada continued its youth **vaping prevention campaign**—“[Consider the Consequences of Vaping](#)”¹⁶²—to reach youth 13 to 18 years of age. The campaign aimed to empower youth not to vape, while educating them about the risks and harms of vaping and provided parents, adults, and educators with resources to support conversations with youth, including launching a new self-/teacher-led virtual session, and increasing awareness of where to get more information. In 2022–23, campaign-related resources were updated to include information on cannabis, recognizing there are different harms and risks to vaping nicotine and vaping cannabis. The Department also updated information on [Canada.ca/vaping](#)¹⁶³ about vaping, risks, potential benefits for adults who smoke, surveillance, and laws and regulations.

In 2022–23, Health Canada used SGBA Plus to identify ways to limit vaping uptake and use among people who do not smoke, particularly youth, and encourage a complete switch to vaping for people who both smoke cigarettes and vape. Results of national surveys ([Canadian Tobacco and Nicotine Survey](#)¹⁶⁴ and [Canadian Student Tobacco, Alcohol and Drugs Survey](#))¹⁶⁵ were analyzed and disseminated. The data showed that the identification of high-prevalence subpopulations may reveal which Canadians are at greater risk and that understanding the

composition of subpopulations may inform targeting of public education or other programming content. Health Canada developed questions for the next **Canadian Nicotine and Tobacco Survey** and a module on smoking cessation for the 2023 and 2024 cycles of the Canadian Community Health Survey to collect data on the use of cigarettes, vaping products, and smoking. Health Canada also commissioned public opinion research that identified significant differences in youth and young adults who vape infrequently versus frequently in terms of devices used and co-use of other substances. The Department also conducted longitudinal studies to track people who smoke and vape to identify products and patterns of use associated with smoking cessation.

In 2022–23, other vaping-related activities, including compliance and enforcement, included:

- > Focusing online inspection resources on enforcing the **Vaping Products Promotion Regulations** on vaping product retail websites.
- > Analyzing approximately 300 vaping products to determine their nicotine concentrations, in addition to ensuring compliance with vaping product labelling regulations.
- > Inspecting over 250 Canadian vaping product websites to determine if the sellers had instituted appropriate age-gating mechanisms to prevent youth from accessing vaping product advertising or promotions.
- > Inspecting over 1,000 gas and convenience stores and 345 specialty vaping establishments to assess compliance with product packaging, labelling, promotion, and nicotine concentration requirements.
- > Publishing the Department’s [fourth compliance enforcement report](#)¹⁶⁶ outlining the results of a series of online inspections of vaping product promotions, retail inspection activities at specialty vaping establishments, and gas and convenience stores.
- > Inspecting 15 festivals and events to assess compliance with promotion requirements.

WHAT'S NEW?

In 2022–23, Health Canada pre-published proposed regulations to introduce the world's first requirement to display health warnings directly on cigarettes, updating the health-related messages that must be displayed on packages of tobacco products. The proposed regulations aim to increase public awareness of the health hazards associated with tobacco use and are part of the GOC's continued efforts to help adults who smoke quit, to protect youth and non-tobacco users from nicotine addiction, and to further reduce the appeal of tobacco products. The public consultation received 585 submissions.

Reducing tobacco use

In 2022–23, Health Canada engaged in several activities to reduce tobacco use, these included:

- > Collaborating with P/Ts to reduce tobacco use, providing up to \$2.0 million to support smoking cessation services via the **Pan-Canadian Quitline Initiative**. Through the display of a toll-free telephone number and web address on tobacco product packages, this initiative helps to seamlessly connect Canadians with the free and confidential cessation services provided by their P/T.
 - > Health Canada inspected tobacco products for packaging and labelling requirements at over 2,000 gas stations and convenience stores. This included 1,000 inspections conducted in April–May 2022, focusing on the new slide and shell requirements under the Tobacco Products Regulations.
 - > In addition, the Department conducted 20 on-site inspections of tobacco manufacturers resulting in the laboratory-testing of 60 samples for cigarette ignition propensity, leading to 3 recalls, and 100 samples for prohibited additives in cigarettes.
 - > Additionally, approximately 60 products were sampled to verify compliance with requirements under the **Tobacco Products Regulations**—Plain and Standardized Appearance.
- > Over the past year, Health Canada advanced its work towards a framework requiring tobacco manufacturers to contribute to the cost of federal public health investments in tobacco control. The Department consulted other government departments, cost recovery and legal experts, and existing cost recovery programs.
 - > Working with the Standards Council of Canada and the University of Ottawa Heart Institute, Health Canada advanced the development of **voluntary smoking cessation standards** for health care organizations. Work included issuing a request for proposal to select a standards development organization that will coordinate the development of the standards.
 - > In 2022–23, Health Canada provided almost \$3.5 million via its Substance Use and Addictions Program to 8 projects focused on prevention, protection and/or cessation for both tobacco and vaping products. Projects informed Canadians about the harms and risks of tobacco and vaping product use, including those that design cessation interventions for people who smoke as well as youth who vape.

DID YOU KNOW?

The Department launched a digital tobacco cessation **marketing campaign**¹⁶⁷ in 2022–23 targeting adults ages 35 to 64 who smoke. The campaign aimed to encourage adults who smoke to learn more about available resources and supports that can help them quit smoking. The campaign promoted making a quit plan and combining quit tools and supports to increase chances of success. The quit plan tool was accessed over 1,300 times and had over 16 million campaign impressions.

WHAT'S NEW?

In 2022–23, Health Canada continued to help individuals quit tobacco and undertook new activities to engage people with lived and living experience on smoking cessation. The Department is taking a compassionate and people-centred approach to help Canadians quit smoking and are engaging with people with lived and living experience to ensure stigma and the unique needs of various populations are addressed. In September 2022, Health Canada hosted the first ministerial roundtable on tobacco and vaping and heard from academics, clinicians, and people with lived and living experience on the role of vaping in cessation. This input, along with what was heard through the legislative review will inform future policy and program developments.

Supporting Canadians in making informed decisions about cannabis use through public education, research, and surveillance

Health Canada monitored changes in knowledge, attitudes, and behaviours on cannabis through population-based surveys such as the [2022 Canadian Cannabis Survey](#),¹⁶⁸ and adapted its public education and awareness activities to help Canadians make informed decisions to protect their health.

The Department published results of a [public opinion research report](#)¹⁶⁹ that gathered information on views and practices of patients and health care practitioners on access to cannabis for medical purposes. Health Canada screened 91 instances of **adverse reactions associated with cannabis products** (24% required hospitalization and 4% were reported as life threatening). The Department also published two annual reports highlighting adverse reactions involving cannabis products ([October 17, 2018—December 31, 2019](#)¹⁷⁰ and [January 1, 2020—December 31, 2020](#)).¹⁷¹

Health Canada continued to conduct scientific assessments to characterize potential risks associated with certain formulations or ingredients in cannabis products and responded to over 250 risk-related requests. In collaboration with research partners, the Department also published three peer-reviewed research reports: [one related to the pharmacological differences between different intoxicating cannabinoids](#),¹⁷²

[one on the characterization of by-products of components of cannabis vaping emissions](#),¹⁷³ and [one on the characterization of metal contaminants in cannabis vaping liquids](#).¹⁷⁴

Health Canada continued to deliver evidence-based, innovative public education and awareness campaigns in 2022–23. The Department updated and relaunched the [Pursue Your Passion](#)¹⁷⁵ experiential marketing campaign as both a virtual, ambassador-led program in schools and a teacher-led interactive lesson. The **campaign educates youth aged 13–15 years** on the physical and mental health effects of cannabis use, while encouraging youth to pursue activities that can make them feel their best without the use of cannabis. In March 2023, **over 120 ambassador-led sessions were hosted in schools** across the country.

In May 2022, Health Canada launched the [Reduce your risk: Choose legal cannabis](#)¹⁷⁶ campaign—a multi-faceted social media outreach campaign designed to provide Canadians with information on the risks of illicit cannabis products and how to recognize the differences between legal and illegal cannabis products. The campaign included web content, an infographic, a video, and social media content.

The Department also published two additional resources to the Cannabis Resource Series—a set of **public education resources** designed to provide Canadians with additional health and safety information related to cannabis: [Growing cannabis at home safely](#)¹⁷⁷ and [Cannabis accessories for inhalation: minimizing your risk when smoking, vaping and dabbing](#).¹⁷⁸

DID YOU KNOW?

In 2022–23, Health Canada invested over \$9.6 million in contribution agreements via its Substance Use and Addictions Program (SUAP) to support 24 projects related to the use of cannabis and its health effects, with a focus on youth and Indigenous populations. The majority of these projects were completed in 2022–23.

In addition, Health Canada developed a campaign for Canadian parents, caregivers, and guardians of children 14 years and younger, consisting of a national mailout, web and social media content, a brochure, and a video to raise awareness on [accidental poisonings in children](#)¹⁷⁹ from **edible cannabis products**. The campaign targeted parents and guardians of young children and adults aged 18+ who use cannabis to improve awareness on the harms associated with accidental poisonings, including symptoms and signs of poisoning, how to respond, and educating on preventative measures such as choosing legal cannabis and safe storage. Campaign content contained articles published through news outlet articles, blogs, and magazines, and messaging through radio and podcasts across Canada.

A total of 2,680 cannabis-related knowledge products/learning opportunities have been delivered since the beginning of the cannabis funding in 2018. These products have reached 6.6 million individuals and have been accessed a total of 91.7 million times.

Health Canada recognizes that ongoing research is fundamental to understanding the benefits and harms of cannabis. The Department continued to work closely with the Canadian Institutes of Health Research, the Canadian Centre on Substance Use and Addiction, and the Mental Health Commission of Canada to advance cannabis research priorities.

Key risk for Core Responsibility 2: Health Protection and Promotion

Information on [Key Risks](#)¹⁸⁰ is available on Health Canada's website.



RESULTS FOR CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

The following tables show, for Core Responsibility 2: Health Protection and Promotion, the results achieved, the performance indicators, the targets, and the target dates for 2021–22, and the actual results for the three most recent fiscal years for which these results are available.

DEPARTMENTAL RESULT 3: CANADIANS HAVE ACCESS TO SAFE, EFFECTIVE AND QUALITY HEALTH PRODUCTS

Departmental Result Indicators	Target	Date to achieve target	Actual Results
<p>Percentage of human new drug decisions issued within service standards^a</p> <p>(Baseline: 88.0% [82.0% for pharmaceuticals; 100% for biologic and radiopharmaceutical drugs] in 2017–2018)</p>	At least 93.0%	March 31, 2023	<p>2020–21: 100%</p> <p>2021–22: 99.8%</p> <p>2022–23: 99.0%</p>

Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

^a Drugs include prescription and non-prescription pharmaceutical drugs for human use; disinfectants; biologic and radiopharmaceutical drugs.

<p>Percentage of Risk Management Plan reviews for new drug decisions completed within service standards</p> <p>(Baseline: 91% in 2017–18)</p>	At least 90%	March 31, 2023	<p>2020–21: 94%</p> <p>2021–22: 90%</p> <p>2022–23: 89%</p>
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Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

<p>Percentage of domestic drug companies deemed to be compliant with manufacturing requirements under the <i>Food and Drugs Act</i> and associated regulations</p> <p>(Baseline: 94.0% in 2018–19)</p>	Between 85.0% and 95.0%	March 31, 2023	<p>2020–21: 99.7%</p> <p>2021–22: 97.0%</p> <p>2022–23: 94.7%</p>
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Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

DEPARTMENTAL RESULT 4: CANADIANS ARE PROTECTED FROM UNSAFE CONSUMER AND COMMERCIAL PRODUCTS AND SUBSTANCES

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of domestic consumer product recalls communicated to Canadians in a timely manner (Baseline: 86% in 2016–17)	At least 90%	March 31, 2023	2020–21: 86% 2021–22: 83% 2022–23: 71% ^a

Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

^a This target was not met largely due to companies requesting additional time to prepare their recalls for posting due to logistical, testing, and other compliance-related challenges. The Department continues to work with industry to support a common and clear understanding of legislative requirements and testing procedures enabling industry to react in a timely manner when the need for a recall is identified.

Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health (Baseline: 85% in 2016–17)	Exactly 100%	March 31, 2023	2020–21: 100% 2021–22: 100% 2022–23: 95% ^b
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Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

^b This target was not met due to one risk management action being delayed.

Percentage of pre-market pesticide submission reviews that are completed within service standards (Baseline: 95% in 2019–20)	At least 90%	March 31, 2023	2020–21: 93% 2021–22: 96% 2022–23: 95%
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Data source: Health Canada administrative data. Results are calculated annually by fiscal year.

DEPARTMENTAL RESULT 5: CANADIANS MAKE HEALTHY CHOICES

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of Canadians (aged 15+) who are current cigarette smokers (Baseline: 16% in 2017)	At most 5%	March 31, 2035	2020–21: 13% 2021–22: 12% 2022–23: N/A

Data source: Canadian Community Health Survey. Data is collected annually. The most recent data was collected in 2022 and will be made available during the fall of 2023.

Percentage of youth (grade 10–12) who report frequent (daily to weekly) cannabis use in the past 30 days (Baseline: 9.2% in 2018–19)	At most 9.2%	March 31, 2024	2020–21: 9.2% 2021–22: N/A ^a 2022–23: 11.1%
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Data source: Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS). Data is collected every two years. The most recent data was collected in 2021–22 and made available in 2023–24.

^a Due to COVID-19, data from CSTADS was not available at its regular interval in 2021–22.

Percentage of Canadians who use dietary guidance provided by Health Canada (Baseline: 41.0% in 2012)	At least 50.0%	March 31, 2023	2020–21: 47.0% 2021–22: 44.3% 2022–23: 44.3%
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Data source: Canadian Community Health Survey. Data is collected every four years. The most recent data was collected in 2020 and made available in 2021–22.

BUDGETARY FINANCIAL RESOURCES (DOLLARS) FOR CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

The following table shows, for Core Responsibility 2: Health Protection and Promotion, budgetary spending for 2022–23, as well as actual spending for that year.

2022–23 Main Estimates	2022–23 planned spending	2022–23 total authorities available for use	2022–23 actual spending (authorities used)	2022–23 difference (actual spending minus planned spending)
750,221,957	750,221,957	933,129,997	862,845,484	112,623,527

Note: The variance of \$112.6 million between actual and planned spending is mainly due to additional in-year funding for the renewal of the existing federal framework for the legalization and regulation of cannabis in Canada and for continuing to improve the accessibility of therapeutic products through regulatory system investments.

HUMAN RESOURCES (FULL-TIME EQUIVALENTS) FOR CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

The following table shows, in full-time equivalents, the human resources the Department needed to fulfill this core responsibility for 2022–23.

2022–23 planned full-time equivalents	2022–23 actual full-time equivalents	2022–23 difference (actual full-time equivalents minus planned full-time equivalents)
5,610	6,628	1,018

Note: The variance in FTE utilization is mainly due to additional in-year resources received for renewal of funding for the existing federal framework for the legalization and regulation of cannabis in Canada and for continuing to improve the accessibility of therapeutic products through regulatory system investments.

Financial, human resources and performance information for Health Canada’s Program Inventory is available in [GC InfoBase](#).¹⁸¹

A close-up photograph of several hands holding white puzzle pieces. The hands are positioned around the pieces, some holding them up and others placing them down. The background is a soft, out-of-focus light brown surface. The overall tone is warm and collaborative.

Health Canada published its first Accessibility Plan outlining the Department's strategy and commitments to remove barriers to accessibility within the Department.



