



HEALTH CANADA'S DEPARTMENTAL PLAN / 2020-21



Health
Canada

Santé
Canada

Canada 

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

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Le plan ministériel 2020–21 de Santé Canada

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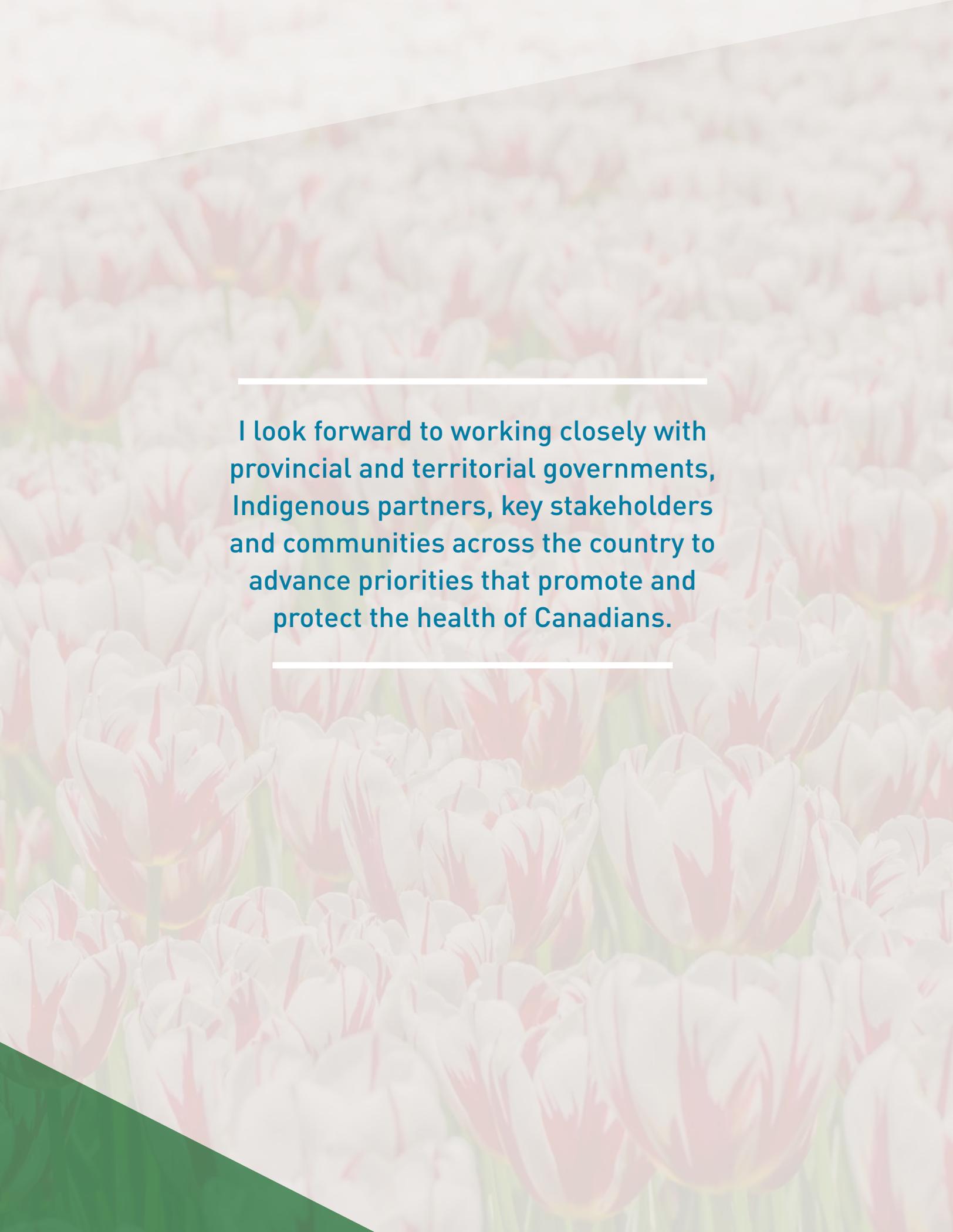
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I look forward to working closely with provincial and territorial governments, Indigenous partners, key stakeholders and communities across the country to advance priorities that promote and protect the health of Canadians.



FROM THE MINISTER



As Minister of Health, I am committed to helping Canadians maintain and improve their health. I am pleased to present the 2020–21 Departmental Plan for Health Canada, which outlines the Department’s priorities for the year ahead and reflects my focus as Minister. The plan is a guide to the work that the Department will undertake on behalf of all Canadians.

Health Canada monitors and responds to health concerns, identified at home and internationally, that affect the health and safety of Canadians. This includes events such as the 2019 novel coronavirus COVID-19 outbreak, which originated in Wuhan, China. The Department is working closely with the Public Health Agency of Canada, Canada’s Chief Public Health Officer, other federal departments and agencies, and provinces and territories to contribute to the global response to this public health crisis. In 2020–21, Health Canada will continue to support a coordinated response to protect the health of Canadians.

Over the course of 2020–21, Health Canada will lead the Government’s efforts to strengthen public health care and renew agreements with provinces and territories in four priority areas: ensuring greater access to physicians or primary health teams; establishing national standards for

access to mental health care; supporting home care and palliative care; and implementing national universal pharmacare. Ensuring that Canadians have access to the medicines they need has always been a top priority for the Government of Canada, and the Department will continue work to address drug shortages.

Problematic substance use remains a major, ongoing health and social issue that has devastating effects on Canadians from every walk of life and in communities in every region of the country. With the opioid overdose crisis, Canada is experiencing one of the most serious public health crises in a generation. In response, Health Canada is working in partnership with the provinces and territories and community partners to expand community-based services and improve access to evidence-based treatments and harm reduction and prevention programs.

The Department will strengthen action to curb the rapid rise in youth vaping by expanding existing measures that protect Canada's young people from inducements to vape and from nicotine addiction. To that end, we will finalize regulations that restrict the promotion of vaping products, and we will advance new regulatory proposals to address access to, and appeal of, these products. We will support these changes with ongoing compliance and enforcement actions, as well as with public education activities to raise awareness of the health risks associated with vaping.

In partnership with the Public Health Agency of Canada, Health Canada will also continue work to safeguard the use of currently available antibiotics in response to the serious public health threat of antimicrobial resistance.

The Department continues to work closely with provinces and territories, Indigenous communities, the regulated industry, public health organizations and law enforcement to implement the *Cannabis Act*, including the newly amended *Cannabis Regulations* for new cannabis products. This includes ongoing public education efforts to help Canadians understand the health effects of cannabis use, the implications of

cannabis on travel and crossing the border, workplace impairment, and the risks and consequences of drug-impaired driving.

The Department will further promote healthy eating by working to develop new restrictions on how food and beverages are marketed to children, and by establishing new front-of-package labelling.

Health Canada will work with other federal departments and agencies on a number of shared areas of responsibility. This includes responding to the September 2019 court ruling regarding the medical assistance in dying framework and supporting the safe and sustainable use of pesticide products.

This plan contains detail on the results Health Canada aims to achieve. I look forward to working closely with provincial and territorial governments, Indigenous partners, key stakeholders and communities across the country to advance priorities that promote and protect the health of Canadians.

**The Honourable Patty Hajdu, P.C., M.P.
Minister of Health**



PLANS AT A GLANCE

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

Health Canada also administers the *Canada Health Act* which embodies national principles to ensure a universal and equitable publicly-funded health care system. In addition to working closely with provincial and territorial governments, the Department also works with partners in the Health Portfolio, other federal departments and agencies, non-governmental organizations, other countries, Indigenous partners and the private sector.

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

CORE RESPONSIBILITIES

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



Health Canada will engage with provinces, territories and stakeholders on the implementation of national universal pharmacare, including the establishment of the Canada Drug Agency, a national formulary and a rare disease drug strategy.

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

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

KEY PLANS

In 2020–21, among the many others detailed in this report, Health Canada plans to achieve the following key results that contribute to the health of Canadians.

CORE RESPONSIBILITY 1 Health Care Systems

- > In support of the Department’s mandate, Health Canada will conduct research, analysis and policy work on **health care system issues**, such as: health expenditures and funding; primary care; home care; palliative and end-of-life care; access to sexual and reproductive health services; affordability and accessibility of pharmaceuticals; impacts of health care system modernization on the health workforce; the opioid crisis in the broader context of problematic substance use; mental health and substance use integration; quality of care; systems and service delivery innovation; and health technology.
- > To protect the integrity of Canada’s publicly funded health system, Health Canada will **work closely on an ongoing basis with provinces and territories** to ensure compliance with requirements of the *Canada Health Act*.
- > To ensure that Canadians have access to appropriate and effective health services, the Department will continue to implement bilateral funding agreements signed with all 13 provinces and territories pursuant to the **Common Statement of Principles on Shared Health Priorities**. Action areas for 2020–21
 - include expanding **access to community-based mental health and addictions services for children and youth** and enhancing access to palliative care at home.
- > Health Canada will engage with provinces, territories and stakeholders to explore innovative approaches—including new service delivery models, digital and virtual care solutions—to help ensure that **every Canadian has access to a primary care provider or team**.
- > Health Canada will engage with provinces, territories and stakeholders on the implementation of **national universal pharmacare**, including the establishment of the **Canada Drug Agency**, a **national formulary** and a **rare disease drug strategy**.
- > The Department will further support implementation of **medical assistance in dying (MAID)** legislation in collaboration with provinces and territories, as well as meet federal commitments under the law. Activities will include responding to the recent court ruling regarding MAID framework restrictions, and ongoing implementation of the MAID Monitoring Program.
- > The Department will make important **investments to support 8 pan-Canadian health organizations** that directly contribute

to health system improvements in key areas such as digital health, health information, drugs and technologies, mental health and addictions, cancer prevention and control, patient safety, and service delivery innovation. For example, Health Canada funding will help the **Terry Fox Research Institute** to establish the national **Marathon of Hope Cancer Centres Network**, which will unite around a shared strategy to advance precision medicine in cancer research.

CORE RESPONSIBILITY 2 Health Protection & Promotion

- > Since 2016, **the opioid overdose crisis has claimed the lives of almost 14,000 Canadians**, making it one of the most serious public health crises in a generation. With its partners, Health Canada will continue to take action to respond to this crisis, working with people with lived and living experience. This includes **addressing system gaps by scaling up the most effective programs**, such as projects that provide a safe supply of prescription opioids to protect people with substance use disorder from the risks of overdose and death.
 - > The Department will work closely with Provinces and Territories, as was done through the Emergency Treatment Fund. Additional activities to reduce drug-related overdoses include: supporting the national implementation of **prevention and harm reduction measures**; improving **access to evidence-based treatment services**; improving capacity to **provide analytical services and intelligence on illegal controlled substances**; and supporting the new Canadian Pain Task Force in identifying **best practices in the prevention and management of chronic pain**.
 - > To address the rapid rise in **youth vaping**, the Department will take measures to reduce the appeal of and access to vaping products among youth, including finalizing regulations that restrict the promotion of vaping products to youth and developing additional regulations to further reduce the appeal of these products to young Canadians.
- > Several key activities will advance Health Canada's ambitious **regulatory innovation agenda**, including: modernizing clinical trial regulations; developing a new pathway for advanced therapeutic products; enabling more agile licensing tools for drugs and devices; and modernizing both food regulations and the Department's compliance and enforcement regulatory frameworks for health products.
- > As part of the commitment to **strictly regulate cannabis and keep it away from children**, Health Canada will continue to **administer the cannabis, hemp, research and analytical testing licensing regimes**. The Department will establish **service standards** for issuing decisions specific to each licence type, all while **promoting, monitoring and enforcing compliance** with the *Cannabis Act* and Regulations—including for new cannabis products, promotion prohibitions, products that may be appealing to youth, and unlicensed activities.
- > Under the umbrella of its **Healthy Eating Strategy**, the Department will continue its work to raise awareness of **Canada's Food Guide** and to introduce new restrictions on the advertising to children of foods that contribute to excess consumption of sodium, sugars and saturated fats. It will consult on **sodium targets for processed foods and for foods sold in restaurants**; and advance **regulations to implement front-of-packaging labelling requirements** for foods that are high in sodium, sugars, and/or saturated fat.
- > Health Canada will advance implementation of **Canada's Tobacco Strategy**, a modernized approach for successful tobacco control with the goal of achieving the target of less than **5% tobacco use by 2035**.
- > Health Canada will undertake several initiatives within the framework of its **Action Plan on Medical Devices: Continuously Improving Safety, Effectiveness and Quality**, including: implementing mandatory incident reporting for medical devices for hospitals; expanding the Canadian Medical Devices Sentinel Network; providing Canadians with more information on the medical devices they use; expanding the use of outside experts via Scientific Advisory Committees; and updating regulations and guidance documents.

- > In partnership with provincial and territorial jurisdictions, industry and health care representatives, the Department will continue to play a leadership role in addressing **critical national drug shortages**. This includes: advancing ongoing work to identify root causes; monitoring compliance with regulatory requirements for mandatory reporting of shortages; and improving strategies to mitigate their impact on Canadians and on the health care system.
- > Building on progress made to-date to address **antimicrobial resistance**, including the removal of growth promotion claims as well as making sure all antibiotics are available only by prescription for animals, Health Canada will: ensure that all older antimicrobials provide directions that align with prudent use principles; begin a re-evaluation of medically important antimicrobials; and work with stakeholders to facilitate access to a wider range of low risk veterinary health products.
- > The Department will also continue to implement a strengthened and more responsive compliance and enforcement program in support of the regulatory framework governing **assisted human reproduction** in Canada, resulting in a number of qualitative health and safety benefits.

Experimentation

Among several activities planned for 2020–21, Health Canada will continue to invest in employee-led innovation and experimentation through its **Solutions Fund**, in support of the Directive on Experimentation from the Treasury Board Secretariat. The Department will also continue to build employee capacity for experimentation and innovation through activities and initiatives as outlined in its **Beyond2020 plan**.

Other 2020–21 experimentation initiatives include: the **PRODigy project**—which creates an online space that equips users with tools and information to streamline the process of submitting incident reports related to consumer products to Health Canada; and Health Canada’s participation in the **Innovative Solutions Canada** initiative—which enables departments and agencies to invite Canadian small businesses to propose solutions for mandate or sector specific challenges.

