

Health Canada

Supporting Information on Lower-Level Programs: 2017-18 Departmental Plan



YOUR HEALTH AND SAFETY... OUR PRIORITY.

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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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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. (Baseline TBD)	50	March 31, 2018	N/A*	N/A*	N/A*

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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. (Baseline TBD)	50	March 31, 2018	N/A**	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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
295,138,785	269,032,136	207,024,504

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for Canada Health Infoway and the Canadian Foundation for Healthcare Improvement. The Department would have to request funding for these initiatives for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for the Multi-Year Contribution Agreement to establish the Canada Brain Research Fund, and the Mental Health Commission of Canada. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (full-time equivalents [FTEs])

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
219	219	219

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 insured health care services without financial or other barriers.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Provincial and territorial compliance with the requirements of the <i>Canada Health Act</i> .	% of <i>Canada Health Act</i> compliance issues addressed. (Baseline TBD)	100	March 31, 2018	N/A*	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*.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
1,873,483	1,873,483	1,873,483

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
19	19	19

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 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, veterinarians 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Pharmaceutical drugs meet regulatory requirements.	% of pharmaceutical product submissions that meet regulatory requirements. (Baseline 75)	80	March 31, 2018	76	75	81
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, 2018	96*	80*	95*

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

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
62,506,879	62,632,726	62,775,137

Note: The increase in planned spending is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Human resources (full-time equivalents [FTEs])

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
1,032	1,037	1,042

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Sub-Program 2.1.2 Biologics and Radiopharmaceuticals

Description

The Food and Drug Regulations, Safety of Human Cells, Tissues and Organs for Transplantation Regulations, and the Processing and Distribution of Semen for Assisted Conception Regulations 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Biologics, radiopharmaceutical and genetic therapies meet	% of biologic and radio-pharmaceutical, and gene therapy	90*	March 31, 2018	85	99	98

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
regulatory requirements.	product submissions that meet regulatory requirements. (Baseline 99)					
Canadians and stakeholders are informed of risks associated with the use of biologics, radiopharmaceutical and genetic therapies	% of targeted risk communications disseminated within service standards. (Baseline 69)	90	March 31, 2018	100**	100**	100**

* The target (i.e. 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 (i.e. 99%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

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

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
50,680,877	50,950,719	49,950,902

Note: The increase in planned spending in 2018-19 is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities related to the Genomics Research & Development and the Bovine Spongiform Encephalopathy Initiatives. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
430	431	431

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Sub-Program 2.1.3 Medical Devices

Description

The Medical Devices Regulations 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Medical Devices meet regulatory requirements.	% of applications (Class III and IV) that meet regulatory requirements. (Baseline 96)	80*	March 31, 2018	49	96	96
Canadians and stakeholders are informed of risks associated with the use of Medical Devices.	% of targeted risk communications disseminated within service standards. (Baseline 69)	90	March 31, 2018	75**	100**	100**

* The target (i.e. 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 (i.e. 96%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

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

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
15,608,827	15,663,068	15,720,381

Note: The increase in planned spending is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
352	355	357

Note: The increase in planned FTEs is mainly due to a 2% annual increase in user fees related to the Human Drugs and Medical Devices program.

Sub-Program 2.1.4 Natural Health Products**Description**

The *Natural Health Products Regulations* provide the regulatory framework to develop, maintain and implement the Natural Health Products program, which includes products such as 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Natural Health Products meet regulatory requirements.	% of natural health product submissions that meet regulatory requirements. (Baseline 94)	80*	March 31, 2018	94	94	98

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	N/A**	N/A**	N/A**

* The target (i.e. 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 (i.e. 94%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

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Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
18,525,730	18,524,439	18,524,483

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
160	160	159

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	100	100	100

* The target (i.e. 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 (i.e. 100%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
63,316,480	62,767,765	62,609,049

Note: The decrease in planned spending in 2018-19 is mainly due the expiry of the budgetary spending authorities related to the transfer from the Canadian Food Inspection Agency to support the improvement of food safety.