INTERNAL SERVICES

DESCRIPTION

Internal services are those groups of related activities and resources that the federal government considers to be services in support of programs and/or required to meet corporate obligations of an organization. Internal services refers to the activities and resources of the 10 distinct service categories that support program delivery in the organization, regardless of the internal services delivery model in a department.

The 10 service categories are: Management and Oversight Services; Communications Services; Legal Services; Human Resources Management Services; Financial Management Services; Information Management Services; Information Technology Services; Real Property Management Services; Materiel Management Services; and Acquisition Management Services.

RESULTS

Health Canada's greatest strength is an engaged, empowered, and well-equipped workforce with employees who have the competencies (including science and regulatory skill sets), tools, and opportunities to pursue excellence in program and service delivery.

In the [Thirtieth Annual Report on the Public Service of Canada](#),¹⁸² the Clerk of the Privy Council acknowledged the collective hard work of public servants during a period characterized by the GOC's ongoing response to the COVID-19 pandemic and efforts to advance reconciliation while driving progress on social justice. These

events presented the public service with many opportunities to serve in different ways and to adapt while responding to complex, and rapidly changing challenges.

In 2022–23, the Department continued to support the continuous renewal of the public service through initiatives that foster inclusivity and accessibility, while embracing digital approaches by focusing on the following priorities: building a healthy, diverse, and inclusive workforce; enabling a safe and productive workforce with access to modern tools and facilities; and communicating with Canadians.

WHAT'S NEW?

In 2022–23, the Department created the [Anti-Racism in Science Library Guide](#)¹⁸³ to help build a barrier-free workplace that is healthy, diverse, equitable, and inclusive. The Guide provides resources for employees and managers to increase their understanding of anti-racism and to adopt anti-racist practices in their work.

Building a healthy, diverse, and inclusive workforce

Health Canada is dedicated to its ongoing response to the [Clerk's Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service](#),¹⁸⁴ the [Deputy Ministers' Commitments on Diversity and Inclusion](#),¹⁸⁵ and the [President of the Treasury Board's Priorities for actions to increase diversity and inclusion in the public service](#)¹⁸⁶ to make measurable change in creating a diverse and inclusive public service. The Department promotes a work environment that is free of racism and discrimination and where all employees feel safe and are treated with respect, dignity, and fairness. These values are the foundation of who we are, what we do, and how we perform our work.

In December 2022, Health Canada published its first [Accessibility Plan](#),¹⁸⁷ in line with requirements of the *Accessible Canada Act* to create a **barrier-free Canada by 2040**. The Accessibility Plan included a feedback mechanism to collect internal and external feedback related to accessibility and outlines a strategy and commitments to remove barriers to accessibility over the next 3 years. The Plan covers **8 priority areas** including: Employment; Built Environment; Communications; Information Technologies; Transportation; Procurement; Program and Services; and Culture. Throughout the development of the Accessibility Plan, Health Canada consulted and collaborated with employees with disabilities and allies, in order to identify barriers to accessibility within the Department. Health Canada is developing an internal implementation plan with activities to support the commitments outlined in the Plan and is preparing the first annual progress report, which is due for publication by December 2023.

In 2022–23, the Department:

- > Addressed systemic racism, harassment, and discrimination towards employment equity groups via the Leadership Council on Diversity and Inclusion; the Inclusion, Diversity, Equity and Accessibility Employee Networks Collaboration Forum; Employee Networks; and through implementing the recommendations from the Inclusive Staffing Working Group and Diverse Selection Board initiative.
- > Fostered inclusive leadership by inviting networks to present to senior management tables on anti-racism and religious discrimination.

In 2022–23, Health Canada promoted equitable recruitment, retention, and career development practices by:

- > Implementing the Treasury Board Secretariat's **Mentorship Plus** program to support members of underrepresented groups who aspire to be in leadership and executive positions.
- > Implementing diverse and inclusive hiring selection boards where board members commit to impartiality and complete courses to ensure they understand inclusive hiring practices.
- > Implementing the findings of the **Internal Anti-Racism Listening Sessions** as they relate to recruitment, onboarding, and retention.

WHAT'S NEW?

In 2023, Health Canada was selected as one of:

- Canada's Top Employers for Young People, selected since 2015.
- Canada's Best Diversity Employer, selected since 2010.
- One of the National Capital Region's Top Employers, selected since 2012.

WHAT'S NEW?

Health Canada's Mentorship Plus Program successfully recruited a total of 93 individuals (61 at the executive-level) to mentor 202 participants. Mentors provided support to mentees, such as encouraging and empowering them to manage their career, achieve their career goals, and identify areas to improve in order to acquire the skill set to be in a leadership role.

- › Implementing the **Equitable Access to Language Training Program** to support equitable access to language training for employment equity groups.
- › Establishing a specialized recruitment team that provides candidate sourcing, referral, and matching services for managers to highlight qualified Persons with Disabilities and candidates from employment equity and equity seeking groups. In 2022–23, approximately 70 Persons with Disabilities were hired through this specialized recruitment approach.
- › Facilitating tailored diversity and inclusion-related psychosocial workplace wellness services to managers and their teams through Employee Assistance Services.

Health Canada developed the Human Resources Supports Science Plan to further the implementation of its [Framework for Science and Research Excellence](#),¹⁸⁸ to better support the next generation scientific workforce. Key contributions in 2022–23 included:

- › Strengthening the science capacity at Health Canada and PHAC through the development of a **Science Competency Development Roadmap**. The Roadmap will contain learning activities to support employees in building and maintaining their science competencies.
- › Developing a French Science Language Training Initiative to help employees expand their French science vocabulary.

Health Canada promoted the **Centre for Ombuds, Resolution, and Ethics (CORE)** as a safe space where employees, at all levels, can raise and discuss work-related concerns, and find options, recourse, and tools to address them. CORE provided over **19 Safe Space Initiative sessions for 848 Health Canada employees** in its continued support to diverse employee groups facing discrimination in the workplace, including Black, Indigenous, racialized, persons with disabilities, and 2SLGTBQIA+ communities or individuals. To support the Department's commitment to the Clerk's Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service, a job aid was created to identify, understand, and respond to microaggressions in the workplace and access resources. As part of the role of the Ombuds, CORE continued to identify discriminatory and racism trends and bring these to the attention of those with the authority to act.

In addition, CORE offered a range of individual and organizational training and services in conflict resolution including topics such as emotional intelligence and values and ethics, and conducted an ethical risk assessment for the Department in preparation for the renewal of the Departmental Code of Values and Ethics.

WHAT'S NEW?

The [29th Annual Report on the Public Service of Canada](#)¹⁸⁹ highlighted the creation of Health Canada's COVID Mental Health Response Unit to support Health Portfolio employees who were at the forefront of the pandemic response. The unit launched a number of innovative supports, including the Decompression Program, which allows front-line staff to temporarily de-operationalize, process, rest and recover.

Health Canada promoted its Mental Health and Wellness Strategy by:

- > Updating its **Mental Health Toolkit** to provide employees and managers more efficient access to relevant resources and tools.
- > Advancing the **Psychosocial Risk Factor Educational Campaign** designed to promote employee psychological well-being and prevent harm with information on workload management and balance.
- > Providing various learning opportunities through webinars, workshops, training, etc., on mental health, mental illness, and reducing stigma in the workplace.
- > Launching the **Mental Health and Workplace Wellness Joint Sub-Committee** to provide leadership and oversight in support of mental health, psychological health and safety, and workplace wellness initiatives and priorities within the organization.

Health Canada provided mental health supports for employees experiencing sustained operational stress resulting from their role in the pandemic response, such as Embedded Mental Health Support Services, Leadership Coaching, Customized Mental Health Training, Change Management/Team Building, and the Decompression Program. Supports were aimed at providing leaders and employees with tools to put people first and to support one another in caring for themselves and their colleagues. In order to ensure Health Canada continued to be a safe workplace, and compliant with Workplace Harassment and Violence Prevention Regulations, the Department launched the Employee and Manager Mandatory Prevention of Workplace Harassment and Violence learning paths for employees at all levels and **242 virtual sessions** were organized for Health Canada employees. Modules focused on:

- > Recognizing, preventing, and addressing workplace harassment and violence.
- > Reflecting on the behaviours, biases, and barriers that precede incidents of workplace harassment and violence.
- > Strengthening a culture of bilingualism and developing the Department's next Official Languages Action Plan, which aims to foster a culture where official languages are seen as a strategic benefit and integrated into the workplace.

Evidence-based occupational health practices outlined in the **Public Service Occupational Health Program Guidance** allowed the Department to prioritize the health and safety of employees re-entering the workplace by ensuring the availability of voluntary rapid testing, sanitization stations, and enhanced ventilation. The Department also ensured that buildings were ready for increased on-site presence and that tools and resources were in place to support a hybrid work environment (e.g., office setups, IT equipment, workstation booking tool). Employees were supported via Town Hall meetings, targeted presentations, technical briefings for managers, mental health listening sessions, and surveys to share best practices and lessons learned as the workforce adapted to a new way of working.

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

Health Canada continued to collaborate across the Health Portfolio to encourage and support the modernization and security of the workforce by:

- > Supporting the 2018–23 **National Accommodation Strategy** to modernize office facilities in specific program requirements.
- > Introducing more collaborative work areas and providing a flexible environment for employees working on-site or remotely.
- > Enhancing security awareness and developing a new strategy on digital service delivery to support the hybrid work environment including online security awareness briefings for all staff joining Health Canada, as well as departure briefings for all staff.
- > Establishing a new Digital Transformation branch to lead departmental efforts to support a digitally enabled environment for delivering health programs to Canadians.
- > Providing employees with access to up-to-date IM/IT tools and systems to foster collaboration and support a productive hybrid workforce.
- > Approving a **Comptrollership Systems Modernization Roadmap** that identifies the key components and timelines for the transition to a new departmental financial and materiel management system.

WHAT'S NEW?

In response to recommendations of the Horizontal Fixed Asset Review, Health Canada is developing a real property portfolio strategy based on its existing laboratory portfolio and engaging the science programs to define the long-term future laboratory needs of the Department.

Health Canada advanced the strategic use of data as an asset through its Data Strategy by:

- > Improving data literacy through Departmental communications and access to data-related training and events.
- > Offering data services such as analytics for anti-racist science, machine learning for management of public consultation responses, and process improvement in financial oversight routines.
- > Forming a Community of Practice for advanced analytics, including artificial intelligence.
- > Developing the **Data Stewardship Network** to enable a data stewardship culture, data-related information sharing, and promotion of best practices.
- > Advancing FAIR (findable, accessible, interoperable, and reusable) data principles as per the [Health Canada Open Science Action Plan](#)¹⁹⁰ by launching the **internal Health Canada Publication Guide for Open Data** so that data is accessible.
- > Developing an enterprise data inventory so that data is findable and accessible.

Communicating with Canadians

The Department provided Canadians with inclusive, timely and evidence-based information, allowing them to take informed action on personal and collective health and safety.

Health Canada used a range of traditional, digital, and innovative communication strategies and tools to support the Department in delivering GOC priorities, including daily postings on social media accounts, Canada.ca, advertising, experiential virtual events, and partnerships.

In 2022–23, Health Canada continued its response to the COVID-19 pandemic. The Department collaborated with partners to deliver timely, trusted, accessible, and evidence-based information to health care providers, stakeholders, and Canadians, helping them to protect themselves, their families, communities, and businesses.

As described in Departmental Results 3–5 earlier in this report, Health Canada also delivered evidence-based and innovative public awareness campaigns and worked with P/Ts and stakeholders on multiple priorities. It informed Canadians about new and continuing priorities such as the interim Canada Dental Benefit, multi-billion-dollar investments in the healthcare system, mental health, vaping, healthy eating, environmental health, food safety, addressing the overdose crisis, and strengthening regulations for controlled substances such as tobacco.

Canada Dental Benefit

Health Canada led the development of an intergovernmental communications strategy to increase awareness and information on how to access the interim Canada Dental Benefit including:

- > Launching the **Intergovernmental Communications Group** to coordinate communications efforts.
- > Supporting events with the Minister of Health and other Ministers and Parliamentarians during the application period.



- > Using cross-promotional activities for targeted outreach with stakeholders, key partners, and other federal Departments.
- > Developing a national advertising campaign that resulted in more than 126 million impressions and 454,000 clicks.

Mental Health

Health Canada successfully increased nationwide awareness of and engagement with mental health information, supports, and services—including Wellness Together Canada—as well as supported various media events for the Minister of Mental Health and Addictions and other GOC representatives.

These supports included continuing to run advertising campaigns to raise awareness of free mental health and substance use resources and services founds on canada.ca/mental-health.¹⁹¹ These campaigns generated a total of more than 260 million impressions across Canada.

Opioids

Health Canada led an experiential marketing campaign, Know More, targeted specifically to youth, who can be particularly at-risk to both opioid use and stigmatization and piloted a newly updated in-person version in Winter 2023.

The Department led experiential marketing events for youth ages 14–19 aimed to reduce the stigma faced by people struggling with substance use, including opioids, which can be a barrier to seeking help and support. Between May 2022 and March 2023, 2,262 students and 84 teachers participated in **294 virtual sessions and 16 piloted in-person event days**. The in-person event days were successful with a record high overall rating of 4.95/5 from participants. Many schools asked for the event to revisit their school as soon as possible so that more students could experience it.

Substance Use Stigma and Harm Reduction

As part of the **Ease the Burden: Men in Trades—Substance Use Stigma and Harm Reduction** public education campaign, Health Canada worked with unions to develop a marketing campaign targeted to men working in trades to reduce the stigma of asking for help. The Department leveraged media based on the target audience’s media consumption habits, using behavioural, platform, and geographic targeting. Messaging was repeated to target audiences during different activities in their daily lives and included videos, out-of-home media, digital billboards, and promotional stickers.

Health Canada also developed a robust communications strategy in collaboration with other GOC Departments and the British Columbia government in preparation for granting British Columbia an exemption to decriminalize the possession of certain illegal drugs for personal use. The Department, in collaboration with British Columbia, held a high-profile media event in Vancouver and a media technical briefing to raise awareness and answered questions relating to specifics of the exemption, such as exempted illegal drugs, the cumulative threshold, and enforcement.

Cannabis

The Department led the development of multiple marketing campaigns on cannabis to raise awareness of the risks of cannabis and help prevent cannabis-related harms, especially to children.

In 2022–23 Health Canada focused on the prevention of harms related to cannabis use in youth. The Department engaged this demographic through the following campaigns: updating and relaunching the **Pursue Your Passion** experiential campaign, launching the Reduce your risk: Choose legal cannabis campaign, and a campaign to raise awareness on accidental poisonings in children from edible cannabis products.

Vaping

The Department led a two-part campaign on vaping to help youth better understand the harms and risks associated with vaping product use. This **campaign included digital ads** broadcasted on YouTube, TikTok, Instagram, and Snapchat that directed youth to Canada.ca/vaping-info where they could find more information on the harms and risks of vaping. It also included an educational video on the harms and health risks of teen vaping, and a virtual self-guided online experience with discussion questions and links to interactive activities. Combined, the ads and video garnered 43.4 million impressions and 162,000 web clicks and 11 million impressions, 44 million video views, and 240,000 web clicks, respectively.

Tobacco

In support of **Canada's Tobacco Strategy**, SUAP funded 8 projects in 2022–23, focused on prevention, protection, and cessation of tobacco and vaping product use. With this funding, a total of 512 tobacco and vaping-related knowledge products were developed as well as 210 learning opportunities reaching approximately 23,300 people within the first six months of the fiscal year. Products included various research products (e.g., environmental scans, literature reviews), treatment resources (e.g., booklets, plans, protocols), and marketing/media campaigns aimed at both treatment and prevention.

