

HEALTH CANADA'S DEPARTMENTAL PLAN / 2022-23



Health
Canada Santé
Canada

Canada

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

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Health Canada will continue to support the availability of rapid tests; identify and acquire COVID-19 treatments; expedite regulatory reviews of drugs, medical devices and disinfectants; and strengthen the security of medical supply chains.





FROM THE MINISTERS

We are pleased to present the 2022–23 Departmental Plan for Health Canada. The plan details the priorities for the year ahead and provides an outline of the work that the Department will undertake on behalf of all Canadians.

We are now entering the third year of our response to COVID-19. Canada’s public health advice and guidance related to the pandemic continues to adapt as the evidence and our understanding of the virus evolves. We do know that vaccination, in combination with public health and individual measures, continues to be our best line of defence. As always, our focus is on protecting the health and safety of Canadians, which means working in partnership with provinces and territories to strengthen our universal public health care system and public health supports.

Health Canada has worked closely with the Public Health Agency of Canada, other federal partners, as well as jurisdictions and stakeholders across the country to implement the most successful vaccination campaign in Canadian history. The Department will continue to support the availability of rapid tests; identify and acquire COVID-19 treatments; expedite regulatory reviews of drugs, medical devices and disinfectants; and strengthen the security of medical supply chains. We will do so without compromising Canada’s high standards for safety, efficacy and quality.

Thanks to a strong and forward-looking procurement strategy, Canada benefits from a sufficient domestic supply of COVID-19 vaccines, therapeutics and tests. In the coming year, Canadians will continue to have ready access to these, including boosters and doses for children.

Ongoing management of the pandemic has affected the capacity of Canada’s health care systems, and exacerbated a number of longstanding issues, including mental health and substance use. To help meet the needs of Canadians and alleviate pressures on local service delivery, the Wellness Together Canada online portal will continue providing critical mental health and substance use support, such as one-on-one sessions with counsellors, social workers, psychologists and other professionals.

Through Budget 2021, our Government committed to a suite of measures to improve access to quality and timely mental health supports, including starting development on national standards for mental health, in collaboration with provinces and territories, health organizations and key stakeholders. Additionally in the coming year, Health Canada will work with provinces and territories to increase access to high-quality

mental health services for Canadians. We will continue to work to ensure that our universal health care system treats mental health equal to physical health.

The pandemic has also had an adverse impact on the overdose crisis, including contributing to an increasingly toxic drug supply, and substance use related harms in general, which continue to devastate our families and communities. In 2022–23, the Department will lead a whole-of-society approach to addressing problematic substance use, supporting prevention, harm reduction and treatment initiatives in communities across the country. It will work with partners to improve access to services for people who use drugs, such as safe supply, and to counteract stigma.

Although the response to COVID-19 has dominated Health Canada's work over the past two years, the Department continues to perform its core mission—to protect and promote the health of Canadians. In partnership with provinces and territories, it will continue to support the expansion of digital tools and virtual health care services across the country, which will be especially beneficial for Canadians in northern, rural and remote communities.

The pandemic has also highlighted longstanding and systemic challenges within Canada's long-term care system. Health Canada will work with all of its partners in health to make sure seniors get the care they deserve. This includes supporting provinces and territories by providing significant investments to address critical long-term care issues, such as enforcement, staffing and gaps in infection prevention and control. Federal funding for these needs includes \$1 billion announced in the 2020 Fall Economic Statement to strengthen infection prevention and control, and \$3 billion from Budget 2021 to ensure standards for long-term care are applied and permanent changes are made.

As we emerge from the pandemic, Health Canada will continue to partner with provinces and territories to strengthen our universal public health system, recruit and support health care workers across the country and advance an integrated, comprehensive and patient-centric strategy, harnessing the full potential of data

and digital health systems. It will engage with all willing provinces and territories to implement a national strategy on drugs for rare diseases and advance the establishment of the Canada Drug Agency.

To ensure protection from risks associated with the use of pesticides and to protect human health, wildlife and the environment, the Department will take steps to modernize and strengthen the *Pest Control Products Act* to ensure it supports transparency, use of independent scientific evidence and input to the decision-making process.

To deliver on its mandate and key priorities, the Department will continue to work closely with provincial and territorial governments, Indigenous partners, key stakeholders and communities across the country to advance priorities that promote and protect the health of all Canadians.

It bears mentioning that none of the work laid out in this report would be possible without the commitment and dedication of Health Canada employees, who have been working tirelessly over the course of the last two years under extraordinary circumstances. This remarkable effort has our deep and abiding appreciation.



**The Honourable
Jean-Yves Duclos, P.C., M.P.**
Minister of Health



**The Honourable
Dr. Carolyn Bennett, P.C., M.P.**
*Minister of Mental Health
and Addictions
Associate Minister of Health*



**Health Canada will focus on
expanding the delivery of high-quality,
accessible and free mental health
and substance use services**



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 (CHA)*² which embodies national principles to ensure a universal and equitable publicly-funded health care system. In addition to working closely with provincial and territorial (P/T) governments, the Department also works with partners in the Health Portfolio [Public Health Agency of Canada (PHAC), Canada Food Inspection Agency (CFIA), and Canadian Institutes of Health Research (CIHR)], other federal departments and agencies, non-governmental organizations, other countries, Indigenous partners¹ 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.

¹ The Government of Canada recognizes First Nations, the Métis Nation, and Inuit as the Indigenous Peoples of Canada, consisting of distinct, rights-bearing communities with their own histories, including with the Crown. The work of forming renewed relationships based on the recognition of rights, respect, co-operation, and partnership must reflect the unique interests, priorities and circumstances of each People. Health care policy development needs to recognize these distinctions.

CORE RESPONSIBILITIES

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

CORE RESPONSIBILITIES

CORE RESPONSIBILITY 1: Health Care Systems

CORE RESPONSIBILITY 2: Health Protection & Promotion

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 P/T 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 2022–23, 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

- > Working closely with PHAC, federal partners and other stakeholders, Health Canada will **continue to address the health impacts of the pandemic** and its evolution. The Health Portfolio will ensure sufficient domestic supply of COVID-19 vaccines and therapeutics and assist with their roll-out; support the availability of rapid tests; support P/Ts with health system surge capacity; launch a COVID-19 Proof of Vaccination

Fund; advance the Biomanufacturing and Life Sciences Strategy; and support international efforts to ensure access to health interventions to fight COVID-19.

- > The Department will **conduct research and deliver evidence-based policy advice** on critical health issues and will invest in **several organizations that directly contribute to health system improvements**. It will also **provide support directly to territories** via the Territorial Health Investment Fund as well as **support a variety of stakeholders** via the Health Care Policies and Strategies Grants and Contributions Program.

- > Health Canada will continue to collaborate with P/Ts to **provide pandemic supports and to strengthen Medicare**. Future investments will build on previous pandemic-related health system investments through the over-\$19 billion Safe Restart Agreement, a \$4 billion one-time top-up to the Canada Health Transfer to clear the backlog of procedures caused by the pandemic and \$1 billion to support vaccine roll-out, as well as \$150 million for the rapid deployment of virtual care services.
- > The Department will negotiate new agreements for the next 5-year period (2022–23 to 2026–27) under the **Common Statement of Principles on Shared Health Priorities** to allocate a remaining \$6 billion towards **improving access to mental health and substance use services and home and community care**. Furthermore, the Government of Canada (GOC) will provide an additional \$1 billion to P/Ts through these agreements to improve infection prevention and control in long-term care (LTC) facilities, and will negotiate amendments to disperse a further \$3 billion over 5 years to support P/Ts in applying standards of care in LTC facilities.
- > To **ensure that Canadians have access to appropriate and effective health services**, Health Canada will focus on expanding the delivery of high-quality, accessible and free mental health and substance use services; improving access to quality long-term, community and palliative care; supporting primary and virtual care and creating a world-class health data system; working towards national universal pharmacare; modernizing the interpretation of the *CHA*; supporting organ, tissues and blood donation and transplantation; as well as supporting access to health services for specific populations.

CORE RESPONSIBILITY 2: Health Protection and Promotion

- > Health Canada will continue to make significant investments towards **ensuring Canadians have timely access to safe, effective and quality health products**—including prescription and non-prescription pharmaceutical drugs, biologic and radiopharmaceutical drugs, natural health products, and medical devices—and to meet the needs of the health care system.
- > In so doing, **the Department will focus on:** COVID-related health products, including vaccines; managing and monitoring drug and medical device shortages; modernizing the way we provide access to drugs not readily available; applying real-world evidence to support regulatory decision-making; as well as taking actions to prevent and control antimicrobial resistance (AMR).
- > To help Canadians lead healthier lives and to **provide protection from unsafe consumer and commercial products and substances**, Health Canada will focus on: applying a comprehensive approach to substance use-related harms, including addressing the overdose crisis; mitigating the environmental impact of drugs; supporting the safety of consumer products and cosmetics; protecting Canadians from radiation; as well as strengthening pesticide regulation and transparency.
- > To **help Canadians make healthy choices**, the Department will focus on: promoting healthy eating; modernizing the regulatory oversight of food; improving food packaging and labelling; ensuring the safety of the Canadian food supply; reducing tobacco use and responding to the increase in youth vaping; as well as supporting Canadians in making informed decisions about cannabis use through public education, research and surveillance.

Internal Services

- > Health Canada will continue to encourage and support marginalized voices through new initiatives like establishing the **Mentorship Plus** program and the co-development of the **Inclusive Staffing Working Group** and **Diverse Selection Board**.
- > In 2022–23, **the Department will focus its internal activities on:** building a barrier-free workplace that is healthy, diverse, equitable, and inclusive; enabling a safe and productive workforce with access to modern tools and facilities; strengthening its culture of resolution anchored in values and ethics where employees can raise concerns and seek the help they need in confidence; as well as communications services that continue to provide Canadians with timely and relevant information needed to take action on their personal and collective health and safety.



Experimentation

Health Canada will continue to increase employee capacity for experimentation and innovation via its **Innovation and Experimentation Policy Framework**. Initiatives planned for 2022–23 fall under the banners of *Learn and Act*, *Explore and Test*, and *Measure and Share*. Under its **Solutions Fund**, the Department will invest in projects *Cognit.io*, *Nitro*, *Kelpie*, and *PRODigy*. Additional experimentation and innovation initiatives will begin or continue under projects *Apollo*, *D.A.T.A.*, *LabINT*, *Eagle Eye*, and *Iris*.

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

Heading into the second year of its 3-year renewal phase, Health Canada's **Sex and Gender Action Plan** will continue to provide a framework to strengthen the integration of sex, gender and other intersectional factors (such as age, race and income level) in the externally- and internally-facing work of the Department. 2022–23 initiatives will focus on: increasing governance, accountability and transparency in the integration of SGBA Plus in the Department's decision-making; strengthening departmental knowledge and capacity to apply SGBA Plus using an intersectional approach; collaborating with internal and external partners to strengthen the Department's sex, gender and diversity-related evidence base and expertise; enabling the collection and use of disaggregated data for rigour in intersectional analysis; as well as enhancing communications, guidelines, tools and resources with clarity on SGBA Plus and intersectionality.

For more information on Health Canada's plans, priorities and results achieved, see the "Core responsibilities: planned results and resources, and key risks" section of this plan.