The decrease in planned spending in 2019-20 is mainly due the expiry of the budgetary spending authorities related to the transfer to the Canadian Institutes of Health Research for supporting the sugar research and the Bovine Spongiform Encephalopathy initiative. The Department would have to request funding for these initiatives for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
567	563	556

Note: The decrease in planned FTEs in 2018-19 is mainly due the expiry of the budgetary spending authorities related to the transfer from the Canadian Food Inspection Agency to support the improvement of food safety.

The decrease in planned FTEs in 2019-20 is mainly due to the expiry of the budgetary spending authorities for the Bovine Spongiform Encephalopathy initiative. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Canadians make informed eating decisions.	% of Canadians who consult Health Canada's healthy eating information to inform their decisions. (Baseline 41)	40*	March 31, 2018	N/A**	N/A**	N/A**
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, 2018	89	89	89

* The target (i.e. 40%) 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 (i.e. 41%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

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*** The target (i.e. 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 (i.e. 89%) was populated with 2014-15 actual performance. In cases where the baseline is higher than the target, it means that results were higher than expected and/or higher than historically achieved.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
4,565,375	4,565,368	4,565,368

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
35	35	35

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 Clean Air Regulatory Agenda, 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; and, 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 to a changing climate through measures intended to manage potential risks to health associated with extreme temperatures.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	63	69	79
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, 2018	N/A*	47	60
Targeted partners have access to scientific information that address 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, 2018	100	100	100
	% of knowledge use by targeted partners. (Baseline: to be determined by March 2017)	100	March 31, 2018	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*.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
22,966,016	16,707,283	16,549,319

Note: The decrease in planned spending is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan, and the Clean Air Regulatory Agenda.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
104	75	75

Note: The decrease in planned FTEs is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan and the Clean Air Regulatory Agenda.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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 F/P/T collaborative processes. (Baseline 100)	100	March 31, 2018	100	100	80

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
3,833,569	3,833,569	3,833,569

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
35	35	35

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	100	100	100
	% of knowledge use by targeted partners (Baseline: to be determined by March 2017)	100	March 31, 2018	N/A*	N/A*	N/A*
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, 2018	2	1	2
Risks associated with existing substances are assessed to	% of the 1500 targeted existing substances assessed at	100	March 31, 2021	24	70	97

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
determine if risk management is required.	the draft assessment stage. (Baseline 24)					

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
69,557,283	68,365,123	67,497,614

Note: The decrease in planned spending is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan and the expiry of budgetary spending authorities related to the Federal Infrastructure Initiative. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
581	573	572

Note: The decrease in planned FTEs is mainly due to funding level decreases for the Federal Contaminated Sites Action Plan and the expiry of budgetary spending authorities related to the Federal Infrastructure Initiative. The Department would have to request funding for this initiative for future years.

Program 2.4 Consumer Product and Workplace Chemical Safety

Sub-Program 2.4.1 Consumer Product Safety

Description

The *Canada Consumer Product Safety Act* (CCPSA) and the *Food and Drugs Act* (F& DA) 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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. (Baseline 99)	95	March 31, 2018	95	95	95
Early detection of potentially unsafe consumer products and cosmetics.	% of incident reports received and triaged within service standard. (Baseline 90)	90	March 31, 2018	85	99	99
	% of risk assessments received and	TBD	March 31, 2018	N/A*	N/A*	N/A*

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	triaged within service standard. (Baseline year 2016-17)					

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
34,007,193	34,002,427	34,002,591

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
270	270	270

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.

Planned results

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Registry service standards for confidential business information (CBI) claims for exemptions are maintained.	% of claims for exemptions for CBI registered within service standard. (Baseline 95)	95	March 31, 2018	75	77	95

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
4,007,992	4,007,992	4,007,992

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
35	35	35

Program 2.5 Problematic Substance Use (previously Substance Use and Misuse)

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*.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Industry is compliant with the <i>Tobacco Act</i> and its regulations.	% of products that are deemed to be non-compliant with the <i>Tobacco Act</i> and its regulations related to manufacturing and importing through the inspection program. (Baseline previous year's data)	<5	March 31, 2018	N/A*	4	5

* Actual result not available given changes to expected results and/or performance indicator methodology for the specified fiscal year.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
25,639,665	25,637,549	25,637,621

