Health Canada Santé Canada

Canada

Health Canada

Supporting Information on Lower-Level Programs: 2016-17 Departmental Results Report

YOUR HEALTH AND SAFETY... OUR PRIORITY.

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Supporting Information on Lower-Level Programs

Strategic Outcome 1: A health system responsive to the needs of Canadians

Program 1.1: Canadian Health System Policy

Sub-Program 1.1.1: Health System Priorities

Description

Through the Health System Priorities program, Health Canada works closely with provincial and territorial governments, domestic and international organizations, health care providers, and other stakeholders to develop and implement innovative approaches, improve accountability, and responses to meet the health priorities and health services needs of Canadians. Key activities include aligning the health workforce to meet the needs of Canadians, timely access to quality health care services, and accelerating the development and implementation of electronic health technologies. This program uses funding from the following transfer payments: Brain Canada Foundation, Canadian Agency for Drugs and Technologies in Health, Canadian Institute for Health Information, Canadian Partnership Against Cancer, Canadian Patient Safety Institute, Health Care Policy Contribution Program, Mental Health Commission of Canada, Mood Disorders Society of Canada, Canada Health Infoway, Pallium Foundation of Canada, and Canadian Foundation for Health Care Improvement. The program objective is to use program funding to strengthen and support policy advice, research, programs, practices, services, and knowledge translation and exchange, to address federal health care system priorities across Canada.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Recipients raise awareness of policy, research, programs and services on health system priorities across Canada.	% of recipients raising awareness of policy, research, program, and services on health system priorities across Canada.	50	March 31, 2017	97	N/A*	N/A*

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Recipients demonstrate use of knowledge or technologies to support policy, research, programs and services on health system priorities across Canada.	% of recipients demonstrating use of knowledge or technologies to support policy, research, program, and services on health system priorities across Canada.	50	March 31, 2017	100	N/A**	N/A**

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

**Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
258,971,274	327,850,808	68,879,534

Note: The variance between actual and planned spending is mainly due to increased statutory grant funding provided to the Canadian Institute for Health Information for electronic health information communication technologies as well as increased contribution funding to Canada Brain Research Fund, and the Canadian Foundation for Health Improvement.

Human resources (full-time equivalents [FTEs])

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
219	162	-57

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Sub-Program 1.1.2: Canada Health Act Administration

Description

The administration of the Canada Health Act involves monitoring a broad range of sources to assess the compliance of provincial and territorial health insurance plans with the criteria and conditions of the Act, working in partnership with provincial and territorial governments to investigate and resolve concerns which may arise, providing policy advice and informing the Minister of possible non-compliance with the Act, recommending appropriate action when required, and reporting to Parliament on the administration of the Act. The program objective is to facilitate reasonable access to publicly insured health care services without financial or other barriers.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Provincial and territorial compliance with the requirements of the Canada Health Act.	% of Canada Health Act compliance issues addressed.	100	March 31, 2017	86*	N/A**	N/A**

*During 2016-17, seven compliance issues were identified, with six being addressed (86%). Health Canada was able to conclude two of those issues before the end of the fiscal year, and is still in consultation with the respective provincial health ministries on the remaining issues.

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

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
1,895,427	1,604,125	-291,302

Note: The variance between actual and planned spending is mainly due to a change in anticipated staffing levels from plans due to personnel departures and delays in staffing vacant positions.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
19	15	-4

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Program 1.2: Specialized Health Services

No sub-programs

Program 1.3: Official Language Minority Community Development

No sub-programs

Strategic Outcome 2: Health risks and benefits associated with food products, substances, and environmental factors are appropriately managed and communicated to Canadians

Program 2.1: Health Products

Sub-Program 2.1.1: Pharmaceutical Drugs

Description

The Food and Drug Regulations[i] provide the regulatory framework to develop, maintain and implement the Pharmaceutical Drugs program, which includes pharmaceutical drugs for human and animal use, including prescription and non-prescription drugs, disinfectants, and sanitizers with disinfectant claims. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of pharmaceutical drugs are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals, such as physicians and pharmacists, to enable them to make informed decisions about the use of pharmaceutical drugs. The program objective is to ensure that pharmaceutical drugs in Canada are safe, effective and of high quality.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Pharmaceutical drugs meet regulatory requirements.	% of pharmaceutical product submissions that meet regulatory requirements. (Baseline 75)	80	March 31, 2017	84	81	75
Canadians and stakeholders are informed of risks associated with the use of pharmaceutical drugs.	% of targeted risk communications disseminated within service standards. (Baseline 69)	90	March 31, 2017	93	95*	80*

*Actual result calculated using data from previous indicator of risk communications to health care professionals (target: 80%).

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
61,375,037	66,505,375	5,130,338

Note: The variance between actual and planned spending is mainly due to revenues collected below authorities, and paylist requirements.

Human resources (full-time equivalents [FTEs])

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
1,021	872	-149

Note: The variance in FTE utilization is mainly due to the calculation of planned FTE figures being based on the Drugs and Medical Devices program using its full revenue authority. FTE utilization is a reflection of workforce requirements based on actual workload.

Sub-Program 2.1.2: Biologics and Radiopharmaceuticals

Description

The Food and Drug Regulations, Safety of Human Cells, Tissues and Organs for Transplantation Regulations[ii], and the Processing and Distribution of Semen for Assisted Conception Regulations[iii] provide the regulatory framework to develop, maintain, and implement the Biologics and Radiopharmaceuticals program, which includes blood and blood products, viral and bacterial vaccines, gene therapy products, tissues, organs, and xenografts, which are manufactured in Canada or elsewhere. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of biologics and radiopharmaceuticals are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals such as physicians and pharmacists, to enable them to make informed decisions about the use of biologics and radiopharmaceuticals. The program objective is to ensure that biologics and radiopharmaceuticals in Canada are safe, effective and of high quality. This program uses funding from the following transfer payments: Canadian Blood Services: Blood Safety and Effectiveness Research and Development, and Contribution to Strengthen Canada's Organs and Tissues Donation and Transplantation System.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Biologics, radiopharma-ceutical and genetic therapies meet regulatory requirements.	% of biologic and radiopharma-ceutical, and gene therapy product submissions that meet regulatory requirements. (Baseline 99)	90*	March 31, 2017	92	98	99
Canadians and stakeholders are informed of risks associated with the use of biologics, radiopharma-ceutical and genetic therapies.	% of targeted risk communications disseminated within service standards. (Baseline 69)	90**	March 31, 2017	100	100***	100***

*The target (90%) was established based on a review of historical trends and analysis and represents what the program can realistically achieve year after year. In spite of actual performance having consistently exceeded the target, the program cannot change the target because the 90% target is not an end in itself, but rather a performance threshold that the program seeks to maintain. The baseline (99%) was established based on the 2014-15 result.

**Despite the results consistently exceeding the target, it will not be adjusted as the denominator is so small that even missing one risk communication will skew the result. For example, in 2016-17 only six risk communications were issued. If one had been missed, then the target would not be met.

***Actual result calculated using data from previous indicator of risk communications to health care professionals (target: 80%).

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
50,480,724	51,739,190	1,258,466

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Health Products program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
398	436	38

Note: The variance in FTE utilization is mainly due to a reallocation of resources within the Health Products program based on operational requirements.

Sub-Program 2.1.3: Medical Devices

Description

The Medical Devices Regulations[iv] provide the regulatory framework to develop, maintain, and implement the Medical Devices program, which includes medical devices used in the treatment, mitigation, diagnosis, or prevention of a disease or an abnormal physical condition in humans. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of medical devices are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals, such as physicians and pharmacists, to enable them to make informed decisions about the use of medical devices. The program objective is to ensure that medical devices in Canada are safe, effective and of high quality.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Medical devices meet regulatory requirements.	% of applications (Class III and IV) that meet regulatory requirements. (Baseline 96)	80*	March 31, 2017	93	96	96
Canadians and stakeholders are informed of risks associated with the use of Medical Devices.	% of targeted risk communi-cations disseminated within service standards. (Baseline 69)	90**	March 31, 2017	100	100***	100***

*The target (80%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (96%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved. This target will be revisited in the future given that past performance has consistently exceeded the established target.

**Despite the results consistently exceeding the target, it will not be adjusted as the denominator is so small that even missing one risk communication will skew the result. For example, in 2016-17 only four risk communications were issued. If one had been missed, then the target would not be met.

***Actual result calculated using data from previous indicator of risk communications to healthcare professionals (target: 80%).

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
15,669,977	11,720,776	-3,949,201

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Health Products program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
346	247	-99

Note: The variance in FTE utilization is mainly due to the calculation of planned FTE figures being based on the Drugs and Medical Devices program using its full revenue authority. FTE utilization is a reflection of workforce requirements based on actual workload.