Food Safety Campaign

Health Canada led a comprehensive food safety communications strategy to increase awareness of proper food handling and storage techniques. The advertising campaign for 2022–23 included seasonal digital ads in the fall and a comprehensive campaign in the winter, encompassing continued content integration with media partners. The digital campaign **generated 11.6 million impressions**.

DID YOU KNOW?

Health Canada consulted the public on proposed changes to tobacco products and package labelling and health information. The Department prepared prototypes of health warnings displayed on tobacco packages and individual cigarettes to support the consultation.

Regulatory Announcement/ Front-of-Package

Health Canada announced new front-of-package nutrition labelling regulations as part of the GOC's Healthy Eating Strategy.

The Department held a media event in Ottawa to communicate the final publication of the new front-of-package nutrition labelling regulations. Health Canada collaborated with other federal organizations, such as CFIA and Agriculture and Agri Food Canada and stakeholders, including Diabetes Canada and the Heart and Stroke Foundation, which participated in the event and provided supportive remarks. Mocked-up food packages displaying the Front-of-Package nutrition symbol were made available at the event. A robust social media strategy was developed.

Healthy Home Campaign

Health Canada led a campaign to help people in Canada be aware of common household chemicals and pollutants, their health effects, and the best ways to minimize their exposure and stay safe.

To promote awareness of potential health or safety issues, Health Canada launched an advertising campaign addressing topics such as online shopping, radon, carbon monoxide, boric acid, flame retardants, formaldehyde, lead in drinking water, talc, safe sleep for infants, asbestos, mould, lead-based paint, pesticides, and household chemical safety. More than 22.5 million impressions were reported through the Department's digital advertising campaign.

Phase 2 of developing the Healthy Home Challenge (virtual game-based learning experience) was completed, adding new rooms and additional functions based on feedback received from outreach officers. The Challenge will publicly launch in 2023–24.

Drug Shortages

With regard to drug shortages, Health Canada developed a robust communications strategy focused on communicating early, more frequently and to the right audiences using evidence-based information. This approach helped improve and build Canadians' trust and helped shape the narrative in the public domain.

The Department used a range of tactics—such as public advisories, web content, infographics, joint messages from trusted sources, and organic and boosted social media—to ensure suitable and timely communications to target audiences (e.g., general population, health care providers, industry).

In terms of the shortage of specialized infant formula, Health Canada communicated the shortage via a public advisory and analyzed the public's engagement on social media. The Department adjusted its approach based on public comments and provided more meaningful communications on action items. Communicating in an effective and innovative manner was important to reaching this specific audience as this was a very sensitive file driven by social media.

Contracts awarded to Indigenous businesses

As per the Government of Canada's commitment that a mandatory minimum target of 5% of the total value of contracts is awarded to Indigenous businesses annually, Health Canada is a Phase 3 organization and is aiming to achieve the minimum 5% target by the end of 2024–25.

The Department is committed to increasing opportunities for Indigenous businesses and awarded 18% of contracts (by value) to Indigenous businesses in fiscal year 2022–23.

To increase opportunities for Indigenous businesses, Health Canada has implemented the following measures:

- > Disseminated quarterly reports to senior management, contracting authorities, branch planners, and business owners to monitor progress towards the target.
- > Updated Intranet with information for business owners and contracting authorities.
- > Ensured procurement specialists attended an information session on Indigenous procurement presented by Indigenous Services Canada.

Additionally, Health Canada has:

- > Modified the financial system to facilitate accurate identification of Indigenous businesses to assist with reporting on results.
- > Supported 100% of procurement specialists in completing the mandatory course Indigenous Considerations in Procurement (COR409) from the Canada School of Public Service.



BUDGETARY FINANCIAL RESOURCES (DOLLARS) FOR INTERNAL SERVICES

The following table shows, for internal services, budgetary spending for 2022–23, as well as spending for that year.

2022–23 Main Estimates	2022–23 planned spending	2022–23 total authorities available for use	2022–23 actual spending (authorities used)	2022–23 difference (actual spending minus planned spending)
276,665,409	276,665,409	507,992,515	505,814,560	229,149,151

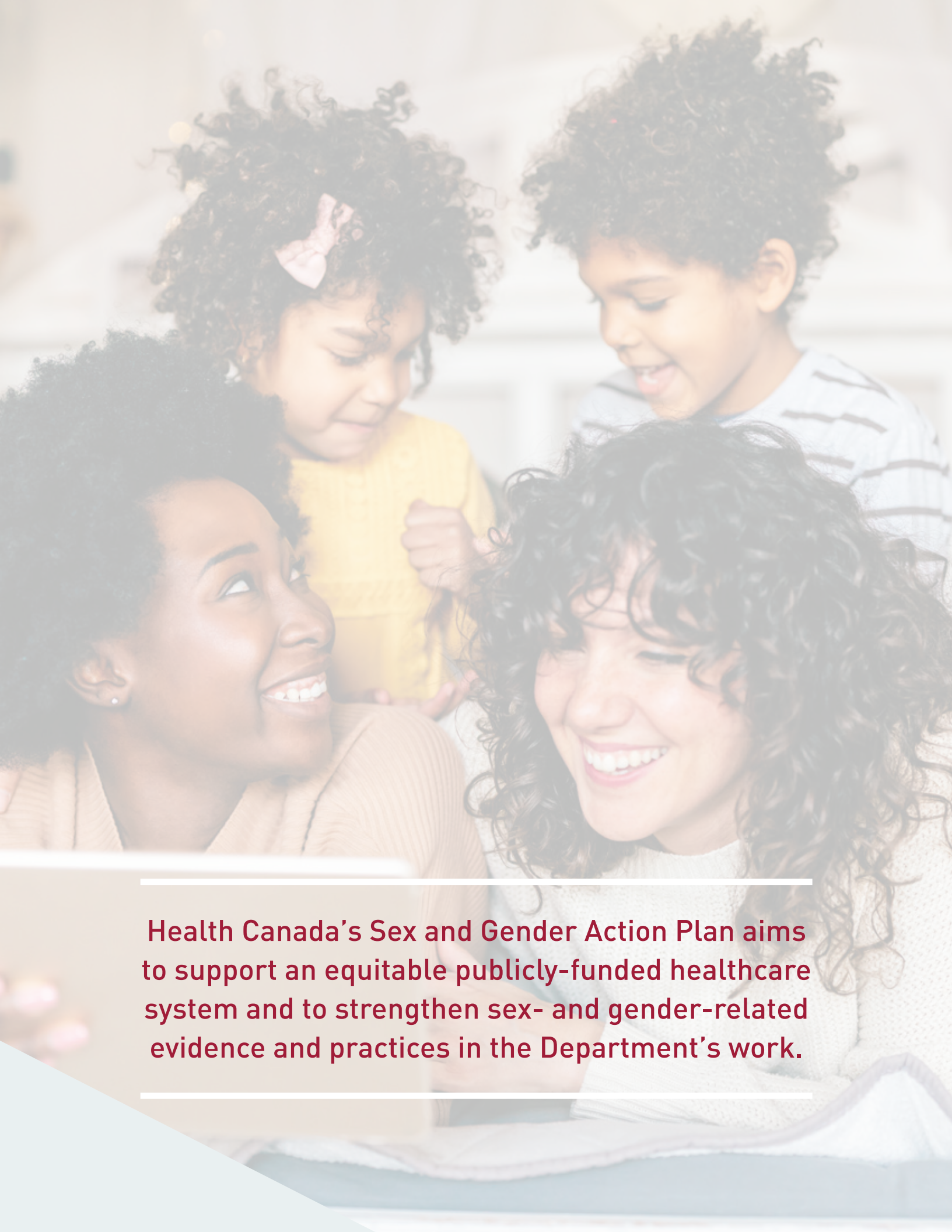
Note: The variance of \$229.1 million between actual and planned spending is mainly due to additional funding for the operating budget carry forward, the reallocation of resources to meet program needs and priorities; regulatory and operational functions to support critical COVID-19 focused operations; as well as internal services resources received from various Treasury Board approved initiatives.

HUMAN RESOURCES (FULL-TIME EQUIVALENTS) FOR INTERNAL SERVICES

The following table shows, in full-time equivalents, the human resources the department needed to carry out its internal services for 2022–23.

2022–23 planned full-time equivalents	2022–23 actual full-time equivalents	2022–23 difference (actual full-time equivalents minus planned full-time equivalents)
1,698	2,662	964

Note: The variance in FTE utilization is mainly due to the provision of shared services to the Public Health Agency of Canada; as well as additional resources received in-year for the internal support services from various Treasury Board approved initiatives.



Health Canada's Sex and Gender Action Plan aims to support an equitable publicly-funded healthcare system and to strengthen sex- and gender-related evidence and practices in the Department's work.



SEX- AND GENDER-BASED ANALYSIS PLUS

In 2022–23, Health Canada’s **Sex and Gender Action Plan**¹⁹² continued to provide a framework to strengthen the systemic integration of sex, gender, and other intersectional factors (such as age, race, and income level) in the Department’s work. The purpose of the action plan is to support equitable publicly-funded healthcare systems and to strengthen sex- and gender-related evidence and practices. Health Canada focused on the following:

- > Increasing governance, accountability, and transparency in the integration of Sex- and Gender-Based Analysis Plus (SGBA Plus) in the Department’s decision-making.
- > Promoting and enabling the collection and use of **disaggregated data** for rigour in intersectional analysis.
- > Enhancing communications and guidance with clarity on SGBA Plus and intersectionality.
- > Strengthening SGBA Plus knowledge and capacity with increased learning opportunities, tools, and resources.
- > Developing strategic partnerships and collaboration to enhance equity lenses and expertise in SGBA Plus.

DID YOU KNOW?

The Sex and Gender Action Plan uses an intersectional lens as part of SGBA Plus to advance equity, diversity, and inclusion in Health Canada’s work. The Plan also promotes partnerships and collaboration to increase knowledge about SGBA Plus among staff to ensure the systematic integration of SGBA Plus.

WHAT'S NEW?

The Department implemented a questionnaire for sponsors of drug submissions to verify if their submitted clinical evidence has been disaggregated by sex, age, and race/ethnicity. The questionnaire, which became mandatory on December 1, 2022, has allowed Health Canada to collect baseline data on the proportion of drug submissions it currently receives which include disaggregated data.

Strengthening knowledge and capacity

In 2022–23, Health Canada engaged a selection of scientific researchers racialized communities to develop a **Departmental Anti-Racism in Science Action Plan**. The Plan aims to eliminate racism and bias in departmental science workplaces and processes and to strengthen scientific research excellence. The Department focused on:

- > Raising awareness through presentations, surveys, and other outreach activities.
- > Launching resources to support anti-racism in science activities, such as data analysis to establish statistical baselines, and a **Health Canada Research Guide on Anti-Racism in Science**.
- > Establishing management and collaboration mechanisms to support ongoing progress and the sharing of best practices.

Progress made via these efforts informed the development of an **Anti-Racism in Science Statement** by the Deputy Minister Community for Science and Technology, to advance progress, and facilitate the sharing of best practices across the interdepartmental science community.

Employee Assistance Program

The Department's Employee Assistance Program (EAP) provided services to employees in many other federal departments and agencies, as well as to members and veterans of the Royal Canadian Mounted Police and the Canadian Armed Forces. Based on research findings and progress made in past years, the EAP focused on the following priorities throughout 2022–23:

- > Optimizing outreach and reducing barriers for people who tended to underuse EAP and people who might experience increased mental health impacts because of COVID-19 by leveraging technology such as social media communications, real time chat, procurement and promotion of proven digital wellness resources, and availability of virtual face-to-face counselling via secure video.
- > Improving capacity to match clients who request a counsellor with a specific identity, lived experience or other relevant expertise, through surveys of the counsellor network and focused recruitment.
- > Providing additional training for counsellors on 2SLGBTQIA+ inclusion, which has been accessed by more than 400 EAP mental health professionals.

Implementing SGBA Plus across Health Canada programs

In 2022–23, Health Canada continued to provide employee training in several SGBA Plus-related areas including: increasing awareness of how SGBA Plus could and should influence the development of policies and guidelines; the application of SGBA Plus to project management and risk communication; and the integration of both SGBA Plus and Indigenous lenses in the development and delivery of programs.

DID YOU KNOW?

Unconscious bias is defined as prejudice or unsupported judgments in favour of or against one thing, person, or group as compared to another. Because unconscious biases tend to be based on identity factors such as gender, sexual orientation, ethnicity, nationality, religious beliefs, age, or disability, we need to be aware of such biases when integrating SGBA Plus within Departmental activities. For example, many health care providers have biases about 2SLGBTQIA+ people, so funds for sexual and reproductive health programs should be directed at educating providers.

DID YOU KNOW?

To educate parents about food safety, Health Canada participated in a series of targeted campaigns in 2022–23, including digital ads through videos, social media, the Internet, and television to integrate content. Advertising metrics will be used to determine which messages and media outlets were most effective in encouraging desired behaviours. The findings will be used to inform future advertising campaigns, including SGBA Plus considerations, to increase awareness about food safety practices and decrease the frequency of food-related illnesses.

The Department continued to integrate SGBA Plus, Indigenous, diversity and inclusion, and unconscious bias lenses when developing and delivering all training offered to its compliance and enforcement inspectors and analysts. Health Canada also offered virtual workshops designed to teach managers how to include SGBA Plus and accessibility lenses when developing training materials for their inspectors and analysts.

Canada Dental Benefit

Access to quality dental care is an integral part of overall health and quality of life for the Canadian population. Evidence has shown that socioeconomic factors, including income, employment and access to private insurance are determinants of oral health and poor oral health **disproportionately impacts children from low-income families, Indigenous children, new immigrants, and children with disabilities or special health care needs**. As the first step towards making dental care more accessible for Canadians, the interim [Canada Dental Benefit](#)¹⁹³ helps break the cycle of poor oral health for the youngest Canadians by making access to dental care for children more affordable.

Healthy eating policies

Health Canada continues to apply an SGBA Plus lens to its work on healthy eating policy and promotion. For example, the Department released the [Food guide kitchen](#)¹⁹⁴ in 2022–23, a new user-centric tool designed and tested to support the application of Canada's food guide. This new tool includes culturally-diverse recipes, articles, photographs, and "how-to" videos supporting Canada's diverse population to develop their cooking skills in response to considerations such as racialization, Indigeneity, and ethnicity. The **food guide kitchen** supports Health Canada's ongoing work with diverse groups of youth and young adults to inform the development of new resources and tools. Health Canada also ensured broad representation within its Student Ambassador Network, which promoted peer-to-peer engagement on healthy eating and helped develop resources reflecting a diversity of young voices throughout the country.

Cannabis

The Department continues to integrate SGBA Plus into its population-based survey on cannabis. The Department conducted the [2022 Canadian Cannabis Survey](#)¹⁹⁵ and released the results in December 2022. This survey collected data on age, P/T, sex assigned at birth, gender, sexual orientation, race, Indigenous identity, community size, education level, and household income.

WHAT'S NEW?

Through a dedicated Indigenous Navigator Service, to guide and support Indigenous-affiliated applicants through the federal commercial cannabis licensing process to encourage participation in the industry, Health Canada issued an additional 13 licences for cultivating or processing cannabis to Indigenous-owned or affiliated applicants in 2022–23 for a total of 56 licensed Indigenous businesses. An additional 6 licences were awarded in 2022–23 to Indigenous-owned or affiliated applicants to cultivate or process industrial hemp, for a total of 27.