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
120	120	120

Sub-Program 2.5.2 Controlled Substances

Description

Through the administration of the *Controlled Drugs and Substances Act* (CDSA) 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, Health Canada supports initiatives to address illicit drug use and problematic prescription drug use, including: education; prevention; health promotion; harm reduction 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, misuse and associated harms. This program uses funding from the following transfer payments: Substance Use and Addictions Program (SUAP), and Grant to the Canadian Centre of Substance Abuse.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Licensed dealers and producers of controlled	% of licensed dealers inspected that are deemed to	95	March 31, 2018	N/A*	N/A*	N/A*

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
substances and precursor chemicals are compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations.	be compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations. (Baseline five year trend)					
	% of licensed producers under the <i>Marihuana for Medical Purposes Regulations</i> that are deemed to be compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations. (Baseline TBD)	95	March 31, 2018	N/A**	95	99
Pharmacies are compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations.	% of pharmacies inspected that are deemed to be compliant with the <i>Controlled Drugs and Substances Act</i> and its regulations. (Baseline TBD)	95	March 31, 2018	N/A**	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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
63,301,396	62,329,166	60,175,582

Note: The decrease in planned spending is mainly due to funding level decreases for activities related to preventing problematic prescription drug use.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
295	295	284

Note: The decrease in planned FTEs is mainly due to funding level decreases for activities related to preventing problematic prescription drug use.

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 Nuclear Test 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Health Canada is prepared to respond to a nuclear emergency.	% of Health Canada defined objectives achieved in nuclear emergency preparedness exercises. (Baseline 100)	100	March 31, 2018	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, 2018	100	100	100
Targeted partners collaborate to address health risks related to radon.	% of targeted partners participating in education, awareness and communication activities. (Baseline 100)	100	March 31, 2018	100	100	100
Canadians are able to address health risks related to radon.	% of Canadians surveyed who are knowledgeable of radon. (Baseline 53)	63	March 31, 2019	53	N/A*	N/A*
	% of Canadians surveyed who have tested for radon. (Baseline 5)	8	March 31, 2019	5	N/A*	N/A*

*Next survey result will be available for reporting in FY 2016-17. As a result, no data was to be reported in 2014-15 or in 2015-16.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
13,061,497	7,524,235	7,524,247

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities for the Clean Air Regulatory Agenda Initiative. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
95	77	77

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for the Clean Air Regulatory Agenda Initiative. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Stakeholders are aware of the health and safety information that Health Canada provides about the health risks related to radiation	% of stakeholders who are aware of health and safety information provided by Health Canada.	TBD	March 31, 2018	N/A*	N/A*	N/A*

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
emitting devices.	(Baseline TBD)					
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, 2018	100	100	100

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
4,707,468	4,707,468	4,707,468

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
35	35	35

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Occupational radiation workers, employers and regulators are informed of exposure levels.	% of clients receiving exposure reports within service standards (<i>National Dosimetry Services</i>). (Baseline 91)	100	March 31, 2018	91	91	95
	% of clients receiving exposure reports within service standards (<i>National Dose Registry</i>). (Baseline 100)	100	March 31, 2018	100	100	99

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
525,950	525,950	525,950

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
72	72	72

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	466	494	462
	# of program workers in First Nations communities who completed certified/ accredited healthy child development training during the reporting	395	March 31, 2018	386	384	383

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	year. (Baseline 384)					
	% of additions counsellors in treatment centres serving First Nations and Inuit clients who are certified workers. (Baseline 77)	80	March 31, 2018	79	77	78

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
542,353,103	495,257,230	477,045,608

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Indian Residential Schools Settlement Agreement. The Department would have to request funding for this initiative for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for the Immediate Mental Wellness Interventions and Service Enhancements for First Nations and Inuit. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (full-time equivalents [FTEs])

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
390	353	348

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities for Indian Residential Schools Settlement Agreement. The Department would have to request funding for this initiative for future years.