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**³ and the related **Sustainable Development Goals (SDGs)**,⁴ particularly **SDG 3**,⁵ promoting the good health and well-being of Canadians. For example:

- > Promoting health care system and service delivery innovation, including expanding access to virtual health care service delivery, and strengthening Canada's health care systems with a focus on improving the capacity to protect vulnerable populations and high-risk communities through various initiatives.
- > Improving access to appropriate and effective health care services (including MAID, long-term, community and palliative care, and cancer care); supporting the health workforce; establishing a Canadian Drug Agency Transition Office; and launching consultations on a national strategy on drugs for rare diseases.
- > Expanding access to community-based mental health and addiction services for children and youth; spreading evidence-based models of community mental health care and culturally-appropriate interventions that are integrated with primary health services; expanding availability of integrated community-based mental health and addiction services for people with complex health needs; and setting national standards for access to mental health and substance use services to improve access to the support Canadians need.

These planned activities also support the ongoing response to address the direct and indirect health impacts of COVID-19.





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.

PLANNING HIGHLIGHTS

Modern and sustainable health care systems are vital to addressing the health needs of Canadians. Although health care delivery is primarily under P/T jurisdiction, the GOC has an ongoing role in supporting health care innovation and collaboration across the country, maintaining the core principles of the *CHA*, and providing financial support through fiscal transfers to the P/Ts. Health Canada will contribute to improving the quality and sustainability of health care as the systems continue to evolve in a context of pandemic response, technological and social changes and demographic shifts.

DID YOU KNOW?

Health Canada is working with Innovation, Science and Economic Development Canada, PHAC, and the CIHR to develop a strong, competitive domestic life sciences sector with cutting-edge biomanufacturing capabilities. This \$2.2 billion investment over 7 years (beginning in 2021–22) will ensure that Canada is prepared for future pandemics and other health emergencies through an increased domestic capacity to produce life-saving vaccines and therapeutics.

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

Health Canada works closely with P/Ts, 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.

For the past 2 years, the COVID-19 pandemic dominated the lives of Canadians and created extraordinary challenges for the Canadian healthcare system. In 2022–23, Health Canada, working closely with PHAC, federal partners and other stakeholders, will continue to address the health impacts of the pandemic and its evolution. The Health Portfolio will provide ongoing guidance and assistance on such key files as: ensuring sufficient domestic supply of COVID-19 vaccines and therapeutics and assisting with their roll-out; supporting the availability of rapid tests; supporting P/Ts with health system surge capacity; launching a COVID-19 Proof of Vaccination Fund; advancing the Biomanufacturing and Life Sciences Strategy; and supporting international efforts to ensure access to health interventions to fight COVID-19. **Health Canada's COVID-19 Task Force will continue to provide leadership and direction** on the portfolio's response to health issues. Specifically, it will continue to:

- > Assess and develop policy responses to the effects of the pandemic on the health and well-being of Canadians;
- > Support the procurement and distribution of safe and effective vaccines and boosters to Canadians in a timely manner;
- > Collaborate with P/Ts, private sector and other partners, via its Testing Secretariat, to increase accessibility of rapid tests across Canada;
- > Implement strategies on testing and screening, and support surveillance focused on early detection of outbreaks and variants of concern;
- > Work with the Canadian Red Cross and other NGOs to expand its roster of civil volunteers to maintain a strong surge response capacity for COVID-19 until end of March 2023;

- > Contribute to the safe and practical management of Canada's borders as it relates to proof of vaccination and testing requirements;
- > Contribute to epidemic prevention and control training at federal correctional facilities.



In addition, the Department will conduct research and deliver evidence-based policy advice on issues such as: health expenditures and funding; primary care; virtual care; supportive care (including home care, palliative and end-of-life care, and LTC); medical assistance in dying (MAID); access to sexual and reproductive health services; affordability and accessibility of pharmaceuticals; health human resources and the impacts of health care systems modernization on the health workforce; quality of care; health care systems and service delivery innovation; and health technology. Health Canada will consider and apply lessons learned from the pandemic response to all of its research, analysis and policy activities.

In 2022–23, Health Canada will invest in **several organizations that directly contribute to health system improvements**. Specifically, the Department will provide funding for: [Canada Health Infoway](#);⁶ the [Canadian Institute for Health Information](#);⁷ the [Canadian Agency for Drugs and Technologies in Health](#);⁸ [Healthcare Excellence Canada](#);⁹ and the [Brain Canada Foundation](#).¹⁰ Health Canada will also **provide support directly to territories** via the Territorial Health Investment Fund as well as **support a variety of stakeholders** via the Health Care Polices and Strategies Grants and Contributions Program.

WHAT'S NEW?

Building on the experience of creating a supply-demand model for PPE, as well as building other data analytics tools during the pandemic, Canada's Workplace Health and Safety Team within the COVID-19 Task Force has become the new Health Canada **Chief Data Office** with a mandate to champion, enable and facilitate strategic use of data as an asset, and provide credible, relevant and reliable evidence-based analysis, advice and data services. This will provide Canadians with more comprehensive evidence of the Department's performance.

Highlights include:

- > \$47.6 million to **Canada Health Infoway** to advance digital health innovation, including virtual care initiatives. As well, the funding will continue to support the use of electronic medical records, better links between electronic health record systems, and improved access for all users. Infoway will also support the creation of a pan-Canadian reporting system for Organ Donation and Transplantation.
- > \$97.3 million to the **Canadian Institute for Health Information (CIHI)** to analyze data and information that accelerates improvements in health care, health system performance and population health across the continuum of care. This includes developing virtual care standards and closing data gaps in areas such as: home care; mental health and addictions; pharmaceuticals; as well as organ donation and transplantation.
- > \$31.3 million to the **Canadian Agency for Drugs and Technologies in Health (CADTH)** towards strengthening the management of drugs and non-drug technologies. This funding will support CADTH's core activities, such as Drug Reimbursement Reviews and health technology assessments. It will also generate information to support decision makers such as public drug plans and healthcare practitioners, as well as support emerging health system priorities.
- > \$24.6 million to **Healthcare Excellence Canada (HEC)** to encourage innovation and catalyze change to support large-scale healthcare system improvement. HEC will focus on: re-imagining care with—and for—older adults with health and social needs; providing care closer to home and community with safe transitions; as well as pandemic recovery and health system resilience.
- > \$31.7 million to the **Brain Canada Foundation (Brain Canada)** to improve the diagnosis, treatment and prevention of neurological, mental health, and other brain health conditions. Health Canada is matching private and charitable contributions raised by Brain Canada of up to \$200 million by 2024.
- > \$27 million through the **Territorial Health Investment Fund** to support the territories in responding to the challenges associated with providing health care to those living in small, widely-dispersed communities. Budget 2021 invested \$54 million over two years, starting in 2021–22, to renew and expand the Fund, with \$12.8 million allocated to Yukon, \$14.2 million to the Northwest Territories and \$27 million to Nunavut.

Through these many investments, policy makers will have access to better information on the performance of the health care system and cost-effectiveness of drugs and technologies to support evidence-based decision-making. Promising innovations and best practices in service delivery will become more readily identified and shared across jurisdictions. Progress on these initiatives will continue to be monitored through indicators on drug spending and health expenditure at the system level.

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

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

The GOC provides financial contributions to P/Ts to support publicly-funded health care services through the Canada Health Transfer (more than \$43.1 billion for 2021–22) and through targeted funding (i.e., \$11 billion over 10 years starting in 2017) to support improved access to mental health and substance use services, and home and community care.

The Department will continue to collaborate with P/Ts to provide pandemic supports and to strengthen Medicare. Ongoing collaboration will build on previous pandemic-related health system investments through the \$19 billion **Safe Restart Agreement**; a \$4 billion one-time top-up to the Canada Health Transfer to clear the backlog of procedures caused by the pandemic and \$1 billion to support vaccine roll-out; \$150 million for the rapid deployment of virtual care services; as well as investments in the Fall Economic Statement for the purchase of rapid tests. This funding will be provided to the P/Ts in addition to over \$5 billion in direct federal investments for PPE and medical equipment, \$14 billion for vaccines and therapeutics, and \$10 billion towards additional public health support as a result of the ongoing pandemic response.

Following agreement by F/P/T Ministers on a **Common Statement of Principles on Shared Health Priorities** in 2017, the GOC negotiated and signed bilateral agreements with all 13 P/Ts, for the first 5-year period (2017–18 to 2021–22) out of a 10 year commitment of \$11 billion. These agreements detail how each jurisdiction is using \$5 billion of federal funding **to improve access to mental health and substance use services and home and community care**. New agreements for the next 5-year period (2022–23 to 2026–27) will be negotiated to allocate the remaining \$6 billion. Furthermore, the GOC will provide an additional \$1 billion to P/Ts through these agreements to improve infection prevention and control in LTC facilities in 2022–23, and will negotiate agreement amendments to disperse a further \$3 billion over 5 years committed in Budget 2021 to support P/Ts in applying standards of care in LTC facilities so that seniors across the country receive the care they deserve.

In 2022–23, to ensure that Canadians have access to appropriate and effective health services, Health Canada will **focus on the following priorities, detailed further below**: strengthening health care policy and strategies; expanding access to mental health and substance use services—including advancing a comprehensive strategy to address problematic substance use in Canada; improving access to quality long-term, community and palliative care; supporting primary and virtual care and creating a world-class health data systems supporting health human resources (HHR); working towards national universal pharmacare; supporting implementation of medical assistance in dying (MAID); modernizing the interpretation of (and strengthening compliance with) the *CHA*—including encouraging P/T compliance with the diagnostic services policy; combating cancer; supporting organ, tissues and blood donation and transplantation; as well as supporting access to health services for specific populations—including addressing anti-Indigenous racism in Canada’s health systems.

Strengthening health care policy and strategies

The Department will provide \$85.9 million under the **Health Care Policy and Strategies Program** to support projects that improve the accessibility, quality, sustainability and accountability of Canada’s health care system. Priorities include palliative and end-of-life care, home and community care, mental health care, cancer, and other F/P/T emerging priorities.

In 2022–23, the Program will also fund **community-based organizations** that support at-risk Canadians across the country to have **better access to appropriate and effective sexual and reproductive health care information and services**. These organizations are producing inclusive training materials for sexual and reproductive health care providers; carrying out public awareness activities; and providing travel and logistical support to individuals who have to go long distances to access abortion care.

Expanding access to mental health and substance use services

Health Canada will work with partners and stakeholders to **develop and implement a comprehensive, evidence-based mental health plan**. The plan will help improve access to quality and timely services, including for underserved groups, rural communities, post-secondary students, and parents seeking perinatal mental health care.

In 2022–23, Health Canada will continue to work with partners to support P/Ts in developing a clear set of national mental health and substance use care and treatment standards so that Canadians can access timely, quality and evidence-based support when they need it most. The Department will also expand access to community-based mental health and substance use services for children and youth and enhance supports for family caregivers at home. Budget 2021–22 provided \$37.5 million to Health Canada over two years to develop national standards for mental health, in collaboration with P/Ts, health organizations, and key stakeholders. Further, Health Canada is providing \$14.25 million per year until 2026–27 (starting in 2021–22) to the **Mental Health Commission of Canada (MHCC)** to advance priorities in the areas of suicide prevention, the integration of mental health and substance use, population-based initiatives, and engagement. Additionally, \$10 million over 5 years (starting in 2018–19) has been allocated to the MHCC to assess the impact cannabis use has on the mental health of Canadians.

To help meet the needs of Canadians, Health Canada will work to sustain improved access to virtual mental health services. The **Wellness Together Canada (WTC)** online portal will continue to provide quality and timely mental health and substance use supports. The **WTC** portal provides mental health, substance use and suicide prevention resources via online, text and phone. As of January 2022, over 2 million individuals across Canada had accessed the portal. Early results suggest that users experience a positive change on self-assessment scales after using the portal's support services.