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

Launched in 2017, Health Canada’s **Sex and Gender Action Plan** provides a framework that strengthens the integration of sex, gender and diversity considerations (such as age and ethnicity) in externally as well as internally facing work of the Department. The action plan is designed to support the Government of Canada’s priority on the advancement of gender equality.

This plan details initiatives for 2020–21 in the areas of: **enhanced capacity building**—including developing a toolkit that applies a sex and gender lens to mental health; **strengthened sex and gender related evidence and expertise**—including the funding of two new external research partnerships that focus on applying an SGBA+ lens to the lifecycle management of prescription drugs and medical devices; and **addressing health inequalities**—including the launch of a regulatory innovation agenda to facilitate the entry of novel health products that can meet the needs of specific sub-populations, such as children, those with rare diseases, and/or Canadians in remote and rural areas.

For more information on Health Canada’s plans, priorities and planned results, see the “Core responsibilities: planned results and resources, and key risks” section of this report.



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

Health Canada's planned activities under **Core Responsibility 1: Health Care Systems** directly support [Canada's efforts to address the UN 2030 Agenda](#), particularly the [Sustainable Development Goal](#) to:



Ensure healthy lives and promote well-being for all at all ages ([SDG 3](#))





PLANNED RESULTS AND RESOURCES, AND KEY RISKS

CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

DESCRIPTION

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

PLANS

Modern and sustainable health care systems are vital to addressing the health needs of Canadians. Although health care delivery is primarily under provincial and territorial jurisdiction, the federal government has an ongoing role in providing financial support through fiscal transfers to the provinces and territories, maintaining the core principles of the *Canada Health Act*, and supporting health care innovation and collaboration across the country. Health Canada will contribute to improving the quality and sustainability of health care as the systems continue to evolve in a context of technological and social changes, demographic shifts and fiscal pressures.

DID YOU KNOW?

To enable Canadians to assess progress on shared health priorities, the Canadian Institute for Health Information (CIHI) led a process whereby Federal-Provincial-Territorial Ministers of Health agreed to a set of **12 common indicators for home and community care and mental health and addiction services**.

Departmental Result 1: Canadians have modern and sustainable health care systems

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 that improve the efficiency and sustainability of Canadian health care systems.

In support of the Department's mandate, Health Canada conducts research, analysis and policy work on such health care systems issues such as: health expenditures and funding; primary care; home care; palliative and end-of-life care; access to sexual and reproductive health services; affordability and accessibility of pharmaceuticals; impacts of health care systems modernization on the health workforce; the opioid crisis in the broader context of problematic substance use (including prevention, treatment, and harm reduction, as well as addressing stigma); mental health and substance use integrated services, access standards, primary care and institutional stigma; quality of care; health care systems and service delivery innovation; and health technology.

Over the course of 2020–21, Health Canada will make important investments to support several organizations that directly contribute to health system improvements. As part of this support, the Department will provide funding for: [Canada Health Infoway](#); the [Canadian Institute for Health Information](#); the [Canadian Agency for Drugs and Technologies in Health](#); the [Canadian Foundation for Healthcare Improvement](#); the [Canada Brain Research Fund](#); and the [Territorial Health Investment Fund](#).¹

Specific highlights of these investments include:

Canada Health Infoway:

Health Canada is advancing **digital health innovation** by providing Canada Health Infoway with **\$300 million** over five years (2017–18 to 2021–22) in order to: develop a pan-Canadian e-prescribing system and virtual care initiatives; support the continued adoption and use of electronic medical records; help patients to access their own health records electronically; and better link electronic health record systems to improve access by all providers and institutions.

Canadian Institute for Health Information:

The Department will support the Canadian Institute for Health Information by providing **\$92.7 million** in funding in 2020–21 to deliver actionable information that accelerates **improvements in health care, health system performance and population health** across the continuum of care.

Canadian Agency for Drugs and Technologies in Health:

Health Canada will help to strengthen the **management of drugs and non-drug technologies** by providing **\$26.1 million** to the Canadian Agency for Drugs and Technologies in Health (CADTH). This funding supports CADTH's core business activities (the common drug review, health technology assessments and optimal use projects) and helps facilitate the creation and dissemination of evidence-based information to support decision makers.

Canadian Foundation for Healthcare Improvement:

The Department will help to accelerate the **identification, spread and scale of health care innovations** by providing **\$17 million** to the Canadian Foundation for Healthcare Improvement (CFHI). CFHI's work focuses on: finding and promoting health care innovators and innovations; driving rapid adoption of proven innovations; enabling improvement-oriented systems; and shaping the future of healthcare. It relies on strong partnerships developed with a broad range of stakeholders to complete its work, including: patients, families and caregivers; health and social service providers; governments; and, many public and private organizations committed to healthcare improvement.

Canada Brain Research Fund:

Health Canada will continue to **support brain research discoveries** through interdisciplinary collaboration via the Canada Brain Research Fund by matching private and charitable funds raised by the Brain Canada Foundation, up to **\$160 million** by 2022. The Department's contribution includes a Budget 2019 commitment of **\$40 million** over 2 years to Brain Canada to support those affected by neurological injury and disease.

Territorial Health Investment Fund:

Health Canada will continue to support the territories, given the particular challenges they face in providing quality health care across the north due to the high cost and logistical difficulties of **delivering specialized health services to small, widely dispersed communities**. Budget 2017 invested **\$108 million** over four years, starting in 2017–18, to renew and expand the Territorial Health Investment Fund, with **\$25.6 million** allocated to Yukon, **\$28.4 million** to the Northwest Territories and **\$54 million** to Nunavut.

DID YOU KNOW?

The **Territorial Health Investment Fund** supports territorial efforts to innovate and transform their health care systems and helps to ensure northerners have access to the health care they need. Funds are directed to medical travel costs, and to a range of additional priorities identified by each territory. Innovation plays a key role, both in the deployment of health human resources and the application of technological health care infrastructure.

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

The federal government plays an important role in providing financial contributions to provinces and territories to support publicly funded health care services through the **Canada Health Transfer** (more than **\$40 billion** for 2019–20) —and through **targeted funding** to support improved access to home and community care, and mental health and substance use services (**Budget 2017 \$11 billion over ten years**).

Through Health Canada, the federal government is also responsible for promoting and defending the **core principles of the *Canada Health Act***—public administration, comprehensiveness, universality, portability and accessibility—and ensuring provincial and territorial health care insurance plans provide reasonable access to health services without financial or other barriers, such as patient charges for insured services.

To ensure that Canadians have access to appropriate and effective health services, Health Canada will focus its 2020–21 efforts on the following **priority activity areas**: primary care; access to mental health and substance use services and to home and community care; national pharmacare; palliative care; medical assistance in dying (MAID); diagnostic services; thalidomide survivors support; patient safety; combatting cancer; as well as strengthening partnerships and collaborations.

Primary care:

Health Canada will engage with provinces, territories and stakeholders to explore innovative approaches—including new service delivery models, digital and virtual care solutions—to help ensure that **every Canadian has access to a primary care provider or health team**.

Access to mental health and substance use services and to home and community care:

Following agreement by Federal-Provincial-Territorial Ministers on a Common Statement of Principles on Shared Health Priorities in 2017, the federal government **negotiated and signed bilateral agreements with all 13 provinces and territories**, for a 5 year period (2017–18 to 2021–22). These agreements set out details of how each jurisdiction is using federal funding to improve access to home and community care and mental health and substance use services.

Key initiatives for 2020–21 include expanding access to community-based mental health and substance use services for children and youth and enhancing access to palliative care at home. In addition, Health Canada will work with provinces and territories and stakeholders to **set national standards for access to mental health services** to improve access to the supports Canadians need, when they need it, and continue to make home care and palliative care more available across the country.

National pharmacare:

Over the course of 2020–21, Health Canada will engage with provinces, territories and stakeholders on the implementation of **national universal pharmacare**, including the establishment of the **Canada Drug Agency**, a **national formulary** and a **rare disease drug strategy**.

These efforts will be supported by funding proposed in Budget 2019, including **\$35 million** over 4 years starting in 2019–20 for a transition office, and up to **\$1 billion** over two years, starting in 2022–2023, with up to **\$500 million** per year ongoing, for a national strategy for high cost drugs for rare diseases.

WHAT'S NEW?

Budget 2019 proposed up to **\$1 billion** over two years, starting in 2022–23, with up to **\$500 million** per year ongoing, to help Canadians with rare diseases access the drugs they need. This will support the development of a national strategy for high-cost drugs for rare diseases that will evaluate evidence, improve consistency and access, and negotiate prices.

Palliative care:

Health Canada will implement the five-year **Action Plan on Palliative Care** (2019–20 to 2023–24), continuing with activities already underway, and collaboratively developing new projects and initiatives to address access issues and promote system change. The Department will continue to work with Indigenous Services Canada to participate in Indigenous-led engagement with a goal of developing a distinctions-based framework² on palliative care, reflecting the specific and unique priorities of First Nations, Inuit and Métis.



Medical assistance in dying:

Health Canada will continue to support implementation of **medical assistance in dying (MAID)** legislation in collaboration with provinces and territories, as well as meet federal commitments under the law. In 2020–21, activities will include:

- > Collaboration with the Department of Justice in working with provinces and territories to respond to the recent court ruling regarding MAID framework restrictions;
- > Ongoing implementation of the MAID Monitoring Program (data collection about requests for, and provision of MAID across Canada), including release of the first official annual report on MAID using data from the new monitoring regime;
- > Supporting a 2020 parliamentary review of the MAID legislation and the state of palliative care in Canada.

Diagnostic services:

The Department is working closely with provinces and territories to prepare for implementation of the **Diagnostic Services Policy**, which formalizes the application of the *Canada Health Act* to diagnostic services. It confirms the longstanding federal position that **medically-necessary diagnostic services are insured services**, regardless of the venue where the services are delivered. The policy will take full effect from April 1, 2020.

Canadian thalidomide survivors support:

The **Canadian Thalidomide Survivors Support Program** replaced the previous **Thalidomide Survivors Contribution Program** in 2019. The purpose and long-term outcome of the program remains unchanged and Health Canada will continue to contribute to **meeting the lifetime needs of Canadian thalidomide survivors**. The new program provides a fair and comprehensive approach to identifying thalidomide survivors that is based on international best practices.

² The Government of Canada recognizes First Nations, the Métis Nation, and Inuit as the Indigenous Peoples of Canada, consisting of distinct, rights-bearing communities with their own histories, including with the Crown. The work of forming renewed relationships based on the recognition of rights, respect, co-operation, and partnership must reflect the unique interests, priorities and circumstances of each People. Health care policy development needs to recognize these distinctions.

Patient safety:

Health Canada will contribute **\$7.6 million** to the Canadian Patient Safety Institute's (CPSI) efforts to improve patient safety and quality of care. CPSI provides leadership and coordinates the work necessary to **enable a culture of patient safety throughout the Canadian health system**. It does so by fostering grassroots initiatives and strategic relationships to make patient safety a system priority and has positioned Canada as a leader on the international stage. CPSI's work is focused on: safety improvement projects that evaluate and implement scalable, evidence-based best practices; using the patient voice in reporting and campaigns to raise awareness; and targeting policy, standards and regulations to influence Canada's health care systems towards safer care.

Combatting cancer:

Budget 2019 earmarked supporting the creation of a network of Canadian cancer centres by providing up to **\$150 million** over 5 years, starting in 2019–20, to the **Terry Fox Research Institute**.

Budget 2019 also proposed supporting ovarian cancer research by providing **\$10 million** over five years (2019 to 2024) to **Ovarian Cancer Canada** to address gaps in knowledge about effective prevention, screening, and treatment options.

DID YOU KNOW?

Health Canada funding will help the **Terry Fox Research Institute** to establish the national **Marathon of Hope Cancer Centres Network**. This network will unite around a shared strategy to advance precision medicine in cancer research. The Institute will seek matching funding through a combination of its own resources and contributions from other non-federal government sources.

Strengthening partnerships and collaborations:

Health Canada will continue to collaborate with the provinces and territories on **organ and tissue donation and transplantation** in order to: ensure Canadians receive timely and effective access to care; develop a decision-making and accountability framework and data and performance system that promotes a pan-Canadian approach to organ donation and transplantation; and build on existing progress to maximize safety and non-discrimination in blood donation policies.

Budget 2019 proposes spending **\$36.5 million** over 5 years, starting in 2019–20, followed by **\$5 million** per year on-going to develop a Pan-Canadian data and performance system for organ donation and transplantation in collaboration with provincial and territorial partners. In addition, Budget 2019 earmarked **\$2.4 million** over 3 years starting in 2019–20, for research to reduce barriers to the donation of blood plasma and supporting a safe and non-discriminatory approach to donation for men who have sex with men.

In order to support access to appropriate and effective health services for Canadians over 2020–21, the Department will provide funding for: the Substance Use and Addictions Program; the Canadian Centre on Substance Use and Addiction; Mental Health Commission of Canada; the Canadian Partnership Against Cancer; the Canadian Patient Safety Institute, the Health Care Policy Contribution Program; Official Languages Health Contribution Program, and the Canadian Thalidomide Survivors Support Program³.

³ For more detailed information on these grants and contributions, please refer to the Supplementary Information Table "Details on transfer payment programs".

These investments will enable provinces and territories to **improve access to home and community care, including palliative care, and mental health and substance use services**, consistent with the [Common Statement of Principles on Shared Health Priorities](#) and the plans outlined in bilateral agreements for each jurisdiction.

In 2020–21 and beyond, Canadians will see how targeted federal funding for home and community care and mental health and substance use services will be invested in each province and territory, and will be able to **track progress based on a focused set of common indicators** that will be released annually. Health Canada will also undertake to establish national standards for access to mental health services so Canadians can get fast access to the support they need, when they need it.

In addition, investments will help to **address the health care needs of specific populations** such as those living in Canada’s territories and official language minority communities, taking into account findings from the 2017 [Evaluation of the Official Languages Health Contribution Program](#).

Over the course of 2020–21, Health Canada will also make important investments in several additional programs and organizations that directly support access to appropriate and effective health services for Canadians. These are summarised on the following page.