The decrease in planned FTEs in 2019-20 is mainly due to the expiry of budgetary spending authorities for the Immediate Mental Wellness Interventions and Service Enhancements for First Nations and Inuit. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	10,200	9,971	8,813
	% of First Nations communities with maternal and child health programming that provide group breastfeeding support activities. (Baseline 47.7)	50	March 31, 2018	40	48	50
	% of women in First Nations communities accessing maternal and child health program activities who	30	March 31, 2018	26	27	29

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	breastfed for 6 months or more. (Baseline 27.3)					
	Difference in percentage 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, 2018	13,012	13,981	13,386
	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 1.71 Permanent Teeth: 0.12)	Primary Teeth 1.55 Permanent Teeth: 0.12	March 31, 2018	N/A*	N/A*	N/A*

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	% 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, 2018	59	69	69

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
102,278,855	102,191,204	102,100,750

Note: The decrease in planned spending is mainly due to growth on transfers to Indian Affairs and Northern Development.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
106	106	106

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 Health Canada supports initiatives), 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	N/A**	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, 2018	81	92	92
First Nations and Inuit clients who have received addictions treatment <i>abstain from</i>	% of First Nations clients admitted to a treatment centre who <i>stop</i> using at least one substance up to six months after	40***	March 31, 2018	60	60	60

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
or decrease drug and alcohol use up to six months after completing treatment.	completing treatment. (Baseline 30)					
	% of First Nations clients admitted to a treatment centre who <i>reduce</i> using at least one substance up to six months after completing treatment. (Baseline 50)	60***	March 31, 2018	94	94	94

*The target of 75% reflects that funding is directed at communities that require training on signs and symptoms of suicidal behaviours.

** 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 results achieved in previous years were based on data collected in 2012. In support of improved reporting on results, the data collection methodology will be changed to support annual data collection to a broader First Nations population. The target rate is anticipated to be impacted by several factors which can influence success in achieving a substance reduction or cessation. The target has been adjusted to account for these changes, and will be further adjusted once a baseline is established under the new methodology.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
358,827,348	311,275,708	292,537,082

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Indian Residential Schools Settlement Agreement. The Department would have to request funding for this initiative for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for the Immediate Mental Wellness Interventions and Service Enhancements for First Nations and Inuit. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
156	119	114

Note: The decrease in planned FTEs in 2018-19 is mainly due to the expiry of budgetary spending authorities for Indian Residential Schools Settlement Agreement. The Department would have to request funding for this initiative for future years.

The decrease in planned FTEs in 2019-20 is mainly due to the expiry of budgetary spending authorities for the Immediate Mental Wellness Interventions and Service Enhancements for First Nations and Inuit. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
First Nations and Inuit have access to healthy living programs and service.	% of First Nations communities providing healthy living programs. (Baseline 89)	90	March 31, 2018	96	90	92
	% of First Nations communities that deliver physical activities.	87	March 31, 2018	83.4	86.1	87.6

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	(Baseline 86.1)					
	% of First Nations and Inuit communities that deliver healthy eating activities under the Aboriginal Diabetes Initiative. (Baseline 87.7)	88	March 31, 2018	84.7	87.1	81.4
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* Vegetables 64*	March 31, 2018	N/A**	N/A**	N/A**
	% of First Nations adults who reported being "moderately active" or "active". (Baseline 53.5)	55*	March 31, 2018	N/A**	N/A**	N/A**

* The targets are consistent with reported data for the general Canadian population.

** 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
81,246,900	81,790,318	82,407,776

Note: The increase in planned spending is mainly due to funding level increases related to Nutrition North Canada.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
128	128	128

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
First Nations have community capacity to respond to health emergencies.	% of First Nations communities with Pandemic Plans integrated into all-hazards emergency management plans. (Baseline 65.8)	70	March 31, 2018	73	81	70
	% of First	20	March 31,	N/A*	N/A*	N/A*

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	Nations communities that have tested their Pandemic plans within the last five years. (Baseline 13)		2018			

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
109,235,423	89,321,260	94,812,875

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of the budgetary spending authorities for the First Nations Water and Wastewater Action Plan. The Department would have to request funding for this initiative for future years.