To help address the opioid overdose crisis, the **Emergency Treatment Fund**, established in Budget 2018, provided one-time emergency funding of \$150 million for P/Ts via bilateral



agreements and action plans to improve access to evidence-based treatment services. The GOC negotiated and signed all 13 bilateral agreements in 2018–19, with the flexibility for P/Ts to invest the funds over a 5-year period (2018–19 to 2022–23). All **bilateral agreements and action plans**¹¹ are posted publicly on the Health Canada website. By March 31, 2023, it is expected that P/Ts will have invested the total funding towards expanding access to treatment services.

In 2022–23, **to ensure that mental health care is treated as a full and equal part of our universal health care system**, Health Canada will work to expand the delivery of high-quality, accessible and free mental health services, including for prevention and treatment, and begin work to establish the Canada Mental Health Transfer. In addition, the Department will sustain efforts to improve access to virtual mental health supports, as well as work to establish a new fund to support the mental health of post-secondary students, including improving wait times for services and increasing overall access. This will include targeted supports to Black and other racialized students at post-secondary institutions across Canada.

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

The COVID-19 pandemic disproportionately affected Canadians receiving LTC in community settings, such as seniors' residences and other congregate settings that provide care for seniors. To better protect them, Health Canada will continue to support and work collaboratively with P/Ts and health care delivery organizations to improve the quality and availability of LTC homes and beds across Canada and to invest in the health workforce.

In 2020–21, the GOC committed up to \$1 billion for a **Safe LTC Fund** to help P/Ts protect residents and staff and support infection prevention and control measures. In 2022–23, the GOC will invest an additional \$3 billion over 5 years through Health Canada to help P/Ts further improve the standard of care in their LTC facilities. The Standards Council of Canada, with the Health Standards Organization (HSO) and Canadian Standards Association Group (CSA Group), are currently working with experts and stakeholders across the country to develop national standards for LTC.

Budget 2021 also provided \$29.8 million over 6 years (2021–22 to 2026–27) via the federal **Action Plan on Palliative Care** to: increase public awareness; scale up virtual training and resources for health care professionals and caregivers; invest in innovative care models for under-served populations; continue collaboration with Indigenous Services Canada and other partners to develop a palliative care framework; as well as invest in the Pan-Canadian Palliative Care Research Collaborative to improve patient and caregiver outcomes and palliative care health system performance.

Supporting primary and virtual care and creating a world-class health data system

The Department will explore new approaches to support P/Ts in **expanding access to primary care**, including the hiring of new family doctors, nurses and nurse practitioners, as well as implementing new service delivery models, digital and virtual care solutions. Specific focus will be applied to overcoming gaps in rural and underserved communities.

The GOC is working closely with P/Ts to expand **virtual health services** so that Canadians can continue to access care remotely. \$150 million of the \$240.5 million announced in May 2020 was allocated directly to P/Ts to support virtual care and digital tools. A further \$50 million was allocated to Canada Health Infoway for them to support P/Ts in the implementation of their virtual care projects, and to advance pan-Canadian initiatives related to virtual care standards, procurement, and change management. Health Canada will continue to **expand virtual care and support digital infrastructure and other system improvements**, so that Canadians can continue to access virtual consultations and remote monitoring.

Furthermore, Health Canada will collaborate with F/P/T governments and other stakeholders to **expedite development of a world-class health data system** that is timely, usable, open-by-default, connected and comprehensive, as data-driven health care is critical to supporting a digitally-enabled health care system. In particular, the Department will work with the F/P/T Virtual Care and Digital Health Table to advance joint priorities in this area.

WHAT'S NEW?

Providing support and resources to Canadians who experience mental illness and addiction issues is a key priority for the GOC. Health Canada launched the **PocketWell app** in January 2022, a free companion to the WTC online portal. The app provides another way to help Canadians access new mental health and substance use resources and supports, and measure and track aspects of their mental well-being, all from their phone.

Supporting health human resources (HHR)

A strong health care system relies on a resilient, well-supported health care workforce. People working in the sector to provide or support direct health care to Canadians are the backbone of the system. The COVID-19 pandemic has placed unprecedented pressures on this workforce and exacerbated pre-existing challenges, such as staffing shortages, workplace violence, and difficult working conditions. Health Canada is committed to working with P/Ts, health system partners and stakeholders to address these challenges, including sustainable solutions to support and bolster the health care workforce. This includes:

- > Working closely with P/Ts to manage HHR needs in the health system, specifically in the areas of recruitment, training and retention;
- > Continuing to work with the Canadian Institute for Health Information and other partners to address health workforce data gaps and support development of workforce planning data and tools;
- > Supporting the Canadian Academy of Health Sciences to undertake an independent assessment of the state of HHR aimed at identifying systemic challenges and developing action-oriented solutions and pathways;

- › Continuing to promote the workforce’s mental health and wellness via the tools available through the WTC portal and new PocketWell app.

WHAT’S NEW?

Prince Edward Island (PEI) was the first province to sign an agreement with the GOC to **accelerate the implementation of national universal pharmacare**. Through this agreement, the province will receive \$35 million over 4 years to both lower out of pocket costs for drugs covered under existing public plans for Island residents and to expand the number of drugs covered.

Lessons learned from PEI’s efforts will inform the GOC’s work to advance national universal pharmacare with other willing P/T’s.

Working towards national universal pharmacare

Over the course of 2022–23, the Department will continue to work with its partners to advance pharmaceuticals management strategies so that Canadians have affordable access to the drugs they need. Health Canada has launched **the Canadian Drug Agency Transition Office** as a first step towards creating a **Canadian Drug Agency** and a national formulary. The GOC will also launch a national strategy on drugs for rare diseases and invest up to \$1 billion over 2 years to help Canadians with rare diseases access the drugs they need.

The Department will work with Innovation, Science and Economic Development Canada to advance the **Biomanufacturing and Life Sciences Strategy**¹² announced in June 2021. The Strategy aims to increase national capacity to develop critical vaccines, therapeutics, and other life-saving medicines. Efforts will focus on growing a strong and competitive domestic life sciences sector, and ensuring Canada’s readiness for future pandemics or other health emergencies. Health Canada will continue to ensure it has a best-in-class regulatory system, world-class expertise, and infrastructure for clinical trials through sustained improvements of Canada’s regulatory system.

Supporting implementation of medical assistance in dying (MAID)

The Department continues to support the implementation of C-7 *An Act to Amend the Criminal Code* (medical assistance in dying), and changes to the MAID Monitoring regulations to align with the legislative changes arising from C-7. In 2022–23, activities will include:

- › Working closely with P/Ts to develop training materials to support practitioners to navigate recent legislative changes;
- › Developing and consulting on new Regulations for the MAID Monitoring Program;
- › Advising stakeholders and the public regarding changes to the MAID law and regulations;
- › Implementing a multi-year program of research to guide the evolution of MAID in Canada;
- › Ongoing data collection, including release of the third federal Annual Report on MAID in Canada;
- › Supporting policy development that may be required coming out of the independent expert review of MAID for persons suffering from mental illness;
- › Supporting the Parliamentary review (advance requests, mature minors, state of palliative care) required by MAID legislation, and responding to emergent legislative amendments.

Modernizing the interpretation of (and strengthening compliance with) the CHA

P/Ts will be required to report on patient charges for diagnostic services for the first time in December 2022 as per Health Canada’s April 2020 *Diagnostic Services Policy*.¹³ The Department will continue to work with P/Ts to **encourage compliance with this policy**. Jurisdictions will have the opportunity to be reimbursed for any deductions to their Canada Health Transfer if they eliminate patient charges within 2 years of these deductions.

Health Canada will continue to work with P/Ts to ensure that access to abortion services is provided, in accordance with the requirements of the CHA.

Combating cancer

The Department will invest \$47.5 million in the **Canadian Partnership Against Cancer** to continue its work on improving cancer control in Canada. Grounded in the refreshed **2019–2029 Canadian Strategy for Cancer Control**,¹⁴ the Partnership will: coordinate and accelerate the adoption of new knowledge and approaches that advance cancer control; focus on issues from prevention and early diagnosis through to survivorship and end of life care; and build on its commitment to develop a more accessible and equitable cancer system for all people in Canada.

Supporting organ, tissues and blood donation and transplantation

Health Canada will continue to support the development of leading clinical practices and public education and awareness materials as they relate to organ donation and transplantation. The Department will also support research to both improve the safety and supply of the Canadian blood system as well as inform safe and non-discriminatory blood and plasma donation policies.

Health Canada will work with stakeholders to improve organ and tissues donation and transplantation through the **Organ Donation and Transplantation Collaborative**. Priorities for 2022–23 include developing: a decision-making and accountability framework; a pan-Canadian data and performance reporting system; and a streamlined process for inter-provincial organ sharing policies.

Supporting access to health services for specific populations

Over the course of 2022–23, Health Canada will continue to invest in programs and organizations that directly support access to appropriate and effective health services for Canadians. **Addressing the health care needs of specific populations such as those living in Canada's territories, official language minority communities, and Canadian thalidomide survivors continues to be a priority.**

The Department will provide \$37.6 million under the **Official Languages Health Program** to improve access to health services for English-speaking communities in Quebec and French-speaking communities elsewhere

in Canada. Activities will include: the integration of bilingual health personnel through post-secondary training; the development of strategies and partnerships with health system stakeholders through community networking; as well as projects aimed at improving access to bilingual health services and fostering knowledge in official language minority communities.

WHAT'S NEW?

Following the 3 National Dialogues to Address Anti-Indigenous Racism in Canada's Health Systems held in 2021–22, Health Canada committed to do more to foster health systems free from racism and discrimination, including implementing the new **Addressing Racism and Discrimination in Canada's Health Systems Program**. As a result, the Department is providing approximately \$13.9 million (Budget 2021) over 3 years starting in 2021–22.

The program's goal is to support Indigenous and health system partners in addressing anti-Indigenous racism, in support of the priorities under the Federal Pathway to Address Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ People and the United Nations Declaration on the Rights of Indigenous Peoples.

The purpose and long-term outcome of **Canadian Thalidomide Survivors Support Program**¹⁵ is to contribute to **meeting the lifetime needs of Canadian thalidomide survivors**, allowing them to age with dignity. This Program provides a fair and comprehensive approach to identifying thalidomide survivors that is based on international best practices. Health Canada remains committed to identifying opportunities for service delivery improvement.



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

1. **Risk:** Health Canada’s ability to achieve its mandate may be at risk due to challenges posed by major health events (like the COVID-19 pandemic).

KEY EXAMPLES OF HEALTH CANADA’S PLANNED RISK RESPONSES:

<p>Provide timely, trusted and evidence-based information</p>	<p>Continue to provide Canadians and health care providers with the timely, clear and evidence-based information they need to protect themselves.</p>
<p>Facilitate access to health products</p>	<p>Invest efforts in the prevention and treatment of COVID-19 via clinical trials and flexible measures. For example:</p> <ul style="list-style-type: none"> • Authorizing clinical trials for COVID-19 related health products—including drugs, vaccines and medical devices—under interim orders, transition regulations, and existing regulatory frameworks under the <i>Food and Drugs Act</i>. • Implementing innovative and flexible measures to help prioritize and expedite the regulatory review of health products of greatest need without compromising Canada’s high standard for quality, safety, and efficacy.
<p>Foster engagement and collaboration</p>	<p>Continue to work alongside PHAC and the CPHO to advance a whole-of-government approach by engaging and collaborating with partners and stakeholders to adapt to, and meet, the needs of Canadians. For example:</p> <ul style="list-style-type: none"> • Enhancing the Government-wide ability to monitor the evolution of the pandemic. • Working with P/Ts to strengthen the health system’s capacity to protect vulnerable populations and high-risk communities. • Supporting greater testing and contact-tracing capacity across the country. • Supporting the timely deployment of safe, and effective vaccines of high quality to Canadians.
<p>Enhance internal services</p>	<p>Continue to deliver services and commitments during major health crisis. For example:</p> <ul style="list-style-type: none"> • Working with Shared Services Canada to upgrade network infrastructure to support modern tools for employees and business needs, as well as to minimize the risk of network outages. • Supporting new business communication platforms and tools for collaboration and remote work. • Enhancing human resource planning to ensure long-term sustainability of service delivery.