Additional highlights of Health Canada collaboration funding in 2020–21 supporting access to appropriate and effective health services for Canadians:

- Provide up to **\$66.6 million** under the [Substance Use and Addictions Program](#) to support evidence-informed and innovative health promotion, prevention, harm reduction and treatment initiatives to address substance use, including:
 - » Targeted funding for problematic opioid use, prevention and treatment; cannabis public education and awareness; and tobacco and youth vaping prevention and cessation.
 - » Funding for the [Canadian Centre on Substance Use and Addiction](#) to support their national mandate and advance research and evidence on cannabis use.
 - » Research funding for the [Mental Health Commission of Canada](#) to assess the impacts of cannabis use on the mental health of Canadians.
 - » Targeted funding to enhance the response to the opioid crisis and other emerging issues, including: harm reduction, community-led and frontline initiatives; increasing access to pharmaceutical-grade medications; and new approaches to problematic methamphetamine use.
- Support through targeted funding agreements, organizations and key pan-Canadian health partners that are contributing to health system improvements, including:
 - » **\$14.2 million** for the Mental Health Commission of Canada to advance specific priorities in the area of mental health consistent with findings outlined in the 2016 Evaluation of Mental Health and Mental Illness Activities of Health Canada and the Public Health Agency of Canada.
 - » **\$51 million** in funding to the [Canadian Partnership Against Cancer Corporation](#) to continue its work on key health issues in cancer control.
- Provide up to **\$25.6 million** per fiscal year to address federal priorities under the [Health Care Policy Contribution Program](#), including health care system innovation, mental health, palliative and end-of-life care.
- Provide **\$37.3 million** per year to community-based organizations, governments and academic institutions to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere in Canada under the Official Languages Health Program. Funded activities include:
 - » The education of bilingual health personnel through postsecondary training initiatives.
 - » The development of strategies and partnerships with health system stakeholders through community networking.
 - » The implementation of projects aimed at improving access to bilingual health services and fostering knowledge development and dissemination.

KEY RISK(S) FOR CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

Risk: Health Canada's ability to effectively uphold the *Canada Health Act* (CHA) could be put at risk by challenges in administering the Act.

KEY EXAMPLES OF HEALTH CANADA'S PLANNED RISK RESPONSES:

| | |
|--|--|
| Implement new policies | Work with the provinces and territories to prepare for the implementation of the Diagnostic Services Policy. |
| Work to resolve issues with provinces and territories | Evaluate provincial and territorial Reimbursement Action Plans to ensure the elimination of patient charges. |
| Monitor litigation | Monitor litigation that may impact the CHA, and support federal involvement as required. |
| Monitor changes in health care delivery | Monitor changes in health care delivery for their effect on access to insured services. For example: <ul style="list-style-type: none">• Monitor and assess virtual access to physician services, which has been rapidly growing in Canada and around the world. |

PLANNED RESULTS FOR CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

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

| Departmental Result Indicators | Target | Date to achieve target | Actual Results |
|--|-----------------------------|------------------------|--|
| National health expenditure as a percentage of Gross Domestic Product ¹ (Baseline 10.9% of GDP in 2014–15) | Between 10% and 12% | March 31, 2021 | 2016–17: 11.5% 2017–18: 11.3% 2018–19: 11.3% |
| Real per capita health expenditure (1997) ¹ (Baseline \$4,014 per person in 2014–15) | Between \$3,864 and \$4,722 | March 31, 2021 | 2016–17: \$4,223.90 ² 2017–18: \$4,244.90 ² 2018–19: \$4,293.00 ² |
| Drug spending as a percentage of Gross Domestic Product ³ (Baseline 1.74% in 2014–15) | between 1% and 2% | March 31, 2021 | 2016–17: 1.82% 2017–18: 1.78% 2018–19: 1.78% ³ |
| Percentage of family physicians using electronic medical records ⁴ (Baseline 73% in 2015) | At least 95% | March 31, 2022 | 2016–17: 73% ⁴ 2017–18: 73% ⁴ 2018–19: 73% ^{4,5} |

¹ These two complementary indicators demonstrate that national health expenditures grows faster than the economy as a whole, both relative to GDP (1st indicator) and relative in real/constant 1997 dollars; data for these two indicators can be found on the [CIHI website](#); click on “Data tables: Health Spending” on the Quick links table on the right of the screen. For the Real per capita health expenditure, percentage increase is calculated using constant 1997 dollars.

² These numbers have been updated based on annual CIHI revisions to reflect the most current published data.

³ Source: Canadian Institute for Health Information (CIHI). This ratio (percentage) demonstrates how much Canada spends on drugs (prescribed and over the counter) relative to the size of the Canadian economy. Both the ratio’s numerator (drug spending) and the denominator (GDP) are expressed in Canadian dollars. Previously, the data source was the [Organisation for Economic Co-operation and Development](#), report on pharmaceutical spending—data collected every three years.

⁴ Source: Commonwealth Fund Survey of Physicians (data collected in 2015 which is the most recent data available).

⁵ The 2018–19 survey result is scheduled for release in early 2020. Data from that time period will be reported in 2019–20 Departmental Results Report.”

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

| Departmental Result Indicators | Target | Date to achieve target | Actual Results |
|---|--------------|------------------------|---|
| Percentage of Canadians (aged 15+) with a mental disorder who have expressed that they have an unmet mental health care need (Baseline 26% in 2012) ¹ | At most 15% | March 31, 2021 | 2016–17: 26% ¹ 2017–18: 26% ¹ 2018–19: 24.3% ^{1,2} |
| Percentage of Canadians (aged 18+) who have expressed that they have an unmet need for access to home care services ⁸ [Baseline: According to Statistics Canada in 2015–16, 1.6% of Canadians aged 18+ reported that they had not received help, even though they needed it (during the previous 12 months)]. | At most 1% | March 31, 2027 | 2016–17: 1.6% ¹ 2017–18: 1.6% ¹ 2018–19: 1.3% ³ |
| Percentage of <i>Canada Health Act</i> compliance issues addressed within 24 months of identification (Baseline 53% in 2016–17) ⁴ | At least 95% | March 31, 2022 | 2016–17: 53% ⁴ 2017–18: 94% ⁵ 2018–19: 94% |
| Percentage of Canadians (aged 12+) who did not fill a prescription for medicine or skipped doses of medicine because of the cost (Baseline 7.1% in 2014) | At most 5% | March 31, 2022 | 2016–17: 7.1% ⁶ 2017–18: 7.1% ⁶ 2018–19: 5.0% ⁷ |

¹ Source: Statistics Canada—Canadian Community Health Survey (CCHS), 2012 (data collected between January and December 2012).

² This 2018–19 data is the most recent data available.

³ The current data is from the CCHS, 2018, which only reports on this indicator for the age group 18+.

⁴ Source: *Canada Health Act* Division Database. Datum for 2016–17 reflects the current indicator and methodology.

⁵ Change of methodology—actual results are for the percentage of issues addressed within 24 months as outlined in the 2019–20 Departmental Plan and the Corporate Risk Profile Report.

⁶ Source: CCHS, 2014 (data collected between January and December 2014).

⁷ Source: CCHS, 2018. The actual result excludes data from the territories.

⁸ The age group for this indicator has been modified from 15+ (as indicated in the 2019–20 Departmental Plan) to 18+.

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

| 2020–21 budgetary spending (as indicated in Main Estimates) | 2020–21 Planned spending | 2021–22 Planned spending | 2022–23 Planned spending |
|--|-----------------------------|-----------------------------|-----------------------------|
| 1,777,284,741 | 1,777,284,741 | 1,978,657,709 | 1,552,348,195 |

Note: The increase in planned spending in 2021–22 is mainly due to funding level increases for Strengthening Canada’s Home and Community Care and Mental Health and Addiction Services Initiative as well as Canadian Institute for Health Information.

The decrease in planned spending in 2022–23 is mainly due to funding level decreases for Strengthening Canada’s Home and Community Care and Mental Health and Addiction Services Initiative, and the expiry of budgetary spending authorities in 2021–22 for Canada Health Infoway. The Department would have to request funding for this initiative for future years.

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

| 2020–21 Planned full-time equivalents | 2021–22 Planned full-time equivalents | 2022–23 Planned full-time equivalents |
|--|--|--|
| 290 | 290 | 290 |

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

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

Health Canada's planned activities under **Core Responsibility 2: Health Protection and Promotion** directly [support Canada's efforts to address the UN 2030 Agenda](#), particularly the following [Sustainable Development Goals](#):



End hunger, achieve food security and improved nutrition and promote sustainable agriculture ([SDG 2](#))



Ensure healthy lives and promote well-being for all at all ages ([SDG 3](#))



Ensure availability and sustainable management of water and sanitation for all ([SDG 6](#))



Make cities and human settlements inclusive, safe, resilient and sustainable ([SDG 11](#))



Ensure sustainable consumption and production patterns ([SDG 12](#))



Take urgent action to combat climate change and its impacts ([SDG 13](#))



PLANNED RESULTS AND RESOURCES, AND KEY RISKS

CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

DESCRIPTION

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

PLANS

The Department has launched an ambitious **regulatory innovation agenda** in response to the Treasury Board Secretariat-led targeted regulatory review: [Health and Biosciences Sectoral Regulatory Review Roadmap](#) and [Agri-food and Aquaculture Roadmap](#), announced in Budget 2018. Budget 2019 proposed funding of **\$122.9 million over 5 years**, including \$100.5 million for Health Canada and \$22.4 million for Justice Canada. Several key projects that form this agenda are set to advance over 2020–21:

- > Modernizing clinical trial regulations to allow a more flexible and risk-based approach to overseeing new trial types and designs across its product lines;
- > Developing a new pathway for advanced therapeutic products which enables collaboration with stakeholders to create appropriate oversight requirements for those products that challenge the current regulations;
- > Enabling more agile licensing tools for drugs and devices with the appropriate risk-based oversight and enabling innovation;
- > Modernizing food regulations as they pertain to official methods, microbiological criteria and food additives to better respond to emerging science and advances in technology;
- > Modernizing the Department's compliance and enforcement regulatory frameworks for health products.

The regulatory innovation agenda cuts across all three Departmental Results that make up Core Responsibility 2. Its implementation will result in a health product and food regulatory framework that protects the health and safety of Canadians with **proportional oversight relative to any associated risks, while encouraging innovation**. Ultimately, it will provide Canadians with improved access and information about health products that can positively impact their health and quality of life.

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

Ensuring that Canadians have access to the health products they need—and can rely upon the safety, effectiveness and quality of the products they use—remains a core component of Health Canada’s mandate. Over the course of 2020–21, the Department’s efforts in this regard will concentrate on the following **priority activity areas**: access to drugs and devices; addressing antimicrobial resistance; regulatory oversight; as well as promoting access to new and renewed technologies.

Access to drugs and devices:

Under the Regulatory Review of Drugs and Devices initiative, Health Canada will further **improve access to therapeutic products** that meet healthcare system needs, and increase domestic and global collaboration regarding drug and medical device reviews, including more robust application of real world evidence.

The Department is committed to take action on drug shortages and ensure that Canadians have access to the medicine they need. In partnership with **manufacturers, provinces and territories and other stakeholders**, it will continue to play a leadership role in **addressing critical national drug shortages** and invest in efforts towards preventing shortages from happening, where possible.

In 2020–21, Health Canada will continue to create **streamlined processes for joint shared and parallel reviews** with other international regulatory authorities. Strengthening partnerships in submission reviews aims to help Canadians gain greater access to new health products that meet health care system needs. This includes drugs for rare diseases. The Department will also continue working with health partners to streamline processes and increase efficiencies to bring needed drugs to Canadians.

The Department will propose amendments to the Food and Drug Regulations that create an **alternate pathway to authorize human and veterinary drugs that fulfill an unmet medical need for Canadians and animals**, and that have already been approved by trusted foreign regulators. This undertaking, the Use of Foreign Decisions pathway, will facilitate access to medically necessary drugs that are not readily available to Canadians. Also, this will create a pathway that will enable access by animal owners and food producers to minor use, minor species veterinary drugs which have not yet come to the Canadian market due to economic considerations.

Health Canada will continue to **improve access to generic drugs** by creating greater alignment and convergence with the practices of other major regulatory jurisdictions. This initiative aims to provide Canadians with earlier access to a wider range of low cost generic medicines and to align Canada’s approach with other international regulatory authorities.

The Department will continue to develop its review capacity in the area of generic drugs and work to bring related regulations and policies up to date. Health Canada will also look to create greater alignment and harmonisation with the practices of other major regulatory agencies. These ongoing initiatives should help provide Canadians with access to a wider range of low cost generic options, align Canada’s approach with other international regulatory authorities, and **provide a more secure supply of pharmaceutical drug products in shortage situations**.

Furthermore, the Department will finalize regulatory amendments to update provisions of the **Special Access Program** for human drugs and the **Emergency Drug Release Program** for veterinary drugs, which allows for **access to drugs that are not currently authorized for sale in Canada** (including those for rare diseases) and improves access to drugs for health care providers treating patients with serious or life-threatening conditions or for a medical emergency.

Addressing antimicrobial resistance:

In support of the [Federal Action Plan on Antimicrobial Resistance and Use in Canada](#) and the [Pan-Canadian Framework for Action on Tackling Antimicrobial Resistance and Antimicrobial Use](#), Health Canada will continue to take action to safeguard the use of currently available **antimicrobial drugs for human use** and encourage the development of new and innovative human therapeutic products, as well as facilitate access to **alternatives to using antimicrobials for animals**.

Building on progress to-date, including the removal of growth promotion claims as well as making sure all antibiotics are available only by prescription for animals (similar to humans), the Department will ensure in 2020–21 that all older antimicrobials provide **directions that align with prudent use principles**—i.e., used only when necessary and only for as long as necessary. More specifically, Health Canada will begin a **re-evaluation of medically important antimicrobials** to ensure that product labels provide information for veterinarians and animal owners that supports responsible use. The Department will also continue to work with stakeholders to **facilitate access to a wider range of low risk veterinary health products** for the purposes of maintaining and improving the health of food-producing animals.

To support human healthcare, Health Canada will **update the Pathogens of Interest List** to ensure it continues to capture emerging threats requiring new therapeutic and diagnostic options in Canada. In addition, Health Canada will encourage manufacturers to undertake submissions for the authorization in Canada of important new antimicrobials for human use.

Regulatory oversight:

In 2020–21, Health Canada intends to bring forward proposals to: **modernize the framework for licensing establishments** related to health products and medical devices; and maintain safe access to certain non-prescription drugs and natural health products while **removing burdensome regulatory re-testing requirements** for certain low-risk products imported from trusted regulatory partner countries.

The Department has also prioritized the need to further strengthen and expand the life-cycle **oversight of medical devices** and to be more open and transparent with Canadians about regulatory activities and medical device safety information. As such, the Department has integrated its [Action Plan on Medical Devices](#) into day-to-day operations, which includes a number of initiatives that are summarized on the following page.