Health Canada also reported on the results of an online survey of patients and health care practitioners about **access of medical cannabis in Canada**. The survey included questions on self-identified sex, gender, age, geography, education, health status, ethnicity, income, and sexual orientation. This information will be used to inform future policy and regulatory work.

Controlled substances

In 2022–23, Health Canada employees continued to apply SGBA Plus when reviewing and developing policies and practices to consider equitable access to health and harm reduction services, such as supervised consumption sites. Questions and language regarding sex and gender were updated for the 2023 Canadian Alcohol and Drugs Survey to better support future data and trend analysis.

DID YOU KNOW?

Health Canada's research monitoring and surveillance activities, including biomonitoring, collect SGBA Plus data to inform risk assessment and risk management actions. For example, since 2007, nationally representative biomonitoring data have been collected through the Canadian Health Measures Survey to support policy development to reduce human exposure to toxic chemicals. The levels of environmental chemicals are reported by age group (3–79 years of age) and sex. In 2022–23 the survey started collecting information on the gender identity of respondents and a new sub-population (1–2 years of age). This data will be reported in 2025–26.

Health Canada authorized **2 supervised consumption sites** offering services to women and gender-diverse clients and supports the implementation of diverse types of sites to reach and serve a wide array of the population. In addition, authorizing peer assistance at supervised consumption sites helped reduce the risks of harm and overdose faced by women, who use this service at higher rates.

The overdose crisis

In 2022–23, Health Canada pursued a digital advertising campaign, [Ease the Burden](#),¹⁹⁶ targeted specifically to men working in trades to reduce the stigma of asking for help. The campaign resulted in over 17.7 million audio and video downloads and over 142.2 million website visits.

Chemicals management

Health Canada also delivered foundational SGBA Plus training to employees working on chemicals management activities. The Department continued to develop tools and case studies to further strengthen and more systematically apply SGBA Plus considerations within its chemicals management activities, including risk assessment, risk management, engagement, outreach, and those activities related to air and water quality.



THE UNITED NATIONS 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT AND UN SUSTAINABLE DEVELOPMENT GOALS

The [2030 Agenda for Sustainable Development](#),¹⁹⁷ adopted by Canada and all 193 United Nations member states in 2015, is a global framework centered around an ambitious set of 17 Sustainable Development Goals (SDGs), covering the interconnected economic, social, and environmental dimensions of sustainable development. It aims to eradicate poverty, protect the planet, and ensure prosperity by 2030. Across all these efforts, the 2030 Agenda has a central aim to support disproportionately affected populations. Consequently, the GOC established 3 cross-cutting objectives to support the SDGs:

- Leaving no-one behind.
- Advancing Reconciliation with Indigenous Peoples.
- Ensuring Canada's international efforts support the advancement of the SDGs.

Canada's commitment to the 2030 Agenda

A [National Strategy](#)¹⁹⁸ on the 2030 Agenda was published in February 2021 and defines Canada's commitment to advancing progress on the SDGs through engagement and action. A [Federal Implementation Plan](#)¹⁹⁹ has also been developed to articulate how the GOC will advance the National Strategy at the federal level and how it will report on progress to Canadians. Progress will be measured through the [Canadian Indicator Framework](#)²⁰⁰ (CIF) established in 2021.

Defining Health Canada's support for the SDGs

Health Canada protects the health of Canadians, and promotes overall health and well-being, considering a broad range of personal, social, economic, and environmental factors that contribute to individual and population health. As such, the Department's domestic contribution to the 2030 Agenda directly supports the following 5 SDGs through ongoing policies, programs, and initiatives:

The Department's domestic contribution to the 2030 Agenda directly supports 5 SDGs through ongoing policies, programs, and initiatives.



SDG 3
Good Health
and Well-being



SDG 6
Clean Water
and Sanitation



SDG 11
Sustainable Cities
and Communities



SDG 12
Responsible Consumption
and Production



SDG 13
Climate Action



Good Health and Well-Being (SDG 3)²⁰¹

Fostering sustainable healthcare systems

The Department supported sustainable and adaptable healthcare systems to improve access for Canadians to appropriate and effective health care services. Health Canada also improved access to health care services (including dental care; long-term, community, palliative, and cancer care; and mental health and substance use services; MAID). The Department additionally worked to improve its service delivery innovation. These 3 efforts strengthened Canada's healthcare systems with a focus on, for example:

- > Access to high-quality family health services when Canadians need them, especially in rural and remote areas and for underserved communities. In response to the COVID-19 pandemic, the GOC worked with P/Ts to accelerate uptake and use of virtual care. This has increased access to care for people living in rural and remote communities. The GOC continued to work with the P/Ts to advance the adoption of virtual care in Canada through the F/P/T Table on Virtual Care and Digital Health.
- > Launching the interim Canada Dental Benefit to cover the costs of dental care for children under 12 years of age from low and middle income families, addressing the financial barriers to accessing dental care for children in Canada. This allowed parents and guardians who do not have a private insurance plan, and who would have otherwise been unable to access dental care services, to pay for dental care for their children.
- > Developing a [Model Practice Standard](#)²⁰² for MAID for use by clinicians and regulatory authorities to support a safe and consistent approach for access to MAID for people with a mental illness to protect those in vulnerable situations by providing information that will assist physicians, nurse practitioners and the public in understanding the eligibility criteria, procedural safeguards, and reporting requirements that must be met regarding MAID. The Practice Standard also sets the professional expectations of physicians and nurse practitioners who are involved with MAID and outlines the specific legal requirements for MAID assessors and providers.

These activities support the CIF Ambition "Canadians Have Healthy and Satisfying Lives."

- > Maintaining the [Wellness Together Canada](#)²⁰³ online portal to support equitable access to quality mental health and substance use care. This supported populations facing barriers to care, including people in isolated or remote areas, **individuals facing stigma or financial difficulties**, and official language minority communities.

This supports the CIF Ambition "Canadians Have Healthy and Satisfying Lives" and related CIF Indicators [3.7.1](#)²⁰⁴ and [3.12.1](#).²⁰⁵

Health Canada continued to act on drug and medical device shortages to ensure that Canadians have access to the medicines and devices they need. This included: partnerships with P/Ts, industry, and patient/health care groups; using new regulatory tools established during the pandemic to mitigate and prevent shortages; increasing use of data and analytics to identify shortages; building program infrastructure helping to address medical devices shortage signals—an area previously under-served. For example:

- > To respond to critical drug shortages, including amoxicillin, lorazepam, nitroglycerin spray and sodium chloride injections, the Department worked with stakeholders and identified solutions such as implementing conservation measures and permitting the importation of foreign-authorized drugs. These solutions helped prevent, mitigate, and resolve shortages with the greatest potential impact on Canada's drug supply and healthcare system. For example, to help mitigate the impact of the nitroglycerine spray shortage on people with coronary artery disease, Health Canada took an evidence-based approach to approving extension of expiry dates for certain lots, and worked with stakeholders such as the **Canadian Cardiovascular Society** to release communications to health professionals as part of keeping them informed on the shortage and possible ways to manage it.
- > Health Canada also collaborated with partners to help mitigate urgent medical device shortages which would have had negative impacts on peoples' lives. For example, epidural catheters and fetal scalp electrodes needed for urgent care of both mother and

baby during difficult births. This was done in part through the launching of a **medical device shortages multistakeholder committee** in November 2022 that facilitated communications amongst its stakeholders including P/Ts, industry associations, government procurement organizations, and other government departments. The committee met monthly to discuss early shortage signals, explore substitute devices, and provide updates on posted shortages and other topics of interest related to managing medical device shortages.

These activities support the CIF Ambition “Canadians Have Healthy and Satisfying Lives.”

Community-based substance use and mental health services

The Department supported expanded access to **community-based mental health, addiction, and substance use** health services for children and youth, and has encouraged the integration and use of evidence-based and culturally appropriate interventions in primary health services. Health Canada also supported the expanded availability of integrated community-based mental health and addiction services for people with complex health needs. Specifically, the Department supported a variety of projects via its [Health Care Policy and Strategies Program](#),²⁰⁶ with the goal of improving the accessibility, quality, sustainability, and accountability of Canada’s healthcare system. Project examples include:

- > [Frayme](#)²⁰⁷ is a national network that connects mental health, health and social services with youth and young adults. Among other activities, funding supported the creation and implementation of tools with **6 selected communities** across Canada to simplify pathways to care for youth. These tools are featured in the [Health Standards Organization Leading Practices Library](#).²⁰⁸
- > The Canadian Mental Health Association’s [Campus Peer Support](#)²⁰⁹ initiative helps post-secondary institutions modify their mental health support programs for youth (aged 18–24) to promote well-being and ensure academic success among this at-risk age group. In 2022–23, the Association launched online learning content and **delivered the Facilitator Prep Program virtually to 16 campuses**.

These activities support the CIF Ambition “Canadians Have Healthy and Satisfying Lives” and related CIF Indicators [3.7.1](#)²¹⁰ and [3.12.1](#).²¹¹

The Department continued efforts in preventing and minimizing substance use harms through the Canadian Drugs and Substances Strategy, the Substance Use and Addictions Program, and Canada’s Tobacco Strategy. For example:

- > From October 2022 until March 2023, the [Know More: Opioids Awareness Program for Youth](#)²¹² was delivered in **1,161 high schools reaching a total of 4,810 students through virtual presentations and 2,262 students through in-person** presentations. The presentations provided information on the overdose crisis and related stigma involving opioids, fentanyl, and naloxone, with the aim of engaging teens and young adults who are at the greatest risk of being impacted by the crisis.
- > Health Canada also developed a digital advertising campaign, [Ease the Burden](#),²¹³ targeted at men working in trades to reduce the stigma of asking for help (see [Internal Services](#) for further details).

These activities support the CIF Ambitions “Canadians adopt healthy behaviours” and “Canada prevents causes of premature death” and related CIF indicators [3.2.1](#),²¹⁴ [3.4.1](#),²¹⁵ [3.12.1](#),²¹⁶ and [3.13.1](#).²¹⁷

Healthier living supports

The Department continued to promote healthy eating and established mechanisms related to the safety and nutritional quality of all food sold in Canada, including modernizing food regulations, and providing advice and information on nutritional quality and food safety. Health Canada:

- > Focused on healthy eating policy and promotion efforts on children and youth, young adults, and families. For example, the Department created resources such as videos, articles, and recipes on how to eat healthily on a budget. With rising food costs, these tips can benefit everyone, and may be particularly helpful for young adults and families.

DID YOU KNOW?

Air quality affects our health, our environment, and the economy—and Canada has marked the importance of air quality by celebrating “Clear Air Day” annually on June 7. Both indoor air quality and outdoor air pollution are known to cause health effects in humans.

The Department created guidance documents on indoor air quality issues and published estimates on the burden of outdoor air pollution on peoples’ health. It also created a tool to support P/T and municipal governments in assessing the benefits to human health from measures to reduce outdoor air pollution. This supports the CIF Ambition “Canadians live in healthy, accessible, and sustainable cities and communities” as well as the related CIF indicator 11.3.1.

- > Continued with its [Food Safety marketing campaign](#)²¹⁸ designed to introduce safe food handling habits as norms in everyday life, specifically providing bilingual information on food safety preparations to parents and guardians (see [Departmental Result 5](#) for further details).

These activities support the CIF Ambition “Canadians Adopt Healthy Behaviours” and related CIF Indicator [3.1.1](#).²¹⁹

Clean Water and Sanitation (SDG 6)²²⁰; Sustainable Cities and Communities (SDG 11)²²¹

Drinking water guidelines and air pollution

Health Canada continued to develop updates to the [Canadian drinking water guidelines](#)²²² to help improve drinking water quality and developed and provided science-based information to people in Canada on the health effects of indoor and outdoor air pollution. For example:

- > In Canada, the responsibility for the safety of drinking water supplies is shared between F/P/T and municipal governments. Health Canada contributes to this shared goal by developing drinking water guidelines for use by F/P/Ts to set safe drinking water requirements in their jurisdictions. In 2022–23, the Department **published 7 final or draft drinking water guidelines and guidance documents**. The guidelines include health, treatment and sampling information, and set out the maximum acceptable concentrations for substances in drinking water, such as [boron](#),²²³ [malathion](#)²²⁴ and [per-and polyfluoroalkyl substances](#)²²⁵ (also known as forever chemicals). Drinking water guidelines are designed to protect the health of the most vulnerable members of society, such as children and the elderly.

These activities support the CIF Ambition “Canadians have access to drinking water and use it in a sustainable manner” and “Canadians live in healthy, accessible, and sustainable cities and communities” as well as the related CIF indicator [11.3.1](#).²²⁶

Responsible Consumption and Production (SDG 12)²²⁷

Supporting the safe management of chemicalsⁱⁱⁱ

Health Canada worked with ECCC and other partners to implement Canada’s Chemicals Management Plan, to reduce the human health and environmental risks posed by chemicals in air, water, food, soil and in consumer and industrial products and processes. For example:

ⁱⁱⁱ In the 2022–23 Departmental Plan, initiatives related to the Chemicals Management Plan were linked to both SDG 3 and SDG 12. Since then, Health Canada’s SDG reporting methods have evolved to align with other Government of Canada reporting on sustainable development.

- > The Department continued to assess chemical substances and manage identified risks to help protect the Canadian population and the environment, including specific populations who may experience greater susceptibility or exposure to harmful chemicals. To raise awareness of risks in different life situations, ‘**Tips Sheets**’ were developed and made available in [print and online](#).²²⁸ These included information on how to stay healthy during pregnancy, as well as tips for people who rent their homes (including responsibilities of landlords).
- > Health Canada refined its approach for underserved rural communities, newcomers to Canada, seniors, and students, including specific support for visually impaired and neurodivergent people, to improve accessibility of information on risks from chemicals and the actions that can be taken. The “[tips for a healthy home](#)”²²⁹ video is one example.
- > Health Canada continued to work with ECCC and Agriculture and Agri-Food Canada through pesticide authorizations and re-evaluations to facilitate access to safe and sustainable use of pesticide products.

This supports the CIF Ambition “Canadians consume in a sustainable manner.”



Climate Action (SDG 13)²³⁰

Building climate change resilience

The impacts of climate change and extreme weather are affecting the lives of people across Canada. The Department continued to work with P/T partners to support the health sector in reducing the human health impacts of climate change. For example:

- > Health Canada collaborated with ECCC and other partners to lead the Health and Wellbeing theme of Canada’s first [National Adaptation Strategy](#),²³¹ which will establish a shared vision for climate resilience in Canada, identify key priorities for increased collaboration, and establish a framework for measuring progress at the national level. Objectives of this theme include minimizing climate change risks to health, and better preparing the health system to manage the increased demand for health services and the added burden of new climate risks. Results contribute to the government-wide initiative acknowledged in the 2021 Speech from the Throne.
- > The Department co-chaired the first meeting of the Climate Resilient Health Systems working group for the WHO’s Alliance on Transformative Action on Climate and Health. The working group has a specific focus on building climate resilience and adaptation to current, emerging, and future health impacts and threats of climate change. This first meeting discussed the implementation of the COP26 commitments on climate resilient health systems and demonstrates the Department’s support in advancing SDGs internationally.

This supports the CIF Ambition “Canadians are well-equipped and resilient to face the effects of climate change.”



INNOVATION

Innovation is a catalyst for addressing organizational challenges in the Department and continues to be a priority for Health Canada. Through investing in bold thinking and new ideas, Health Canada takes an iterative approach to discovering what works and what does not, with an aim to improve the workplace and delivering better outcomes for Canadians.