2. **Risk:** Health Canada’s ability to effectively uphold the *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 P/Ts to ensure reporting on patient charges for diagnostic services as per the <i>Diagnostic Services Policy</i> .
Work to resolve issues with provinces and territories	Work with P/Ts to resolve <i>CHA</i> issues when deductions are necessary; communicate the process required for a P/T to receive a reimbursement as stipulated in the <i>Reimbursement Policy</i> .
Monitor litigation	Monitor any litigation that may implicate the <i>CHA</i> , and support federal involvement as required.
Monitor changes in health care delivery	Monitor evolution in the delivery of health care to ensure that insured services under the <i>CHA</i> remain covered regardless of changes in how the care is provided or who is providing the care.

PLANNED RESULTS FOR CORE RESPONSIBILITY 1: HEALTH CARE SYSTEMS

The following table shows, for Health Care Systems, the planned results, the result indicators, the targets and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which actual results are available.

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

Departmental Result Indicators	Target	Date to achieve target	Actual Results
National health expenditure as a percentage of Gross Domestic Product (GDP) (Baseline: 10.9% of GDP in 2014–15)	Between 11.5% and 14% ¹	March 31, 2023	2018–19: 11.5% 2019–20: 11.6% 2020–21: 13.7%
Real per capita health expenditure (1997) ² (Baseline: \$4,049 per person in 2014–15)	Between \$4,218 and \$5,155 ¹	March 31, 2023	2018–19: \$4,293 2019–20: \$4,347 2020–21: \$4,683
Drug spending as a percentage of Gross Domestic Product ³ (Baseline: 1.7% in 2014–15)	Between 1% and 2%	March 31, 2023	2018–19: 1.7% 2019–20: 1.8% 2020–21: 1.9% ⁴
Percentage of family physicians using electronic medical records (Baseline: 73% in 2015)	At least 95%	March 31, 2023	2018–19: 86% 2019–20: 86% 2020–21: 86% ⁵

¹ Target has been updated based on the most recent data available from the Canadian Institute for Health Information, which is responsible for analysing Canadian health expenditures.

² Real per capita health expenditure is expressed in 1997 constant Canadian dollars.

³ Drugs include prescribed and over the counter medication.

⁴ Caution is required when comparing these data to previous survey cycles as COVID-19 had major impacts on data collection activities.

⁵ As data is not collected annually, previous year data has been reported in its place. New results are expected in 2022.

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)	At most 22%	March 31, 2027	2018–19: 24.3% 2019–20: 24.8% 2020–21: 24.7% ¹
Percentage of Canadians (aged 18+) who have expressed that they have an unmet need for access to home care services (Baseline: 1.6% in 2015–16)	At most 1%	March 31, 2027	2018–19: 1.7% 2019–20: 1.7% 2020–21: 1.3% ²
Percentage of <i>Canada Health Act</i> compliance issues addressed within 24 months of identification (Baseline: 53% in 2016–17)	At least 95%	March 31, 2023	2018–19: 94% 2019–20: 96% 2020–21: 96%
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, 2023	2018–19: 5% 2019–20: 5% 2020–21: 5% ³

¹ Caution is required when comparing these data to previous survey cycles as COVID-19 had major impacts on data collection activities.

² Caution is required when comparing these data to previous survey cycles as COVID-19 had major impacts on data collection activities.

³ As data is not collected annually, previous year data has been reported in its place. New results are expected in 2022.

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

2022–23 Budgetary spending (as indicated in Main Estimates)	2022–23 Planned spending	2023–24 Planned spending	2024–25 Planned spending
2,851,114,525	2,851,114,525	2,257,744,222	2,199,860,517

Note: The decrease in planned spending in 2023–24 is mainly due to the expiry of budgetary spending authorities for the COVID-19 contingency fund; Canada Health Infoway; Territorial Health Investment Fund; and Supporting the Mental Health of Those Most Affected by COVID-19.

The decrease in planned spending in 2024–25 is mainly due to funding level decreases for the Canada Brain Research Fund Program; as well as, the expiry of budgetary spending authorities to Support Access to Sexual and Reproductive Health Care Information and Services; and to Address Anti-Indigenous Racism in Health Care.

The Department would have to request funding for these initiatives for future years.

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

2022–23 Planned full-time equivalents	2023–24 Planned full-time equivalents	2024–25 Planned full-time equivalents
285	279	274

Note: The decrease in planned FTEs is mainly due to the expiry of budgetary authorities in 2022–23 related to Supporting the Mental Health of Those Most Affected by COVID-19; as well as, in 2023–24 to Support Access to Sexual and Reproductive Health Care Information and Services; and to Address Anti-Indigenous Racism in Health Care. 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 on [GC InfoBase](#).¹⁶

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**¹⁹ and the related **Sustainable Development Goals (SDGs)**.²⁰ For example:

- > Working with P/T partners to support the health sector in reducing the human health impacts of climate change. (SDGs 1²¹, 11²² and 13²³)
- > Promoting healthy eating; establishing policies, regulations and standards related to the safety and nutritional quality of all food sold in Canada; modernizing food regulations; providing advice and information regarding nutritional quality and food safety; fostering international collaboration and coordination. (SDGs 2²⁴, 3²⁵ and 12²⁶)
- > Continuing to take actions on drug and medical device shortages to ensure that Canadians have access to the medicines and devices they need through: working in partnership with P/Ts, industry, and patient/health care groups; implementing new regulatory tools established during the pandemic to prevent shortages; increasing use of data and analytics to identify shortages; and building program infrastructure to address medical devices shortages. (SDG 3²⁷)
- > Supporting healthier living by preventing and minimizing substance use harms through the Canadian Drugs and Substances Strategy, the Substance Use and Addictions Program, and Canada's Tobacco Strategy—including engaging Canadians on the risks of tobacco, alcohol, opioids, cannabis use and vaping. (SDG 3²⁸)
- > Developing updates to the Canadian drinking water guidelines to help improve drinking water quality. (SDGs 3²⁹ and 6³⁰)
- > Developing and providing science-based information to Canadians on the health effects of ambient and indoor air pollution. (SDGs 3³¹ and 11³²)
- > Working with Environment and Climate Change Canada and other partners to implement Canada's **Chemicals Management Plan**, to reduce the human health and environmental risks posed by chemicals in air, water, food, soil and in consumer and industrial products and processes. (SDGs 3³³ and 12³⁴)
- > Working with partner departments to permit the safe and sustainable use of pesticide products, contributing to Canada's efforts towards sustainable consumption and production patterns. (SDG 12³⁵)
- > Continuing to conduct research to better understand the effects of microplastics on human health, and supporting the GOC's agenda for reducing plastic waste. (SDG 11³⁶)

These planned activities also support the ongoing response to address the direct and indirect health impacts of COVID-19.





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.

PLANNING HIGHLIGHTS

The Department will continue to advance the Regulatory Innovation Agenda arising from the [Health and Biosciences Sectoral Regulatory Review Roadmap](#)¹⁷ and the [Agri-food and Aquaculture Regulatory Review Roadmap](#).¹⁸

The Agenda cuts across **multiple Departmental Results that make up Core Responsibility 2**. It consists of initiatives designed to make the federal regulatory framework more agile and responsive to an innovative environment, while ensuring the system remains science and safety-based. Its continued implementation will result in health product and food regulatory frameworks that protect the health and safety of Canadians while encouraging innovation.

Additionally, the Department launched temporary regulatory measures in response to the pandemic that helped companies in the health and biosciences sector bring urgently-needed health products, including medical devices and vaccines for COVID-19, to the market. These temporary measures have provided an opportunity to pilot many of the Health and Biosciences Roadmap's more agile regulatory solutions, such as a broader use of terms and conditions. Health Canada will build on this experience and lessons learned to inform policy and regulatory development as it continues to implement Roadmap commitments.

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

Over the course of 2022–23, Health Canada will continue to make significant investments towards ensuring Canadians have timely access to safe, effective and quality health products—including prescription and non-prescription pharmaceutical drugs, biologic and radiopharmaceutical drugs, natural health products, and medical devices—and to meet the needs of the health care system. Improvements will help accelerate market access for innovative, breakthrough products along with cost effective alternatives, such as generic and biosimilar drugs.

The Department will **focus on the following priorities, detailed further below:** providing ongoing access to COVID-related health products, including vaccines; promoting timely access to other health products; managing and monitoring drug and medical device shortages; modernizing the way we provide access to drugs not readily available; applying real-world evidence to support regulatory decision-making; strengthening regulatory oversight; taking actions to prevent and control antimicrobial resistance (AMR); fostering international collaboration and coordination; as well as promoting access to new and emerging technologies.

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

Since the beginning of the COVID-19 pandemic, Health Canada has **facilitated access to COVID-related health products** without compromising safety, efficacy and quality standards. In 2022–23, the Department will continue to work closely with P/Ts, international regulatory partners, industry and health professionals to anticipate and meet the needs of Canadians for COVID-related health products. It will amend and evolve the regulations specific to clinical trials for these products, while maintaining the flexibilities and efficiencies established under the previous interim orders.

To ensure that **COVID-related medical devices** authorized under interim orders continue to be available, Health Canada will extend the authorizations for up to 2 years in an effort to prevent supply chain disruptions and allow these products to continue to be imported and sold in Canada. This is similar to the approach the Department took in 2021–22 with regard to COVID-related drugs authorized under interim orders.

DID YOU KNOW?

Through the use of interim orders, Health Canada expedited the regulatory review and authorization of COVID-19 vaccines, enabling the Department to be among the first in the world to approve these without compromising safety, efficacy or quality standards and reinforcing its position as a top-tier global regulator. By September 2021, the Department had authorized 5 vaccines and had established mechanisms to ensure these life-saving products could continue to be sold in Canada.

The Department will also continue to expedite its scientific review of COVID-19 vaccines (including boosters), testing devices, drugs and medical devices (including PPE, thermometers and ventilators). It remains committed to prioritizing the environmental assessment of vaccines and biologic drugs as well as the health assessment of all new chemicals or polymers used in COVID-related drugs and medical devices. As part of its continued efforts to be open and transparent, Health Canada will continue to publish high-level summaries of the evidence that it reviewed to support authorizations.

In addition, the Department and PHAC are working closely with manufacturers, P/T public health authorities and international regulators to monitor the safety and effectiveness of authorized COVID-19 vaccines to rapidly investigate and mitigate any risks. When applicable, industry is required to provide additional evidence to address any uncertainties. Health Canada will also work with partners to protect Canadians from non-compliant advertising of COVID-19 vaccines and treatments.

Promoting timely access to other health products

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

In line with the action plan responding to the 2019–20 *Joint Audit and Evaluation of the Medical Devices Program*,³⁷ Health Canada will introduce *Agile Licensing for Drugs and Medical Devices Regulations*,³⁸ and further support access to promising products by collaborating with international regulatory partners to create streamlined and harmonized approaches, with a focus on rare and ultra-rare diseases.

The Department will help Canadians to **access a wider range of lower-cost generic drugs** by introducing regulatory amendments and permitting the filing of different forms of medicinal ingredients as generic submissions. It will also continue to implement the **Pediatric Drug Action Plan** to address the many challenges affecting access to safe and effective health products for children and youth in Canada.