DID YOU KNOW?

In 2019, Health Canada established a new **Scientific Advisory Committee on Health Products for Women**. This committee includes members representing the patient and healthcare professional communities. It will provide Health Canada with advice on current and emerging issues regarding women's health. Members will examine issues across the life cycle of medical devices and drugs.

Health Canada 2020–21 initiatives relative to the action plan on medical devices:

- Implement mandatory incident reporting for medical devices for hospitals, which came into force on December 16, 2019. This will further strengthen the use of real-world evidence for drugs and medical devices in decision-making by increasing the quantity and quality of reports received by Health Canada;
- Expand the Canadian Medical Devices Sentinel Network (CMDSNet) to include additional healthcare settings outside of hospitals, such as long-term care facilities and private clinics;
- Provide Canadians with more information on the medical devices they use by: publishing Regulatory Decision Summaries for amendments to Class III and IV medical device licences; releasing clinical information on class IV medical devices through the Health Canada clinical information portal; and regularly updating the published de-personalized database and data extract file of medical device incidents, complaints, and recalls;
- Engage more effectively with partners and expanding the use of outside experts and improved internal expertise by launching a range of Scientific Advisory Committees. Through these committees, the Department will receive advice from the scientific, medical and consumer communities about current and emerging issues;
- Develop a new guidance document that will be used to review the clinical evidence for medical devices in pre-market approvals. The goal is to clarify requirements and increase transparency on how Health Canada evaluates information for licence applications;
- Solicit feedback from CMDSNet members to validate safety signals through active surveillance—the feedback will complement reports from manufacturers by providing real-world perspectives from healthcare settings;
- Amend the Medical Devices Regulations to allow healthcare professionals to file Investigational Testing Authorization applications and to strengthen the post-market surveillance and risk management of medical devices. These changes will:
 - » Expand the scope of research nationally and provide Canadians with greater access to new technologies and therapies;
 - » Better align Canadian approaches with international best practices;
 - » Allow Canadians to make informed decisions on the therapies available to them through the public disclosure of authorized clinical trials;
 - » Strengthen the post-market surveillance and risk management of medical devices by: adding an information request tool to assess the safety of a device; implementing periodic surveillance reporting requirements for medical device manufacturers; and providing additional oversight on medical devices already in use to help promote their safety and effectiveness.
- To keep pace with emerging technologies such as artificial intelligence and telerobotics, Health Canada has established the Medical Device Digital Health Review Division. In the coming year, the Department is proposing a new regulatory pathway for Advanced Therapeutic Products.

In addition, Health Canada will conduct domestic and international inspections of health product licence holders with a focus on higher risk areas. The Department will continue to **strengthen compliance and enforcement capacity** and implement national training and health and safety programs for inspectors.

Health Canada will also continue to expand oversight to adapt to an increasingly complex and globalized **clinical trial** environment. This will help ensure patient safety and the integrity of clinical trial data with the goal of protecting Canadians from unsafe practices. Additionally, clinical trials conducted on home soil will provide opportunities for Canadians to have earlier access to cutting edge therapies and allow Canadian clinicians to contribute to the development of novel treatments.

Furthermore, the Department will continue to implement a strengthened and more responsive compliance and enforcement program in support of the regulatory framework governing **assisted human reproduction** in Canada, resulting in a number of qualitative health and safety benefits. The *Assisted Human Reproduction Act* and Regulations address a number of regulatory gaps including those related to the risks to human health and safety arising from the use of third-party donor sperm and ova in assisted human reproduction.

WHAT'S NEW?

With a view towards modernizing the regulatory framework for self-care products, Health Canada will propose **improvements to the labelling of natural health products** to support their safe use and help Canadians make more informed choices. The Department will also continue to work to introduce a risk-based approach to regulatory oversight for non-prescription drugs.

Lastly, regarding **modernizing regulatory oversight related to food**, Health Canada will establish a regulatory framework for human milk fortifiers required by some pre-term infants to meet their nutritional and growth requirements. In addition, the Department will use foreign reviews as appropriate and/or conduct joint risk assessments to support the authorization of certain food products. This will create operational and business efficiencies and allow industry to bring products to market more quickly.

Promoting access to new and renewed technologies:

To keep pace with emerging technologies such as artificial intelligence and telerobotics, Health Canada has established the **Medical Device Digital Health Review Division**. In the coming year, the Department is proposing a new regulatory pathway for **Advanced Therapeutic Products**—a product or class of products representing an emerging or innovative technological, scientific or medical development.

This pathway will allow the Department to regulate in a way that does not impede innovation by tailoring requirements based on the unique characteristics of these products, while ensuring the safety of Canadians.

Health Canada will strengthen its capacity to protect Canadians from domestic and imported unsafe health products by contributing to the development and implementation of **business intelligence** and tools to improve reporting and better inform decision making.

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

Helping Canadians lead healthier lives and providing protection from unsafe consumer and commercial products and substances will remain an important focus of Health Canada's work. Over the course of 2020–21, the Department's efforts in this regard will concentrate on the following **priority activity areas**: problematic substance use; regulating cannabis; chemicals management; environmental assessment of drugs; consumer products; workplace hazardous products; and pesticide regulation.

A comprehensive approach to problematic substance use:

Problematic substance use is a major ongoing health and social issue with devastating effects on Canadians from every walk of life. **Issues related to problematic substance use lead to massive societal costs and harms**, costing \$38.4 billion, or approximately \$1,100 spent for every Canadian, in 2014.

Since 2016, **the opioid overdose crisis has claimed the lives of almost 14,000 Canadians**, making it one of the most serious public health crises in a generation. The scale of this crisis is so severe such that **life expectancy in Canada stopped increasing** for the first time in more than 40 years. Canada's illegal drug supply has been contaminated with fentanyl and other fentanyl-like drugs (e.g., carfentanil). Fentanyl is a cheap way for drug dealers to make street drugs more potent and it is causing high rates of overdoses and overdose deaths. A few grains can be enough to be fatal.

DID YOU KNOW?

The Department's work to address problematic substance use is guided by the **Canadian Drugs and Substances Strategy**—the Government's commitment to a comprehensive, evidence-based public health approach to substance use. The strategy is delivered by the Minister of Health, in collaboration with 14 other federal departments and agencies, and includes **4 pillars—prevention, treatment, harm reduction and enforcement**—which are supported by a strong evidence base.

The Strategy covers a broad range of legal and illegal substances, including alcohol, cannabis, problematic prescription drug use and illegal drug use. It enables the Government to better identify significant health risks and trends associated with substance use, effectively develop and target interventions to prevent and reduce harms and promote treatment and recovery, to monitor and report on impacts, and support overall decision-making related to drug and substance use policy issues.

WHAT'S NEW?

While prescription opioids can help Canadians who need them to manage pain, industry marketing can unduly influence health professionals. Health Canada has: called on Canadian manufacturers and distributors of opioids to cease marketing to health care professionals; created a dedicated compliance team to proactively monitor opioid marketing and enforce existing rules; and established an online portal for health care professionals to report improper marketing activities.

Manufacturers must submit all opioid ads to a preclearance agency for review. Ads are restricted to only verbatim statements authorized by Health Canada in the approved product labelling, and must present a balance of benefits and risks.

Concurrently, there are **new or emerging drug threats** across Canada, particularly related to the use of methamphetamine. Moreover, we must not overlook well-documented harms associated with alcohol and cannabis use, especially for children and youth.

People who use drugs frequently use **multiple substances**. For example, from 2016 to 2018, the majority of overdoses in Canada involved one or more non-opioid substances, such as alcohol, cocaine or methamphetamine. This reality increases the risk of harms and adds further complexity to the current crisis.

The Government of Canada is deeply concerned about the number of **drug-related overdoses and deaths** in Canada, and recognizes the serious consequences this crisis is having for individuals and communities across the country. Health Canada has made it a priority to **respond with a public health approach** that is comprehensive, collaborative, coordinated, and compassionate.

In 2020–21, the Department will continue to **build the evidence base and scale up the most effective programs**, such as increasing access to a safer supply of prescription opioids in order to protect people with substance use disorder from the risks of overdose and death. It **will fund pilot projects** designed to provide pharmaceutical-grade medications as safer alternatives to the contaminated illegal drug supply in Canada (referred to by some stakeholders as “safe supply”).

The efficacy of programs that provide prescription-grade opioids as alternatives to illegal street drugs is supported by multiple domestic and international studies. These studies have shown reduced mortality, decreased crime, and improved connections to housing and social supports. Given the contamination of the illegal supply of stimulants (such as cocaine and methamphetamine) with extremely toxic drugs (such as fentanyl and its analogues), targeted investments are needed to expand access to safer alternatives and to provide people with pathways to care.

Health Canada will continue to work closely with other orders of government, Indigenous Peoples, substance use experts, service providers, first responders, law enforcement, people with lived and living experience, and other stakeholders to advance a **robust, well-coordinated and effective response** to this and other emerging drugs threats.

The Department will continue to work with partners to **support community-led initiatives**. This involves a range of interventions to strengthen prevention efforts and reduce the harms of, and help treat, problematic substance use. The end goal is that fewer Canadians have an opioid dependency.

In order to make real progress to prevent harms from substance use, the Department will look upstream at the root causes of the problem in order to **better prevent substance use at the outset**, while continuing to support efforts to prevent overdose and death, as well as the treatment and recovery of people who use drugs.



In addition, Health Canada will continue to support access to evidence-based **harm reduction measures**, which include supervised consumption sites, including improving access to naloxone, and drug checking services. As well, the Department will examine options to further reduce barriers, including examining a possible regulatory regime for supervised consumption services and other models of care.

Health Canada will also continue to improve **access to evidence-based treatment services** for substance use disorder to reduce the harms associated with problematic opioid use and address stigma that creates treatment and service barriers for people who use drugs. The Department will work closely with Provinces and Territories, as was done through the **Emergency Treatment Fund**, on integrated approaches that treat mental health, chronic pain, and other disorders while meaningfully preventing and treating the problematic use of all substances.

Through the **Substance Use and Addictions Program**, Health Canada will support a range of projects aimed at educating decision-makers, health care professionals, students and others about the risks and harms of substance use, as well as projects to improve the evidence base in order to better predict, detect and prevent these risks.

DID YOU KNOW?

Health Canada's **Substance Use and Addictions Program** provides **funding** towards innovative and evidence-informed prevention, harm reduction and treatment projects at the community, regional and national levels. The program targets a wide range of substance-use issues including problematic use of opioids, stimulants, such as cocaine and methamphetamine, cannabis, alcohol and tobacco.

Health Canada will continue to improve its capacity to **provide analytical services and intelligence on illegal controlled substances** for public health purposes. This includes providing timely information and reliable data such as **Drug Alerts, Drug Summary Reports and raw data tables** to Canadian law enforcement agencies and public health partners. The Department is also increasing its partnerships with public health

partners in support of **harm reduction initiatives** such as the analysis of drug checking techniques and in the continuous improvement of its data sharing information.

At the same time, Health Canada recognizes that unmet pain needs are a key driver of problematic substance use and a barrier to successful treatment. As such, the Department will continue to support the **Canadian Pain Task Force** (including a **\$1 million financial** contribution in 2020–21) to identify and disseminate information about **best practices in the prevention and management of chronic pain**, in order to promote their uptake across the country. The Task Force will release a report on best practices and elements of an improved approach to address pain in Canada in June 2020. Action in this area is meant to support a key result of improving health outcomes for the 1 in 5 Canadians who suffer from chronic pain and address one of the underlying factors contributing to the ongoing drug overdose crisis in Canada.

The Department will continue to **improve data collection on substance use** through enhanced collaboration and new drug use surveys. It will work with partners to **reduce the stigma** faced by people who use drugs by bringing international expertise and attention to bear on this issue and how it can be a barrier to accessing health care and social services. The surveys provide data and evidence on the patterns of use and associated harms related to opioids, alcohol and other substances, such as methamphetamine. Increased surveillance will support the identification and development of strategies to address emerging drug threats.

DID YOU KNOW?

People who use drugs face stigma and discrimination. Stigma persists despite increasing recognition that drug use is a health issue. It creates barriers to the effective implementation of prevention, harm reduction and treatment measures. Reducing stigma is a priority for the Government.

Further, Health Canada is launching a **portal to capture electronic submissions of loss and theft reports for controlled substances**, which will improve monitoring capabilities of the legal domestic drug supply chain.

The Department will also advance its efforts towards a **comprehensive public health approach to alcohol-related harms** that aligns with the latest evidence and best practices. This significant public health and safety issue affects communities across Canada. Health Canada is reviewing the latest evidence, best practices as well as recommendations and input from the public and key stakeholders to inform future federal policies to address alcohol-related harms.

Regulating cannabis:

The objective of the *Cannabis Act* is to protect the public health and public safety of Canadians, particularly youth, while providing adults with legal access to regulated cannabis and reducing illicit activities. In 2020–21, Health Canada will maintain its effective implementation of the **new cannabis framework**, working with provinces, territories, Indigenous governments, municipalities, non-governmental organizations, communities and other federal partners to meet its objectives.

WHAT'S NEW?

In October 2019, amendments to the *Cannabis Regulations* came into force, governing the production, distribution and sale of edible cannabis, extracts and topicals.

The Department will continue to collect and review scientific evidence, research and cannabis-related data to better understand the health effects of cannabis, patterns in cannabis use (frequency, methods of consumption, source, etc.), and perceptions of cannabis use and to inform risk assessments, regulatory decisions and public education activities.

Health Canada will continue to **administer the cannabis, hemp, research and analytical testing licensing regimes**. It will establish service standards for issuing decisions specific to each licence type. It will also maintain the system

that provides reasonable access to cannabis for medical purposes by continuing to licence new entities to sell cannabis for medical purposes and registering individuals who have the support of their health care practitioner to produce cannabis for their own medical purposes.

Health Canada will continue to promote, monitor, verify and enforce compliance with legislative and regulatory requirements with a focus on the new cannabis products (i.e., edible cannabis, extracts and topicals); promotion prohibitions; products that may be appealing to youth; and unlicensed activities. The Department will also support Public Safety Canada, as well as provinces and territories, in establishing a strategy to **disrupt illicit cannabis sales online**.