Sub-Program 2.1.4: Natural Health Products

Description

The Natural Health Product Regulations[v] provide the regulatory framework to develop, maintain and implement the Natural Health Products program, which includes herbal remedies, homeopathic medicines, vitamins, minerals, traditional medicines, probiotics, amino acids, and essential fatty acids. Health Canada verifies that regulatory requirements for the safety, quality, and efficacy of natural health products are met through risk assessments, including monitoring and surveillance, compliance, and enforcement activities. In addition, the program provides information to Canadians and key stakeholders, including health professionals such as pharmacists, traditional Chinese medicine practitioners, herbalists and naturopathic doctors, to enable them to make informed decisions about the use of natural health products. The program objective is to ensure that natural health products in Canada are safe, effective and of high quality.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Natural health products meet regulatory requirements.	% of natural health product submissions that meet regulatory requirements. (Baseline 94)	80*	March 31, 2017	97	98	94
Canadians and stakeholders are informed of risks associated with the use of natural health products.	% of targeted risk communications developed and disseminated within service standards. (Baseline 70)	90	March 31, 2017	N/A**	N/A***	N/A***

*The target (80%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (94%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved. This target will be revisited in the future given that past performance has consistently exceeded the established target.

**No targeted risk communication was required.

***Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
18,479,558	19,504,447	1,024,889

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Health Products program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
157	178	21

Note: The variance in FTE utilization is mainly due to a reallocation of resources within the Health Products program based on operational requirements.

Program 2.2: Food Safety and Nutrition

Sub-Program 2.2.1: Food Safety

Description

The Food and Drug Regulations provide the regulatory framework to develop, maintain, and implement the Food and Nutrition Safety program. The program is the federal health authority responsible for establishing standards, policies, and regulations pertaining to food and nutrition safety; as well as for conducting reviews and for assessing the safety of food ingredients, veterinary drugs for food-producing animals, food processes, and final foods (that are safe for human consumption, which would include both processed foods as well as unprocessed foods). The program conducts risk assessments pertaining to the chemical, microbiological, and nutritional safety of foods. In addition, the program plans and implements food and nutrition safety surveillance and research initiatives in support of the Department's food standard setting mandate. The program objective is to plan and implement food and nutrition safety standards to enable Canadians to make informed decisions about food and nutrition.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Timely response to Health Canada partners regarding emerging food and nutrition safety incidents including foodborne illness outbreaks.	% of health risk assessments provided to Health Canada partners within standard timelines to manage food safety incidents. (Baseline 100)	90*	March 31, 2017	100	100	100

*The target (90%) was established based on a review of historical trends and analysis and represents what the program believes it can realistically achieve year after year. The baseline (100%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target for 2016-17, it means that results in 2014-15 were higher than expected and/or higher than historically achieved. This target will be revisited in the future given that past performance has consistently exceeded the established target.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
63,957,645	62,362,600	-1,595,045

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Department to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
557	458	-99

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Sub-Program 2.2.2: Nutrition Policy and Promotion

Description

The Department of Health Act provides the authority to develop, maintain and implement the Nutrition Policy and Promotion program. The program develops, implements, and promotes evidence-based nutrition policies and standards, and undertakes surveillance and monitoring activities. It anticipates and responds to public health issues associated with nutrition and contributes to broader national and international strategies. The program works collaboratively with other federal departments/agencies and provincial/territorial governments, and engages stakeholders such as non-government organizations, health professionals, and industry associations to support a coordinated approach to nutrition issues. The program objective is to target both Canadian intermediaries and consumers to increase knowledge, understanding, and action on healthy eating.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Canadians make informed eating decisions.	% of Canadians who consult Health Canada's healthy eating information to inform their decisions. (Baseline 42)	40*	March 31, 2017	42**	42**	42**
Stakeholders integrate Health Canada information on nutrition and healthy eating into their policies, programs, and initiatives that reach Canadians.	% of targeted stakeholders who integrate Health Canada healthy eating knowledge products, policies, and/or education materials into their own strategies, policies, programs and initiatives that reach Canadians. (Baseline 89)	80***	March 31, 2017	89****	89****	89****

*The target (40%) was established based on the results from the 2012 Outcome Assessment of the Canada Food Guide (CFG) and what the program believes it can realistically achieve year after year. The baseline (42%) was from the 2015 Canadian Community Health Survey (CCHS) Annual Food Guide Usage (FGU) module. New data is expected following analysis of the 2016 CCHS annual FGU module.

**Results are from the 2015 CCHS . Results from the 2016 CCHS annual FGU module will be available in fall 2017.

***The target (80%) was established based on results from the 2012 Outcome Assessment of the CFG and what the program believes it can realistically achieve year after year. The baseline (89%) was reported on in the 2013-14 Departmental Performance Report. The baseline was established as a one-time survey of targeted stakeholders for the 2012 Outcome Assessment of the CFG.

****No new results available since the 2012 Outcome Assessment of the CFG. As new data becomes available, the target will be revisited.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
4,605,133	6,717,218	2,112,085

Note: The variance between actual and planned spending is mainly due to an increase in requirements of the Healthy Eating Campaign and pay list requirements.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
35	42	7

Note: The variance in FTE utilization is mainly due to an increase in requirements of the Healthy Eating Campaign.

Program 2.3: Environmental Risks to Health

Sub-Program 2.3.1: Air Quality

Description

The Air Quality program assesses the health risks of indoor and outdoor pollutants, and develops guidelines and standards under the Canadian Environmental Protection Act, 1999. These efforts support the Government of Canada's Addressing Air Pollution Initiative[1], implemented in partnership with Environment and Climate Change Canada, to manage the potential risks to the environment and to the health of Canadians associated with air quality. The program provides health-based science and policy advice that supports actions by all levels of government to improve air quality and the health of Canadians. Key activities include: carrying out health risk assessments of air pollutants; leading the development of health-based air quality standards and guidelines for indoor and outdoor air; determining the health benefits of proposed actions to reduce air pollution; conducting research on the levels of exposure and health effects of indoor and outdoor air pollutants to inform the development of standards, guidelines, regulations and other actions; implementing the Air Quality Health Index (a public information tool providing local air quality levels and health messaging) in partnership with Environment and Climate Change Canada; and delivering the Heat Resiliency and Climate Change program, including the associated tool of community-based Heat Alert and Response Systems. The program objective is to assess the impacts of air pollution on health; to provide guidance to governments, health professionals and the general public on how to minimize those risks; and to help Canadians adapt

[1] Replaced the Clean Air Regulatory Agenda.

to a changing climate through measures intended to manage potential risks to health associated with extreme temperatures.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Canadians have access to information to enable them to take protective action to reduce health impacts from air pollution.	% of Canadians with access to the Air Quality Health Index. (Baseline 75)	80	March 31, 2017	80*	79	69
Stakeholders and all levels of government have access to information to enable them to reduce risks from outdoor and indoor air pollution in Canada.	% of federal air quality health assessments, guidance documents, guidelines and standards published or distributed externally. (Baseline 100)	100	March 31, 2017	100	60**	47**
Targeted partners have access to scientific information that addresses regulatory/ departmental/ international priorities on the impacts of air quality on health.	% of air health research projects that address regulatory/ departmental/ international priorities. (Baseline 100)	100	March 31, 2017	100	100	100
	% of knowledge use by targeted partners. (Baseline 2016-17 data)	100	March 31, 2017	100	N/A***	N/A***

*The maximum achievable target of 80% was reached in 2015-16, and the air program is now focused on increasing awareness and use of the Air Quality Health Index.

**The air program did not fully meet planned targets, as a number of urgent issues required a reallocation of resources, including providing significant monitoring and health advice to support local management of the Iqaluit waste facility fire. There were also additional complexities in risk assessments and rescheduling of risk management actions by our partners which resulted in delays in completing work in anticipated timelines.

***Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
2,363,896	19,208,142	16,844,246

Note: The variance between actual and planned spending is mainly due to in-year resources received for Addressing Air Pollution and Clean Growth and Climate Change.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
10	97	87

Note: The variance in FTE utilization is mainly due to additional resources received in-year for Addressing Air Pollution and Clean Growth and Climate Change.