In 2022–23, the Department continued to build employee capacity for innovation by providing training on innovative approaches and creating time and space to apply learnings and share results, with a goal of supporting cross-departmental initiatives through its leadership and resourcing of innovative initiatives.

Health Canada continued to empower its employees to uncover solutions to improve programs and services to Canadians. In 2022–23, the Department invested in **5 new employee-led innovation projects** via its **Solutions Fund**, bringing the total to **28 funded projects** since launching in 2018. Examples of achievements in 2022–23 included:

- > **Citizen Science** used qualitative data collected from federal employees and the public to begin developing guidance and infrastructure to support future uptake of a new collaborative, user-centred future component of Health Canada’s research suite. Work included outreach and consultations with Indigenous organizations and experts to better understand the unique considerations of a **Citizen Science model for Indigenous**

Peoples. As this project continues to advance, guidance and lessons learned will be shared with partners, collaborators, and government departments. This work supports the **Department’s Open Science Action Plan**, Health Canada’s Framework for Science and Research Excellence and [Canada’s 2022–24 National Action Plan on Open Government](#).²³²

WHAT’S NEW?

Project Heart explored how to strengthen Health Canada’s ability to engage equitably and inclusively with a wide range of people, including individuals from historically marginalized or underserved groups to make better-informed policy and program decisions. Project activities in 2022–23 demonstrated that meaningful engagement builds trust with communities and has the potential to interrupt cycles of inequalities in the healthcare system, resulting in better health outcomes for all people living in Canada.



INNOVATION

The Department continued to build employee capacity for innovation by providing training on innovative approaches and creating time and space to apply learnings and share results.

- > **Cognit.io** made progress in developing a prototype of an **artificial intelligence-powered tool** to help evaluate the safety and efficacy of regulated health products quickly and thoroughly. The tool was developed and tested in collaboration with scientific evaluators, and the preliminary results have been promising. In 2023–24, the tool’s capabilities will be expanded by using enterprise cloud architecture and computing power, which supports the Department’s expertise and capabilities in artificial intelligence.
 - > **Nitro** developed coding to test a **Robotic Process Automation** solution and assess the feasibility of using it within legacy systems. In 2022–23, the results of the testing were shared across the Department to develop best practices, inform Senior Management about its potential use and scalability, and support the development of a **Centre of Excellence on Robotic Process Automation** at Health Canada.
 - > **Kelpie** successfully tested a media monitoring service that analyses social media posts that promote vaping products to youth in real-time. The Department has collaborated with other government departments on lessons learned to support similar initiatives, and is now exploring options for a pilot.
 - > **PRODigy** tested a new incident reporting form for consumer products and cosmetics and officially [launched the form](#)²³³ in October 2022. Data shows that consumers are more likely to submit incidents using the new form and they are also more likely to share their personal information with a given company or organization so as to facilitate a more thorough follow-up. Increased incident reporting reduces data gaps and helps Health Canada identify dangerous products.
 - > **Apollo** hosted a series of **youth consultations (ages 13–18)** across Canada to gather perspectives on using digital learning games to increase awareness and motivate behavioural change regarding environmental health hazards. Participants unanimously expressed their support and provided valuable insights into what a potential game would need to include for it to be educational, engaging, and enjoyable. Over the next 2 years, Project Apollo will collaborate with partners to develop a digital learning game to pilot in classrooms and test the potential effectiveness of this instructional method.
 - > **D.A.T.A. (Data Annotation Training sets for AI Tools)** evaluated and ranked data tools for their suitability for annotating scientific literature. In addition, a data dictionary and annotation guide were developed to ensure annotator consistency. In the testing phase in spring 2023, annotated data was crowdsourced and curated from across the Department to develop a dataset that can be used to train machine learning algorithms for various tasks. This could greatly improve the efficiency of Health Canada’s scientific review processes.
 - > **LabINT (Laboratory Innovation for Natural Health Products Testing)** helped improve testing of natural health products for contaminants and validating the amount of active ingredients. Health Canada consulted stakeholders to assess their needs and spread the word about the Department’s expanding laboratory capabilities. Data collected also supported the routine detection of drug ingredients and contaminants. A portion of this work will continue as part of the Department’s regular investments in training. Lessons learned will be shared internally in fall 2023.
- Other examples of innovation and experimentation projects that were launched or continued in 2022–23 include:
- > **Eagle Eye (Virtual Inspections of Cannabis License Holders)** successfully identified a software for secure messaging and sharing large files and folders with regulated parties. This project supports virtual inspections of cannabis license holders to increase the effectiveness of virtual inspection activities.
 - > **Hummingbird** experimented with using cataloged satellite imagery during **19 cannabis inspection activities**. A standard operational procedure will be developed, including a framework to determine appropriate use.
 - > **Individualized Accommodations Passport** project provided employees with disabilities, illnesses, and/or injuries an outline of their accommodation needs and measures along with 22 resources designed to support them

and their managers. These individualized passports facilitate Treasury Board of Canada Secretariat recruitment, retention, and career advancement for persons with disabilities; reduce the risks of physical or psychological injuries in the workplace; and eliminate the need to renegotiate permanent workplace accommodations measures and solutions when the employee changes jobs. Project results have been shared with the Secretariat for the development of an e-solution.

- > **Healthy Home Challenge** developed a virtual game-based tool in 2022–23 to inform participants on how to recognize environmental health hazards that may be found in the home. The game will undergo user testing prior to launching with the public in 2023–2024.

In addition, 2 projects sponsored by Health Canada and the GOC's Innovative Solutions Canada Challenge Stream concluded in 2022–23 with successful prototypes being developed to address health system challenges.

Accomplishments included:

- > **Point of Care Diagnostics to Combat Antimicrobial Resistance** (Final reports on these prototypes are pending)
 - **Customizable Point-of-Care Diagnostic** to Differentiate Common Viral and Bacterial Pathogens Causing Pneumonia prototype developed which is portable and able to conduct rapid microfluidic blood test that quantifies host response biomarkers to accurately rule out bacterial infections.

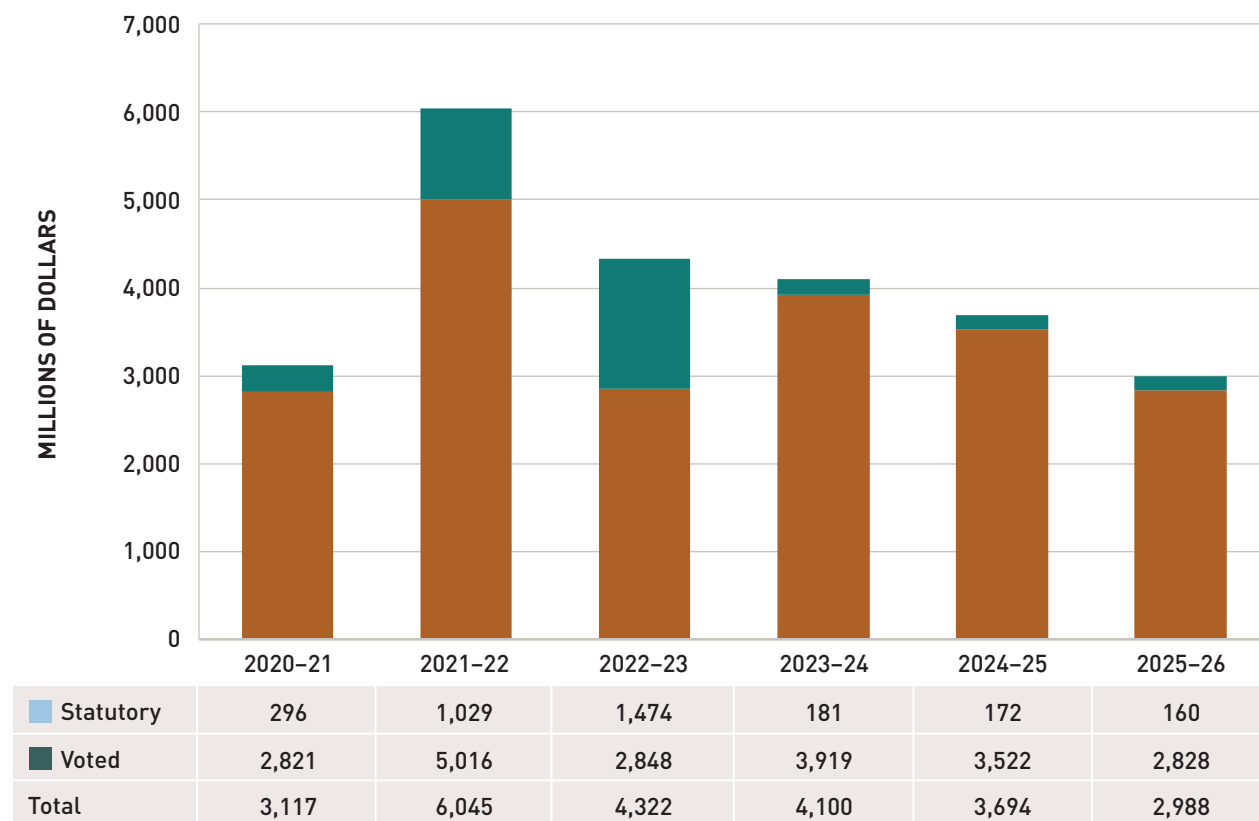
- **Magnetic Bead LAMP and Flocculation-based Detection for Point-of-Care Bacterial/Viral Discrimination** prototype developed to leverage new advances in DNA amplification technologies to provide a rapid, facile, and non-expensive method of bacterial/viral discrimination through genetic target identification, without the need for benchtop instrumentation.
- > **Machine Learning to Improve Organ Donation Rates/Matches** (Final reports on these prototypes are pending)
 - **Deep Latent Intelligent Variables for Intelligent Organ Transplantation** prototype developed of a **Deep Neural Network** with decision-making at every stage of chronic organ disease (from diagnosis through transplantation to post surgery monitoring) with interpretable predictions.
 - **Machine Learning Support for Organ Donation Matches** prototype developed to leverage predictive models based on machine learning to ingest large quantities of data from national organ donation registries and process them to predict the success of potential donor-recipient matches so that physicians and patients can choose those with the best chances for excellent long-term transplant outcomes.

SPENDING AND HUMAN RESOURCES

SPENDING

Spending 2020–21 to 2025–26

The following graph presents planned (voted and statutory spending) over time.



The figure illustrates Health Canada’s spending trend from fiscal year 2020–21 to fiscal year 2025–26 where spending, in millions of dollars, is shown on the vertical axis and time-period, in fiscal years, is shown on the horizontal axis. Health Canada’s actual spending for fiscal year 2020–21: \$3,117 million (Voted: \$2,821 million, Statutory: \$296 million); 2021–22: \$6,045 million (Voted: \$5,016 million, Statutory: \$1,029 million); and 2022–23: \$4,322 million (Voted: \$2,848 million, Statutory: \$1,474 million).

Health Canada’s planned spending for fiscal year 2023–24: \$4,100 million (Voted: \$3,919 million, Statutory: \$181 million); 2024–25: \$3,694 million (Voted: \$3,522 million, Statutory: \$172 million); and 2025–26: \$2,988 million (Voted: \$2,828 million, Statutory: \$160 million).

BUDGETARY PERFORMANCE SUMMARY FOR CORE RESPONSIBILITIES AND INTERNAL SERVICES (DOLLARS)

The “Budgetary performance summary for core responsibilities and internal services” table presents the budgetary financial resources allocated for Health Canada’s core responsibilities and for internal services.

Core responsibilities and internal services	2022–23 Main Estimates	2022–23 planned spending	2023–24 planned spending	2024–25 planned spending	2022–23 total authorities available for use	2020–21 actual spending (authorities used)	2021–22 actual spending (authorities used)	2022–23 actual spending (authorities used)
Core Responsibility 1: Health Care Systems	2,851,114,525	2,851,114,525	2,958,177,598	2,730,077,364	4,175,620,782	1,987,223,947	4,744,300,568	2,953,648,145
Core Responsibility 2: Health Protection and Promotion	750,221,957	750,221,957	834,117,084	682,081,158	933,129,997	660,580,250	787,250,023	862,845,484
Subtotal	3,601,336,482	3,601,336,482	3,792,294,682	3,412,158,522	5,108,750,779	2,647,804,197	5,531,550,591	3,816,493,629
Internal Services	276,665,409	276,665,409	307,931,603	281,938,421	507,992,515	468,848,746	513,234,110	505,814,560
Total	3,878,001,891	3,878,001,891	4,100,226,285	3,694,096,943	5,616,743,294	3,116,652,943	6,044,784,701	4,322,308,189

Note: At the outset of the 2022–23 fiscal year, Health Canada’s planned spending was \$3,878.0 million. Funding reprofiled from 2021–22 for Health Canada’s continued response to the COVID-19 pandemic and additional in-year funding received for Treasury Board approved initiatives increased Health Canada’s total authorities to \$5,616.7 million. The additional funding received during 2022–23 relates mainly to the following: payments for COVID-19 tests pursuant to *An Act respecting certain measures related to COVID-19*, implementation of the interim Canada Dental Benefit Plan and payments pursuant to the *Dental Benefit Act*, funding to improve mental health supports and services, the renewal of the existing federal framework for the legalization and regulation of cannabis in Canada, and for the additional provision of shared services to the Public Health Agency of Canada.

The variance of \$1.3 billion between total authorities and actual spending in 2022–23 is mainly due to a reprofile of funding to support investments in long-term care, lapses in funding for supporting emergency measures related to the pandemic, and the implementation of the interim Canada Dental Benefit Plan and payments pursuant to the *Dental Benefit Act*.

Fiscal year 2022–23 actual spending decreased compared to the prior fiscal year due to the expiry of budgetary authorities for Health Canada’s response to the COVID-19 pandemic.

HUMAN RESOURCES

The “Human resources summary for core responsibilities and internal services” table presents the full-time equivalents (FTEs) allocated to each of Health Canada’s core responsibilities and to internal services.

HUMAN RESOURCES SUMMARY FOR CORE RESPONSIBILITIES AND INTERNAL SERVICES

Core responsibilities and internal services	2020–21 actual FTEs	2021–22 actual FTEs	2022–23 planned FTEs	2022–23 actual FTEs	2023–24 planned FTEs	2024–25 planned FTEs
Core Responsibility 1: Health Care Systems	247	428	285	434	385	299
Core Responsibility 2: Health Protection and Promotion	6,036	6,527	5,610	6,628	6,371	5,949
Subtotal	6,283	6,955	5,895	7,062	6,756	6,248
Internal Services	2,344	2,573	1,698	2,662	2,056	1,994
Total	8,627	9,528	7,593	9,724	8,812	8,242

Note: The variance in FTE utilization in 2022–23 is mainly due to the renewal of funding for the existing federal framework for the legalization and regulation of cannabis in Canada, to improve the accessibility of therapeutic products through regulatory system investments, COVID-19 related resources to continue Health Canada’s response to the pandemic, and the additional provision for shared services to the Public Health Agency of Canada.

The decrease in planned FTEs in 2023–24 to the 2022–23 actual full-time equivalents is mainly due to the renewal of the federal framework for the legalization and regulation of cannabis in Canada which was not part of the planned FTEs for 2023–24. Funding was approved for this initiative in late 2022–23. As well, budget authorities to support regulatory and operational COVID-19 focused functions expired, and the anticipated reduction of resources required for the provision of shared services to the Public Health Agency of Canada.