In addition, Health Canada will continue to **explore potential markets** for health products that contain cannabis for humans and animals that would not require practitioner oversight by gathering external scientific advice on the appropriate evidence standards required to demonstrate safety and efficacy. The objective is to develop a regulatory approach for cannabis products with a health claim in a way that protects both public health and safety, and supports Canadians in making informed decisions about their health.

Chemicals management:

As part of its ongoing commitment to delivering the [Chemicals Management Plan](#), Health Canada will conduct further **research, monitoring and surveillance (including bio-monitoring) and risk assessments** regarding chemical substances and human health, and take appropriate risk management action in order to help protect the health of Canadians. The Department will also continue to conduct public outreach under the **Healthy Home Campaign** (including social media) to help inform Canadians about the potential risks from chemicals and the actions they can take in and around their homes to protect their health.

Given that the Chemicals Management Plan is scheduled to sunset in March 2021, Health Canada and Environment and Climate Change Canada will also be exploring the best options for continuing to manage chemicals in Canada.

Environmental assessment of drugs:

In 2020–21, Health Canada intends to consult with the Canadian public and stakeholders towards modernizing the environmental risk assessment of active ingredients in drugs by creating a new regulatory regime in the Food and Drug Regulations. The new regime would require the **notification and assessment of active ingredients in drugs to determine their effect on the environment**, and would tailor data requirements to the product being reviewed. In addition, the revised data requirements would bring us closer to international alignment with the U.S. Food and Drug Administration and the European Medicines Agency. After these new regulations come into force, active ingredients in drugs would no longer be assessed under the [Canadian Environmental Protection Act, 1999](#) and the New Substances Notification Regulations (Chemicals and Polymers) and (Organisms).

DID YOU KNOW?

Any substance new to Canada is assessed for potential risks to human health and the environment by Health Canada and Environment and Climate Change Canada before it is introduced into the Canadian marketplace, so that control measures can be put in place if needed.

Consumer products:

Health Canada will continue its efforts to mitigate risks posed by unsafe consumer products and cosmetics by **conducting risk assessments and compliance, enforcement and outreach activities**. International cooperation will play an ongoing key role in supporting these efforts; for example, through coordinated joint recalls and awareness campaigns.

The Department will also continue to develop and update policy and operational procedures pertaining to consumer products under the [Canada Consumer Product Safety Act](#) and to cosmetics under the [Food and Drugs Act](#), as well as their associated regulations, in order to ensure Canada maintains a modern regime.

Workplace hazardous products:

In order to help mitigate risks posed by workplace chemical products, Health Canada will continue to conduct hazard assessments, enforce the appropriate labelling and communication of hazards, and carry out outreach activities.

These efforts will be informed and supported by international cooperation, including through **implementation of the Globally Harmonised System** and participation in a United Nations Committee of Experts and in the Canada-U.S. Regulatory Cooperation Council.

The Department will also continue to develop and modernize regulation and policy pertaining to hazardous products under the *Hazardous Products Act* and the *Hazardous Materials Information Review Act*.

Pesticide regulation:

Health Canada will continue to promote, monitor and enforce compliance with *the Pest Control Products Act* and its Regulations. The Department will also work with Agriculture and Agri-Food Canada and Environment and Climate Change Canada to ensure that timely science-based decisions are made to support the safe and sustainable use of effective pesticide products in Canada.

Over the course of 2019–20, the Department undertook an assessment of the Pesticide Post-Market Review Program that led to the development of a new integrated continuous evaluation approach that will improve oversight, transparency and stakeholder engagement of post-market pesticide reviews. In 2020–21, Health Canada will continue to develop and consult with stakeholders on this integrated approach and begin to implement new measures into pesticide reviews where appropriate. It will also establish a **framework for data collection related to agricultural pesticide use and environmental monitoring**, as well as explore alternative regulatory approaches to low-risk pesticides.

Health Canada is nearing the end of a two-year, high priority re-evaluation process that saw the Department undertake risk assessments, risk management, consultations, special reviews and final regulatory decisions for 34 priority pesticides. The Department is aiming to complete the re-evaluation of the remaining 15 priority pesticides by the end of the 2020 calendar year.

WHAT'S NEW?

With the coming into force of the *Impact Assessment Act* in August 2019, Health Canada is contributing human health-related expert information and knowledge to this new and more comprehensive approach to the review of proposed major projects (such as pipelines and mines).

Departmental Result 5: Canadians make healthy choices

Helping Canadians make healthy choices in their day-to-day lives is part of Health Canada's Health Protection and Promotion core responsibility. Over the course of 2020–21, the Department's efforts in this regard will concentrate on these **priority activity areas**: healthy eating, food packaging and labelling, tobacco and vaping products, and cannabis.

Healthy eating:

Health Canada will continue to advance initiatives under the **Healthy Eating Strategy**, which aims to curb the rising burden of obesity and chronic disease by making the healthier choice easier for all Canadians.

As part of the strategy, Health Canada will continue work towards developing new restrictions on the advertising to children of foods that contribute to excess consumption of sodium, sugars and saturated fats. Currently, one in three Canadian children is overweight or obese, and advertising of foods with nutrients of concern has been identified as a major contributor to childhood obesity globally and in Canada. The Department is also developing a monitoring strategy to collect and report on the state of food advertising to children. This is an important part of Health Canada's role in developing evidence-informed nutrition policy and in studying its impact.

The Department will continue to raise awareness of **Canada's Food Guide** and collaborate with stakeholders to support integration of its messages within policy, programs and resources. The Food Guide encourages Canadians to eat a variety of healthy foods each day, cook more often, enjoy food, be mindful of eating habits, and eat meals with others.

In 2020–21, Health Canada plans to consult on **sodium targets for processed foods and for foods sold in restaurants**. Proposed targets for processed foods are comparable to those previously established, but are being revised to account for challenges identified by manufacturers and to encourage further reduction in products with the highest sodium content. New targets proposed for foods sold in restaurants will address a current gap in the approach to sodium reduction and are set for those foods Canadians consume most often when eating out.

WHAT'S NEW?

Through the **Food Safety Evaluation Management Response and Action Plan**, Health Canada is working to more effectively coordinate and align food safety and nutrition objectives, priorities and research plans with its Health Portfolio partners.

In addition, the Department is deploying a social media outreach strategy to better address food safety concerns and knowledge gaps among Canadians.

Food packaging and labelling:

In line with departmental regulatory efforts, Health Canada will advance **regulations to implement front-of-packaging labelling requirements** for foods that are high in sodium, sugars, and/or saturated fat. The Department recognizes the costs associated with re-labelling, and will coordinate transition timelines with other Government-wide labeling initiatives.

Health Canada is establishing a coordinated cycle of labelling changes for food with the Canadian Food Inspection Agency, in order to provide predictability for the agri-food industry.

Tobacco and vaping products:

Over the course of 2020–21, the Department will take steps to **address the rapid rise in youth vaping**, and advance implementation of **Canada's Tobacco Strategy**, a modernized approach for successful tobacco control with the goal of achieving the target of less than **5% tobacco use by 2035**.

In cooperation with other orders of government and key stakeholders, specific measures relating to **vaping** include:

- > Finalizing regulations restricting the promotion of vaping products to youth and developing additional regulations to further reduce the appeal of these products to young Canadians (e.g., reducing nicotine concentration limits; establishing further significant flavour restrictions, building on those already in place in the legislation);
- > Building on and expanding delivery of the public education campaign targeting youth, with the goal of raising awareness of the potential harms associated with vaping;
- > Increasing compliance and enforcement activities: promoting compliance and conducting inspections of tobacco products and activities related to new requirements; conducting online inspections of websites where advertising or promotion of vaping products is accessible to youth; conducting on-site inspections of vaping products and activities, as well as product sampling; and making public the results of key compliance and enforcement activities.

WHAT'S NEW?

To address the rapid rise in youth vaping, measures will be taken to **reduce the appeal of and access to vaping products among youth**, including development of new regulatory proposals, public education, and compliance and enforcement. The Department will continue to closely monitor the use of tobacco and vaping products among youth.

Specific measures relating to **tobacco** include:

- > Enforcing **plain packaging requirements** on all tobacco products to reduce their appeal and encourage Canadians to make healthy choices;
- > Finalizing new health warning messages, health information messages and statements about toxicity as part of **renewed tobacco product labelling requirements**;
- > Conducting activities that promote compliance, inspections of tobacco products, and activities related to new requirements.



Cannabis:

To help empower Canadians to make informed decisions about the use of cannabis and minimize associated health and safety harms, Health Canada will continue to deliver (and support organizations through the Substance Use and Addictions Program in delivering) **public education and awareness activities**, including sharing health and safety information related to new cannabis products (edible cannabis, extracts and topicals). The Department will also work with provincial/territorial and Indigenous governments and communities to deliver public education activities with a focus on youth and young adults, pregnant and breastfeeding women, Indigenous populations, individuals with mental health issues and LGBTQ populations.

Key Risk(s) for Core Responsibility 2: Health Protection and Promotion

1. **Risk:** Canadians may lose confidence in Health Canada’s ability to help protect their health if the Department is not regarded as a trusted regulator and used as a credible source of information.

KEY EXAMPLES OF HEALTH CANADA’S PLANNED RISK RESPONSES:

| | |
|---|--|
| <p>Implement informative initiatives</p> | <p>Expand the amount of regulatory health and safety information made available to Canadians in a simple and accessible way through innovative initiatives and communication activities. For example:</p> <ul style="list-style-type: none"> • Continue to conduct public outreach under the Healthy Home Campaign (including social media) to help inform Canadians about the potential risks from chemicals and the actions they can take in and around their homes to protect their health. • Provide information and tools to help Canadians make informed health and safety decisions related to consumer products and cosmetics, and publish plain-language pesticide re-evaluation decision summaries. |
| <p>Offer more engagement opportunities to Canadians and stakeholders</p> | <p>In line with the Government of Canada’s Open Government initiative and Health Canada’s Forward Regulatory Plan, Canadians and stakeholders have greater opportunity to be involved in decision-making processes, including the regulatory process throughout its development. For example:</p> <ul style="list-style-type: none"> • Consult broadly with stakeholders, including patient groups, health partners, and industry on continuing initiatives, such as making use of foreign decisions to support access to products otherwise not available in Canada as part of improving the regulatory review of drugs and devices. • Provide Canadians with more information on the medical devices they use by publishing Regulatory Decision Summaries for amendments to Class III and IV medical device licences to further inform physician and patient decisions, while making clinical information on class IV medical devices available through the Health Canada clinical information portal. |
| <p>Improve communication tools</p> | <p>Acquire, develop and improve the tools, processes and resources needed to effectively communicate to, and engage, Canadians on Health Canada’s digital platforms, including Canada.ca and Health Canada social media channels. For example:</p> <ul style="list-style-type: none"> • Improve navigation on Canada.ca, making online information easier to find for Canadians, and removing redundant and outdated web content. • Improve and expand publication of information on cannabis demand and supply on a monthly basis to include data on new cannabis products (edible cannabis, extracts, and topicals) in more easy to use formats. |

2. **Risk:** Health Canada’s ability to help protect the health of Canadians may be weakened due to the increasing complexity of the global supply chain and the rapid pace of innovation.

KEY EXAMPLES OF HEALTH CANADA’S PLANNED RISK RESPONSES:

| | |
|--|--|
| <p>Strengthen oversight</p> | <p>Develop strategies and tools to further strengthen market surveillance and oversight of emerging products. For example:</p> <ul style="list-style-type: none"> • Monitor compliance with the regulations for the manufacture, sale, labeling and promotion of vaping products. • Promote, verify and enforce compliance with the <i>Cannabis Act</i> and its Regulations. |
| <p>Collaborate internationally</p> | <p>Collaborate with international regulatory organizations, and align where appropriate with foreign regulators, including on joint recalls where appropriate.</p> |
| <p>Increase use of regulatory and non-regulatory activities</p> | <p>Increase the use of regulatory and non-regulatory activities that address changing business models in the supply chain, specifically for foreign sites. For example:</p> <ul style="list-style-type: none"> • Carry out foreign on-site Good Manufacturing Practices inspections, to increase Health Canada’s oversight of drug production earlier in the supply chain. |

PLANNED RESULTS FOR CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

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

| Departmental Result Indicators | Target | Date to achieve target | Actual Results |
|--|----------------------------------|------------------------|--|
| Percentage of new drug decisions issued within service standards ¹ (Baseline 88% in 2017–18) | 93% | March 31, 2021 | 2016–17: 92% ¹ 2017–18: 88% ¹ 2018–19: 98% |
| Percentage of Risk Management Plan reviews for new drug decisions completed within service standards ² (Baseline 91% in 2017–18) | 90% | March 31, 2021 | 2016–17: 100% 2017–18: 91% 2018–19: 98% |
| Percentage of drug companies deemed to be compliant with manufacturing requirements under the <i>Food and Drugs Act</i> and associated regulations | Between 85% and 95% ³ | March 31, 2021 | 2016–17: 96% 2017–18: 96% 2018–19: 94% |

¹ This indicator was previously restricted to prescription pharmaceuticals, but now includes biologics and radiopharmaceuticals. Results shown for 2016–17 are for prescription pharmaceuticals only. Biologics and radiopharmaceutical results were 100% in all reference years. New drugs (pharmaceutical and biologics / radiopharmaceutical) can only be sold in Canada after the products have been reviewed by Health Canada and found to meet the necessary regulatory requirements. This indicator measures whether the Department has done so within service standards.

² Risk Management Plan reviews are an important component of improving the health and safety of Canadians. Completed within service standards, Risk Management Plan reviews protect Canadians from preventable hazards, and contribute to effective engagement with partners and stakeholders—in view of the department’s reliance on shared responsibilities. The workload associated with Risk Management Plans varies from year to year, both in terms of quantity of Plans required and the complexity thereof, and is driven by factors beyond the government’s control. With finite, set resources, unexpectedly high volume can result in performance drops.

³ Health Canada is implementing a risk-based approach and will be targeting companies that present a higher risk. Given the change in approach, the results moving forward are expected to decrease.