Sub-Program 2.3.2: Water Quality

Description

The Water Quality program works with key stakeholders and partners, such as the provinces and territories, under the authority of the Department of Health Act, to establish the Guidelines for Canadian Drinking Water Quality (GCDWQ). These guidelines are approved through a Federal, Provincial and Territorial (FPT) collaborative process, and used by all FPT jurisdictions in Canada as the basis for establishing their drinking water quality requirements to manage risks to the health of Canadians. Health Canada's leadership in the development of drinking water quality guidelines meets the needs of all provinces, territories and federal departments to support their drinking water regulatory regimes. It provides national consistency and economy of scale, and reduces duplication. The GCDWQ are the cornerstone of all federal, provincial and territorial drinking water programs in Canada. The program also works with national and international standard setting organizations to develop health-based standards for materials that come into contact with drinking water. In the delivery of this program, key activities include the development and dissemination of drinking water quality guidelines, guidance documents,

strategies and other tools. The program objective is to help manage potential risks to the health of Canadians associated with water quality.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Federal, Provincial and Territorial partners approve the drinking water quality guidelines published by Health Canada.	% of targeted drinking water quality guidelines/ guidance documents approved through FPT collaborative processes. (Baseline 100)	100	March 31, 2017	100	80*	100

*Due to a reallocation of resources to address emerging priorities, four of the five planned guidelines/guidance documents were finalized in 2015-16.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
3,872,155	4,314,435	442,280

Note: The variance between actual and planned spending is mainly due to the reporting of certain actual costs that had been planned under another program.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
35	30	-5

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Sub-Program 2.3.3: Health Impact of Chemicals

Description

The Canadian Environmental Protection Act, 1999 provides the authority for the Health Impacts of Chemicals program to assess the impact of new and existing substances that are manufactured, imported, or used in Canada and manage the potential health risks posed by these substances. This program activity links closely with Health Canada's Health Products, Food Safety and Nutrition, Consumer Product Safety and Pesticides program activities, as the Food and Drugs Act, the Pest Control Products Act, and the Canada Consumer Product Safety Act provide the authority to manage the health risks associated with substances in products under the purview of these program activities. The Chemicals Management Plan, implemented in partnership with Environment and Climate Change Canada, sets priorities and timelines for risk assessment and management for chemicals of concern, as well as the supporting research and bio monitoring initiatives. In addition to the above risk assessment and management activities, this program provides expert health-based advice and support to other federal departments in carrying out their mandates and provides technical support for chemical emergencies that require a coordinated federal response. The program also works with international organizations to advance risk assessment methodologies and activities related to the assessment of both existing and new substances. This program provides expert support, guidance and training to adequately assess risks to human health and the environment posed by chemical contaminants at legacy federal contaminated sites. It also provides activities under Health Canada's Environmental Assessment Program, including expertise and advice on the potential health effects from the environmental impacts of projects related to air and water pollution, and the contamination of country foods. The program objective is to assess health risks to Canadians posed by substances of concern.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Targeted partners have access to scientific information that addresses regulatory/ departmental/ international priorities on how exposure to substances impacts health.	% of Chemicals Management Plan (CMP) research projects that address regulatory/ departmental/ international priorities. (Baseline 100)	100	March 31, 2017	100	100	100
	% of knowledge use by	100	March 31, 2017	100	N/A*	N/A*

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	targeted partners. (Baseline 2016-17 data)					
Risks associated with substances new to the Canadian market are assessed to determine if risk management is required.	% of new substances assessed that require risk management action. (Baseline 5)	5	March 31, 2017	2**	2	1
Risks associated with existing substances are assessed to determine if risk management is required.	% of the 1,500 targeted existing substances assessed at the draft assessment stage.	100	March 31, 2021	20***	97	70

*Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

**10 of 473 new substances assessed required Risk Management action (2% against target of 5%). Note: The actual results for this program are intended to meet or be lower than the target, as the objective is for there to be fewer substances that require risk management action; therefore, lower actual results are desirable.

***This target is for March 31, 2021 and results are provided based on the actual CMP3 target of 1,550 substances: 314 of 1,550 substances targeted by March 31, 2021, were assessed at the draft assessment stage. The program is on track towards meeting its target for March 31, 2021.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
66,608,527	61,339,636	-5,268,891

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Department to meet program needs and priorities, as well as the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
552	426	-126

Note: The variance in FTE utilization is mainly due to a reallocation of resources within the Department to meet program needs and priorities, as well as the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Program 2.4: Consumer Product and Workplace Hazardous Materials.

Sub-Program 2.4.1: Consumer Product Safety

Description

The Canada Consumer Product Safety Act and the Food and Drugs Act and its Cosmetics Regulations provide the authorities for this program to support industry’s responsibility for the safety of their products and consumers’ responsibility to make informed decisions about product purchase and use. Health Canada's efforts are focussed in three areas: active prevention; targeted oversight; and, rapid response. Through active prevention, the program works with industry, standard setting bodies and international counterparts to develop standards and guidelines and share best practices as appropriate. The program also promotes consumer awareness of the safe use of certain consumer products to support informed decision-making. Through targeted oversight, the program undertakes regular cycles of compliance and enforcement in selected product categories, and analyses and responds to issues identified through mandatory reporting, market surveys, lab results and other means. Under rapid response, when an unacceptable risk from consumer products is identified, the program can act quickly to protect the public and take appropriate enforcement actions – including issuing consumer advisories, working with industry to negotiate recalls, or other corrective measures. The Program's objective is to manage the potential health and safety risks posed by consumer products and cosmetics in the Canadian marketplace.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Targeted Canadian industries are aware of regulatory requirements related to consumer products and cosmetics.	% of targeted Canadian industry stakeholders indicating that they are aware of regulatory requirements.	95	March 31, 2017	46*	95	94
Early detection of potentially unsafe consumer products and cosmetics.	% of incident reports received and triaged within service standard.	90**	March 31, 2017	98	99	99
	% of risk assessments received and triaged within service standards. (Baseline year 2016-17)	90	March 31, 2017	91	N/A***	N/A***

*The decrease in performance is due to a change in data collection methodology, which now targets establishments that have not had any prior contact or interaction with the Consumer Product Safety Program.

**This target will be revisited moving forward given that past performance has consistently exceeded the established target.

***Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
33,507,890	30,445,174	-3,062,716

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Department to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
260	258	-2

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Sub-Program 2.4.2: Workplace Hazardous Materials

Description

The Hazardous Products Act and the Hazardous Materials Information Review Act provide the authorities for this program. Under the Hazardous Products Act, Health Canada regulates the sale and importation of hazardous chemicals used in Canadian workplaces by specifying the requirements for hazard classification and hazard communication through cautionary labelling and safety data sheets. Under the Hazardous Materials Information Review Act, Health Canada administers a mechanism to allow companies to protect confidential business information, while requiring that all critical hazard information is disclosed to workers. This program sets the hazard communication standards for the Workplace Hazardous Materials Information System (WHMIS) – a system based on interlocking federal, provincial, and territorial legislation that ensures the comprehensibility and accessibility of labels and safety data sheets, the consistent application of classification and labelling criteria, and the alignment across Canada of compliance and enforcement activities. The program objective is to ensure that suppliers provide critical health and safety information on hazardous chemicals to Canadian workers.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Registry service standards for confidential business information (CBI) claims for exemptions are maintained.	% of claims for exemptions for CBI registered within service standard. (Baseline year 2015-16)	95	March 31, 2017	98	95	77

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
4,054,125	3,703,060	-351,065

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Department to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
35	31	-4

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Program 2.5: Problematic Substance Use.[2]

Sub-Program 2.5.1: Tobacco Control

Description

The Tobacco Act provides the authority for the Tobacco Control program to regulate the manufacture, sale, labelling, and promotion of tobacco products. The Tobacco Control program also leads the Federal Tobacco Control Strategy, in collaboration with federal partners, as well as provincial and territorial governments, which supports regulatory, programming, educational and enforcement activities. Key activities under the Strategy include: compliance monitoring and enforcement of the Tobacco Act and associated regulations; monitoring tobacco consumption and smoking behaviours; and, working with national and international partners to ensure that Canada meets its obligations under the World Health Organization Framework Convention on Tobacco Control. The program objective is to prevent the uptake of tobacco use, particularly among youth; help those who currently use tobacco to quit; protect Canadians from exposure to tobacco smoke; and regulate the manufacture, sale, labelling and promotion of tobacco products by administering the Tobacco Act.

[2] Formerly Substance Use and Abuse

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Industry is compliant with the Tobacco Act and its regulations.	% of products that are deemed to be non-compliant with the Tobacco Act and its regulations related to manufacturing and importing through the inspection program. (Baseline year 2015-16)	<5	March 31, 2017	7*	5	4

*The increase in the overall percentage of non-compliant products is due to two factors:

- increased non-compliance with respect to the prohibition on the promotion of prohibited additives on packaging, following the December 2015 Order to amend the Schedule to the Tobacco Act for “other cigars”;
- the sampling and analysis for minimum packaging requirements was eliminated from the calculation due to 0% non-compliance for several years.

Combined, these two factors produced a higher non-compliance rate than previous years. The target will not change despite a change in the methodology and the program will increase its compliance and enforcement efforts on the promotion of additives.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
25,302,680	22,050,200	-3,252,480

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Department to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
115	134	19

Note: The variance in FTE utilization is mainly due to an increase in resources from plans to ensure that deliverables related to Government of Canada Tobacco priorities were met.