Furthermore, Health Canada will adopt international guidelines to promote innovation and improvement in the pharmaceutical and biopharmaceutical sectors and help facilitate a reliable supply of product in Canada.



Managing and monitoring drug and medical device shortages

In partnership with P/Ts, industry, and patient/health care groups, Health Canada will continue to play a leadership role and take action on addressing critical national drug and medical device shortages to ensure that Canadians have access to the medicines and devices they need. In the coming fiscal year, the Department will **implement new regulatory tools** established during the pandemic to help track, prevent and mitigate shortages, including:

- > Amending a number of regulations to make permanent the ability to address shortages by allowing the importation of certain drugs and medical devices that are not compliant with Canadian regulations but which are manufactured according to similar quality standards;
- > Implementing permanent measures to prohibit drugs intended for the Canadian market from being distributed or sold out-of-country if this would cause or exacerbate a shortage.

The Department will also continue to work towards preventing shortages by: increasing the use of data and analytics to help in identifying shortages; promoting solution-oriented collaboration with national and international stakeholders; and building program infrastructure to address shortages of medical devices.

Modernizing the way we provide access to drugs not readily available

In 2022–23, Health Canada will continue to develop proposed amendments to the *Food and Drug Regulations* that allow a trusted foreign regulator to support the authorization of human and veterinary drugs that fulfill an unmet medical need in Canada. Such drugs must be approved by that regulator and have been on the market long enough in those countries to demonstrate their safety. This will facilitate access to medically-necessary drugs that are not currently available on the Canadian market. It will also enable animal owners and food producers to access veterinary drugs not presently authorized in Canada for minor uses or minor species.

Health Canada also intends to finalize a new regulatory framework enabling public health officials responsible for public and military health emergencies to request access to drugs that are presently unavailable in Canada, for emergency preparedness and response activities.

Applying real-world evidence (RWE) to support regulatory decision-making

The Department will continue to apply RWE in support of regulatory decisions in order to improve the post-market oversight of prescription drugs and medical devices in Canada, particularly those that treat rare diseases, as well as to inform decision-making for COVID-19 drugs, vaccines and medical devices. It will develop additional guidance on using RWE and will **finalize a strategic plan** with the Canadian Agency for Drugs and Technologies in Health and l'Institut national d'excellence en santé et en services sociaux to further align RWE use across the drug life cycle. The goal is to improve the accessibility, affordability, flexibility and appropriate use of drugs in Canada.

Strengthening regulatory oversight

Health Canada continues to modernize its approach towards regulating therapeutic products by strengthening the continuous monitoring, assessing, and communication of risks and benefits for drugs and medical devices. Over the course of 2022–23, the first phase of the [Agile Licensing for Drugs and Medical Devices](#)³⁹ proposal will seek to establish regulatory flexibility envisioned under the Regulatory Innovation Agenda, such as **the use of terms and conditions on authorizations**. The initiative leverages existing policies and practices and build upon the experiences gained in addressing the COVID-19 pandemic. The Department intends to advance a regulatory proposal for changes to the *Food and Drug Regulations* and the *Medical Device Regulations* in *Canada Gazette* in spring 2022.

In this coming fiscal year, Health Canada will also advance regulatory amendments to ensure Canadian clinical trials better protect participants, generate reliable data, and attract innovative products. The Department will advance development of a **single-authorization clinical trials regulatory regime** for all health products in order to provide proportional risk-based oversight and greater regulatory flexibility over the trial lifecycle.

Health Canada will further its work with manufacturers and international partners to **manage nitrosamine impurities in drugs**. Nitrosamines are compounds that can form in certain drugs during manufacturing. Some may increase the risk of cancer if people are exposed to them over long periods of time. The Department will communicate with Canadians regarding affected drugs, and collaborate internationally to establish impurity limits and to better understand the causes of contamination and how to prevent it in the future.

In 2022–23, Health Canada will propose to amend the *Medical Devices Regulations* to support regulatory agility and allow the Department to **broaden the scope of terms and conditions** and provide enhanced post-market oversight and monitoring of medical devices. In addition, it will continue to improve scientific advice for medical device sponsors, increase stakeholder engagement, and clarify adverse reaction reporting requirements for regulated stakeholders such as hospitals.

The Department will also continue to advance proposals that **improve the efficiency and predictability of regulatory decision-making**, while also strengthening resilience of the supply chain. It will do so in a phased approach, beginning with updating existing recall requirements for drugs and medical devices, followed by introducing risk-based approaches to annual license reviews.

Applying lessons learned during the pandemic, Health Canada will continue to **adopt alternative inspection models and approaches** where appropriate, such as remote and virtual tools, and work with international partners to explore how these might also improve oversight in foreign inspection programs. The Department will apply and improve its use of data and analytics to inform risk-based decision-making.

Taking actions to prevent and control antimicrobial resistance (AMR)

AMR continues to be an urgent issue for the health of humans, animals and the environment. A number of initiatives are underway to safeguard the use of antimicrobial drugs for human use and monitor and support the prudent use of antimicrobials in animals. The Department will continue to engage international partners, including the International Coalition of Medicines Regulatory Authorities, the Transatlantic Task Forces on Antimicrobial Resistance and other bilateral/multilateral partnerships. Key initiatives for 2022–23 include:

- > Encouraging manufacturers to submit for review innovative antimicrobials for human use;
- > Continuing efforts to raise awareness about the growing threat of AMR, including **creating a Canadian list of Reserve antimicrobials** and mandating the distribution of educational material to patients on the appropriate use of antimicrobials;
- > Re-evaluating select medically important antimicrobials being used in animals to support their prudent use, and sharing sales data on these to support the AMR surveillance program and to inform policy decisions;
- > Continuing to facilitate access to low-risk veterinary health products that improve health and wellness in animals so that there is less need for routine use of antimicrobials;
- > Prioritizing the review of applications for rapid testing devices that can distinguish between types of infections and/or antibiotic resistant genes;
- > Establishing a new research program to better understand antibiotic resistance and developing tools to support the development of antibiotic alternatives.

Fostering international collaboration and coordination

Health Canada's commitment to international partnerships will continue in 2022–23, including supporting access to drugs via bilateral arrangements with foreign regulators and international multilateral initiatives/networks.

DID YOU KNOW?

Health Canada actively participates in **international standards organizations** to stay at the forefront of scientific concepts and regulatory approaches. This provides its scientific experts with first-hand knowledge of innovative developments alongside the world's other top regulators. Ongoing collaboration under the EMA OPEN Pilot has and will contribute to providing Canadians with earlier access to COVID-19 therapies.

The Department will also work with countries, such as Australia, to strengthen international collaboration and harmonization regarding Good Manufacturing Practices.

In partnership with the EMA, U.S. FDA and the Pharmaceuticals and Medical Devices Agency of Japan, Health Canada will collaboratively explore emerging safety issues of health products, evaluate the safety of the COVID-19 vaccines and promote international alignment.

The Department will also work with an international consortium to generate recommendations towards standardizing the use of patient-reported outcome data in cancer clinical trials.

In addition, Health Canada and the U.S. FDA will continue a pilot project in support of a **Medical Device Single Review Program** in order to improve patient access to medical devices, support innovation, and strengthen the development of standards.

Health Canada will strengthen its international collaborations in the review of drug submissions, risk management plans and surveillance; and will promote international alignment and greater efficiencies in the drug review process. New and continuing initiatives for 2022–23 include:

- > Partnering with the Australia-Canada-Singapore-Switzerland-U.K. (Access) Consortium to implement the 2021–24 Strategic Plan—objectives include strengthening work-sharing initiatives and collaborating on the assessment of COVID-19 vaccines and treatments;
- > Ongoing participation in Project Orbis, which leverages scientific and regulatory partnerships to review complex cancer drugs concurrently when possible and to actively share information so that patients can access treatments earlier;
- > Exchanging knowledge and cooperating on drug reviews with the EMA as an observer on various committees and collaborating on the review of COVID-19 vaccines and treatments through the OPEN Pilot Project;
- > Contributing to the development of internationally-harmonized guidelines by serving on the International Council for Harmonisation of Technical Requirements for Pharmaceuticals for Human Use;
- > Exchanging information in a global forum via the International Pharmaceutical Regulators Programme;
- > Strengthening international relationships to support timely signal identification, signal assessment and risk mitigation of health products.

Promoting access to new and emerging technologies

Scientific and technological advances are accelerating the pace of innovation in the healthcare system, leading to the development of innovative health products that use emerging technologies such as advanced artificial intelligence (AI) and machine learning (ML) algorithms, telerobotics, 3D printing and gene editing. Increasingly, health products are becoming personalised, developed at point of care, and manufactured, distributed, and used in significantly new and untraditional ways.

To keep pace with these advances, Health Canada will establish a **new gene therapy regulatory research laboratory**, building capacity and expertise to assess these new technologies. In addition, the Department will: publish guidance on pre-market considerations for AI/ML algorithms in medical devices; continue to consult its Scientific Advisory Committee in Digital Health Technologies; and participate as an active member in the World Health Organization/International Telecommunication Union AI4Health Focus Group, the G7 AI Governance Technical Working Group, and the International Medical Device Regulators Forum AI Working Group.

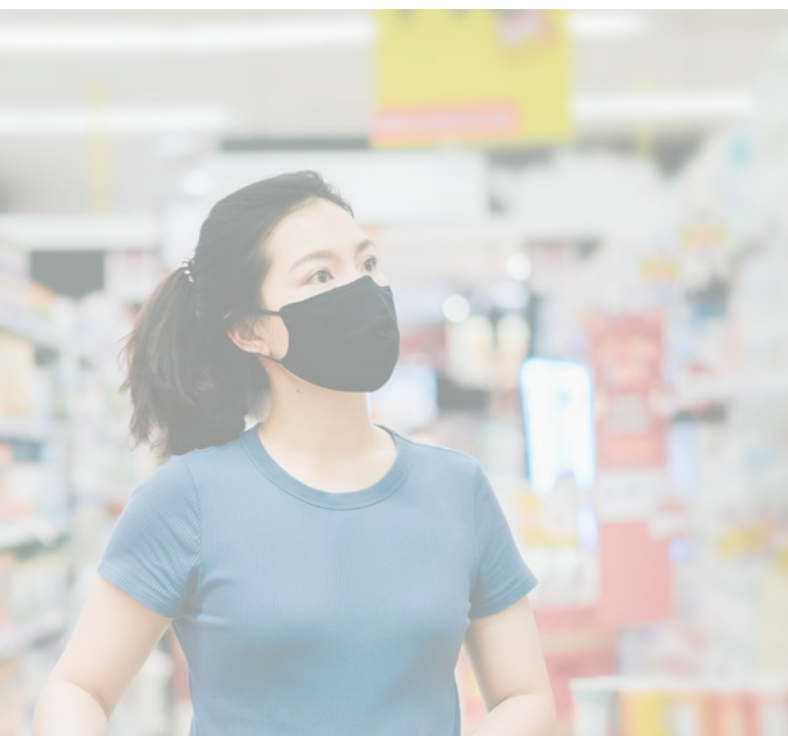
Health Canada will also further implement its new regulatory framework to accommodate **Advanced Therapeutic Products (ATP)**—defined as drugs or devices that are so complex or distinct that they significantly challenge our current regulatory system. As a key component of Health Canada’s Regulatory Innovation Agenda, this work will support timely access for patients while optimizing safety and benefits, as well as strengthen innovation in the health and biosciences sector. The first two ATP pathways in development are:

- > Adaptive Machine Learning-Enabled Medical Devices—medical devices using adaptive algorithms that learn from new datasets and are intended to be updated frequently to improve performance;
- > Fecal Microbiota Therapy—the transfer of bacteria into a patient’s intestinal tract to establish a healthy microbial community to help fight antimicrobial resistance, such as when treating recurrent *C. difficile* infections.