The increase in planned spending in 2019-20 is mainly due to First Nations and Inuit health growth.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
384	331	331

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for First Nations Water and Wastewater Action Plan. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	N/A**	N/A**	N/A**
	% of cases of treatment success (cure or completion) in active tuberculosis (TB) cases among First Nations on-reserve. (Baseline 92)	90***	March 31, 2018	N/A**	N/A**	N/A**
First Nations children on-reserve are vaccinated against mumps, measles and rubella (MMR).	% of First Nations children on-reserve who have received the MMR vaccine. (Baseline 83)	85	March 31, 2018	N/A***	N/A***	N/A***
	% of First Nations communities conducting immunization education and	65	March 31, 2018	N/A	94****	59****

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	awareness activities. (Baseline 59)					

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

**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 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 TB 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
61,523,810	63,714,915	66,141,644

Note: The increase in planned spending is mainly due to the First Nations and Inuit health growth.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
185	185	185

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Information about environmental health hazards in First Nations communities is available to decision-makers (at Health Canada and local First Nations and Inuit communities).	Total number of public health inspections conducted in food facilities on reserve by Environmental Health Officers (EHO). (Baseline 1,361)	1,482	March 31, 2018	1361	1793	N/A*
	# of homes in First Nations communities inspected by EHOs. (Baseline 1,282)	1,359	March 31, 2018	1282	1128	N/A*
	% of inspected homes in First Nations communities that were found to have mould. (Baseline 47)	45**	March 31, 2018	47	50	N/A*
Environmental health risks relating to water quality are decreased in First Nations and Inuit	Average percentage rate of public water systems monitoring in First Nations communities as compared	80***	March 31, 2018	78	79	80

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
communities.	to the frequency recommended by the national guidelines for bacteriological parameters. (Baseline 75)					

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

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

***100% compliance with the recommended monitoring frequency is difficult to achieve due to the challenges associated with the management of very small water systems located in rural or remote locations. Health Canada continues to work with First Nations to increase monitoring.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
47,711,613	25,606,345	28,671,231

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the First Nations Water and Wastewater Action Plan. The Department would have to request funding for this initiative for future years.

The increase in planned spending in 2019-20 is mainly due to First Nations and Inuit health growth.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
199	146	146

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for First Nations Water and Wastewater Action Plan. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	65	N/A**	69

* 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.

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

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
447,981,750	425,276,931	279,769,313

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and Services. The Department would have to request funding for this initiative for future years.

The decrease in planned spending in 2019-20 is mainly due to the expiry of the budgetary spending authorities for Jordan's Principle – A Child-First Initiative. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
662	662	642

Note: The decrease in planned FTEs in 2019-20 is mainly due to the expiry of budgetary spending authorities for Jordan's Principle – A Child-First Initiative. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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	50*	March 31, 2018	N/A**	N/A**	N/A**

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	Health Centers with Treatment). (Baseline 44)					
	% of urgent Clinical and Client Care visits provided in remote and isolated facilities. (Baseline 11)	10***	March 31, 2018	N/A**	N/A**	N/A**
Health Canada nurses providing Clinical and Client Care services have completed mandatory training.	% of Health Canada nurses who have completed FNIHB's 5 mandatory training courses. (Baseline 27)	100****	March 31, 2018	N/A**	N/A**	N/A**

* This target (i.e. 50%) is based on funding levels 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.

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

**** 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
209,747,038	169,936,788	174,810,899

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities for the Clinical and Client Care component of the funding to support First Nations and Inuit health programs and Services. The Department would have to request funding for this component for future years.

The increase in planned spending in 2019-20 is mainly due to the First Nations and Inuit health growth.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
581	581	581

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 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
First Nations	Home and	72*	March 31,	69.5	71.2	69

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
and Inuit populations have access to Home and Community Care services.	community care utilisation rate per 1,000 on reserve population. (Baseline 71)		2018			
	% First Nations clients receiving home care where diabetes is the primary reason for care. (Baseline 22)	21**	March 31, 2018	N/A***	N/A***	N/A***
	% First Nations clients receiving long-term supportive care. (Baseline 37.30)	36.95****	March 31, 2018	N/A***	N/A***	N/A***

* This target (i.e., 72) is based on funding levels, 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 home and community care services.

** Although a home care client might require services due to a variety of health conditions, diabetes remains the primary reason for care. The target (i.e. 21) is lower than the baseline (i.e. 22) because over time the prevention effort should lead to a reduction of the proportion of clients with diabetes.