Sub-Program 2.5.2: Controlled Substances

Description

Through the administration of the Controlled Drugs and Substances Act and its regulations, the program regulates the possession, production, provision and disposition of controlled substances and precursor chemicals. Key activities include: reviewing and updating the regulatory framework and Schedules for controlled substances and precursor chemicals as required; administering regulations for licensing and compliance monitoring activities; analyzing seized materials (Drug Analysis Services); providing training, as well as scientific knowledge on illicit drugs and precursor chemicals; providing assistance in investigating and dismantling clandestine laboratories; monitoring the use of drugs through surveys; and working with national and international partners for the recommendation of appropriate and scientifically sound drug analysis procedures. As a partner in the Canadian Drugs and Substances Strategy (CDSS)[3], Health Canada supports initiatives to address illicit drug use and problematic prescription drug use, including: education; prevention; health promotion; and treatment for Canadians, as well as compliance and enforcement initiatives. The program objective is to authorize legitimate activities with controlled substances and precursor chemicals, while managing the risks of diversion, problematic use and associated harms. This program uses funding from the following transfer payments: the Substance Use and Addictions Program (SUAP), and Grant to the Canadian Centre on Substance Abuse.[4]

[3] Replaced the National Anti-Drug Strategy.

[4] In FY 2016-17, Health Canada received approval to change the name of the Anti-Drug Strategy Initiatives funding program, which consolidated the Drug Strategy Community Initiatives Fund and the Drug Treatment Funding Program to the Substance Use and Addictions Program.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Licensed dealers and producers of controlled substances and precursor chemicals are compliant with the Controlled Drugs and Substances Act and its regulations.	% of licensed dealers inspected that are deemed to be compliant with the Controlled Drugs and Substances Act and its regulations. (Baseline 5-year trend)	95*	March 31, 2017	99.65	100**	100**
	% of licensed producers under the Access to Cannabis for Medical Purposes Regulations[vi5] that are deemed to be compliant with the Controlled Drugs and Substances Act and its regulations.	95	March 31, 2017	96	99	95
Pharmacies are compliant with the Controlled Drugs and Substances Act and its regulations.	% of pharmacies inspected that are deemed to be compliant with the Controlled Drugs and Substances Act and its regulations.	95	March 31, 2017	99.46	N/A***	N/A***

*The program will continue to monitor this target to ensure it remains appropriate.

[5] Replaced the Marihuana for Medical Purposes Regulations.

**Expected results and/or performance indicator methodology have changed over the specified fiscal years in support of continuous improvements to reporting on program results. The performance indicator previously reported on in both the 2014-15 and 2015-16 Departmental Performance Reports included both controlled substances licensed dealers and licensed producers under the Marihuana for Medical Purposes Regulation. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

***Actual results are not available given that the inspections of community pharmacies under the Prescription Drug Abuse (PDA) Initiative started in November 2015.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
62,495,086	72,816,551	10,321,465

Note: The variance between actual and planned spending is mainly due to the costs for the preparation to regulate and legalize cannabis.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
279	388	109

Note: The variance in FTE utilization is mainly due to the costs for the preparation to regulate and legalize cannabis.

Program 2.6: Radiation Protection

Sub-Program 2.6.1: Environmental Radiation Monitoring and Protection

Description

The Environmental Radiation Monitoring and Protection program conducts research, monitoring and risk management activities under the authority of the Department of Health Act and the Comprehensive NuclearTest-Ban Treaty Implementation Act. The program covers both naturally occurring forms of radioactivity and radiation, such as radon, and man-made sources of radiation, such as nuclear power. In the delivery of this program, key activities include: delivering in collaboration with targeted partners an education and awareness program on the health risks posed by radon in indoor air and how to reduce those risks; conducting risk assessments on the health effects of radiation; installing, operating and maintaining monitoring stations and reporting environmental radiation monitoring data; and, fulfilling the requirements under the Comprehensive Nuclear-Test-Ban Treaty Implementation Act in support of nuclear non-proliferation. This program is also responsible for coordinating the Federal Nuclear Emergency Plan. In the case of a nuclear emergency that requires a coordinated federal response,

Health Canada coordinates the federal technical/scientific support to provinces/territories and provides key technical response capabilities. The program objectives are to ensure that Health Canada is prepared to respond to a nuclear emergency and to help inform Canadians of potential harm to their health and safety associated with environmental radiation.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Health Canada is prepared to respond to a nuclear emergency.	% of Health Canada defined objectives achieved in nuclear emergency preparedness exercises.	100	March 31, 2017	100	100	100
Canadians have access to information from Health Canada on radiation levels in the environment.	% of targeted environmental radiation data made available to Canadians. (Baseline 100)	100	March 31, 2017	100	100	100
Targeted partners collaborate to address health risks related to radon.	% of targeted partners participating in education and awareness and communication activities. (Baseline 100)	100	March 31, 2017	100	100	100
Canadians are able to address health risks related to radon.	% of Canadians surveyed who are knowledgeable of radon. (Baseline 53)	60	March 31, 2017	59*	N/A**	N/A**
	% of Canadians surveyed who have tested for radon. (Baseline 5)	7	March 31, 2017	6***	N/A**	N/A**

*Results from the Statistics Canada 2015 Households and the Environment Survey showed that Canadians' ability to describe radon continues to increase (up to 59% from 53% in 2013).

**Survey result was not available for reporting in 2014-15 and 2015-16.

***The percentage of households surveyed who had tested for radon increased only slightly (up to 6%, from 5% in 2013).

Source: Statistics Canada. Table 153-0098 Households and the Environment Survey, knowledge of radon and testing, Canada, Provinces and census metropolitan areas (CMA)

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
7,549,398	13,836,349	6,286,951

Note: The variance between actual and planned spending is mainly due to in-year resources received for Addressing Air Pollution.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
76	90	14

Note: The variance in FTE utilization is mainly due to in-year resources received for Addressing Air Pollution.

Sub-Program 2.6.2: Radiation Emitting Devices

Description

Under the authority of the Radiation Emitting Devices Act, this program regulates radiation emitting devices, such as equipment for clinical/analytical purposes (X rays, mammography, ultrasound), microwaves, lasers, and tanning equipment. In the delivery of this program, key activities include: compliance assessment of radiation emitting devices, research into the health effects of radiation (including noise, ultraviolet and radio frequencies); and, development of standards and guidelines for the safe use of radiation emitting devices. The program objective is to provide expert advice and information to Canadians, as well as to other Health Canada programs, federal departments, and provincial authorities so that they may fulfil their legislative mandates.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Stakeholders are aware of the health and safety information that Health Canada provides about the health risks related to radiation emitting devices.	% of stakeholders who are aware of health and safety information provided by Health Canada.	To be determined*	March 31, 2018	32**	N/A***	N/A***
Institutions are enabled to take necessary action against radiation emitting devices that are non-compliant.	% of targeted compliance assessment reports made available to institutions. (Baseline 100)	100	March 31, 2017	100	100	100

*This is a new performance indicator. Performance data will be assessed using the following measures: change in nature and level of awareness by stakeholder group; assessment of the rationale for change or lack of change in awareness; and determination of what, if anything, can be done to address lack of change in future planning.

**Source: Health Canada Survey: Awareness and use of Health Canada publications conducted by Nanos in fall of 2016. Note: stakeholders implies "Canadians".

***Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
5,023,380	4,643,103	-380,277

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within the Department to meet the program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
36	32	-4

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Sub-Program 2.6.3: Dosimetry Services

Description

The Dosimetry Services program monitors, collects information, and reports on occupational exposure to radiation to radiation workers and their employers, to dosimetry service providers and to regulatory authorities. Dosimetry is the act of measuring or estimating radiation doses and assigning those doses to individuals. Under the program, the National Dosimetry Services provides radiation monitoring services on a cost-recovery basis to workers occupationally exposed to radiation, and the National Dose Registry provides a centralized radiation dose record system for all occupationally exposed workers in Canada using a dosimetry service. The program objective is to ensure that Canadians exposed to radiation in their places of work who are monitored by the Dosimetry Services program are informed of their radiation exposure levels.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Occupational radiation workers, employers and regulators are informed of exposure levels.	% of clients receiving exposure reports within service standards (National Dosimetry Services). (Baseline 91)	100	March 31, 2017	97*	95	91
	% of clients receiving exposure reports within service standards (National Dose Registry). (Baseline 100)	100	March 31, 2017	100	99	100

*100% of doses reported within regulatory standard. In 2016-17, 97% of doses were reported within internal service standards (10-20 business days). The remaining requests were sent to clients within timelines negotiated with the clients themselves.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
576,200	1,387,122	810,922

Note: The variance between actual and planned spending is mainly due to the reporting of certain actual costs that had been planned under another program.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
72	58	-14

Note: The variance in FTE utilization is mainly the result of management's efforts to stabilize and control salary requirements through personnel departures and delays in staffing vacant positions.

Program 2.7 Pesticides

No sub-programs.