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

| Departmental Result Indicators | Target | Date to achieve target | Actual Results |
|--|-------------------|------------------------|---|
| Percentage of domestic consumer product recalls communicated to Canadians in a timely manner (Baseline 86% in 2016–17) | At least 85% | March 31, 2021 | 2016–17: 86% 2017–18: 87% 2018–19: 93% |
| Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health (Baseline 88% in 2018–19) | 100% ¹ | March 31, 2021 | 2016–17: 85% 2017–18: 86% 2018–19: 88% ^{2,3} |
| Percentage of actions taken in a timely manner to protect the health of Canadians from pesticides found to be a risk to human health and the environment ⁴ (Baseline 94% in 2018–19) ⁵ | At least 80% | March 31, 2021 | 2016–17: N/A ⁶ 2017–18: N/A ⁶ 2018–19: N/A ⁷ |

¹ The target is aspirational. Managing risks to human health from substances is complex, as it often includes research, consultations with stakeholders and analyzing socio-economic impacts. As a result, delays in the development of the proposed and final risk management actions may occur. The Program will continue to streamline processes and look for further efficiencies in order to continuously strive towards the target of 100%.

² In 2018–19, this indicator was revised to focus exclusively on substances found to be a risk to human health. The historical result also includes actions taken by Environment and Climate Change Canada on substances found to be a risk to the environment.

³ 12% of risk management actions were delayed because of scientific complexity. The 3 actions have since been completed.

⁴ This indicator measures the timeliness of risk management actions taken to protect Canadians from pesticides found to be a risk to human health and the environment and reports on the implementation of re-evaluation decisions within prescribed timelines.

⁵ For fiscal year 2018–19, 94% of re-evaluation decisions prescribed risk management actions that must be taken by registrants within the policy timelines (24 months for amendments and up to 3 years for phase outs based on a full cancellation decision, where risk concerns are not considered serious or imminent). This is a partial result as any actions resulting under the Policy on Cancellations and Amendments Following Re-evaluation and Special Review have not yet come due.

⁶ Health Canada will gather data to report on the target by March 31, 2020.

⁷ This indicator was first implemented on April 1, 2018. Data is expected to be available in the next Departmental Results Reporting period for 2019–20 (fall 2020).

DEPARTMENTAL RESULT 5: CANADIANS MAKE HEALTHY CHOICES

| Departmental Result Indicators | Target | Date to achieve target | Actual Results |
|---|--------------------------------------|--------------------------------------|--|
| Percentage of Canadians (aged 15+) who have used any tobacco product ¹ in the past 30 days (Baseline 17.4% in 2015–16) ³ | Less than 5% ² | March 31, 2035 ² | 2016–17: 15.5% ⁴ 2017–18: 15.5% ⁴ 2018–19: 17.8% ⁵ |
| Percentage of Canadians (aged 15–24) who have used cannabis in the last 12 months [Baseline 25.5% in 2016–17 ⁴ (17.5% of Canadians aged 15–17 and 28.4% of Canadians aged 18–24)] | To be established by August 31, 2020 | To be established by August 31, 2020 | 2016–17: 25.5% ⁴ (17.5% of Canadians aged 15–17 and 28.4% of Canadians aged 18–24) 2017–18: 25.5% ⁴ (17.5% of Canadians aged 15–17 and 28.4% of Canadians aged 18–24) 2018–19: 26.9% ⁵ (14.2% of Canadians aged 15–17 and 31.4% of Canadians aged 18–24) |
| Percentage of Canadians who use dietary guidance provided by Health Canada ⁷ (Baseline 41% in 2012) ⁶ | At least 50% | March 31, 2021 | 2016–17: 41% ⁶ 2017–18: 47% ⁷ 2018–19: 47% ⁷ |

¹ For the purposes of the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) and this indicator, a tobacco product includes cigarettes, cigars, little cigars or cigarillos, smokeless tobacco, a pipe or waterpipe with tobacco.

² Tobacco use rates are expected to decline slowly over time, as we continue working towards achieving the Government's commitment of no more than 5% tobacco use by 2035. Achieving this goal will require a long term approach that continues to take action to save the lives of Canadians, while remaining flexible to adapt to emerging scientific evidence on new products.

³ Source: [CTADS 2013](#) (data collected between February and December 2013). CTADS is conducted biennially.

⁴ Source: [CTADS 2015](#) (data collected between February and December 2015).

⁵ Source: [CTADS 2017](#) (data collected between February and December 2017).

⁶ Source: Statistics Canada—Canadian Community Health Survey (CCHS), 2012 (data collected between January and December 2012). The exact result is 40.7%.

⁷ Source: Statistics Canada—CCHS, 2016 (data collected between January and December 2016). The exact result is 46.5% not 56.6% as previously reported which was an administrator error. As such the target was revised from 60% to 50%. The next survey will be conducted in 2020 with results expected in 2021 at which time the Department hopes to meet or exceed the target of 50% which was established in 2018–19 based on the 2016 result.

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

| 2020–21 budgetary spending (as indicated in Main Estimates) | 2020–21 Planned spending | 2021–22 Planned spending | 2022–23 Planned spending |
|--|---------------------------------|---------------------------------|---------------------------------|
| 635,964,234 | 635,964,234 | 579,192,259 | 464,227,560 |

Note: The decrease in planned spending is mainly due to the expiry of budgetary authorities in 2020–21 related to Chemicals Management Plan and in 2021–22 for the Federal Framework to Legalize and Regulate Cannabis. The Department would have to request funding for these initiatives for future years.

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

| 2020–21 Planned full-time equivalents | 2021–22 Planned full-time equivalents | 2022–23 Planned full-time equivalents |
|--|--|--|
| 5,898 | 5,667 | 4,848 |

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary authorities in 2020–21 related to Chemicals Management Plan and in 2021–22 for the Federal Framework to Legalize and Regulate Cannabis. The Department would have to request funding for these initiatives for future years.

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



PLANNED RESULTS

INTERNAL SERVICES

DESCRIPTION

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

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

PLANS

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

As part of the road ahead in the [Twenty-Sixth Annual Report to the Prime Minister on the Public Service of Canada](#), the Clerk noted that our collective hard work on diversity and inclusion, mental health, and harassment—as well as our experimentation with new ideas—has given momentum to renewal. Public Service renewal will make our organisation **more agile, inclusive, and better equipped**.

DID YOU KNOW?

In 2019, Health Canada was recognized as one of Canada's Best Diversity Employers (for the 5th year running), one of Canada's Top Employers of Young People (for the 9th year running), and as one of the [National Capital Region's Top Employers](#). The Department takes great pride in earning these distinctions on a consistent basis.

The Department is shaping improvements around these key renewal focus areas in 2020–21:

Becoming more agile in delivering results

Health Canada will support the government-wide goal of Public Service renewal through initiatives that foster a more inclusive, agile and equipped workforce that continues to serve Canadians. The Department will use a variety of internal communications tools and platforms to engage employees on governmental and organizational priorities and to support workplace well-being.

Health Canada will showcase data experiments through the implementation of the Departmental Data Strategy. This strategy will enable the department to use its data as an asset that enables improved program and service design and delivery and supports Health Canada's digital transformation.

Guided by the Ombudsman, Integrity and Resolution Office Strategic Plan 2017–2020, the Department will continue to build a path towards a workplace culture of resolution anchored in values and ethics where employees can raise concerns and seek the help they need through informal approaches without fear of reprisal. Health Canada will develop a strategy to equip employees, managers and executives with a collaborative approach to managing conflict. Most importantly, the Department will continue to promote the benefits of a values-driven organization at all levels, with the emphasis of evidence-based decisions guided by ethics, fairness and conflict competence.

Becoming a more inclusive workforce

Health Canada will continue its focus on supporting its employees and achieving its departmental results in the most effective and efficient manner possible. The 2020–21 plan focuses on attracting and retaining a high performing, inclusive, bilingual and agile workforce within a healthy and accessible workplace. To achieve this goal, the Department will:

- > Implement strategies to promote an accessible workplace that is physically and psychologically safe and free from violence, harassment and discrimination;
- > Provide workplace accommodations, as per the Duty to Accommodate Policy, for employees with disabilities, illnesses or injuries via the Workplace Wellness Service Centre;
- > Take action to increase diversity and ensure an inclusive work environment, including through the Multi-Year Diversity and Employment Equity Plan and by strengthening employee networks;
- > Modernize recruitment, classification, and staffing practices in support of greater efficiency, leveraging available flexibilities to reduce hiring timelines;
- > Enhance workforce bilingualism through the Department's Official Languages Plan;
- > Continue to implement the Treasury Board Secretariat Directive on Performance Management and foster employee skill development;
- > Support recruitment and development of data talent through the Health Canada Data Strategy.



Becoming better equipped for excellence

Health Canada's plan for 2020–21 includes modernizing the workplace to enable a safe and productive workforce with access to up-to-date tools and facilities. The Department will improve workplace safety and productivity through several initiatives, such as:

- > Implementing the National Accommodation Strategy, which ensures modernization of office facilities to meet specific program requirements, providing an innovative, flexible and modern working environment;
- > Updating the Integrated Departmental Security Plan, as well as enhance security awareness;
- > Establishing a common set of enterprise data needs and supporting data tools, and facilitating access to Health Canada datasets that are of highest value to Canadians;
- > Continuing to enhance IM/IT security awareness and work to mitigate and manage risks to program delivery by addressing aging IT, ensuring alignment with the Government of Canada direction;
- > Ensuring Health Canada employees are paid accurately and promptly for the highly valued work they do on behalf of Canadians, through efforts to reduce pay errors and transaction backlogs through pay timeliness monitoring and enhanced internal processing capacity.



In addition to the three renewal focus areas above, Health Canada is also shaping improvements in 2020–21 around:

Financial Management Services

The Department will develop a financial systems strategy and roadmap in order to migrate to an updated departmental financial and materiel system (the SAP S/4HANA version) by 2025. Health Canada will also take measures to enhance the departmental response to fraud risk by establishing a Fraud Risk Analysis Unit. One specific measure being considered is the consolidation of multiple Quality Assurance Frameworks already in place. This work will help ensure that the Department is leveraging modern technology tools to support business requirements.

Communication Services

In 2020–21, Health Canada will continue to provide Canadians with timely and relevant information they need to take action on their health and safety. This will be accomplished through an array of digital and traditional communication methods. For example, Health Canada will provide communications in response to the Government of Canada priority of improving Canadians' access to prescription medications.

The Department will continue to deliver evidence-based and innovative public awareness campaigns and will work with provinces, territories and stakeholders to inform Canadians about priority topics such as opioids, tobacco, vaping, cannabis and other controlled substances, healthy eating, food safety, and environmental health.

PLANNED BUDGETARY FINANCIAL RESOURCES (DOLLARS) FOR INTERNAL SERVICES

| 2020–21 Budgetary spending (as indicated in Main Estimates) | 2020–21 Planned spending | 2021–22 Planned spending | 2022–23 Planned spending |
|--|---------------------------------|---------------------------------|---------------------------------|
| 314,510,185 | 314,510,185 | 316,018,192 | 305,272,108 |

Note: The decrease in planned spending is mainly due to the expiry of budgetary spending authorities in 2021–22 for the Implementation of the new Federal Framework to Legalize and Regulate Cannabis. The Department would have to request funding for this initiative for future years.

PLANNED HUMAN RESOURCES (FULL-TIME EQUIVALENTS) FOR INTERNAL SERVICES

| 2020–21 Planned full-time equivalents | 2021–22 Planned full-time equivalents | 2022–23 Planned full-time equivalents |
|--|--|--|
| 1,757 | 1,723 | 1,635 |

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary authorities in 2020–21 related to Chemicals Management Plan and in 2021–22 for the Federal Framework to Legalize and Regulate Cannabis. The Department would have to request funding for these initiatives for future years.



PLANNED RESULTS

EXPERIMENTATION AND GBA+

EXPERIMENTATION

Innovation and experimentation are critical to Health Canada's ability to meet its mandate in the face of rapidly evolving science, new trends in the marketplace, and the changing demands and expectations of Canadians.

Among several activities planned for 2020–21, the Department will continue to invest in employee-led innovation and experimentation through its **Solutions Fund**, in support of the Directive on Experimentation from the Treasury Board Secretariat. The aim of the Fund is to improve service to Canadians, improve departmental operations and functionality, and deliver greater value to taxpayers. Health Canada will also continue to build employee capacity for experimentation and innovation through activities and initiatives as outlined in the Department's **Beyond2020 plan**.

DID YOU KNOW?

Health Canada launched the [Drug Checking Technology Challenge](#) in 2018. The challenge is designed to improve drug checking technology to allow the community of people who use drugs and those who support them to make more informed decisions based on the composition of a drug and to reduce harm. The second stage of the challenge is complete and 3 finalists have been chosen to move ahead to the final stage, with the grand prize winner expected in the fall of 2020.

Other examples of experimentation initiatives that will continue in 2020–21 include:

- > The **PRODigy project**—creates an online space that equips users with tools and information to streamline the process of submitting incident reports to Health Canada related to consumer products, and supports follow-up action by Health Canada on these reports. The second phase of the project will continue in 2020–21 and will focus on increasing the rates of users submitting an incident report.
- > Health Canada's participation in the **Innovative Solutions Canada** initiative—coordinated by Innovation, Science and Economic Development Canada, this initiative enables departments and agencies to invite Canadian small businesses to propose solutions for mandate or sector specific challenges. Through this initiative, Health Canada challenges Canadian innovators to develop solutions for better health and economic growth. With an annual set-aside of **\$1.4 million**, Health Canada will continue to engage and support Canadian small business to generate novel solutions to health care problems in 2020–21 and beyond.

SEX AND GENDER-BASED ANALYSIS PLUS (SGBA+/GBA+)

Launched in 2017, Health Canada's **Sex and Gender Action Plan** provides a framework that strengthens the integration of sex, gender and diversity considerations (such as age and ethnicity) in externally as well as internally facing work of the Department. Note that the terms Gender-Based Analysis Plus (GBA+) and Sex and Gender-Based Analysis Plus (SGBA+) refer to the same concept. Health Canada has chosen to use SGBA+ to emphasize the fact that differences between women, men and gender-diverse individuals can be **biological** (sex related) and/or **socio-cultural** (gender related). The Department's Action Plan aims to:

- > Increase positive impacts on health outcomes and the health status of Canadians by designing initiatives to address the diverse needs of Canadian women, men, girls, boys and gender-diverse individuals;
- > Maximize positive impact on workplace health and engagement by developing policies and processes that respond to the diverse needs of employees.

Current priorities of the three-year Action Plan are to:

- > Increase departmental capacity to apply SGBA+;
- > Strengthen the sex, gender and diversity-related evidence base and expertise;
- > Increase the accountability and transparency for implementing SGBA+.