***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 (i.e. 36.95%) is lower than the baseline (i.e. 37.30%) because the objective is to have fewer First Nations clients needing long-term supportive care; therefore, a lower target is desirable. A small target has been set, recognizing that many current clients have multiple, complex health conditions and are at risk of institutionalization.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
104,958,922	104,958,933	104,958,414

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
61	61	61

Sub-Sub Program 3.1.3.3 Jordan's Principle – A Child First Initiative**Description**

Jordan's Principle applies to all First Nations children and all jurisdictional disputes, including those between federal government departments. The Child First Initiative is one of a series of proactive measures under Jordan's Principle to address the needs of the most vulnerable children. The Jordan's Principle—A Child First Initiative (JP – CFI) administers contribution agreements and direct departmental spending to help ensure that First Nations children have access to the health and social services available to children elsewhere in their province/territory. For some of these children, service delivery problems may arise because of the involvement of both federal and provincial/territorial service providers, resource limitations and geographic location or limitation of existing programs. The objective is to improve service coordination and ensure service access resolution so that children's needs are assessed and responded to quickly. This program uses funding from the following transfer payment: First Nations and Inuit Primary Health Care.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
First Nations children, receive health or social supports	The number of First Nations children requesting services through the JP - CFI who receive services consistent with the provincial/territorial normative standard of care. (Baseline A target will be set once a baseline is established after the first year results are gathered).	TBD (A target will be set once a baseline is established after the first year results are gathered)	March 31, 2018	N/A*	N/A*	N/A*
	The number and percentage of First Nations parents	TBD (A target will	March 31, 2018	N/A*	N/A*	N/A*

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	<p>and guardians requesting services for their children through the JP - CFI reporting on follow-up that they have access to a coordinated system of supports and services.</p> <p>(Baseline A target will be set once a baseline is established after the first year results are gathered)</p>	<p>be set once a baseline is established after the first year results are gathered)</p>				
	<p>The number of First Nations children requesting services through the JP - CFI who have accessed specific services by type of service (such as respite care, home and community care, speech therapy, occupational therapy, physical therapy).</p> <p>(Baseline A target will be set once a baseline is established after the first year results are gathered)</p>	<p>TBD (A target will be set once a baseline is established after the first year results are gathered)</p>	<p>March 31, 2018</p>	<p>N/A*</p>	<p>N/A*</p>	<p>N/A*</p>

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
133,275,790	150,381,210	0

Note: The increase in planned spending in 2018-19 is mainly due to funding level increases related to Jordan's Principle – A Child-First Initiative.

The decrease in planned spending in 2019-20 is mainly due to the expiry of budgetary spending authorities for Jordan's Principle – A Child-First Initiative. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
20	20	0

Note: The decrease in planned FTEs in 2019-20 is mainly due to the expiry of budgetary spending authorities for Jordan's Principle – A Child-First Initiative. The Department would have to request funding for this initiative for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
First Nations and Inuit have the capacity to enter into and manage funding arrangement.	% of First Nations and Inuit funding recipients scoring "Low Risk" on the General Assessment Tool. (Baseline 73)	75	March 31, 2018	N/A*	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, 2018	N/A*	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	146	March 31, 2018	40	45	126

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	and maintenance of their health infrastructure. (Baseline 126)					

* 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 (i.e. 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. Consequently, it is difficult to understand 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.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
284,571,929	206,136,728	212,009,472

Note: The decrease in planned spending in 2018-19 is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services, and Social Infrastructure funding. The Department would have to request funding for these initiatives for future years.

The increase in planned spending in 2019-20 is mainly due to First Nations and Inuit health envelope growth.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
106	96	96

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services, and Social Infrastructure funding. The Department would have to request funding for these initiatives for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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, 2018	N/A**	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. (Baseline 70)	77	March 31, 2018	N/A**	N/A**	N/A**

* The target has been set based on the proportion of nursing stations and health centres that are accredited. The target is not higher as the accreditation process takes up to three years to complete. The target is expected to increase annually, as nursing stations and health centres currently undertaking the process complete the third year.