Strategic Outcome 3: First Nations and Inuit communities and individuals receive health services and benefits that are responsive to their needs so as to improve their health status

Program 3.1: First Nations and Inuit Primary Health Care

Sub-Program 3.1.1: First Nations and Inuit Health Promotion and Disease Prevention

Description

The First Nations and Inuit Health Promotion and Disease Prevention program delivers health promotion and disease prevention services to First Nations and Inuit in Canada. The program administers contribution agreements and direct departmental spending for culturally appropriate community-based programs, services, initiatives, and strategies. In the delivery of this program, the following three key areas are targeted: healthy child development; mental wellness; and healthy living. The program objective is to address the healthy development of children and families, to improve mental wellness, and to reduce the impacts of chronic disease on First Nations and Inuit individuals, families, and communities.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations and Inuit communities have capacity to deliver community-based health promotion and disease prevention programs and services.	# of community diabetes prevention workers in First Nations communities who completed training. (Baseline 455)	490	March 31, 2017	492	462	494
	# of program workers in First Nations communities who completed certified/ accredited	395	March 31, 2017	N/A*	383	384

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	healthy child development training during the reporting year. (Baseline 384)					
	% of addictions counsellors in treatment centres serving First Nations and Inuit clients who are certified workers. (Baseline 77)	80	March 31, 2017	77	78	77

*Data was not available at the time of the development of this report.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
455,785,998	510,539,562	54,753,564

Note: The variance between actual and planned spending is mainly due to in-year resources received for Mental Wellness Interventions and Services Enhancements for First Nations and Inuit, Nutrition North Canada, and the Indian Residential Schools Resolution Health Support program.

Human resources (full-time equivalents [FTEs])

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
343	364	21

Note: The variance in FTE utilization is mainly due to in-year resources received for Mental Wellness Interventions and Services Enhancements for First Nations and Inuit, Nutrition North Canada, and the Indian Residential Schools Resolution Health Support program.

Sub-Sub-Program 3.1.1.1: Healthy Child Development

Description

The Healthy Child Development program administers contribution agreements and direct departmental spending to support culturally appropriate community-based programs, services, initiatives, and strategies related to maternal, infant, child, and family health. The range of services includes prevention and health promotion, outreach and home visiting, and early childhood development programming. Targeted areas in the delivery of this program include: prenatal health, nutrition, early literacy and learning, and physical and children's oral health. The program objective is to address the greater risks and lower health outcomes associated with First Nations and Inuit infants, children, and families. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Women in First Nations communities have access to breastfeeding and pre/postnatal nutrition services and supports.	# of women in First Nations communities accessing Prenatal and Postnatal Health services and supports including Nutrition. (Baseline 9,462)	9,500	March 31, 2017	8,226	8,813	9,971
	% of First Nations communities with maternal and child health programming that provide group breastfeeding support activities. (Baseline 47.7)	50	March 31, 2017	52	50	48
	% of women in First Nations communities accessing maternal and	30	March 31, 2017	29	29	27

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	child health program activities who breastfed for six months or more. (Baseline 27.3)					
	Difference in % of children aged 0 to 11 who were breastfed longer than six months in First Nations communities with Maternal Child Health (MCH) programs versus those without MCH programs. (Baseline 8.2)	8.5	March 31, 2019	N/A*	N/A*	N/A*
First Nations have access to healthy child development programs and services.	# of children in First Nations communities accessing early literacy and learning services and supports. (Baseline 13,981	14,000	March 31, 2017	14,427	13,386	13,981
	Average number of decayed teeth in the 0-7 year population in First Nations communities with access to the Children's Oral Health Initiative (COHI). (Baseline	Primary Teeth 1.55 Permanent Teeth: 0.12	March 31, 2017	Primary Teeth: 2.07 Permanent Teeth: 0.17	N/A*	N/A*

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	Primary Teeth: 1.71; Permanent Teeth: 0.12)					
	% of First Nations communities that screen for risk factors for developmental milestones through participation in healthy child development programs and services. (Baseline 68.7)	70	March 31, 2017	69	69	69

*Actual results are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
102,803,627	102,528,215	-275 412

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
117	99	-18

Note: The variance in FTE utilization is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Sub-Sub-Program 3.1.1.2: Mental Wellness

Description

The Mental Wellness program administers contribution agreements and direct departmental spending that supports culturally appropriate community-based programs, services, initiatives and strategies related to the mental wellness of First Nations and Inuit. The range of services includes prevention, early intervention, treatment, and aftercare. Key services supporting program-delivery include: problematic substance use prevention and treatment (part of the Canadian Drugs and Substances Strategy (CDSS)[6]), mental health promotion, suicide prevention, and health supports for participants of the Indian Residential Schools Settlement Agreement. The program objective is to address the greater risks and lower health outcomes associated with the mental wellness of First Nations and Inuit individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations and Inuit have access to mental wellness programs and services.	% of First Nations communities offering training on signs and symptoms and responding to suicidal behaviours. (Baseline 73)	75	March 31, 2017	75	N/A*	N/A*
	% of First Nations communities that report service linkages with external service providers in delivering Mental Wellness promotion. (Baseline 91.9)	93	March 31, 2017	88	92	92
First Nations	% of First	40**	March 31,	N/A**	60	60

[6] Replaced the National Anti-Drug Strategy

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
and Inuit clients who have received addictions treatment abstain from or decrease drug and alcohol use up to six months after completing treatment.	Nations clients admitted to a treatment centre who stop using at least one substance up to six months after completing treatment. (Baseline 30)		2017			
	% of First Nations clients admitted to a treatment centre who reduce using at least one substance up to six months after completing treatment. (Baseline 50)	60**	March 31, 2017	N/A**	94	94

*Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

**The data source and target for this indicator were derived from a time-limited treatment centre outcome study. While there had been plans to adjust the target upwards to reflect a broader reporting sample, limited data availability has prevented this. For this reason, this indicator is being retired. The program is exploring how best to report on behaviour-related outcomes.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
271,327,728	323,917,077	52,589,349

Note: The variance between actual and planned spending is mainly due to in-year resources received for Mental Wellness Interventions and Services Enhancements for First Nations and Inuit and the Indian Residential Schools Resolution Health Support program.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
94	143	49

Note: The variance in FTE utilization is mainly due to in-year resources received for Mental Wellness Interventions and Services Enhancements for First Nations and Inuit and the Indian Residential Schools Resolution Health Support program.

Sub-Sub-Program 3.1.1.3: Healthy Living

Description

The Healthy Living program administers contribution agreements and direct departmental spending that supports culturally appropriate community-based programs, services, initiatives, and strategies related to chronic disease and injuries among First Nations and Inuit. This program aims to promote healthy behaviours and supportive environments in the areas of healthy eating, physical activity, food security, chronic disease prevention, management and screening, and injury prevention policy. Key activities supporting program-delivery include: chronic disease prevention and management, injury prevention, the Nutrition North Canada – Nutrition Education Initiative, and the First Nations and Inuit component of the Federal Tobacco Control Strategy. The program objective is to address the greater risks and lower health outcomes associated with chronic diseases and injuries among First Nations and Inuit individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations and Inuit have access to healthy living programs and services.	% of First Nations communities providing healthy living programs. (Baseline 89)	90	March 31, 2017	93	92	90
	% of First Nations communities that deliver physical activities. (Baseline 86.1)	87	March 31, 2017	88	87.6	86.1

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	% of First Nations and Inuit communities that deliver healthy eating activities under the Aboriginal Diabetes Initiative. (Baseline 87.7)	88	March 31, 2017	91	81.4	87.1
First Nations are engaged in healthy behaviours.	% of First Nations adults who reported that they eat fruit or vegetables at least once a day. (Baseline Fruit: 56.6 Vegetables: 62.9)	Fruit: 57 Vege-tables: 64	March 31, 2017	N/A*	N/A*	N/A*
	% of First Nations adults who reported being "moderately active" or "active". (Baseline 53.5)	55	March 31, 2017	N/A*	N/A*	N/A*

*Actual results are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
81,654,643	84,094,270	2,439,627

Note: The variance between actual and planned spending is mainly due to in-year resources received for expanding the Nutrition North Canada program.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
132	122	-10

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Program 3.1.2: First Nations and Inuit Public Health Protection

Description

The First Nations and Inuit Public Health Protection program delivers public health protection services to First Nations and Inuit in Canada. In the delivery of this program, the key areas of focus are communicable disease control and management, and environmental public health. The First Nations and Inuit Public Health Protection program administers contribution agreements and direct departmental spending to support initiatives related to communicable disease control and environmental public health service delivery including public health surveillance, research, and risk analysis. Communicable disease control and environmental public health services are targeted to on-reserve First Nations, with some support provided in specific instances (e.g., to address tuberculosis) in Inuit communities south of the 60th parallel. Environmental public health research, surveillance, and risk analysis are directed to on-reserve First Nations and in some cases (e.g., climate change and health adaptation, and biomonitoring) also to Inuit and First Nations living north of the 60th parallel. Surveillance data underpins these public health activities and all are conducted with the understanding that social determinants play a crucial role. To mitigate impacts from factors beyond the public health system, the program works with First Nations, Inuit, and other organizations. The program objective is to address human health risks for First Nations and Inuit communities associated with communicable diseases and exposure to hazards within the natural and built environments by increasing community capacity to respond to these risks.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations have community capacity to respond to health emergencies.	% of First Nations communities with pandemic plans integrated into all-hazards emergency management	70	March 31, 2018	65*	70	81**

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	plans. (Baseline 65.8)					
	% of First Nations communities that have tested their pandemic plans within the last five years. (Baseline 13)	20	March 31, 2017	17.9	23.9	18.2

* The number of reporting communities varies from year to year, suggesting that a different group of communities responded to the question in the reporting tool.