EXPENDITURES BY VOTE

For information on Health Canada’s organizational voted and statutory expenditures, consult the [Public Accounts of Canada](#).²³⁴

GOVERNMENT OF CANADA SPENDING AND ACTIVITIES

Information on the alignment of Health Canada’s spending with the Government of Canada’s spending and activities is available in [GC InfoBase](#).²³⁵

FINANCIAL STATEMENTS AND FINANCIAL STATEMENTS HIGHLIGHTS

Financial statements

Health Canada's [financial statements](#)²³⁶ (unaudited) for the year ended March 31, 2023, are available on the department's website.

Financial statements highlights

CONDENSED STATEMENT OF OPERATIONS (UNAUDITED) FOR THE YEAR ENDED MARCH 31, 2023 (DOLLARS)

Financial information	2022-23 planned results	2022-23 actual results	2021-22 actual results (Restated)	Difference (2022-23 actual results minus 2022-23 planned results)	Difference (2022-23 actual results minus 2021-22 actual results)
Total expenses	4,223,293,096	5,116,499,930	5,937,808,511	893,206,834	(821,308,581)
Total revenues	265,455,249	412,096,245	407,154,364	146,640,996	4,941,881
Net cost of operations before government funding and transfers	3,957,837,847	4,704,403,685	5,530,654,147	746,565,838	(826,250,462)

The Department's total expenses in 2022-23 were \$5,116.5M.

There was an increase of total expenses of \$893.2M when comparing actual results against planned results for 2022-23. This is primarily a result of the following:

- > an increased net spending in providing leadership and support of Canada's response to the COVID-19 pandemic, including the procurement, transportation, and deployment of rapid test kits; and,
- > a new program in 2022-23 for the Canada Dental Benefit Plan and payments pursuant to the *Dental Benefit Act*.

When comparing year-over-year expenses, there was a decrease of \$821.3M. The significant changes were:

- > a decrease in transfer payments for Strengthening Canada's Home and Community Care and Mental Health and Addiction Services and Virtual Care Initiative; offset by,
- > an increase in spending for the procurement, transportation, and deployment of rapid test kits; and
- > an increase in expenses resulting from the implementation of the Canada Dental Benefit Plan and payments pursuant to the *Dental Benefit Act*.

The Department's total revenues were \$412.1M in 2022-23 representing an increase of \$146.6M from planned results and an increase of \$4.9M over the prior year actual revenues. The year-over-year variance is primarily a result of an increase in user fees and increase in volume of medical device licences, medical device establishment licences, and fees for the right to sell drugs.

The 2022–23 planned results information is provided in Health Canada’s [Future-Oriented Statement of Operations](#)²³⁷ and Notes 2022–23.

CONDENSED STATEMENT OF FINANCIAL POSITION (UNAUDITED) AS OF MARCH 31, 2023 (DOLLARS)

Financial information	2022–23	2021–22 (Restated)	Difference (2022–23 minus 2021–22)
Total net liabilities	473,267,893	2,062,017,280	(1,588,749,387)
Total net financial assets	347,203,025	1,922,479,315	(1,575,276,290)
Departmental net debt	126,064,868	139,537,965	(13,473,097)
Total non-financial assets	384,739,085	581,721,904	(196,982,819)
Departmental net financial position	258,674,217	442,183,939	(183,509,722)

Total net liabilities were \$473.3M at the end of 2022–23, representing a decrease of \$1,588.7M from the previous year. This variance is mainly due to timing of payments for transfer payment agreements at year end 2021–22, and amounts owing for the acquisition of rapid test kits where goods were received shortly before the end of the previous fiscal year.

The year-over-year decrease in total net financial assets of \$1,575.3M is primarily a result of a decrease in amounts due from the Consolidated Revenue Fund, which is reflective of the decrease in accounts payable noted above.

Total non-financial assets were \$384.7M at the end of 2022–23, representing a decrease of \$197.0M from the previous year. This decrease reflects the full amortization of prepaid expenses from the previous year end, and decrease in inventory due to consumption of the critical drug reserve and decrease in the value of rapid test kits held at year-end.

CORPORATE INFORMATION

ORGANIZATIONAL PROFILE

Appropriate Ministers: The Honourable Mark Holland, P.C., M.P. and The Honourable Ya'ara Saks, P.C., M.P.

Institutional Head: Dr. Stephen Lucas

Ministerial portfolio: Health

Enabling instrument[s]: *Assisted Human Reproduction Act*,²³⁸ *Canada Consumer Product Safety Act*,²³⁹ *Canada Health Act*,²⁴⁰ *Cannabis Act*,²⁴¹ *Controlled Drugs and Substances Act*,²⁴² *Dental Benefit Act*,²⁴³ *Department of Health Act*,²⁴⁴ *Food and Drugs Act*,²⁴⁵ *Hazardous Materials Information Review Act*,²⁴⁶ *Hazardous Products Act*,²⁴⁷ *Pest Control Products Act*,²⁴⁸ *Radiation Emitting Devices Act*,²⁴⁹ *Tobacco and Vaping Products Act*.²⁵⁰

[List of Acts and Regulations](#)²⁵¹

Year of incorporation / commencement: 1913

RAISON D'ÊTRE, MANDATE AND ROLE

"[Raison d'être, mandate and role](#):²⁵² who we are and what we do" is available on Health Canada's website.

For more information on the Department's organizational mandate letter commitments, see the mandate letters for the [Minister of Health](#)²⁵³ and [Minister of Mental Health and Addictions and Associate Minister of Health](#).²⁵⁴

OPERATING CONTEXT

Information on the [operating context](#)²⁵⁵ is available on the Health Canada website.

REPORTING FRAMEWORK

Health Canada's Departmental Results Framework and Program Inventory of record for 2022–23 are shown below.

	CORE RESPONSIBILITY 1 Health Care Systems	CORE RESPONSIBILITY 2 Health Protection & Promotion	
DEPARTMENTAL RESULTS FRAMEWORK	<p>R1: Canada has modern and sustainable health care systems</p> <p>I1: National health expenditure as a percentage of Gross Domestic Product</p> <p>I2: Real per capita health expenditure</p> <p>I3: Drug spending as a percentage of Gross Domestic Product</p> <p>I4: Percentage of family physicians using electronic medical records</p>	<p>R3: Canadians have access to safe, effective and quality health products</p> <p>I9: Percentage of human new drug decisions issued within service standards</p> <p>I10: Percentage of Risk Management Plan reviews for new drug decisions completed within service standards</p> <p>I11: Percentage of drug companies deemed to be compliant with manufacturing requirements under the <i>Food and Drugs Act</i> and associated regulations</p>	INTERNAL SERVICES
	<p>R2: Canadians have access to appropriate and effective health services</p> <p>I5: Percentage of Canadians (aged 15+) with a mental disorder who have expressed that they have an unmet mental health care need</p> <p>I6: Percentage of Canadians (aged 18+) who have expressed that they have an unmet need for access to home care services</p> <p>I7: Percentage of compliance issues addressed within 24 months of identification</p> <p>I8: Percentage of Canadians (aged 12+) who did not fill a prescription for medicine or skipped doses of medicine because of the cost</p>	<p>R4: Canadians are protected from unsafe consumer and commercial products and substances</p> <p>I12: Percentage of domestic consumer product recalls communicated to Canadians in a timely manner</p> <p>I13: Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health</p> <p>I14: Percentage of pre-market submission reviews that are completed within service standards</p>	
PROGRAM INVENTORY	<ol style="list-style-type: none"> Health Care Systems Analysis & Policy Access, Affordability & Appropriate Use of Drugs & Medical Devices Home, Community & Palliative Care Mental Health Digital Health Health Information <i>Canada Health Act</i> Medical Assistance in Dying Cancer Control Patient Safety Organs, Tissues and Blood Promoting Minority Official Languages in the Health Care Systems Brain Research Thalidomide Territorial Health Investment Fund 	<ol style="list-style-type: none"> Pharmaceutical Drugs Biologic & Radiopharmaceutical Drugs Medical Devices Natural Health Products Food & Nutrition Air Quality Climate Change Water Quality Health Impacts of Chemicals Consumer Product Safety Workplace Hazardous Products Tobacco Control Controlled Substances Cannabis Radiation Protection Pesticides Health Canada Specialized Services 	

SUPPORTING INFORMATION ON THE PROGRAM INVENTORY

Financial, human resources and performance information for Health Canada's Program Inventory is available in [GC InfoBase](#).²⁵⁶

SUPPLEMENTARY INFORMATION TABLES

The following [supplementary information tables](#)²⁵⁷ are available on Health Canada's website:

- > Details on transfer payment programs
- > Sex- and Gender-based analysis plus
- > Response to parliamentary committees and external audits
- > Horizontal initiatives
- > Up-front multi-year funding
- > United Nations 2030 Agenda and the Sustainable Development Goals

FEDERAL TAX EXPENDITURES

Health Canada's Departmental Plan does not include information on tax expenditures.

The tax system can be used to achieve public policy objectives through the application of special measures such as low tax rates, exemptions, deductions, deferrals and credits. The Department of Finance Canada publishes cost estimates and projections for these measures each year in the [Report on Federal Tax Expenditures](#).²⁵⁸ This report also provides detailed background information on tax expenditures, including descriptions, objectives, historical information and references to related federal spending programs as well as evaluations and GBA Plus of tax expenditures.

ORGANIZATIONAL CONTACT INFORMATION

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Assistant Deputy Minister / Chief Financial Officer

[Health Canada](#)²⁵⁹ Assistant Deputy Minister Office

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APPENDIX: DEFINITIONS

APPROPRIATION (CRÉDIT)

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

BUDGETARY EXPENDITURES (DÉPENSES BUDGÉTAIRES)

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

CORE RESPONSIBILITY (RESPONSABILITÉ ESSENTIELLE)

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

DEPARTMENTAL PLAN (PLAN MINISTÉRIEL)

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

DEPARTMENTAL PRIORITY (PRIORITÉ)

A plan or project that a department has chosen to focus and report on during the planning period. Priorities represent the things that are most important or what must be done first to support the achievement of the desired departmental results.

DEPARTMENTAL RESULT (RÉSULTAT MINISTÉRIEL)

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

DEPARTMENTAL RESULT INDICATOR (INDICATEUR DE RÉSULTAT MINISTÉRIEL)

A quantitative measure of progress on a departmental result.

DEPARTMENTAL RESULTS FRAMEWORK (CADRE MINISTÉRIEL DES RÉSULTATS)

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

DEPARTMENTAL RESULTS REPORT (RAPPORT SUR LES RÉSULTATS MINISTÉRIELS)

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

FULL-TIME EQUIVALENT (ÉQUIVALENT TEMPS PLEIN)

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

GENDER-BASED ANALYSIS PLUS (GBA PLUS) (ANALYSE COMPARATIVE ENTRE LES SEXES PLUS [ACS PLUS])

An analytical tool used to support the development of responsive and inclusive policies, programs, and other initiatives; and understand how factors such as sex, race, national and ethnic origin, Indigenous origin or identity, age, sexual orientation, socio-economic conditions, geography, culture and disability, impact experiences and outcomes, and can affect access to and experience of government programs.

GOVERNMENT-WIDE PRIORITIES (*PRIORITÉS PANGOUVERNEMENTALES*)

For the purpose of the 2022–23 Departmental Results Report, government-wide priorities are the high-level themes outlining the government’s agenda in the [November 23, 2021, Speech from the Throne](#):²⁶⁰ building a healthier today and tomorrow; growing a more resilient economy; bolder climate action; fighter harder for safer communities; standing up for diversity and inclusion; moving faster on the path to reconciliation; and fighting for a secure, just and equitable world.

HORIZONTAL INITIATIVE (*INITIATIVE HORIZONTALE*)

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

NON-BUDGETARY EXPENDITURES (*DÉPENSES NON BUDGÉTAIRES*)

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

PERFORMANCE (*RENDEMENT*)

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

PERFORMANCE INDICATOR (*INDICATEUR DE RENDEMENT*)

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

PERFORMANCE REPORTING (*PRODUCTION DE RAPPORTS SUR LE RENDEMENT*)

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

PLAN (*PLAN*)

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

PLANNED SPENDING (*DÉPENSES PRÉVUES*)

For Departmental Plans and Departmental Results Reports, planned spending refers to those amounts presented in Main Estimates.

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

PROGRAM (*PROGRAMME*)

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

PROGRAM INVENTORY (*RÉPERTOIRE DES PROGRAMMES*)

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

RESULT (*RÉSULTAT*)

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

STATUTORY EXPENDITURES (DÉPENSES LÉGISLATIVES)

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

TARGET (CIBLE)

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

VOTED EXPENDITURES (DÉPENSES VOTÉES)

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

ENDNOTES

- 1 Treasury Board of Canada Secretariat, <https://www.canada.ca/en/treasury-board-secretariat/services/departmental-performance-reports.html>
- 2 Canada Health Act, <https://laws-lois.justice.gc.ca/eng/acts/c-6/>
- 3 Working Together to Improve Health Care for Canadians, <https://www.canada.ca/en/health-canada/news/2023/02/working-together-to-improve-health-care-for-canadians.html>
- 4 Pan-Canadian Shared Interoperability Roadmap, <https://www.infoway-inforoute.ca/en/component/edocman/resources/interoperability/6444-connecting-you-to-modern-health-care-shared-pan-canadian-interoperability-roadmap?Itemid=101>
- 5 Canada Dental Benefit, <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/dental-benefit.html>
- 6 Coalition for Action for Health Workers, <https://www.canada.ca/en/health-canada/news/2022/11/coalition-for-action-for-health-workers.html>
- 7 Canada Health Infoway, <https://www.infoway-inforoute.ca/en/>
- 8 Canadian Institute for Health Information, <https://www.cihi.ca/en>
- 9 Summarizing diverse perspectives, <https://www.canada.ca/en/health-canada/news/2021/07/health-canada-releases-what-we-heard-report-from-the-public-engagement-on-the-national-strategy-for-drugs-for-rare-diseases.html>
- 10 December 2022, <https://www.canada.ca/en/health-canada/programs/consultation-proposed-agile-regulations-guidance-licensing-drugs-medical-devices/food-drug-regulations-public-health-emergency-notice.html>
- 11 Canadian Agency for Drugs and Technologies in Health, <https://www.cadth.ca/>
- 12 Brain Canada Foundation, <https://braincanada.ca/>
- 13 Common Statement of Principles on Shared Health Priorities, <https://www.canada.ca/en/health-canada/corporate/transparency/health-agreements/principles-shared-health-priorities.html>
- 14 E-mental health Toolkit, <https://mentalhealthcommission.ca/resource/toolkit-for-e-mental-health-implementation/>
- 15 Wellness Together Canada portal, <https://www.wellnesstogether.ca/en-CA>
- 16 Action Plan on Palliative Care, <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/action-plan-palliative-care.html>
- 17 Healthcare Excellence Canada, <https://www.healthcareexcellence.ca/en/>
- 18 Final report of the Expert Panel on MAID and Mental Illness, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-panel-maid-mental-illness.html>
- 19 Government response, <https://parl.ca/DocumentViewer/en/44-1/AMAD/report-1/response-8512-441-119>
- 20 Interim report, https://publications.gc.ca/site/archivee-archived.html?url=https://publications.gc.ca/collections/collection_2022/sen/yc3/YC3-441-0-2-1-eng.pdf
- 21 Third Annual Report on Medical Assistance in Dying in Canada, 2021, <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html>
- 22 Diagnostic Services Policy, <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act/new-initiatives.html>
- 23 Reimbursement Policy, <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act/new-initiatives/letter/reimbursement-policy.html>
- 24 Study, <https://pubmed.ncbi.nlm.nih.gov/35877219/>
- 25 BMJ Open in September 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9486282/>
- 26 Education portal, <https://learn.organtissuedonation.ca/>
- 27 Toolkits, <https://learn.organtissuedonation.ca/en/orgamites-its-whats-inside-counts>
- 28 English, <https://www.blood.ca/en/about-us/media/newsroom/education-matters-celebrating-25-years-organ-donation-awareness>
- 29 French, <https://www.blood.ca/fr/notre-sujet/ressources-pour-les-medias/salle-de-presse/leducation-cest-vital-25-ans-de>
- 30 Addressing Racism and Discrimination in Canada's Health Systems Program, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/funding/addressing-racism-discrimination-canada-health-systems-program.html>
- 31 Federal Pathway to Address Missing and Murdered Indigenous Women, Girls and 2SLGBTQIA+ People, <https://www.rcaanc-cirnac.gc.ca/eng/1622233286270/1622233321912>
- 32 Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls, <https://www.mmiwg-ffada.ca/final-report/>
- 33 Advancing reconciliation, <https://www.rcaanc-cirnac.gc.ca/eng/1524494530110/1557511412801>