The Department will continue to engage stakeholders as ATP requirements evolve. It anticipates that the first of the above two pathways will be established in 2022–23, along with piloting a new “concierge service” to support innovators in navigating the new regulatory framework.

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 remains a vital component of Health Canada’s work. Over the course of 2022–23, the Department’s efforts in this regard will **focus on the following priorities, detailed further below:** applying a comprehensive approach to substance use-related harms; regulating cannabis; managing the risks of chemicals in the home, the workplace and the environment; mitigating the environmental impact of drugs; supporting the safety of consumer products and cosmetics; protecting Canadians from radiation; as well as strengthening pesticide regulation and transparency.



Applying a comprehensive approach to substance use-related harms

Substance use-related harms continue to cause devastating health and social effects on Canadians from every walk of life. For many people, and in many jurisdictions, the COVID-19 pandemic has exacerbated these harms. The **overdose crisis** in particular continues to have significant impacts on Canadian communities and families. For example, **between January 2016 and June 2021, coroners’ reports recorded 24,626 lives lost⁴⁰** to apparent opioid toxicity with a **disproportionate impact on men, individuals between the ages of 20–59 and Indigenous Peoples.**

While progress was being made and overdose-related harms and deaths were actually beginning to trend downward before the pandemic, several jurisdictions across Canada saw an alarming reversal in the months following the onset of COVID-19. In 2020, 6,214 people died as a result of an overdose—approximately 17 deaths per day, the highest annual death count on record since surveillance began. Contributing factors likely included increased feelings of isolation, stress and anxiety, and limited access to services for those who use drugs during the outbreak. In 2022–23, **Health Canada will continue to respond with a comprehensive, collaborative, coordinated, and compassionate approach.** This involves working closely with other federal departments, P/Ts, Indigenous communities, private sector organizations, and a wide range of other stakeholders, including substance use experts, service providers, and people with lived and living experience. Efforts will be focused on evidence-based strategies designed to reduce harm.

The Department will continue its work to **modernize the policies and operational procedures for supervised consumption sites and services.** It will also extend specific legislative exemptions to ensure P/Ts continue to have the flexibility needed to manage the overdose crisis and the COVID-19 pandemic in their communities. This will allow jurisdictions to:

- > **Establish temporary overdose prevention sites** within shelters or other locations to help people stay safe from overdoses while respecting physical distancing and self-isolation measures;

- > Establish other harm reduction activities, such as drug checking or virtual supervision of drug consumption, to prevent overdoses and overdose deaths.

Additional exemptions will allow:

- > Practitioners to **verbally prescribe, and pharmacists to prescribe, sell, or provide controlled substances** in limited circumstances, or transfer prescriptions for controlled substances;
- > Individuals to deliver controlled substances to those in isolation.

Over the coming fiscal year, Health Canada will continue to work with domestic and international partners to improve access to treatment services for substance use disorder. Recognizing that substance use can increase the underlying risk of mental health issues and exacerbate existing issues, the Department will also explore integrated approaches to treating mental health, chronic pain, and other disorders. It will also investigate ways to better reach young and middle-aged men to help improve education and awareness of substance use and harms, **counteract stigma, and increase help-seeking behaviour**. Beginning in 2022–23, Health Canada will make significant investments to further build upon public education and awareness towards reducing the stigma associated with problematic substance use.

DID YOU KNOW?

Unmanaged chronic pain and the trauma and complexity that often accompany it, is a primary risk factor of substance use and a barrier to successful treatment of substance use disorders. Health Canada will continue to engage with key stakeholders, including people living with chronic pain, researchers, educators, health professionals and others to identify ways to **improve health outcomes of people living with chronic pain, reduce discrimination, and increase chronic pain literacy across the healthcare system and the general public**. The Department will also review the recommendations outlined in the **Canadian Pain Task Force's final report**,⁴¹ so that people with chronic pain are recognized and supported and that chronic pain is understood, prevented and effectively treated throughout Canada.

Health Canada will continue to: collaborate with international partners such as the United Nations Office on Drugs and Crime and Pompidou Group to better understand how stigma affects people who use drugs and related drug policy interventions; promote the use of non-stigmatizing approaches during discussions with other countries at the Commission on Narcotic Drugs; and participate in the development of a World Health Organization Global Alcohol Action Plan (2022–2030) towards implementing the **Global Strategy**⁴² to Reduce the Harmful Use of Alcohol (2010).

The **Canadian Drugs and Substances Strategy (CDSS)** outlines the GOC's **approach to problematic substance use**, with the goal of minimizing the harms on individuals, families and communities. The CDSS covers a broad range of substances, including alcohol, cannabis, illegal drugs, and the problematic use of prescription drugs. It guides the development of substance use initiatives in a COVID-19 context. In 2022–23, the Department will publish an updated CDSS to address problematic substance use in Canada, supporting efforts to improve public education to reduce stigma, and supporting P/Ts and working with Indigenous communities to provide access to a full range of evidence-based treatment and harm reduction, as well as to create standards for substance use treatment programs. The updated CDSS will take into account advice from the **Health Canada Expert Task Force on Substance Use**⁴³ and input from the 2018 public consultations related to federal drug policy. The Task Force provided advice on strengthening the CDSS and on alternatives to criminal penalties for the personal possession of controlled substances. The 2018 consultations provided input on a range of issues, including the many barriers that make it difficult for people to access appropriate substance use services. The Department is working with P/Ts to analyze and better understand these barriers.

Health Canada will also continue to study the latest evidence and best practices to inform policies that address problematic alcohol use. During the 2018 CDSS consultations, Canadians provided considerable feedback regarding associated harms and risks. The Department is carefully considering this advice as it continues to identify effective responses to the harms associated with alcohol use.

In response to the urgent need created by COVID-19 pandemic's devastating effects on the ongoing overdose crisis, Health Canada will continue to support organizations at the community, regional and national levels through the **Substance Use and Addictions Program (SUAP)**. These funds will support important prevention, harm reduction and treatment initiatives, including:

- > Responding to the impacts of COVID-19 on the overdose crisis;
- > Improving access to harm reduction and treatment services, naloxone training and distribution, and the safer supply of prescription opioids;
- > Supporting public education and awareness about the use of cannabis, tobacco, vaping and alcohol products;
- > Supporting the Canadian Centre on Substance Use and Addiction (CCSA) in fulfilling their national mandate and advancing research and evidence on cannabis use;
- > Supporting research by the Mental Health Commission of Canada to assess the impacts of cannabis use on the mental health of Canadians.

The Department will continue to: **collect data on substance use and associated harms** related to opioids, alcohol and other substances (such as methamphetamine); and survey **people with lived and living experience, focusing on street-involved youth** aged 17 to 25 years old and people who attend Supervised Consumption Sites. For example, the Supervised Consumption Site Pandemic Survey, conducted in fall 2020, gathered information on the impacts of the pandemic on the clients, staff, and operators of federally-exempted supervised consumption and Urgent Public Health Need sites. This data, along with the results of the 2019 **Canadian Alcohol and Drugs Survey**,⁴⁴ will inform strategies to address emerging drug threats.

Health Canada will further increase its capacity to provide analytical services and intelligence on illegal controlled substances for public health purposes. This includes delivering timely and reliable information such as Drug Notifications, Drug Summary Reports and raw data tables to Canadian law enforcement agencies and public

health partners. The Department will strengthen its collaboration with national partners and agencies to: support harm reduction initiatives such as analysing drug checking techniques; and promote, monitor, verify and enforce compliance with the *Controlled Drugs and Substances Act*.

Regulating cannabis

The purpose of the *Cannabis Act* is to protect public health and public safety—in particular, the health of young persons by restricting their access to cannabis—while providing adults with legal access to regulated products and reducing illegal activities involving cannabis.

In 2022–23, Health Canada will continue to: support effective implementation of the new cannabis legislative and regulatory framework in collaboration with P/Ts, Indigenous communities, the regulated industry, public health organizations, academics, federal partners and law enforcement; issue licences and permits under the *Act*, including for cannabis, hemp, research, analytical testing and for drugs containing cannabis; facilitate reasonable access to cannabis for medical purposes; and conduct activities related to compliance and enforcement.

The Department's strategies to **promote a diverse commercial cannabis industry that deters the illegal market** will include reducing barriers for small-scale applicants, and improving its guidance, outreach and interventions with cannabis micro-class applicants.

Those who **abuse the access to cannabis for medical purposes** undermine the integrity of the system on which many patients rely to address their medical needs. Health Canada will counteract this using regulatory tools that include: acting on evidence provided by law enforcement; revoking or refusing registrations where warranted; requesting information from health care practitioners to support high daily amounts of cannabis; and working with P/T regulators to address problematic authorization practices by health care practitioners.

The Department will also continue to develop targeted public education campaigns; communicate on health risks; monitor, collect and analyze scientific evidence and data; monitor, assess and publicly report on adverse reactions, new cannabis products entering the market, and the movement of cannabis throughout the supply

chain; and **engage and work collaboratively with First Nations, Inuit and Métis** to address shared objectives, including participation in the federal framework.

Health Canada will develop **regulatory amendments to facilitate research with cannabis for non-therapeutic purposes**, and to restrict certain flavours in inhaled cannabis extracts.

The Department's **Science Advisory Committee on Health Products Containing Cannabis** will continue their review of available scientific and clinical evidence to support the consideration of appropriate safety, efficacy and quality standards for health products containing cannabis, including the conditions under which these products would be suitable for use without practitioner oversight. The Committee's advice, as reflected in both an interim and final report, will help inform a potential regulatory path forward.

The Department is closely monitoring the public health and public safety impacts of the *Cannabis Act* and will support the Minister of Health in undertaking a **legislative review of the administration and operation of the Act**. In addition, as outlined in the *Regulatory Impact Analysis Statement*⁴⁵ published in October 2018 to support the *Cannabis Fees Order*,⁴⁶ Health Canada initiated a **review of the cannabis fees framework** in 2021–2022 to assess the impact of the fees charged to licence holders and licence applicants on the legal cannabis industry. Health Canada will publish a summary of key findings in 2022–23.

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

As part of its ongoing commitment to chemicals management, Health Canada will conduct further research, monitoring and surveillance (including biomonitoring) and risk assessments regarding new and existing chemical substances and products of biotechnology, and will take appropriate action to help protect the health of Canadians. The Department will also continue to develop and use interactive and digital tools to inform the public, including the most vulnerable Canadians, about the potential risks from chemicals and the actions they can take in and around their homes to protect their health through the **Healthy Home Campaign**.

DID YOU KNOW?

Health Canada will launch a **new Contribution Program** in 2022–23 to increase public participation and engagement (with an emphasis on vulnerable populations and Indigenous Peoples) on the **Chemicals Management Plan** and environmental health programs. This flexible funding model will bring new voices to the table, and leverage diverse knowledge and expertise. The Contribution Program will also include support for communicating evidence-based information about chemicals and environmental health to the public.

The Department will work with Environment and Climate Change Canada to strengthen the *Canadian Environmental Protection Act*.

Health Canada will continue to conduct research to better understand the effects of microplastics on human health and to support the GOC's agenda for reducing plastic waste. In this context, Health Canada will initiate food toxicology research to support the reassessment of titanium dioxide (TiO₂), develop methods to facilitate the health hazard assessment of microplastic particulates in food, and continue to monitor chemical contaminants such as trace elements, persistent organic pollutants, process-induced toxicants and chemicals transferred from food contact materials in the **Canadian Total Diet Study**.