** 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
132,984,090	133,621,332	139,892,488

Note: The increase in planned spending is mainly due to First Nations and Inuit health envelope growth.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
61	59	59

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities related to the Accreditation program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Indigenous people participate in post-	# of bursaries and scholarships provided to	425	March 31, 2018	706	882	764

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
secondary education leading to health careers.	Indigenous people per year in a field of study leading to a career in a health-related discipline. (Baseline 340)					
	# of Indigenous people supported by bursaries and scholarships in health careers who have graduated. (Baseline TBD)	TBD following receipt of Indspire's June 2017 report	March 31, 2018	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*.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
10,198,942	10,425,655	10,668,980

Note: The increase in planned spending is mainly due to First Nations and Inuit health envelope growth.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
9	9	9

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Health care services delivered in First Nations communities are provided in a safe environment.	% of "high priority" recommendations stemming from Integrated Facility Audits are addressed on schedule. (Baseline 74)	79*	March 31, 2018	70	51	74
	% of health facilities subject to an Integrated Facility Audit that do not have critical property issues. (Baseline 55)	60**	March 31, 2018	25	79	18
	% of nursing stations on reserve inspected within three years. (Baseline 22)	100	March 31, 2019	N/A***	N/A***	N/A***

* The 2017-18 target reflects the current investment strategy to minor projects to reduce the deferred maintenance backlog.

** The 2017-18 target considers that buildings age between inspection cycles, which can create new recommendations to address building components that have reached their end of useful life. It also considers improvements in facility operations and management (O&M) practices, which can reduce the incidence of critical O&M issues identified during inspections.

*** 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
141,388,897	62,089,741	61,448,004

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities related to Social Infrastructure funding. The Department would have to request funding for this initiative for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
36	28	28

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities related to Social Infrastructure funding. The Department would have to request funding for this initiative for future years.

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 service delivery, 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
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 <i>better than expected</i> . (Baseline 12)	15	March 31, 2018	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*.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
43,718,045	24,593,517	24,593,517

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
81	74	74

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Sub-Sub Program 3.3.2.1 Health Systems Integration

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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Partners within multi-jurisdictional health services integration projects are collaborating.	% of partnerships within Health Services Integration Fund projects with an assessment of <i>proceeding as planned</i> . (Baseline 65)	70	March 31, 2018	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*.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
17,099,561	17,099,561	17,099,561

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
25	25	25

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 program delivery include: public health surveillance; health services delivery (primary and community care included); health reporting, planning and decision making; and, integration/compatibility with other health service delivery 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
First Nations communities have access to e-Health Infostructure.	# of telehealth sites implemented in First Nations communities. (Baseline 229)	247	March 31, 2018	220	237	248
	# of clinical telehealth sessions in First Nations communities. (Baseline 8,000)	8,160	March 31, 2018	N/A*	N/A*	N/A*
	# of First Nations communities where an electronic medical record	4	March 31, 2018	N/A*	N/A*	N/A*

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
	has been deployed for nurses providing primary care services. (Baseline 0)					
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, 2018	N/A*	33	20
	# of collaborative Panorama plans, agreements and/or activities. (Baseline 10)	20	March 31, 2018	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*.

Budgetary financial resources (dollars)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
26,618,484	7,493,956	7,493,956

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities for the eHealth Infrastructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Future funding amounts are potentially subject to fluctuation and may increase as they do not reflect potential future program renewals or additional investments through annual federal budgets.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
56	49	49

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary spending authorities for the eHealth Infostructure Program component of the funding to support First Nations and Inuit health programs and services. The Department would have to request funding for this component for future years.

Sub-Program 3.3.3 Tripartite Health Governance**Description**

FNIHB'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 will no longer have 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.

Planned results

Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
Tripartite governance partners have reciprocal accountability as stated in section 2.2 of	% of planned partnership and engagement activities that require FNIHB/Health Canada participation that	100	March 31, 2018	N/A*	100	100

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Expected results	Performance indicators	Target	Date to achieve target	Actual results		
				2013-14	2014-15	2015-16
the BC Tripartite Framework Agreement on FN Health Governance.	have been implemented. (Baseline 100%)					

* 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)

2017-18 Planned spending	2018-19 Planned spending	2019-20 Planned spending
468,083,328	493,325,415	519,955,996

Note: The increase in planned spending is mainly due to the escalator for Tripartite Health Governance.

Human resources (FTEs)

2017-18 Planned FTEs	2018-19 Planned FTEs	2019-20 Planned FTEs
0	0	0

Note: No planned FTEs as the funding is Vote 10 Contributions.