Each branch has identified at least one signature initiative and the Department, in collaboration with the Canadian Institutes of Health Research, has established research-policy partnerships, which support researchers with both subject matter and SGBA+ expertise, to engage with departmental staff on priority Health Canada initiatives.

Key related initiatives for 2020–21 include:

Enhanced capacity building

Health Canada is developing a **toolkit that applies a sex and gender lens to mental health** in order to promote a better understanding on how sex, gender and diversity contribute to mental health experiences in the workplace. Based on early findings, a training session was provided to departmental staff and gender sensitive tools are being developed to help assess impacts of sex, gender and diversity on workplace mental health.

The Department offers an **Employee Assistance Program** that provides services to employees in many federal departments and agencies, as well as to members of the Royal Canadian Mounted Police, members of the Canadian Armed Forces, and veterans of these organizations. The Program applies an SGBA+ lens to its policies, procedures and services. Based on findings from research conducted in 2018–19, the following will serve as a focus for 2020–21:

- > Further explore the development and use of resources and new technologies to enhance outreach to groups who may access services at lower rates such as males, LGBTQ+ persons, Indigenous Persons, and victims of intimate partner violence;
- > Ensuring that data collection and reporting include the SGBA+ lens going forward.

DID YOU KNOW?

In 2018–19, Health Canada launched an initiative in the area of **home care** to develop an **evidence-based technology assessment framework** that explicitly addresses sex, gender and diversity considerations for digital technology to support informal caregivers. The results suggest significant differences in technology preferences between male and female respondents.

In 2020–21, these results will be disseminated to stakeholders in the field and will be used by Health Canada to inform the development sex, gender and diversity sensitive policies.

Strengthened sex and gender related evidence and expertise

In order to strengthen the availability of sex and gender evidence expertise available within the organization, Health Canada will fund **two new external research partnerships** with the Canadian Institutes of Health Research that focus on applying an SGBA+ lens to the lifecycle management of prescription drugs and medical devices.

The Department will continue building on a research partnership with McGill University to examine systematically sex, gender, and diversity differences in consumer perceptions of health product labelling.

In addition, Health Canada will leverage the newly launched **Scientific Advisory Committee on Health Products for Women** to provide patient-centered, scientific, technical, medical and clinical advice on current and emerging issues regarding women's health and the regulation of medical devices and drugs.

Addressing health inequities

In 2020–21, Health Canada is moving forward on several SGBA+ initiatives that have a specific focus on creating a more equitable landscape for health products and food in Canada. Some of these initiatives include:

- > Launching a robust regulatory innovation agenda aimed at facilitating the entry of novel health products, many of which can be customized to the needs of specific sub-populations, such as children, those with rare diseases, and/or Canadians in remote and rural areas.

- > Optimizing the way the Department uses real world evidence across the product life cycle to improve access to health products, particularly those intended for populations which are traditionally under-represented in clinical trials.
- > Continuing to examine how intersecting identity factors and needs inform the development of tools and resources for the Canada Food Guide.
- > Launching a new Nutrition Science Advisory Committee, which among several areas of focus, will provide advice to Health Canada on nutrition issues related to vulnerable groups with a particular attention on health inequities.

DID YOU KNOW?

The *Pest Control Products Act* explicitly requires consideration of sensitivities for major identifiable subgroups and marginalized Canadians including, pregnant women, infants, children and seniors. SGBA+ will also continue to be taken into consideration in the design of risk communication activities, in order to target specific at-risk populations and tailor the messaging to their interests and needs. For example, activities in a social marketing campaign related to chemicals management will be tailored to such audiences as pregnant women, parents of young children, youth, new Canadians, and other at risk populations.

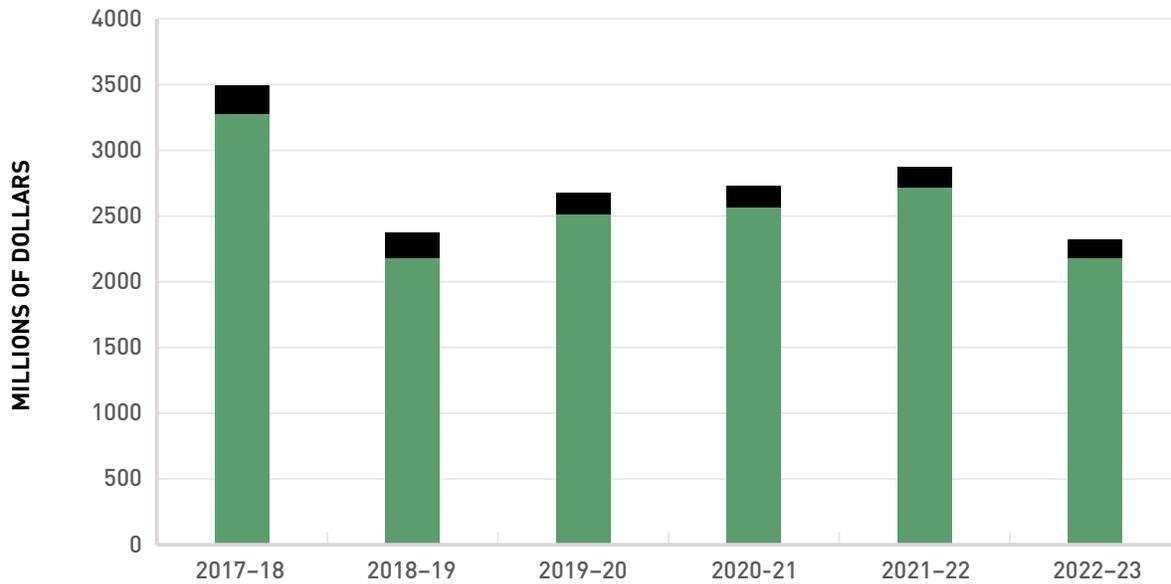
SPENDING AND HUMAN RESOURCES

This section provides an overview of the department’s planned spending and human resources for the next three consecutive fiscal years, and compares planned spending for the upcoming year with the current and previous years’ actual spending.

PLANNED SPENDING

DEPARTMENTAL SPENDING 2017–18 TO 2022–23

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



| | | | | | | |
|-------------|-------|-------|-------|-------|-------|-------|
| ■ Statutory | 271 | 191 | 161 | 163 | 160 | 148 |
| ■ Voted | 3,274 | 2,179 | 2,513 | 2,565 | 2,714 | 2,174 |
| Total | 3,491 | 2,370 | 2,674 | 2,728 | 2,874 | 2,322 |

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

The following table shows actual, forecast and planned spending for each of Health Canada's core responsibilities and to Internal Services for the years relevant to the current planning year.

| Core Responsibilities and Internal Services | 2017-18 expenditures* | 2018-19 expenditures | 2019-20 forecast spending | 2020-21 budgetary spending (as indicated in Main Estimates) | 2020-21 planned spending | 2021-22 planned spending | 2022-23 planned spending |
|--|-----------------------|----------------------|---------------------------|---|--------------------------|--------------------------|--------------------------|
| Core Responsibility 1: Health Care Systems | N/A | 1,289,851,245 | 1,609,393,663 | 1,777,284,741 | 1,777,284,741 | 1,978,657,709 | 1,552,348,195 |
| Core Responsibility 2: Health Protection and Promotion | N/A | 726,841,710 | 688,454,156 | 635,964,234 | 635,964,234 | 579,192,259 | 464,227,560 |
| Subtotal | - | 2,016,692,955 | 2,297,847,819 | 2,413,248,975 | 2,413,248,975 | 2,557,849,968 | 2,016,575,755 |
| Internal Services | N/A | 353,056,297 | 376,056,380 | 314,510,185 | 314,510,185 | 316,018,192 | 305,272,108 |
| Total | 3,491,052,712 | 2,369,749,252 | 2,673,904,199 | 2,727,759,160 | 2,727,759,160 | 2,873,868,160 | 2,321,847,863 |

* The 2017-18 expenditures are not displayed due to a change in the approved reporting structure from the Program Alignment Architecture to the recently approved Departmental Results Framework.

Note: The 2017-18 to 2019-20 fiscal years total expenditures and forecast spending include all Parliamentary appropriation sources: Main Estimates, Supplementary Estimates, and funding from various Treasury Board votes. For the 2020-21 to 2022-23 fiscal years, total planned spending does not include funding through Supplementary Estimates and carry forward adjustments.

The expenditures in 2018-19 decrease compared to prior fiscal year as it reflects the First Nations and Inuit Health Branch not being part of the Department for the entire year due to its transfer to the Department of Indigenous Services Canada, effective November 30, 2017, as per the Order in Council P.C. 2017-1465.

The planned spending increases starting in 2019-20 are mainly due to a funding level increases for Strengthening Canada's Home and Community Care and Mental Health and Addiction Services Initiative; Canadian Institute for Health Information; Implementing a new Federal Framework for Legalization and Regulation of Cannabis, as well as improving the accessibility, affordability and appropriate use of prescription drugs and medical devices.

The planned spending decreases in 2022-23 are mainly due to funding level decreases for Strengthening Canada's Home and Community Care and Mental Health and Addiction Services Initiative, and the expiry of budgetary authorities in 2021-22 for Canada Health Infoway, and implementing a new Federal Framework for Legalization and Regulation of Cannabis. The Department would have to request funding for these initiatives for future years.

PLANNED HUMAN RESOURCES

The following table shows actual, forecast and planned full-time equivalents (FTEs) for each core responsibility in Health Canada's departmental results framework and to Internal Services for the years relevant to the current planning year.

HUMAN RESOURCES PLANNING SUMMARY FOR CORE RESPONSIBILITIES AND INTERNAL SERVICES

| Core Responsibilities and Internal Services | 2017-18* actual FTEs | 2018-19 actual FTEs | 2019-20 forecast FTEs | 2020-21 planned FTEs | 2021-22 planned FTEs | 2022-23 planned FTEs |
|--|----------------------|---------------------|-----------------------|----------------------|----------------------|----------------------|
| Core Responsibility 1: Health Care Systems | N/A | 210 | 291 | 290 | 290 | 290 |
| Core Responsibility 2: Health Protection and Promotion | N/A | 5,193 | 5,914 | 5,898 | 5,667 | 4,848 |
| Subtotal | - | 5,403 | 6,205 | 6,188 | 5,957 | 5,138 |
| Internal Services | N/A | 2,268 | 1,727 | 1,757 | 1,722 | 1,636 |
| Total | 8,218 | 7,671 | 7,932 | 7,945 | 7,679 | 6,774 |

* The 2017-18 actual full-time equivalents are not displayed due to a change in the approved reporting structure from the Program Alignment Architecture to the recently approved Departmental Results Framework.

Note: The 2017-18 and 2018-19 fiscal years full-time equivalents (FTEs) are based on actual expenditures on personnel. The 2019-20 fiscal year is based on total authorities from all Parliamentary appropriation sources: Main Estimates and Supplementary Estimates. For the 2020-21 to 2022-23 fiscal years, total FTEs do not include FTEs funded through Supplementary Estimates and carry forward adjustments. The calculation of the planned FTE figures is based on programs using their full revenue authority.

The actual FTEs in 2018-19 decrease compared to prior fiscal year as it reflects the First Nations and Inuit Health Branch not being part of the Department for the entire year due to its transfer to the Department of Indigenous Services Canada, effective November 30, 2017, as per the Order in Council P.C. 2017-1465.

The increase in forecasted FTEs starting in 2019-20 is mainly due to additional FTEs for the Implementation of the new Federal Framework to Legalize and Regulate Cannabis, and improving the accessibility, affordability and appropriate use of prescription drugs and medical devices.

The decrease in planned FTEs is mainly due to the expiry of budgetary authorities in 2020-21 related to Chemicals Management Plan and in 2021-22 for the Federal Framework to Legalize and Regulate Cannabis. The Department would have to request funding for these initiatives for future years.

ESTIMATES BY VOTE

Information on the Health Canada's organizational appropriations is available in the [2020–21 Main Estimates](#).¹

CONDENSED FUTURE-ORIENTED STATEMENT OF OPERATIONS

The condensed future-oriented statement of operations provides an overview of the Health Canada's operations for 2019–20 to 2020–21.

The amounts for forecast and planned results in this statement of operations were prepared on an accrual basis. The amounts for forecast and planned spending presented in other sections of the Departmental Plan were prepared on an expenditure basis. Amounts may therefore differ.

A more detailed future-oriented statement of operations and associated notes, including a reconciliation of the net cost of operations to the requested authorities, are available on [Health Canada's website](#).

CONDENSED FUTURE-ORIENTED STATEMENT OF OPERATIONS FOR THE YEAR ENDING MARCH 31, 2021 (DOLLARS)

| Financial information | 2019–20 forecast results | 2020–21 planned results | Difference (2020–21 planned results minus 2019–20 forecast results) |
|--|-----------------------------|----------------------------|--|
| Total expenses | 2,971,660,854 | 3,040,946,099 | 69,285,245 |
| Total revenues | 262,821,610 | 271,342,516 | 8,520,906 |
| Net cost of operations before government funding and transfers | 2,708,839,244 | 2,769,603,583 | 60,764,339 |

Health Canada is projecting \$3,040.9 million in expenses based on 2020–21 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents an increase of \$69.3 million from 2019–20 forecast results.

This increase is primarily attributable to:

- > Increased funding associated with Canada's Home and Community Care and Mental Health and Addiction Services Initiative;
- > Increased funding to continue to legalize and strictly regulate cannabis;
- > Increased funding for the Brain Canada Research Fund; and,
- > Increased funding to address the opioid crisis.

These increases are partially offset by the following decreases:

- > Spending of operating and capital budget carry forwards calculated on 2018–19 operational results is included in the 2019–20 forecast results, however, no estimate of carry forward amounts is included in the 2020–21 planned results;
- > Funding for out-of-court settlements made in 2019–20; and,
- > Funding for core regulatory operations related to therapeutic products is included in 2019–20 forecast results, but not included in the 2020–21 planned results.

The 2020–21 planned expenses by core responsibility are as follows:

- > Health Care Systems \$1,779.4 million;
- > Health Protection and Promotion \$894.2 million; and,
- > Internal Services \$367.7 million.

Health Canada receives most of its funding through annual Parliamentary appropriations. Health Canada's revenue is generated by programs that support the above-noted core responsibilities. Health Canada projects total revenues in 2020–21 to be \$271.3 million, representing an increase of \$8.5 million from 2019–20 projections. Health Canada is requesting an increase of \$5.7 million to its vote-netted revenue authority related to internal support services starting in 2020–21, because revenues are increasing in the existing vote-netted authority from other fee regimes.