In response to actions taken by the European Food Safety Authority/European Commission to prohibit the use of TiO₂ as a food additive, the Department will continue its outreach to stakeholders and international regulators on this issue and intends to publish a state-of-the-science report that will describe current data gaps for TiO₂ in foods.

In the coming fiscal year, Health Canada plans to publish new consumer advice for ethyl carbamate in alcoholic beverages, and update Qs&As on arsenic, MSG and amaranth on its website. The Department will continue to update its regulatory maximum levels for chemical contaminants in food, as appropriate, and intends to publish consumer advice and information for Canadians on a number of additional topics related to food chemical safety.

To mitigate risks posed by **workplace hazardous products**, the Department will continue to conduct hazard assessments, enforce the appropriate labelling and communication of hazards and undertake outreach activities. These efforts will be informed and supported by international cooperation, including through implementation of revised editions of the **Globally Harmonized System of Classification and Labelling of Chemicals (GHS)**⁴⁷ and participation in the United Nations Sub-Committee of Experts on the GHS and in the **Canada-U.S. Regulatory Cooperation Council**.⁴⁸

Health Canada will also continue to: develop and modernize policy and operational procedures pertaining to workplace hazardous products under the **Hazardous Products Act**⁴⁹ and the **Hazardous Materials Information Review Act and their Regulations**,⁵⁰ and implement the **Management Response and Action Plan**⁵¹ to address the recommendations made in the **Evaluation of the Workplace Hazardous Products Program 2014–15 to 2018–19**,⁵² which identified areas for improvement around compliance and enforcement activities, communication and guidance material, and measuring impacts.

Mitigating the environmental impact of drugs

In 2022–23, Health Canada will continue to engage with the public and stakeholders on **modernizing the Food and Drug Regulations and Food and Drugs Act with regard to the environmental risk assessment and risk management of ingredients in drugs**. This renewed regulatory regime would require industry to provide environmental data on new drug ingredients at different stages in the drug development process (e.g., annual import/manufacturing quantities when applying for clinical trial application or for market authorization).

Once passed, the proposed amendments would help evolve the GOC towards a modernized environmental risk assessment and risk management regulatory framework for drugs that would be on an equal footing to the *Canadian Environmental Protection Act, 1999*

and the New Substances Notification Regulations. The new approach better aligns with international agencies such as the U.S. FDA and the EMA; helps address regulatory inefficiencies; and creates a more streamlined approach for industry; while at the same time strengthening the environmental risk assessment and risk management of drugs.

DID YOU KNOW?

In collaboration with Environment and Climate Change Canada, Health Canada is committed to engaging Canadians on how to **enhance chemical ingredient transparency throughout the supply chain** and to strengthen mandatory labelling for cosmetics, cleaning products, and flame retardants in upholstery, giving Canadians greater access to information about the substances to which they are exposed.

Supporting the safety of consumer products and cosmetics

The Department will continue to mitigate risks posed by unsafe consumer products and cosmetics by conducting risk assessments, compliance and enforcement, and outreach activities. For example, it will increase testing on imported products for compliance with Canadian safety standards and **work with international partners to coordinate joint recalls** and awareness campaigns.

Health Canada will further develop and update policy and operational procedures pertaining to consumer products under the **Canada Consumer Product Safety Act**⁵³ and to cosmetics under the **Food and Drugs Act**,⁵⁴ as well as their associated regulations, to ensure Canada benefits from a modern regime. In particular, the Department will work towards strengthening labelling requirements for chemicals in consumer products and certain fragrance allergens in cosmetics, as well as introducing amendments to the **Food and Drugs Act**⁵⁵ to end animal testing for cosmetics.

WHAT'S NEW?

In 2022–2023, Health Canada will update its guidelines for the **safe installation, use and control of dental x-ray equipment**, also known as *Safety Code 30*.⁵⁶ These updates will address technological advancements in dental x-ray equipment, along with new international guidance and standards. Safety Code 30 sets out principles and best practices to help protect individuals who may be exposed to radiation from dental x-ray equipment.

Protecting Canadians from radiation

Health Canada will continue to monitor, advise, and report on exposure to radiation that occurs both naturally and from man-made sources under the authority of the *Department of Health Act*,⁵⁷ the *Radiation Emitting Devices Act*⁵⁸, the *Comprehensive Nuclear-Test-Ban Treaty Implementation Act*,⁵⁹ the *Emergency Management Act*⁶⁰ and the *Nuclear Safety and Control Act and Regulations*.⁶¹ As part of the Federal Nuclear Emergency Plan, the Department will participate in nuclear emergency trainings, drills and exercises and will coordinate with federal, P/T and international partners to **ensure that emergency preparedness plans are ready for execution** in the event of a nuclear emergency. Additional ongoing activities for 2022–23 include:

- > Advancing efforts to modernize the *Radiation Emitting Devices Act and Regulations*,⁶² giving consideration to stakeholder input;
- > Developing relevant information and science-based advice for Canadians and stakeholders on the safety of these devices, particularly on the topic of x-ray safety.

Strengthening pesticide regulation and transparency

Health Canada will continue to make timely, science-based decisions that support the safe and sustainable use of effective pesticide products. The Department will also continue to promote, monitor and enforce compliance with the *Pest Control Products Act*⁶³ and its *Regulations*. Furthermore, in 2022–23, the GOC will begin to transform the regulatory system

for pesticides to strengthen its oversight and protection of human health and the environment. Through these efforts, Health Canada is also committed to **modernizing and strengthening the Act to ensure it supports transparency, use of independent scientific evidence and input into the decision-making process**. To deliver on these commitments, the Department will undertake a number of activities in consultation with key stakeholders and partners, including:

- > Reviewing specific provisions of the *Pest Control Products Act* to improve pesticide review processes, increase transparency, and expand the use of independent scientific evidence and input;
- > Establishing an independent science advisory committee, consisting of experts on health and environmental risk assessment, and/or risk management of pesticides, to advise Health Canada, as appropriate;
- > Developing, in collaboration with partners, a pesticide monitoring program to measure pesticide concentrations in Canada's lakes, rivers and groundwater;
- > Supporting the generation of independent data, including new water and agricultural monitoring data, from universities, non-governmental organizations, and P/Ts;
- > Developing and consulting on a new risk-based continuous oversight model for pesticide evaluations to facilitate proactive identification and response to emerging risk issues and greater focus on pesticides that present a higher risk to the health of Canadians and/or environment;
- > Developing tools to provide Canadians with better access to information and data regarding pesticides and the regulatory system. This includes expanding publicly available information on applications to register new pesticides;
- > Developing plain language information for Canadians and stakeholders on the pesticide regulatory process and decisions.

Departmental Result 5: Canadians make healthy choices

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

Promoting healthy eating

Over the coming fiscal year, 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 healthier choices easier for all Canadians. It will do so by supporting restrictions on the advertising of certain food and beverages to children in Canada, as well as continuing to implement a monitoring strategy to collect and analyse data in order to report on the state of such advertising.

With regard to promoting healthy eating habits as per *Canada's Food Guide*,⁶⁴ the Department will focus on increasing food skills in 2022–23 by: developing new resources, such as recipes,



videos, articles and digital marketing campaigns; helping consumers to overcome barriers to healthy eating and increasing awareness of the influence of food marketing; and collaborating with stakeholders to further integrate the dietary guidance into policy, programs and resources.

Health Canada will prioritize and direct its policy and promotion efforts to children and youth, young adults, and families who are experiencing or at risk of food insecurity. For example, the Department will recognize actions that organizations take to make it easier for people to follow the Guide, with an initial focus on settings where the populations identified above eat. These include recreational centres and arenas, schools, as well as the organizations that serve them, such as community food centres.

DID YOU KNOW?

Health Canada's parasitology lab has been testing various Arctic animals, harvested as country foods by the Inuit population, for the presence of foodborne parasites, particularly *Toxoplasma gondii*. Test results have suggested that traditional methods of preparing these foods may increase the risk of foodborne transmission. The Department is investigating methods to detect, characterize and control parasites in foods to better protect the health and safety of Indigenous Peoples.

To encourage further reduction in products with the highest sodium content, Health Canada will continue to urge and work with the food-processing sector towards achieving the 2025 targets set in the "**Voluntary Sodium Reduction Targets for Processed Foods, 2020–25**". The Department also intends to consult on proposed sodium reduction targets for foods sold in restaurants and food services, focusing on those foods Canadians consume most often when eating out. These new targets will address a current gap in the approach to sodium reduction.

In addition, Health Canada plans to publish baseline data on the trans fat intake of Canadians, assessing this against the World Health Organization recommendation.

Modernizing the regulatory oversight of food

The way in which food regulations are currently structured under the *Food and Drugs Act* makes it difficult for industry to bring innovative products

to market and limits the Department's ability to respond to advances in science and technology. In 2022–23, Health Canada will establish a regulatory framework for supplemented foods (containing added vitamins, minerals, or herbal ingredients) and modernize the oversight of microbiological criteria and food additives.

Improving food packaging and labelling

Health Canada will propose to finalize new regulations that introduce a mandatory front-of-package nutrition labelling system on prepackaged foods with levels of saturated fat, sugars and/or sodium that meet or exceed specific thresholds. This will help consumers quickly and easily identify such foods, allowing them to make healthier and more informed food choices for themselves and their families.

Health Canada and the CFIA will continue to coordinate regulatory amendments that require a change to food labels, in line with the joint food labelling policy published in August 2021. The policy provides the food industry with greater predictability with respect to the compliance dates for future labelling changes.

DID YOU KNOW?

Exposure to some environmental chemicals, including certain flame retardants, may negatively affect fertility, endocrine signalling and ovarian function. People can be exposed to these chemicals in a number of ways, including from air, water, soil and food. As such, the Department is **conducting toxicology research on flame retardant contaminants in food** with a focus on refining the threshold levels that may pose risks to pregnant women and infants.

Ensuring the safety of the Canadian food supply

Canada's food safety system is one of the best in the world. Health Canada works with other jurisdictions, industry and consumers to establish policies, regulations and standards related to the safety and nutritional quality of all food sold in Canada. In 2022–2023, the Department will improve public education and awareness activities related to the importance of safe food handling and preparation practices to reduce foodborne illnesses in Canada.

Reducing tobacco use and responding to the increase in youth vaping

In 2022–23, Health Canada will take additional action to address the ongoing high rates of youth vaping, and continue to implement 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. The Department will support the Minister of Health in conducting a review of the *Tobacco and Vaping Products Act*. This inaugural review will assess the operation of the Act and examine early evidence from its first three years to gauge the progress made towards achieving its stated vaping-related objectives. Additional reviews will follow every two years.

In cooperation with other F/P/T partners and key stakeholders, **new or ongoing measures to address youth vaping** will include:

- > Ongoing work on the proposed *Order Amending Schedules 2 and 3 to the Tobacco and Vaping Products Act (Flavours) and Standards for Vaping Products' Sensory Attributes Regulations* that were pre-published in Canada Gazette Part I in June 2021;
- > Proposing new regulations to amend the *Tobacco (Access) Regulations* to help further reduce youth access to vaping products, including via online sales;
- > Proposing new regulations to require manufacturers and importers of vaping products to provide information on their products to Health Canada;
- > Raising public education and awareness of the potential harms associated with vaping, particularly for youth;
- > Monitoring national trends in vaping and smoking, particularly in youth and young adults, and conducting public opinion research to better understand youth use of vaping products and inform future regulatory and policy initiatives;
- > Inspecting websites and social media where advertising or promotion of vaping products is accessible to youth; inspecting retailers, manufacturers, and importers of vaping products and conducting product sampling and testing; and publishing the results of compliance and enforcement activities.

WHAT'S NEW?