- 34 Key risks, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2022-2023-raison-etre-mandate-role.html>
- 35 GC Infobase, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html>
- 36 Regulatory Innovation Agenda, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/activities-responsibilities/strategies-initiatives/health-products-food-regulatory-modernization.html>
- 37 Health and Biosciences: Targeted Regulatory Review Roadmap, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines/acts-regulations/targeted-regulatory-reviews/health-biosciences-sector-regulatory-review/roadmap.html>
- 38 Agri-food and Aquaculture Regulatory Review Roadmap, <https://inspection.canada.ca/about-cfia/acts-and-regulations/forward-regulatory-plan/regulatory-roadmap/eng/1612197905956/1612197906166>
- 39 Agile Licensing regulatory proposal, <https://canadagazette.gc.ca/rp-pr/p1/2022/2022-12-17/html/reg1-eng.html>
- 40 Amendments to the Natural Health Products Regulations, <https://canadagazette.gc.ca/rp-pr/p2/2022/2022-07-06/html/sor-dors146-eng.html>
- 41 Labelling of natural health products, <https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/legislation-guidelines/guidance-documents/labelling.html>
- 42 Evidence for homeopathic medicines, <https://www.canada.ca/en/health-canada/services/drugs-health-products/natural-non-prescription/legislation-guidelines/guidance-documents/evidence-homeopathic-medicines.html>
- 43 Non-Prescription Drug Action Plan, <https://www.canada.ca/en/health-canada/services/self-care-framework/non-prescription-drug-action-plan.html>
- 44 Regulations for biocides, <https://www.gazette.gc.ca/rp-pr/p1/2022/2022-05-07/html/reg2-eng.html>
- 45 Fees in Respect of Drugs and Medical Devices, <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2019-124/page-1.html>
- 46 A list of surface disinfectants for emerging viral pathogens, <https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/emerging-viral-pathogens.html>
- 47 Food and Drug Regulations on Exports and Transshipment of Drugs, <https://www.gazette.gc.ca/rp-pr/p2/2022/2022-06-08/html/sor-dors100-eng.html>
- 48 Advanced Therapeutic Products Framework guidance, <https://www.canada.ca/en/health-canada/programs/consultation-draft-guidance-advanced-therapeutic-products-framework/overview.html>
- 49 Supplemented foods, <https://canadagazette.gc.ca/rp-pr/p2/2022/2022-07-20/html/sor-dors169-eng.html>
- 50 Front-of-package nutrition labelling, <https://canadagazette.gc.ca/rp-pr/p2/2022/2022-07-20/html/sor-dors168-eng.html>
- 51 State of the Science of Titanium Dioxide (TiO₂) as a Food Additive, https://publications.gc.ca/collections/collection_2022/sc-hc/H164-341-2022-eng.pdf
- 52 Pesticide Regulatory Program Transformation Initiative, <https://www.canada.ca/en/health-canada/news/2021/08/government-of-canada-pauses-decision-on-glyphosate-as-it-strengthens-the-capacity-and-transparency-of-review-process-for-pesticides.html>
- 53 Safety review, <https://hpr-rps.hres.ca/reg-content/summary-safety-review-detail.php?lang=en&linkID=SSR00283>
- 54 Data blog, <https://health-infobase.canada.ca/datalab/bia-alcl-blog.html>
- 55 Safety review, <https://hpr-rps.hres.ca/reg-content/summary-safety-review-detail.php?lang=en&linkID=SSR00288>
- 56 Under consultation, <https://www.canada.ca/en/health-canada/programs/consultation-proposed-application-definition-canadian-reference-product.html>
- 57 Health Product Risk Communications, <https://recalls-rappels.canada.ca/en>
- 58 Pediatric Drug Action Plan, <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/pediatrics.html>
- 59 Relevant and timely information, <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-shortages.html>
- 60 Medical device shortages, <https://www.canada.ca/en/health-canada/services/drugs-health-products/medical-devices/shortages/mandatory-reporting.html>
- 61 Shortage of infant formula, <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/notice-stakeholders-strategy-manage-shortages-modernize-regulations-infant-formula-other-foods-special-dietary-purpose.html>
- 62 The Regulations Amending Certain Regulations Concerning the Sale of Drugs, <https://canadagazette.gc.ca/rp-pr/p2/2023/2023-02-15/html/sor-dors18-eng.html>
- 63 Notice to stakeholders, <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/expectations-risk-management-measures-clinical-trials-psychedelic-assisted-psychotherapy.html>
- 64 Notice to stakeholders, <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/requests-special-access-program-psychedelic-assisted-psychotherapy.html>

- 65 Special Access Program, <https://www.canada.ca/en/health-canada/services/drugs-health-products/special-access/drugs.html>
- 66 RWE Reporting Guidance, https://www.cadth.ca/guidance-reporting-real-world-evidence?utm_source=CONS+List&utm_campaign=46076bd7d5-EMAIL_CAMPAIGN_2022_11_07_07_24_COPY_01&utm_medium=email&utm_term=0_f3b3313866-46076bd7d5-263045285
- 67 Notice to stakeholders, <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/notice-considerations-proposed-use-psilocybin-mushrooms-clinical-trials-special-access-program.html>
- 68 The publication of a statement, https://www.icmra.info/drupal/sites/default/files/2022-07/icmra_statement_on_rwe.pdf
- 69 Health and Biosciences Regulatory Review Roadmap, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines/acts-regulations/targeted-regulatory-reviews/health-biosciences-sector-regulatory-review/roadmap.html>
- 70 Canada's Biomanufacturing and Life Sciences Strategy, <https://ised-isde.canada.ca/site/biomanufacturing/en/canadas-biomanufacturing-and-life-sciences-strategy>
- 71 Targeted amendments, <https://canadagazette.gc.ca/rp-pr/p1/2022/2022-12-17/html/reg1-eng.html>
- 72 Draft Guidance document, <https://www.canada.ca/en/health-canada/programs/consultation-registration-clinical-trials-public-disclosure-results-new-guidance-public-search-portal.html>
- 73 eLearning module, <https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/establishment-licences/medical-devices-compliance-bulletin/elearning-course-medical-devices-regulated-canada.html>
- 74 Amendments to the export requirements, <https://www.gazette.gc.ca/rp-pr/p2/2022/2022-06-08/html/sor-dors100-eng.html>
- 75 Updated guidance, <https://www.canada.ca/en/health-canada/services/drugs-health-products/compliance-enforcement/information-health-product/drugs/nitrosamine-impurities/medications-guidance.html>
- 76 Federal Action Plan on Antimicrobial Resistance and Use in Canada, <https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/federal-action-plan-antimicrobial-resistance-canada.html>
- 77 Pan-Canadian Framework for Action on Tackling Antimicrobial Resistance and Antimicrobial Use, <https://www.canada.ca/en/public-health/services/antibiotic-antimicrobial-resistance/government-canada-response-antimicrobial-resistance.html>
- 78 List A: List of certain antimicrobial active pharmaceutical ingredients, <https://www.canada.ca/en/public-health/services/antibiotic-antimicrobial-resistance/animals/veterinary-antimicrobial-sales-reporting/list-a.html>
- 79 Final notice, <https://www.canada.ca/en/public-health/services/antibiotic-antimicrobial-resistance/animals/lists-incorporated-by-reference/about-list-a/final-notice-amendment.html>
- 80 Notice to stakeholders, <https://www.canada.ca/en/public-health/services/antibiotic-antimicrobial-resistance/animals/post-market-re-evaluation-medically-important-antimicrobials-veterinary/notice-post-market-re-evaluation-medically-important-antimicrobials.html>
- 81 2021 Veterinary Antimicrobial Sales Highlights Report, <https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/2021-veterinary-antimicrobial-sales-highlights-report.html>
- 82 Report in November 2022, <https://www.icmra.info/drupal/strategicinitatives/amr>
- 83 WHO's Traditional Medicine Strategy 2014–2023, <https://www.who.int/publications/i/item/9789241506096>
- 84 WHO Pandemic Instrument, <https://www.canada.ca/en/public-health/services/emergency-preparedness-response/canada-role-international-pandemic-instrument.html>
- 85 5,360 Canadians died from apparent opioid toxicity between January and September 2022, <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants/>
- 86 Canadian Drugs and Substances Strategy, <https://www.canada.ca/en/health-canada/services/substance-use/canadian-drugs-substances-strategy.html>
- 87 Specific legislative exemptions, <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents.html>
- 88 Knowledge Exchange Series, <https://www.canada.ca/en/health-canada/services/health-concerns/controlled-substances-precursor-chemicals/policy-regulations/policy-documents.html>
- 89 Pain Canada, <https://www.paincanada.ca/about>
- 90 Global Alcohol Action Plan (2022–2030), <https://www.who.int/publications/i/item/9789241599931>
- 91 Infobase website, <https://health-infobase.canada.ca/drug-analysis-service/analyzed-drug-report.html>
- 92 Canada's Guidance on Alcohol and Health, <https://www.ccsa.ca/canadas-guidance-alcohol-and-health-final-report>
- 93 Canadian Substance Use Costs and Harms, <https://www.ccsa.ca/canadian-substance-use-costs-and-harms>
- 94 CCSA released, <https://ccsa.ca/publications>
- 95 2022 Canadian Cannabis Survey, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2022-summary.html>
- 96 Market data, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/market.html>

- 97 Guidance on Personal Production of Cannabis for Medical Purposes, <https://www.canada.ca/en/health-canada/services/guidance-personal-production-cannabis-medical-purposes.html>
- 98 Stakeholder feedback, <https://www.canada.ca/en/health-canada/programs/consultation-guidance-personal-production-cannabis-medical-purposes/public-health-safety-factors.html>
- 99 Clarification of requirements under the Food and Drug Regulations when conducting clinical trials with cannabis, <https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/announcements/notice-clarification-requirements-conducting-clinical-trials-cannabis.html>
- 100 Guidance on Cannabis Promotion Prohibitions, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/promotion-prohibitions.html>
- 101 Legislative Review of the Act, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/laws-regulations/cannabis-act-legislative-review.html>
- 102 Final report, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/health-products-containing-cannabis/review-cannabidiol-health-products-containing-cannabis.html>
- 103 Healthy Home Campaign, <https://www.canada.ca/en/health-canada/services/healthy-home.html>
- 104 Drinking Water webpages, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/water-quality/drinking-water/canadian-drinking-water-guidelines.html>
- 105 Canadian Environmental Protection Act, 1999, <https://laws-lois.justice.gc.ca/eng/acts/c-15.31/FullText.html>
- 106 Pan-Canadian Poison Centres 2020 Annual Report, https://infopoison.ca/wp-content/uploads/2022/09/Poison-Centre-Annual-Report-2020-EN_Final.pdf
- 107 Hazardous Materials Information Review Act, <https://lois-laws.justice.gc.ca/eng/acts/H-2.7/>
- 108 Hazardous Products Act, <https://laws-lois.justice.gc.ca/eng/acts/h-3/>
- 109 Quarterly newsletter, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system/program-newsletter.html>
- 110 Globally Harmonized System of Classification and Labelling of Chemicals, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system/globally-harmonized-classification-labelling-chemicals.html>
- 111 Canada-U.S. Regulatory Cooperation Council, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines/acts-regulations/canada-united-states-regulatory-cooperation-council.html>
- 112 Canadian Total Diet Study, <https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/canadian-total-diet-study/concentration-contaminants-other-chemicals-food-composites.html>
- 113 Ethyl carbamate in food, <https://www.canada.ca/en/health-canada/services/food-nutrition/food-safety/chemical-contaminants/food-processing-induced-chemicals/ethyl-carbamate.html>
- 114 Risk management commitments, <https://www.canada.ca/en/health-canada/services/food-nutrition/food-safety/chemical-contaminants/food-processing-induced-chemicals/ethyl-carbamate/risk-management.html>
- 115 Monosodium glutamate, <https://www.canada.ca/en/health-canada/services/food-nutrition/food-safety/food-additives/monosodium-glutamate-questions-answers.html>
- 116 Maximum level for total arsenic in fruit juice and fruit nectar, <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/notice-modification-maximum-level-total-arsenic-fruit-juice-nectar.html>
- 117 New maximum level for arsenic in rice based foods intended for infants and young children, <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/notice-modification-maximum-level-inorganic-arsenic-rice-based-foods-infants-young-children.html>
- 118 Cosmetic Regulations, https://laws-lois.justice.gc.ca/eng/regulations/c.r.c.,_c._869/index.html
- 119 Carriages and Strollers Regulations, <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2016-167/index.html>
- 120 Surface Coating Materials Regulations, <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2016-193/index.html>
- 121 Cosmetic Ingredient Hotlist, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/cosmetics/cosmetic-ingredient-hotlist-prohibited-restricted-ingredients/hotlist.html>
- 122 Safety Code 30, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/radiation/radiation-protection-dentistry-recommended-safety-procedures-use-dental-equipment-safety-code-30.html>
- 123 Safety Code 35, <https://www.canada.ca/en/health-canada/programs/consultation-proposed-updates-safety-code-35.html>
- 124 Radon Action guides, <https://www.canada.ca/en/health-canada/services/health-risks-safety/radiation/radon/action-guides.html>
- 125 A survey comparing radon gas levels in Halifax homes, <https://www.canada.ca/en/health-canada/services/publications/health-risks-safety/radon-gas-survey-homes-built-after-2000-halifax-region.html>
- 126 Federal Nuclear Emergency Plan, <https://www.canada.ca/en/health-canada/services/publications/health-risks-safety/federal-nuclear-emergency-master-plan-part-1.html>
- 127 Pest Control Products Act, <https://laws-lois.justice.gc.ca/eng/acts/p-9.01/>