** The methodology used in 2014-15 is not comparable to the methodology used in subsequent years. The actual result for 2014-15 included British Columbia (BC) First Nations. Starting in 2015-16, they were not included in the calculation of this performance measure due to the transfer of responsibility for design, management, and delivery/funding of First Nations health programming in BC to the First Nations Health Authority. The decrease of the 2014-15 data associated with this indicator can be explained by this change in methodology..

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
78,204,470	98,727,902	20,523,432

Note: The variance between actual and planned spending is mainly due to in-year resources received for Climate Change and Health Adaptation, and the First Nations Water and Wastewater Action Plan, as well as a reallocation of resources within the program to respond to urgent communicable disease outbreaks and other related emergencies.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
327	334	7

Note: The variance in FTE utilization is mainly due to in-year resources received for Clean Growth and Climate Change, and the First Nations Water and Wastewater Action Plan.

Sub-Sub-Program 3.1.2.1: Communicable Disease Control and Management

Description

The Communicable Disease Control and Management program administers contribution agreements and direct departmental spending to support initiatives related to vaccine preventable diseases, blood borne diseases and sexually transmitted infections, respiratory infections, and communicable disease emergencies. In collaboration with other jurisdictions, communicable disease control and management activities are targeted to on-reserve First Nations, with support provided to specific instances (such as to address tuberculosis) in Inuit communities south of the 60th parallel. Communicable Disease Control and Management activities are founded on public health surveillance and evidence-based approaches and reflective of the fact that all provincial and territorial governments have public health legislation. Key activities supporting program delivery include: prevention, treatment and control of cases and outbreaks of communicable diseases; and, public education and awareness to encourage healthy practices. A number of these activities are closely linked with those undertaken in the Environmental Health program (3.1.2.2), as they relate to waterborne, foodborne and zoonotic infectious diseases. The program objective is to reduce the incidence, spread, and human health effects of communicable diseases for First Nations and Inuit communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Communicable diseases among First Nations on-reserve are prevented, mitigated and/or treated.	# of First Nations children on-reserve diagnosed with measles or rubella acquired in Canada. (Baseline 0)	0*	March 31, 2017	0	0	0
	% of cases of treatment success (cure or completion) in active tuberculosis cases among First Nations on-reserve. (Baseline 92)	90**	March 31, 2017	90	91	92.1
First Nations children on-	% of First Nations	85	March 31,	81.5	82.4	82.3

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
reserve are vaccinated against mumps, measles and rubella (MMR).	children on-reserve who have received the MMR vaccine. (Baseline 83)		2017			
	% of First Nations communities conducting immunization education and awareness activities. (Baseline 59)	65	March 31, 2017	59	59***	94***

*The target is 0 because it is an objective of the program to have no children diagnosed with measles or rubella acquired in Canada.

**The Pan-Canadian Public Health Network's Guidance for Tuberculosis Prevention and Control in Canada has set the target of 90% or higher. This recommended target has been recognized nationally as an appropriate target for tuberculosis programs and is used within Canada on and off reserve. The program is targeting a minimum of 90%. The baseline of 92% is based on the actual rate of treatment successes for 2014-15, although this number varies year to year.

***The large variance in 2014-15 and the 2015-16 data is a result of using two different data sources.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
59,540,733	64,501,320	4,960,587

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within this program to respond to urgent communicable disease outbreaks and other related emergencies.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
212	179	-33

Note: The variance in FTE utilization is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Sub-Sub-Program 3.1.2.2: Environmental Public Health

Description

The Environmental Public Health program administers contribution agreements and direct departmental spending for environmental public health service delivery. Environmental public health services are directed to First Nations communities south of the 60th parallel and address areas such as: drinking water; wastewater; solid waste disposal; food safety; health and housing; facilities inspections; environmental public health aspects of emergency preparedness response; and, communicable disease control. Environmental public health surveillance and risk analysis programming is directed to First Nations communities south of the 60th parallel, and in some cases, also to Inuit and First Nations north of the 60th parallel. It includes community-based and participatory research on trends and impacts of environmental factors such as chemical contaminants and climate change on the determinants of health (e.g., biophysical, social, cultural, and spiritual). Key activities supporting program-delivery include: public health; surveillance, monitoring and assessments; public education; training; and, community capacity building. The program objective is to identify, address, and/or prevent human health risks to First Nations and Inuit communities associated with exposure to hazards within the natural and built environments. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Information about environmental health hazards in First Nations communities is available to decision-makers (at Health Canada and in First	Total number of public health inspections conducted in food facilities on-reserve by Environmental Health Officers (EHO). (Baseline 1,361)	1,482	March 31, 2017	N/A*	2,550	1,793

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Nations and Inuit communities).	# of homes in First Nations communities inspected by EHOs. (Baseline 1,282)	1,359	March 31, 2017	N/A*	1,066	1,128
	% of inspected homes in First Nations communities that were found to have mould. (Baseline 47)	45**	March 31, 2017	N/A*	45	50
Environmental health risks relating to water quality are decreased in First Nations and Inuit communities.	Average % rate of public water systems monitoring in First Nations communities as compared to the frequency recommended by the national guidelines for bacteriological parameters. (Baseline 75)	80	March 31, 2017	80	80	79

*Data was not available at the time of the development of this report.

**The target (45%) is lower than the baseline (47%) because the objective is to lower the % of homes with mould; therefore, a lower target is desirable.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
18,663,737	34,226,582	15,562,845

Note: The variance between actual and planned spending is mainly due to in-year resources received for Clean Growth and Climate Change, and the First Nations Water and Wastewater Action Plan.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
115	155	40

Note: The variance in FTE utilization is mainly due to in-year resources received for Clean Growth and Climate Change, and the First Nations Water and Wastewater Action Plan.

Sub-Program 3.1.3: First Nations and Inuit Primary Care

Description

The First Nations and Inuit Primary Care program administers contribution agreements and direct departmental spending. These funds are used to support the staffing and operation of nursing stations on-reserve, dental therapy services and home and community care programs in First Nation and Inuit communities, and on-reserve hospitals in Manitoba, where services are not provided by provincial/territorial health systems. Care is delivered by a collaborative health care team, predominantly nurse-led, providing integrated and accessible health care services that include: assessment; diagnostic; curative; case management; rehabilitative; supportive; respite; and, palliative/end of life care. Key activities supporting program delivery include Clinical and Client Care in addition to Home and Community Care. The program objective is to provide primary care services to First Nations and Inuit communities.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations communities have access to collaborative service delivery arrangements with external primary care service providers.	% of First Nations communities with collaborative service delivery arrangements with external primary care service providers. (Baseline 57)	80*	March 31, 2017	75	69	N/A**

*The large target increase (i.e. 80% from 57%) can be attributed to a greater emphasis on collaborative service-delivery arrangements and on improved data. In response to the Office of the Auditor General's Report on Access to Health Services for Remote First Nations Communities, efforts are underway to increase the number of formalized collaborative service-delivery arrangements with external primary care service providers. Additionally, the data source for this performance indicator now includes the Nursing Station Reporting Template, which includes more

precise information than the previous data source. This tool is expected to more accurately capture collaborative service-delivery arrangements.

**A figure for 2014-15 was not included due to poor data quality.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
309,789,827	331,301,626	21,511,799

Note: The variance between actual and planned spending is mainly due to in-year resources received for Jordan's Principle - A Child First Initiative.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
682	665	-17

Note: The variance in FTE utilization is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Sub-Sub-Program 3.1.3.1: Clinical and Client Care

Description

The Clinical and Client Care program is delivered by a collaborative health care team, predominantly nurse-led, providing integrated and accessible health and oral health care services that include assessment, diagnostic, curative, and rehabilitative services for urgent and non-urgent care. Key services supporting program delivery include: triage, emergency resuscitation and stabilization, emergency ambulatory care, and outpatient non-urgent services; coordinated and integrated care and referral to appropriate provincial secondary and tertiary levels of care outside the community; and, in some communities, physician visits and hospital in patient, ambulatory, and emergency services. The program objective is to provide clinical and client care services to First Nations individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations populations have access to Clinical and Client Care services.	% of the eligible on-reserve population accessing Clinical and Client Care services in remote and isolated First Nations facilities (Nursing Stations and Health Centers with Treatment). (Baseline 44)	50*	March 31, 2017	N/A**	N/A**	N/A**
	% of urgent Clinical and Client Care visits provided in remote and isolated facilities. (Baseline 11)	10***	March 31, 2017	23	N/A****	N/A****
Health Canada nurses providing Clinical and Client Care services have completed mandatory training.	% of Health Canada nurses who have completed mandatory training courses. (Baseline 27)	100*** **	March 31, 2017	60	N/A****	N/A****

*This target (50%) is based on service utilization and maintaining service levels for those in need. It is not anticipated that the entire eligible on-reserve population will need to use clinical and client care services.