The 2020–21 main sources of revenues by type are as follows:

- > Services of a regulatory nature \$72.4 million;
- > Rights and privileges \$72.6 million; and,
- > Services of a non-regulatory nature \$141.3 million.

CORPORATE INFORMATION

Organizational profile

Appropriate Minister: The Honourable Patty Hajdu, P.C., M.P.

Ministerial portfolio: Health

Enabling instrument[s]: *Assisted Human Reproduction Act, Canada Health Act², Canada Consumer Product Safety Act³, Cannabis Act⁴, Controlled Drugs and Substances Act⁵, Department of Health Act⁶, Food and Drugs Act⁷, Hazardous Materials Information Review Act⁸, Hazardous Products Act⁹, Pest Control Products Act¹⁰, Radiation Emitting Devices Act¹¹, Tobacco and Vaping Products Act¹².*

[List of Acts and Regulations¹³](#)

Year of incorporation / commencement: 1913

Raison d'être, mandate and role

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

For more information on the department's organizational mandate letter commitments, see the "Minister's mandate letter".

Operating context

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

Reporting framework

Health Canada's approved Departmental Results Framework and Program Inventory for 2020–21 are as follows.

| DEPARTMENTAL RESULTS FRAMEWORK | CORE RESPONSIBILITY 1 Health Care Systems | CORE RESPONSIBILITY 2 Health Protection & Promotion | INTERNAL SERVICES |
|--------------------------------|---|---|-------------------|
| | <p>R1: Canada has modern and sustainable health care systems</p> <p>I1: National health expenditure as a percentage of Gross Domestic Product</p> <p>I2: Real per capita health expenditure</p> <p>I3: Drug spending as a percentage of Gross Domestic Product</p> <p>I4: Percentage of family physicians using electronic medical records</p> <p>R2: Canadians have access to appropriate and effective health services</p> <p>I5: Percentage of Canadians (aged 15+) with a mental disorder who have expressed that they have an unmet mental health care need</p> <p>I6: Percentage of Canadians (aged 18+) who have expressed that they have an unmet need for access to home care services</p> <p>I7: Percentage of Canada Health Act compliance issues addressed within 24 months of identification</p> <p>I8: Percentage of Canadians (aged 12+) who did not fill a prescription for medicine or skipped doses of medicine because of the cost</p> | <p>R3: Canadians have access to safe, effective and quality health products</p> <p>I9: Percentage of new drug decisions issued within service standards</p> <p>I10: Percentage of Risk Management Plan reviews for new drug decisions completed within service standards</p> <p>I11: Percentage of drug companies deemed to be compliant with manufacturing requirements under the Food and Drugs Act and associated regulations</p> <p>R4: Canadians are protected from unsafe consumer and commercial products and substances</p> <p>I12: Percentage of domestic consumer product recalls communicated to Canadians in a timely manner</p> <p>I13: Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health</p> <p>I14: Percentage of actions taken in a timely manner to protect the health of Canadians from pesticides found to be a risk to human health and the environment</p> <p>R5: Canadians make healthy choices</p> <p>I15: Percentage of Canadians (aged 15+) who have used any tobacco product in the past 30 days</p> <p>I16: Percentage of Canadians (aged 15–24) who have used cannabis in the last 12 months</p> <p>I17: Percentage of Canadians who use dietary guidance provided by Health Canada</p> | |
| PROGRAM INVENTORY | <ol style="list-style-type: none"> 1. Health Care Systems Analysis & Policy 2. Access, Affordability, & Appropriate Use of Drugs & Medical Devices 3. Home, Community & Palliative Care 4. Mental Health 5. Substance Use & Addictions 6. Digital Health 7. Health Information 8. Canada Health Act 9. Medical Assistance in Dying 10. Cancer Control 11. Patient Safety 12. Organs, Tissues and Blood 13. Promoting Minority Official Languages in the Health Care Systems 14. Brain Research 15. Thalidomide 16. The Territorial Health Investment Fund (THIF) | <ol style="list-style-type: none"> 17. Pharmaceutical Drugs 18. Biologics & Radiopharmaceutical Drugs 19. Medical Devices 20. Natural Health Products 21. Food & Nutrition 22. Air Quality 23. Climate Change 24. Water Quality 25. Health Impacts of Chemicals 26. Consumer Product Safety 27. Workplace Hazardous Products 28. Tobacco Control 29. Controlled Substances 30. Cannabis 31. Radiation Protection 32. Pesticides 33. Specialized Health Services & Internationally Protected Persons Program | |

CHANGES TO THE APPROVED REPORTING FRAMEWORK SINCE 2019–20

The title of “Blood Systems, Organs, Tissue and Transplantation” was changed to “Organs, Tissue and Blood” to improve clarity and accuracy in both official languages, and comply with the Treasury Board Secretariat recommendation to merge the Terms and Conditions for two Canadian Blood Services contribution programs (Organ and Tissue Donation and Transplantation and Blood Research and Development). The corresponding program description, results and indicators have been updated to more accurately reflect the nature of the program and revised title.

| Structure | 2020–21 | 2019–20 | Change | Rationale for change |
|------------------------------|---|---|---------------------|--|
| CORE RESPONSIBILITY 1 | Health Care Systems | Health Care Systems | No change | Not applicable |
| PROGRAM | Health Care Systems Analysis & Policy | Health Care Systems Analysis & Policy | No change | Not applicable |
| PROGRAM | Access, Affordability, & Appropriate Use of Drugs & Medical Devices | Access, Affordability, & Appropriate Use of Drugs & Medical Devices | No change | Not applicable |
| PROGRAM | Home, Community & Palliative Care | Home, Community & Palliative Care | No change | Not applicable |
| PROGRAM | Mental Health | Mental Health | No change | Not applicable |
| PROGRAM | Substance Use & Addictions | Substance Use & Addictions | No change | Not applicable |
| PROGRAM | Digital Health | Digital Health | No change | Not applicable |
| PROGRAM | Health Information | Health Information | No change | Not applicable |
| PROGRAM | Canada Health Act | Canada Health Act | No change | Not applicable |
| PROGRAM | Medical Assistance in Dying | Medical Assistance in Dying | No change | Not applicable |
| PROGRAM | Cancer Control | Cancer Control | No change | Not applicable |
| PROGRAM | Patient Safety | Patient Safety | No change | Not applicable |
| PROGRAM | <i>Organs, Tissues and Blood</i> | <i>Blood Systems, Organs, Tissue & Transplantation</i> | <i>Title change</i> | <i>Title modified to accurately capture the evolution of the Program</i> |
| PROGRAM | Promoting Minority Official Languages in the Health Care Systems | Promoting Minority Official Languages in the Health Care Systems | No change | Not applicable |
| PROGRAM | Brain Research | Brain Research | No change | Not applicable |
| PROGRAM | Thalidomide | Thalidomide | No change | Not applicable |
| PROGRAM | The Territorial Health Investment Fund | The Territorial Health Investment Fund | No change | Not applicable |

| Structure | 2020-21 | 2019-20 | Change | Rationale for change |
|------------------------------|---|---|------------------|-----------------------|
| CORE RESPONSIBILITY 2 | Health Protection & Promotion | Health Protection & Promotion | No change | Not applicable |
| PROGRAM | Pharmaceutical Drugs | Pharmaceutical Drugs | No change | Not applicable |
| PROGRAM | Biologics & Radiopharmaceutical Drugs | Biologics & Radiopharmaceutical Drugs | No change | Not applicable |
| PROGRAM | Medical Devices | Medical Devices | No change | Not applicable |
| PROGRAM | Natural Health Products | Natural Health Products | No change | Not applicable |
| PROGRAM | Food & Nutrition | Food & Nutrition | No change | Not applicable |
| PROGRAM | Air Quality | Air Quality | No change | Not applicable |
| PROGRAM | Climate Change | Climate Change | No change | Not applicable |
| PROGRAM | Water Quality | Water Quality | No change | Not applicable |
| PROGRAM | Health Impacts of Chemicals | Health Impacts of Chemicals | No change | Not applicable |
| PROGRAM | Consumer Product Safety | Consumer Product Safety | No change | Not applicable |
| PROGRAM | Workplace Hazardous Products | Workplace Hazardous Products | No change | Not applicable |
| PROGRAM | Tobacco Control | Tobacco Control | No change | Not applicable |
| PROGRAM | Controlled Substances | Controlled Substances | No change | Not applicable |
| PROGRAM | Cannabis | Cannabis | No change | Not applicable |
| PROGRAM | Radiation Protection | Radiation Protection | No change | Not applicable |
| PROGRAM | Pesticides | Pesticides | No change | Not applicable |
| PROGRAM | Specialized Health Services & Internationally Protected Persons | Specialized Health Services & Internationally Protected Persons | No change | Not applicable |

SUPPORTING INFORMATION ON THE PROGRAM INVENTORY

Supporting information on planned expenditures, human resources, and results related to the Health Canada's Program Inventory is available in the [GC InfoBase](#).¹⁴

SUPPLEMENTARY INFORMATION TABLES

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

- > [Departmental Sustainable Development Strategy](#)
- > [Details on transfer payment programs](#)
- > [Gender-based analysis plus](#)
- > [Horizontal initiatives](#)
- > [Upfront multiyear funding](#)

FEDERAL TAX EXPENDITURES

Health Canada's Departmental Plan does not include information on tax expenditures that relate to its planned results for 2020–21.

Tax expenditures are the responsibility of the Minister of Finance, and the Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the [Report on Federal Tax Expenditures](#)¹⁵. This report provides detailed information on tax expenditures, including objectives, historical background and references to related federal spending programs, as well as evaluations, research papers and gender-based analysis. The tax measures presented in this report are solely the responsibility of the Minister of Finance."

ORGANIZATIONAL CONTACT INFORMATION

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[Health Canada website](#)

APPENDIX: DEFINITIONS

APPROPRIATION

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

BUDGETARY EXPENDITURES

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

CORE RESPONSIBILITY

An enduring function or role performed by a department. The intentions of the department with respect to a Core Responsibility are reflected in one or more related Departmental Results that the department seeks to contribute to or influence.

DEPARTMENTAL PLAN

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

DEPARTMENTAL PRIORITY

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

DEPARTMENTAL RESULT

Any change that the department seeks to influence. A Departmental Result is often outside departments' immediate control, but it should be influenced by Program-level outcomes.

DEPARTMENTAL RESULT INDICATOR

A factor or variable that provides a valid and reliable means to measure or describe progress on a Departmental Result.

DEPARTMENTAL RESULTS FRAMEWORK

A framework that consists of the department's core responsibilities, departmental results and departmental result indicators.

DEPARTMENTAL RESULTS REPORT

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

EXPERIMENTATION

The conducting of activities that seek to first explore, then test and compare, the effects and impacts of policies and interventions in order to inform evidence-based decision-making, and improve outcomes for Canadians, by learning what works and what doesn't. Experimentation is related to, but distinct from innovation (the trying of new things), because it involves a rigorous comparison of results. For example, using a new website to communicate with Canadians can be an innovation; systematically testing the new website against existing outreach tools or an old website to see which one leads to more engagement, is experimentation.

FULLTIME EQUIVALENT

A measure of the extent to which an employee represents a full person year charge against a departmental budget. Fulltime equivalents are calculated as a ratio of assigned hours of work to scheduled hours of work. Scheduled hours of work are set out in collective agreements.

GENDER-BASED ANALYSIS PLUS (GBA+)

An analytical process used to assess how diverse groups of women, men and gender-diverse people experience policies, programs and services based on multiple factors including race, ethnicity, religion, age, and mental or physical disability.

GOVERNMENT-WIDE PRIORITIES

For the purpose of the 2019–20 Departmental Plan, government-wide priorities refers to those high-level themes outlining the government’s agenda in the 2015 Speech from the Throne, namely: Growth for the Middle Class; Open and Transparent Government; A Clean Environment and a Strong Economy; Diversity is Canada’s Strength; and Security and Opportunity.

HORIZONTAL INITIATIVE

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

NONBUDGETARY EXPENDITURES

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

PERFORMANCE

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

PERFORMANCE INDICATOR

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

PERFORMANCE REPORTING

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

PLAN

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

PLANNED SPENDING

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

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

PROGRAM

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

PROGRAM INVENTORY

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

RESULT

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

STATUTORY EXPENDITURES

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

STRATEGIC OUTCOME

A long-term and enduring benefit to Canadians that is linked to the organization's mandate, vision and core functions.

TARGET

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

VOTED EXPENDITURES

Expenditures that Parliament approves annually through an Appropriation Act. The Vote wording becomes the governing conditions under which these expenditures may be made.

ENDNOTES

- ¹ 2020–21 Main Estimates, www.canada.ca/en/treasury-board-secretariat/services/planned-government-spending/government-expenditure-plan-main-estimates.html
- ² Canada Health Act, <http://laws-lois.justice.gc.ca/eng/acts/C-6/>
- ³ Canada Consumer Product Safety Act, <http://laws-lois.justice.gc.ca/eng/acts/c-1.68/>
- ⁴ Cannabis Act, <https://laws-lois.justice.gc.ca/eng/acts/C-24.5/>
- ⁵ Controlled Drugs and Substances Act, <http://laws-lois.justice.gc.ca/eng/acts/c-38.8/>
- ⁶ Department of Health Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3.2/index.html>
- ⁷ Food and Drugs Act, <http://laws.justice.gc.ca/eng/acts/F-27/>
- ⁸ Hazardous Materials Information Review Act, <http://laws-lois.justice.gc.ca/eng/acts/H-2.7/>
- ⁹ Hazardous Products Act, <http://laws-lois.justice.gc.ca/eng/acts/H-3/index.html>
- ¹⁰ Pest Control Products Act, <http://laws-lois.justice.gc.ca/eng/acts/P-9.01/>
- ¹¹ Radiation Emitting Devices Act, <http://laws-lois.justice.gc.ca/eng/acts/R-1/>
- ¹² Tobacco and Vaping Products Act, <http://laws-lois.justice.gc.ca/eng/acts/T-11.5/>
- ¹³ List of Acts, www.hc-sc.gc.ca/ahc-asc/legislation/acts-reg-lois/acts-reg-lois-eng.php
- ¹⁴ GC InfoBase, www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start
- ¹⁵ Report on Federal Tax Expenditures, www.fin.gc.ca/purl/taxexp-eng.asp