- 128 Consultation, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/pesticides-pest-management/public/consultations.html>
- 129 Decisions, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/pesticides-pest-management/decisions-updates.html>
- 130 Maximum Residue Limit materials pertaining to pesticides, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/pesticides-pest-management/public/protecting-your-health-environment/pesticides-food/maximum-residue-limits-pesticides.html>
- 131 Atrazine, https://publications.gc.ca/collections/collection_2017/sc-hc/H113-5/H113-5-2017-9-eng.pdf
- 132 Health Canada Science Advisory Committee on Pest Control Products, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/science-advisory-committee-pest-control-products.html>
- 133 National Water Monitoring Framework for Pesticides, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/pesticides-pest-management/public/protecting-your-health-environment/programs-initiatives/water-monitoring-pesticides.html>
- 134 Pilot, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/pesticides-pest-management/public/protecting-your-health-environment/programs-initiatives/water-monitoring-pesticides/pilot-program.html#a4>
- 135 Broad consultations to inform the review of the PCPA, <https://www.canada.ca/en/health-canada/services/consumer-product-safety/reports-publications/pesticides-pest-management/corporate-plans-reports/consultation-strengthening-protection-health-environment-targeted-review-pest-control-products-act-what-we-heard.html>
- 136 Healthy Eating Strategy, <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating-strategy.html>
- 137 Report on the state of food and beverage advertising in Canada, <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/food-beverage-advertising-children-teens-canada.html>
- 138 Canada's food guide, <https://food-guide.canada.ca/en/>
- 139 Food guide kitchen, <https://food-guide.canada.ca/en/kitchen/>
- 140 Food guide friendly initiative and webpage, <https://food-guide.canada.ca/en/food-guide-friendly-initiative/>
- 141 Applying Canada's Dietary Guideline, <https://food-guide.canada.ca/en/applying-guidelines/>
- 142 Voluntary Sodium Reduction Targets for Processed Foods, 2020–2025, <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/sodium-reduced-targets-2020-2025.html>
- 143 Updated information on sodium, <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/notice-modification-update-incorporated-reference-document-nutrition-labelling-table-daily-values/document.html>
- 144 Table of daily values, <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/notice-modification-update-incorporated-reference-document-nutrition-labelling-table-daily-values.html>
- 145 Regulation of products of plant breeding, <https://www.canada.ca/en/health-canada/programs/consultation-guidance-novel-foods-regulation-plant-breeding/what-we-heard.html>
- 146 Novel Food Regulations, <https://www.canada.ca/en/health-canada/services/food-nutrition/legislation-guidelines/guidance-documents/guidelines-safety-assessment-novel-foods-derived-plants-microorganisms/guidelines-safety-assessment-novel-foods-2006.html#a5>
- 147 Transparency initiative, <https://www.canada.ca/en/health-canada/services/food-nutrition/genetically-modified-foods-other-novel-foods/transparency-initiative.html>
- 148 Scientific opinion, <https://www.canada.ca/en/health-canada/services/food-nutrition/genetically-modified-foods-other-novel-foods/scientific-opinion-regulation-gene-edited-plant-products-within-context-division-28-food-drug-regulations.html>
- 149 Regulations Amending the Food and Drug Regulations and the Cannabis Regulations, <https://canadagazette.gc.ca/rp-pr/p2/2022/2022-07-20/html/sor-dors169-eng.html>
- 150 Regulations Amending the Food and Drug Regulations, <https://canadagazette.gc.ca/rp-pr/p2/2022/2022-07-20/html/sor-dors168-eng.html>
- 151 Table of Reference Amounts for Food, <https://www.canada.ca/en/health-canada/services/food-nutrition/public-involvement-partnerships/notice-modification-update-incorporated-reference-document-nutrition-labelling-table-reference-amounts-food.html>
- 152 Nutrition Facts table, <https://www.canada.ca/en/health-canada/services/understanding-food-labels/nutrition-facts-tables.html>
- 153 Front-of-package nutrition symbol, <https://www.canada.ca/en/health-canada/services/food-labelling-changes/front-package.html>
- 154 Display of nutrition labelling information, <https://inspection.canada.ca/about-cfia/transparency/consultations-and-engagement/completed/foods-e-commerce/report/eng/1676418229356/1676418229887>
- 155 Joint-consultation, <https://inspection.canada.ca/about-cfia/transparency/consultations-and-engagement/completed/foods-e-commerce/eng/1651601058446/1651601153446>

- 156 Policy on *Listeria monocytogenes* in ready-to-eat foods, <https://www.canada.ca/en/health-canada/services/food-nutrition/legislation-guidelines/policies/listeria-monocytogenes-ready-eat-foods.html>
- 157 New scientific information and input, <https://www.canada.ca/en/health-canada/services/publications/food-nutrition/consultations-policy-listeria-monocytogenes-ready-eat-foods.html>
- 158 Public health notices, <https://www.canada.ca/en/public-health/services/public-health-notices/2022/outbreak-norovirus-gastrointestinal-illness-linked-spot-prawns.html#a9>
- 159 Links between the consumption of tahini and tahini-based products and outbreaks of salmonella, <https://pubmed.ncbi.nlm.nih.gov/36422369/>
- 160 First legislative review, <https://www.canada.ca/en/health-canada/programs/consultation-legislative-review-tobacco-vaping-products-act/final-report.html>
- 161 Vaping Products Reporting Regulations, <https://www.gazette.gc.ca/rp-pr/p1/2022/2022-06-18/html/reg4-eng.html>
- 162 Consider the Consequences of Vaping, https://www.canada.ca/en/services/health/campaigns/vaping.html?utm_source=canada-ca-vaping-info-en&utm_medium=vurl&utm_campaign=vurl
- 163 Canada.ca/vaping, https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping.html?utm_source=canada-ca-vaping-en&utm_medium=vurl&utm_campaign=vurl
- 164 Canadian Tobacco and Nicotine Survey, <https://www.canada.ca/en/health-canada/services/canadian-tobacco-nicotine-survey/2021-summary.html>
- 165 Canadian Student Tobacco, Alcohol and Drugs Survey, <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-summary.html>
- 166 Fourth compliance enforcement report, <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/compliance-enforcement/report-august-2021-march-2022.html>
- 167 Marketing campaign, https://www.canada.ca/en/health-canada/campaigns/quit-smoking.html?utm_campaign=tools-smoke-free-life&utm_medium=vanity-url&utm_source=canada-ca_quitsmoking
- 168 2022 Canadian Cannabis Survey, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2022-summary.html>
- 169 public opinion research report, <https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsdc/por-ef/health/2022/093-21-e/index.html>
- 170 October 17, 2018—December 31, 2019, <https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/data-cannabis-adverse-reactions-2018-2019-annual-report.html>
- 171 January 1, 2020—December 31, 2020, <https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/data-cannabis-adverse-reactions-2020-annual-report.html>
- 172 One related to the pharmacological differences between different intoxicating cannabinoids, <https://pubmed.ncbi.nlm.nih.gov/36091813/>
- 173 One on the characterization of by-products of components of cannabis vaping emissions, <https://pubmed.ncbi.nlm.nih.gov/35773373/>
- 174 One on the characterization of metal contaminants in cannabis vaping liquids, <https://pubs.acs.org/doi/full/10.1021/acsomega.2c03797>
- 175 Pursue Your Passion, <https://healthcanadaexperiences.ca/programs/pursue-your-passion>
- 176 Reduce your risk: Choose legal cannabis, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/personal-use/reduce-risk-choose-legal.html>
- 177 Growing cannabis at home safely, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/personal-use/growing-cannabis-home-safely.html>
- 178 Cannabis accessories for inhalation: minimizing your risk when smoking, vaping and dabbing, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/personal-use/accessories-inhalation.html>
- 179 Accidental poisonings in children, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/health-effects/poisonings-children.html>
- 180 Key risks, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2022-2023-raison-etre-mandate-role.html>
- 181 GC Infobase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- 182 Thirtieth Annual Report on the Public Service of Canada, <https://www.canada.ca/en/privy-council/corporate/transparency/annual-report-prime-minister-public-service/30th.html>
- 183 Anti-Racism in Science Library Guide, <https://hc-sc.libguides.com/anti-racism>
- 184 Clerk's Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service, <https://www.canada.ca/en/privy-council/corporate/clerk/call-to-action-anti-racism-equity-inclusion-federal-public-service.html>
- 185 Deputy Ministers' Commitments on Diversity and Inclusion, <https://www.canada.ca/en/privy-council/programs/appointments/governor-council-appointments/performance-management/dm-commitments.html>

- 186 President of the Treasury Board's Priorities for actions to increase diversity and inclusion in the public service, <https://www.canada.ca/en/treasury-board-secretariat/news/2021/01/government-announces-priorities-for-action-to-increase-diversity-and-inclusion-in-the-public-service.html>
- 187 Accessibility Plan, <https://www.canada.ca/en/health-canada/corporate/accessibility.html>
- 188 Framework for Science and Research Excellence, https://publications.gc.ca/collections/collection_2023/sc-hc/H129-141-2022-eng.pdf
- 189 29th Annual Report to the Prime Minister on the Public Service of Canada, <https://www.canada.ca/en/privy-council/corporate/transparency/annual-report-prime-minister-public-service/29th.html>
- 190 Health Canada Open Science Action Plan, <https://www.canada.ca/en/services/health/publications/science-research-data/health-canada-open-science-action-plan.html>
- 191 Mental health support: Get help, https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html?utm_campaign=not-applicable&utm_medium=vanity-url&utm_source=canada-ca_mental-health
- 192 Sex and Gender Action Plan, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/health-portfolio-sex-gender-based-analysis-action-plan.html>
- 193 Canada Dental Benefit, <https://www.canada.ca/en/revenue-agency/services/child-family-benefits/dental-benefit.html>
- 194 Food guide kitchen, <https://food-guide.canada.ca/en/kitchen/>
- 195 2022 Canadian Cannabis Survey, <https://www.canada.ca/en/health-canada/services/drugs-medication/cannabis/research-data/canadian-cannabis-survey-2022-summary.html>
- 196 Ease the Burden, <https://www.canada.ca/en/services/health/campaigns/men-construction-trades-overdose-crisis-canada.html>
- 197 Agenda for Sustainable Development, <https://sdgs.un.org/2030agenda>
- 198 National Strategy, <https://www.canada.ca/en/employment-social-development/programs/agenda-2030/moving-forward.html>
- 199 Federal Implementation Plan, <https://www.canada.ca/en/employment-social-development/programs/agenda-2030/federal-implementation-plan.html>
- 200 Canadian Indicator Framework, <https://sdgcif-data-canada-oddcic-donnee.github.io/>
- 201 SDG 3, <https://sdgs.un.org/goals/goal3>
- 202 Model Practice Standard, <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/model-practice-standard.html>
- 203 Wellness Together Canada, <https://www.wellnesstogether.ca/en-CA>
- 204 3.7.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-7-1/>
- 205 3.12.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-12-1/>
- 206 Health Care Policy and Strategies Program, <https://www.canada.ca/en/health-canada/programs/health-care-policy-strategies-program.html>
- 207 Frayme, <https://frayme.ca/>
- 208 Health Standards Organization Leading Practices Library, <https://healthstandards.org/leading-practices/#:~:text=A%20Leading%20Practice%20is%20an,%20For%20integrated%20care%2Fservice.>
- 209 Campus Peer Support, <https://cmha.ca/what-we-do/national-programs/campus-peer-support-pilot-project-students-helping-students-with-their-mental-health/>
- 210 3.7.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-7-1/>
- 211 3.12.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-12-1/>
- 212 Know More: Opioids Awareness Program for Youth, <https://www.canada.ca/en/health-canada/services/opioids/know-more-public-awareness.html>
- 213 Ease the Burden, <https://www.canada.ca/en/services/health/campaigns/men-construction-trades-overdose-crisis-canada.html>
- 214 3.2.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-2-1/>
- 215 3.4.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-4-1/>
- 216 3.12.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-12-1/>
- 217 3.13.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-13-1/>
- 218 Food Safety marketing campaign, <https://health.canada.ca/en/health-canada/services/general-food-safety-tips/interactive-guide.html>
- 219 3.1.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/3-1-1/>
- 220 SDG 6, <https://sdgs.un.org/goals/goal6>
- 221 SDG 11, <https://sdgs.un.org/goals/goal11>

- 222 Canadian drinking water guidelines, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/water-quality/guidelines-canadian-drinking-water-quality-summary-table.html>
- 223 Boron, <https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidelines-canadian-drinking-water-quality-guideline-technical-document-boron.html>
- 224 Malathion, <https://www.canada.ca/en/health-canada/services/publications/healthy-living/guidelines-canadian-drinking-water-quality-supporting-documents-malathion.html>
- 225 Per- and polyfluoroalkyl substances, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/water-quality/water-talk-per-polyfluoroalkyl-substances-drinking-water.html>
- 226 11.3.1, <https://sdgcif-data-canada-oddcic-donnee.github.io/11-3-1/>
- 227 SDG 12, <https://sdgs.un.org/goals/goal12>
- 228 Print and online, <https://www.canada.ca/en/health-canada/services/healthy-home/guide.html#a2>
- 229 Tips for a healthy home, <https://www.canada.ca/en/health-canada/services/video/tips-for-healthy-home.html>
- 230 SDG 13, <https://sdgs.un.org/goals/goal13>
- 231 National Adaptation Strategy, <https://www.canada.ca/en/services/environment/weather/climatechange/climate-plan/national-adaptation-strategy.html>
- 232 Canada's 2022–24 National Action Plan on Open Government, <https://open.canada.ca/en/content/national-action-plan-open-government>
- 233 Launched the form, <https://www.healthycanadians.gc.ca/apps/radar/CPS-SPC-0001.08.C.html>
- 234 Public Accounts of Canada, <https://www.tpsgc-pwgsc.gc.ca/recgen/cpc-pac/2022/index-eng.html>
- 235 GC InfoBase, <https://www.tbs-sct.canada.ca/ems-sgd/edb-bdd/index-eng.html>
- 236 Financial Statements, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2022-2023-financial-statements.html>
- 237 Future-Oriented Statement of Operations, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/report-plans-priorities/2022-2023-future-oriented-statement-operations.html>
- 238 Assisted Human Reproduction Act, <https://laws-lois.justice.gc.ca/eng/acts/a-13.4>
- 239 Canada Consumer Product Safety Act, <http://laws-lois.justice.gc.ca/eng/acts/c-1.68/>
- 240 Canada Health Act, <http://laws-lois.justice.gc.ca/eng/acts/C-6/>
- 241 Cannabis Act, <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/>
- 242 Controlled Drugs and Substances Act, <http://laws-lois.justice.gc.ca/eng/acts/c-38.8/>
- 243 Dental Benefit Act, <https://laws-lois.justice.gc.ca/eng/acts/D-1.55/page-1.html>
- 244 Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- 245 Food and Drugs Act, <http://laws.justice.gc.ca/eng/acts/F-27/>
- 246 Hazardous Materials Information Review Act, <http://laws-lois.justice.gc.ca/eng/acts/H-2.7/>
- 247 Hazardous Products Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html>
- 248 Pest Control Products Act, <http://laws-lois.justice.gc.ca/eng/acts/P-9.01/>
- 249 Radiation Emitting Devices Act, <http://laws-lois.justice.gc.ca/eng/acts/R-1/>
- 250 Tobacco and Vaping Products Act, <http://laws-lois.justice.gc.ca/eng/acts/T-11.5/>
- 251 List of Acts, <http://www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php>
- 252 Raison d'être, mandate and role, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2022-2023-raison-etre-mandate-role.html>
- 253 Minister of Health, <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-health-mandate-letter>
- 254 Minister of Mental Health and Addictions and Associate Minister of Health, <https://pm.gc.ca/en/mandate-letters/2021/12/16/minister-mental-health-and-addictions-and-associate-minister-health>
- 255 Operating Context, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2022-2023-raison-etre-mandate-role.html>
- 256 GC InfoBase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>
- 257 Supplementary Information Tables, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/departmental-performance-reports/2022-23-supplementary-information-tables.html>
- 258 Report on Federal Tax Expenditures, <https://www.canada.ca/en/department-finance/services/publications/federal-tax-expenditures/2023.html>
- 259 Health Canada, <https://www.canada.ca/en/health-canada.html>
- 260 November 23, 2021, Speech from the Throne, <https://www.canada.ca/en/privy-council/campaigns/speech-throne/2021/speech-from-the-throne.html>