**Reliability issues of data for this indicator have been noted. For this reason, it is being retired. The program is exploring how best to report on its access outcome.

***The target (10%) is lower than the baseline (11%) because the objective is to decrease the need for visits required in remote and isolated facilities; therefore a lower target is desirable.

****Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

*** **In response to the Office of the Auditor General's Report on Access to Health Services for Remote First Nations Communities, policy guidelines, regional specific strategies and regularly monitoring have been developed to support 100% compliance to the mandatory training requirements. The target has been dramatically increased to reflect these changes and the activities underway to achieve 100% compliance.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
204,794,048	197,608,022	-7,186,026

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
609	571	-38

Note: The variance in FTE utilization is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Sub-Sub-Program 3.1.3.2: Home and Community Care

Description

The Home and Community Care program administers contribution agreements with First Nation and Inuit communities and territorial governments to enable First Nations and Inuit individuals with disabilities, chronic or acute illnesses, and the elderly to receive the care they need in their homes and communities. Care is delivered primarily by home care registered nurses and trained certified personal care workers. In the delivery of this program, the First Nations and Inuit Health Branch provides funding through contribution agreements and direct departmental spending for a continuum of basic essential services such as: client assessment and case management; home care nursing, personal care and home support, as well as in-home respite; and, linkages and referral, as needed, to other health and social services. Based on community needs and priorities, existing infrastructure, and availability of resources, the Home and Community Care program may be expanded to include supportive services. These services may include: rehabilitation and other therapies; adult day programs; meal programs; in home mental health; in home palliative care; and, specialized health promotion, wellness, and fitness services. The program objective is to provide home and community care services to First Nations and Inuit individuals, families, and communities. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations and Inuit populations have access to Home and Community Care services.	Home and community care utilisation rate per 1,000 on-reserve population. (Baseline 71)	72	March 31, 2017	69	69	71.2
	% First Nations clients receiving home care where diabetes is the primary reason for care. (Baseline 22)	21	March 31, 2017	22	N/A*	N/A*
	% First Nations clients receiving long-term supportive care. (Baseline 37.30)	36.95**	March 31, 2017	34	N/A*	N/A*

*Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

**The target (36.95%) is lower than the baseline (37.30%) because the objective is to have fewer First Nations clients needing long-term supportive care; therefore, a lower target is desirable.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
104,995,779	133,693,604	28,697,825

Note: The variance between actual and planned spending is mainly due to in-year resources received for Jordan's Principle - A Child First Initiative.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
73	94	21

Note: The variance in FTE utilization is mainly due to in-year resources received for Jordan's Principle - A Child First Initiative.

Program 3.2: Supplementary Health Benefits for First Nations and Inuit

No sub-programs

Program 3.3: Health Infrastructure Support for First Nations and Inuit

Sub-Program 3.3.1: First Nations and Inuit Health System Capacity

Description

The First Nations and Inuit Health System Capacity program administers contribution agreements and direct departmental spending focussing on the overall management and implementation of health programs and services. This program supports the promotion of First Nations and Inuit participation in: health careers, including education bursaries and scholarships; the development of, and access to, health research; information and knowledge to inform all aspects of health programs and services; and, the construction and maintenance of health facilities. This program also supports efforts to develop new health governance structures with increased First Nations participation. Program engagement includes a diverse group of partners, stakeholders, and clients including: First Nations and Inuit communities, district and tribal councils; national Indigenous organizations and non-governmental organizations; health organizations; provincial and regional health departments and authorities; post-secondary educational institutions and associations; and, health professionals and program administrators. The program objective is to improve the delivery of health programs and services to First

Nations and Inuit by enhancing First Nations and Inuit capacity to plan and manage their programs and infrastructure.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations and Inuit have the capacity to enter into and manage funding arrangements.	% of First Nations and Inuit funding recipients scoring “Low Risk” on the General Assessment Tool. (Baseline 73)	75	March 31, 2017	65	N/A*	N/A*
	% of First Nations and Inuit funding recipients without financial intervention as defined by the Department’s Default Prevention and Management Policy. (Baseline 95)	90**	March 31, 2017	98	N/A*	N/A*
First Nations have the capacity to manage their infrastructure.	# of recipients who have signed contribution agreements that have developed plans for managing the operations and maintenance of their health infrastructure. (Baseline 126)	146	March 31, 2017	N/A***	126	45

*Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

**The target (90%) was set informed in part by the approach undertaken by Indigenous and Northern Affairs Canada. This is a new indicator and baseline data is only available based on one year (2015-16). Consequently, it is difficult to determine whether there will be year over year variation, driven by external factors such as an unanticipated volume of communities in crisis within a fiscal year.

***Data was not available at the time of the development of this report.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
196,267,730	291,667,880	95,400,150

Note: The variance between actual and planned spending is mainly due to in-year resources received for Social Infrastructure.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
127	111	-16

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Sub-Program 3.3.1.1: Health Planning and Quality Management

Description

The Health Planning and Quality Management program administers contribution agreements and direct departmental spending to support capacity development for First Nations and Inuit communities. Key services supporting program delivery include: the development and delivery of health programs and services through program planning and management; ongoing health system improvement via accreditation; the evaluation of health programs; and, support for community development activities. The program objective is to increase the capacity of First Nations and Inuit to design, manage, evaluate, and deliver health programs and services. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations have the capacity to plan, manage and deliver quality health services.	% of Nursing Stations and Health Centres that are accredited. (Baseline 19.5)	24	March 31, 2017	18	N/A*	N/A*
First Nations and Inuit funding recipients have a “Low Risk” score on the Department’s Program Management component of the General Assessment Tool.	% of First Nations and Inuit funding recipients scoring “Low Risk” on the Department’s Program Management component of the General Assessment Tool.	To be determined**	To be determined **	N/A**	N/A*	N/A*

*Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

**This indicator is under review as the current data collection methodology does not provide a comprehensive risk rating for the Program Management component of the General Assessment Tool.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
127,096,062	117,456,145	-9,639,917

Note: The variance between actual and planned spending is mainly due to fewer requirements than initially planned. The resources were reallocated to other initiatives within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
74	63	-11

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Sub-Program 3.3.1.2: Health Human Resources

Description

The Health Human Resources program administers contribution agreements and direct departmental spending to promote and support competent health services at the community level by increasing the number of First Nations and Inuit individuals entering into and working in health careers, and ensuring that community based workers have skills and certification comparable to workers in the provincial/territorial health care system. This program engages many stakeholders, including: federal, provincial and territorial governments and health professional organizations; national Indigenous organizations; non-governmental organizations and associations; and, educational institutions. Key activities supporting program delivery include: health education bursaries and scholarships; health career promotion activities; internship and summer student work opportunities; knowledge translation activities; training for community-based health care workers and health managers; and, development and implementation of health human resources planning for Indigenous, federal, provincial, territorial, health professional associations, educational institutions, and other stakeholders. The program objective is to increase the number of qualified First Nations and Inuit individuals working in health care delivery. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Indigenous people participate in post-secondary education leading to health careers.	# of bursaries and scholarships provided to Indigenous people per year in a field of study leading to a career in a health-related discipline.	425*	March 31, 2017	709	764	882

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	(Baseline 340)					
	# of Indigenous people supported by bursaries and scholarships in health careers who have graduated.	Target will be determined in 2018 based on data trends in the Indspire 2017 report.	TBD	99	N/A**	N/A**

*This target will be revisited moving forward given that past performance has consistently exceeded the established target.

**Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
9,989,321	5,759,547	-4,229,774

Note: The variance between actual and planned spending is mainly due to fewer requirements than initially planned. The resources were reallocated to other initiatives within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
17	8	-9

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Sub-Program 3.3.1.3: Health Facilities

Description

The Health Facilities program administers contribution agreements and direct departmental spending that provide communities and/or health care providers with the facilities required to safely and efficiently deliver health programs and services. Direct departmental spending addresses the working conditions of Health Canada staff engaged in the direct delivery of health programs and services to First Nations. Key activities supporting program delivery include: investment in infrastructure that can include the construction, acquisition, leasing, operation, maintenance, expansion and/or renovation of health facilities and security services; preventative and corrective measures relating to infrastructure; and, improving the working conditions for Health Canada staff so as to maintain or restore compliance with building codes, environmental legislation, and occupational health and safety standards. The program objective is to enhance the capacity of First Nations recipients in capital planning and management, in order to support safe health facilities. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Health care services delivered in First Nations communities are provided in a safe environment.	% of “high priority” recommenda-tions stemming from Integrated Facility Audits are addressed on schedule.	New baseline + 5% increase per year*	March 31, 2017	N/A**	74	51
	% of health facilities subject to an Integrated Facility Audit that do not have critical property issues. (Baseline 55)	60	March 31, 2017	N/A**	18	79
	% of nursing stations on-reserve inspected	100	March 31, 2019	N/A***	N/A***	N/A***

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	within three years.					

*This is a new indicator. Data will be available in fiscal year 2017-18. The baseline and target to increase the % of "high priority" facility audit recommendations addressed will then be established.

**Data was not available at the time of the development of this report.

***Health Canada implemented a new inspection regime for First Nations health facilities in fiscal year 2016-17, which is based on a three-year inspection cycle. Fiscal year 2016-17 represented the first year of the new inspection cycle, so at present only one year of data exists. Data for this indicator will be available at the end of the current inspection cycle in September 2019.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
59,182,347	168,452,188	109,269,841

Note: The variance between actual and planned spending is mainly due to in-year resources received for Social Infrastructure.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
36	40	4

Note: The variance in FTE utilization is mainly due to in-year resources received for Social Infrastructure.

Sub-Program 3.3.2: First Nations and Inuit Health Systems Transformation

Description

The First Nations and Inuit Health System Transformation program integrates, coordinates, and develops innovative publicly-funded health systems serving First Nations and Inuit individuals, families, and communities through the administration of contribution agreements and direct departmental spending. This program includes the development of innovative approaches to primary health care, sustainable investment in appropriate technologies that enhance health servicedelivery, and support for the development of new governance structures and initiatives to increase First Nations and Inuit participation in, and control over, the design and delivery of health programs and services in their communities. Through this program, Health Canada

engages and works with a diverse group of partners, stakeholders, and clients including: First Nations and Inuit communities, tribal councils, Indigenous organizations, provincial and regional health departments and authorities, post-secondary educational institutions and associations, health professionals and program administrators. The program objective is to support integration and/or innovation of First Nations and Inuit health systems, which will result in increased access to care for First Nations and Inuit individuals, families and communities.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Key stakeholders are engaged in the integration of health services for First Nations and Inuit.	% of partnerships within Health Services Integration Fund projects with an assessment of better than expected. (Baseline 12)	15	March 31, 2017	18.5*	N/A**	N/A**

*This result is based upon the data available at the time of this report.

**Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
43,844,362	48,305,416	4,461,054

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
102	72	-30

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Sub-Program 3.3.2.1: Health Systems Integration[7]

Description

The Health Systems Integration program administers contribution agreements and direct departmental spending to better integrate health programs and services funded by the federal government with those funded by provincial/territorial governments. This program supports the efforts of partners in health services, including: First Nations and Inuit, tribal councils, regional/district health authorities, regions, national Indigenous organizations, and provincial/territorial organizations to integrate health systems, services, and programs so they are more coordinated and better suited to the needs of First Nations and Inuit. This program also promotes and encourages emerging tripartite agreements. Two key activities supporting program delivery include: development of multi-party structures to jointly identify integration priorities; and, implementation of multi-year, large-scale health service integration projects consistent with agreed upon priorities (i.e., a province-wide public health framework or integrated mental health services planning and delivery on a regional scale). The program objective is a more integrated health system for First Nations and Inuit individuals, families and communities that results in increased access to care and improved health outcomes. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Partners within multi-jurisdictional health services integration projects are collaborating.	% of partnerships within Health Services Integration Fund projects with an assessment of proceeding as planned. (Baseline 65)	70	March 31, 2017	74.8*	N/A**	N/A**

*This result is based upon the data available at the time of this report.

**Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

[7] Referred to as Systems Integration in the 2016-17 Report on Plans and Priorities

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
17,134,842	21,716,706	4,581,864

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
36	22	-14

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Sub-Program 3.3.2.2: e-Health Infostructure

Description

The eHealth Infostructure program administers contribution agreements and direct departmental spending to support and sustain the use and adoption of appropriate health technologies that enable front line care providers to better deliver health services in First Nations and Inuit communities through eHealth partnerships, technologies, tools, and services. Direct departmental spending also supports national projects that examine innovative information systems and communications technologies and that have potential national implications. Key activities supporting programdelivery include: public health surveillance; health services delivery (primary and community care included); health reporting, planning and decision-making; and, integration/compatibility with other health servicedelivery partners. The program objective is to improve the efficiency of health care delivery to First Nations and Inuit individuals, families, and communities through the use of eHealth technologies for the purpose of defining, collecting, communicating, managing, disseminating, and using data. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
First Nations communities have access to e-Health Infostructure.	# of telehealth sites implemented in First Nations communities. (Baseline 229)	247	March 31, 2017	252	248	237
	# of clinical telehealth sessions in First Nations communities. (Baseline 8,000)	8,160	March 31, 2017	10,501	10,232	8,802
	# of First Nations communities where an electronic medical record has been deployed for nurses providing primary care services. (Baseline 0)	4	March 31, 2017	6	N/A*	N/A*
First Nations and Inuit have access to provincial/territorial health information systems.	# of First Nations communities using Panorama or an equivalent provincial integrated public health information system. (Baseline 33)	43	March 31, 2017	84	20	33
	# of collaborative Panorama plans, agreements	20	March 31, 2017	N/A**	N/A**	N/A**

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
	and/or activities. (Baseline 10)					

*Actual results for previous years are not available as this is a new performance indicator developed to enhance reporting on program results. The Department will continue to strengthen reporting to Canadians on results achieved as it implements the Treasury Board Policy on Results.

**Data for this indicator are not available. This indicator will be retired in Health Canada's performance reporting starting in 2018-19.

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
26,709,520	26,588,710	-120,810

Note: The variance between actual and planned spending is mainly due to a reallocation of resources within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
66	50	-16

Note: The variance in FTE utilization is mainly due to a reallocation of resources to meet program needs and priorities.

Sub-Program 3.3.3: Tripartite Health Governance

Description

Health Canada's longer term policy approach aims to achieve closer integration of federal and provincial health programming provided to First Nations, as well as to improve access to health programming, reduce instances of service overlap and duplication, and increase efficiency where possible. The British Columbia (BC) Tripartite Initiative consists of an arrangement among the Government of Canada, the Government of BC, and BC First Nations. Since 2006, the parties have negotiated and implemented a series of tripartite agreements to facilitate the implementation of health projects, as well as the development of a new First Nations health governance structure. In 2011, the federal and provincial Ministers of Health and BC First Nations signed the legally binding BC Tripartite Framework Agreement on First Nation Health Governance. This BC Tripartite Framework Agreement commits to the creation of a new province-wide First Nations Health Authority (FNHA) to assume the responsibility for design, management, and delivery/funding of First Nations health programming in BC. The FNHA will be controlled by First Nations and will work with the province to coordinate health programming. It may design or redesign health programs according to its health plans. Health Canada will remain a funder and governance partner, but no longer has any role in program design/delivery. Funding under this program is limited to the FNHA for the implementation of the BC Tripartite Framework Agreement. The program objective is to enable the FNHA to develop and deliver quality health services that feature closer collaboration and integration with provincial health services. This program uses funding from the following transfer payment: First Nations and Inuit Health Infrastructure Support.

Results achieved

Expected Results	Performance Indicators	Target	Date to achieve target	Actual Results		
				2016-17	2015-16	2014-15
Tripartite governance partners have reciprocal accountability as stated in section 2.2 of the BC Tripartite Framework Agreement on First Nations Health Governance.	% of planned partnership and engagement activities that require First Nations and Inuit Health Branch of Health Canada participation that have been implemented.	100	March 31, 2017	100	100	100

Budgetary financial resources (dollars)

2016–17 Planned Spending	2016-17 Actual spending (authorities used)	2016-17 Difference (actual minus planned)
443,680,880	441,912,755	-1,768,125

Note: The variance between actual and planned spending is mainly due to fewer requirements than initially planned. The resources were reallocated within this program to meet program needs and priorities.

Human resources (FTEs)

2016–17 Planned	2016-17 Actual	2016-17 Difference (actual minus planned)
0	0	0

Endnotes

[i] Food and Drugs Regulations, http://laws-lois.justice.gc.ca/eng/regulations/c.r.c., c. 870/index.html

[ii] Safety of Human Cells, Tissues and Organs for Transplantation Regulations, http://laws-lois.justice.gc.ca/eng/regulations/SOR-2007-118/

[iii] Processing and Distribution of Semen for Assisted Conception Regulations, http://laws.justice.gc.ca/eng/regulations/SOR-96-254/

[iv] Medical Devices Regulations, http://laws-lois.justice.gc.ca/eng/regulations/sor-98-282/

[v] Natural Health Product Regulations, http://laws-lois.justice.gc.ca/eng/regulations/sor-2003-196/

[vi] Access to Cannabis for Medical Purposes Regulations; https://www.canada.ca/en/health-canada/services/publications/drugs-health-products/understanding-new-access-to-cannabis-for-medical-purposes-regulations.html