To address the ongoing high rates of youth vaping and the health risks to all individuals, Health Canada will increase its efforts to **reduce the appeal of and access to vaping products among young Canadians**—including new regulatory proposals, public education, compliance and enforcement, and additional qualitative research and surveillance activities. The Department will continue to closely monitor and study the use of tobacco and vaping products among youth and take additional actions as necessary.

In 2022–23, **new or ongoing measures relating to tobacco** will include:

- > Proposing new regulations to update the health-related messages (including health warnings, health information, and toxicity information) that must be displayed on tobacco products;
- > Exploring innovations to modernize the **Pan-Canadian Quitline Initiative** and developing voluntary smoking cessation standards for health care organizations, in collaboration and coordination with P/Ts and other stakeholders;
- > Promoting compliance, and inspecting tobacco product retailers and manufacturers;
- > Requiring tobacco manufacturers to pay for the cost of federal public health investments in tobacco control;
- > Raising awareness of resources and services to help Canadians quit smoking through public education campaigns;
- > Providing up to \$3.5 million for community organizations that undertake prevention, protection and/or cessation efforts vs. the use of tobacco and vaping products. Projects aim to: inform Canadians about cessation interventions for people who smoke and youth who vape; encourage and support attempts to quit; and address any information/knowledge gaps.

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

As the legal cannabis industry increasingly displaces the illegal market and adults are provided with greater access to regulated cannabis products, Health Canada will closely monitor changes in knowledge, attitudes and behaviors (e.g., through the **Canadian Cannabis Survey**) and adapt its public education and awareness activities to ensure that Canadians are able to make informed decisions to protect their health. The Department will continue to inform the public of health effects associated with cannabis use.

Furthermore, through SUAP, Health Canada will provide up to \$7 million in 2022–23 in ongoing support to community-based and Indigenous organizations in educating their communities, with a focus on youth and at risk groups, on the use of cannabis and its health effects.

The Department recognizes that ongoing research is fundamental to understanding the benefits and harms of cannabis. The new fiscal year will see Health Canada providing \$3.9 million to the CCSA and the MHCC to continue their work supporting research on cannabis use and its impact on mental health.



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"> • Publishing information on authorized clinical trials for drugs and vaccines; medical devices for COVID-19; and authorized drugs and vaccines for COVID-19, as well as those under evaluation. • Creating regulatory changes to require publication of information on all authorized clinical trials for drugs, medical devices, natural health food products, and food for special dietary purposes. • Publishing reports regarding industry non-compliance on the Health Canada website outlining the summary results of vaping compliance and enforcement⁶⁵ activities conducted under the <i>Tobacco and Vaping Products Act</i> and/or the <i>Canada Consumer Product Safety Act</i>. • Fulfilling international reporting requirements for substances controlled under the United Nations Drug Control Conventions in alignment with the United Nations Office on Drugs and Crime. • Publishing guidance documents about substances under the CDSA to increase decision-making transparency.
<p>Offer more engagement opportunities to Canadians and stakeholders</p>	<p>In line with the GOC’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"> • Consulting broadly with stakeholders, including consumer and patient groups, health partners, and industry and regulatory modernization initiatives. • As the pandemic continues to evolve, engaging with industry, federal partners, P/Ts, and other stakeholders to better support them in a time of crisis. • Launching a new Contribution Program to increase public participation, including from Indigenous Peoples, in the Chemicals Management Plan.

<p>Improve communication tools</p>	<p>Continue to acquire, develop and improve the tools, processes and resources needed to effectively communicate with, and engage, Canadians on Health Canada’s digital platforms, including Canada.ca⁶⁶ and Health Canada social media channels. For example:</p> <ul style="list-style-type: none"> • Releasing proactively valuable COVID-19-related data and information to inform the public while employing digital tools to improve the reach of and dissemination of information. • Using digital performance measurement tools, surveys and analysis to support continuous improvement, and to encourage user-focused digital content that is findable and accessible to support increased trust of government web and social media content. • Collaborating with federal partners to innovate, leverage and/or optimize content and digital tools for Canadians and streamline and automate the publishing of data to Canada.ca allowing internal stakeholders to manage publishing and update in real time. • Implementing a new, user-focused recalls and safety alerts system that will improve the ability of Canadians to take action to protect themselves from unsafe products. • Delivering public education and awareness campaigns to inform Canadians about opioids and their related health risks, and to address the stigma that creates barriers for those seeking treatment.
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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"> • Promoting, verifying and enforcing compliance with the <i>Cannabis Act</i> and its regulations consistent with the approach outlined in Health Canada’s Compliance and Enforcement Policy for the <i>Cannabis Act</i>. • Enhancing supply chain transparency, including mandatory labelling of chemicals in consumer products. • Promoting the use of Unique Device Identifiers to facilitate supply chain management of medical devices.
<p>Collaborate internationally</p>	<p>Collaborate with international regulatory organizations, and align where appropriate with foreign regulators. For example:</p> <ul style="list-style-type: none"> • Working with international partners on COVID-19 issues, clinical trials, regulatory reviews and market authorizations, risk assessments, post-market safety surveillance and product shortages. • Participating in international forums on topics such as regulatory standards and alignment, new technologies, and emergent safety issues. • Through Project Orbis and Access, promoting work sharing for quicker access to drugs for Canadians. • Working with the International Council for Harmonization of Technical Requirement for Pharmaceuticals for Human Use to develop international standards. • Contributing to implement the G7 Clinical Trials Charter. • Communicating joint recalls of products and sharing information regarding non-compliant health product inspections, consumer products and cosmetics, where appropriate.
<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"> • Sharing information with other trusted regulators regarding non-compliance. • Carrying out foreign on-site Good Manufacturing Practices inspections, to increase Health Canada’s oversight of drug production earlier in the supply chain. • Exchanging information on pharmaceutical inspections conducted in foreign jurisdictions with international partners.

PLANNED RESULTS FOR CORE RESPONSIBILITY 2: HEALTH PROTECTION AND PROMOTION

The following table shows, for Health Protection and Promotion, the planned results, the result indicators, the targets and the target dates for 2022–23, and the actual results for the three most recent fiscal years for which actual results are available.

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

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of human ¹ new drug decisions issued within service standards ² (Baseline: 88% {82% for pharmaceuticals; 100% for biologic and radiopharmaceuticals} established in 2017–18)	At least 93%	March 31, 2023	2018–19: 98% 2019–20: 96% 2020–21: 100%
Percentage of Risk Management Plan reviews for new drug decisions completed within service standards (Baseline: 91% {100% for biologic and radiopharmaceutical drugs} in 2017–18)	At least 90%	March 31, 2023	2018–19: 98% 2019–20: 93% 2020–21: 94%
Percentage of domestic drug companies deemed to be compliant with manufacturing requirements under the <i>Food and Drugs Act</i> and associated regulations (Baseline: 94% established in 2018–19)	Between 85% and 95% ³	March 31, 2023	2018–19: 94% 2019–20: 96% 2020–21: 99.7%

¹ The word “human” was added in 2022–23 to provide greater specificity and differentiate between human and veterinary drugs.

² Drugs include prescription and non-prescription pharmaceutical drugs for human use; disinfectants; biologic and radiopharmaceutical drugs.

³ Health Canada has implemented a risk-based approach that targets companies that present a higher risk to the health and safety of Canadians. Given this change, compliance rate in the future 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 90% ¹	March 31, 2023	2018–19: 93% 2019–20: 86% 2020–21: 86%
Percentage of actions taken in a timely manner to protect the health of Canadians from substances found to be a risk to human health (Baseline: 85% in 2016–17)	Exactly 100%	March 31, 2023	2018–19: 88% 2019–20: 100% 2020–21: 100%
Percentage of pre-market pesticide ² submission reviews that are completed within service standards (Baseline: 95% in 2019–20)	At least 90%	March 31, 2023	2018–19: 92% 2019–20: 95% 2020–21: 93%

¹ This target has increased from 85% to 90% in 2022–23, given that Health Canada has exceeded the target over the last 3 years.

² The word “pesticide” was added in 2022–23 to provide greater specificity and differentiate between pesticide and human drugs.

DEPARTMENTAL RESULT 5: CANADIANS MAKE HEALTHY CHOICES

Departmental Result Indicators	Target	Date to achieve target	Actual Results
Percentage of Canadians (aged 15+) who are current cigarette smokers (Baseline: 16% in 2017)	At most 5%	March 31, 2035	2018–19: 17.8% 2019–20: 17.8% ¹ 2020–21: 13% ²
Percentage of youth (grades 10–12) who report frequent (daily to weekly) cannabis use in the past 30 days ³ (Baseline: 9.2% in 2018–19)	9.2% or lower	March 31, 2024	2018–19: 9.2% 2019–20: 9.2% 2020–21: 9.2% ⁴
Percentage of Canadians who use dietary guidance provided by Health Canada (Baseline: 41% in 2012)	At least 50%	March 31, 2023	2018–19: 47% 2019–20: 47% 2020–21: 47% ⁵

¹ Data is from the Canadian Tobacco, Alcohol and Drug Survey (CTADS). As data is not collected annually, previous year data from 2017 has been reported in its place.

² The data source for this indicator has changed from CTADS to the annually reported Canadian Community Health Survey (CCHS). Results presented are from the 2020 CCHS.

³ Added in 2022–23, this new indicator replaces the previous indicator “Percentage of Canadians (aged 15–24) who have used cannabis in the last 12 months”.

⁴ Results are based on the 2018–19 Canadian Student Tobacco, Alcohol and Drug Survey, which is conducted in schools. Due to the pandemic, it was not possible to conduct this survey in 2020–21. As such, previous year data has been reported. New results are expected in 2023.

⁵ The data source for this indicator is the Statistics Canada 2016 Canadian Community Health Survey. The survey asks the question on Canadians’ use of Health Canada dietary guidance every four years. As such, previous year data has been reported. New results are expected in 2022.

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

2022–23 Budgetary spending (as indicated in Main Estimates)	2022–23 Planned spending	2023–24 Planned spending	2024–25 Planned spending
750,221,957	750,221,957	617,360,824	517,468,639


Note: The decrease in planned spending is mainly due to funding level decreases for Addressing the Opioid Crisis; and supporting Canadians struggling with Substance Use Disorder; as well as, the expiry of budgetary authorities in 2022–23 for Investments in Cannabis Public Education, Awareness, and Research and in 2023–24 for Continuing Canada’s chemical management regime; Strengthening the capacity and transparency of the pesticide review process; and Bringing Innovation to Regulations. 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**

2022–23 Planned full-time equivalents	2023–24 Planned full-time equivalents	2024–25 Planned full-time equivalents
5,610	5,627	5,223

Note: The increase in planned FTEs in 2023–24 is mainly due to an increase in revenue for Drugs and Medical Devices. The decrease in planned FTEs in 2024–25 is mainly due to the expiry of budgetary authorities for Continuing Canada’s chemical management regime; Strengthening the capacity and transparency of the pesticide review process; and Bringing Innovation to Regulations. 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 on [GC InfoBase](#).⁶⁷



Health Canada will continue to encourage and support marginalized voices through new initiatives like establishing the Mentorship Plus program and the co-development of the Inclusive Staffing Working Group and Diverse Selection Board.



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.

PLANNING HIGHLIGHTS

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.

DID YOU KNOW?

In 2021, Health Canada was recognized as **one of Canada's Best Diversity Employers** (for the 7th year running), **one of Canada's Top Employers of Young People** (for the 11th year running), and in 2022, for the second time, as **one of Canada's Top 100 Employers** which recognizes organizations with exceptional human resources programs and forward-thinking workplace policies. The Department was recognized for its continuous support to employees during the COVID-19 pandemic and its ongoing commitment to removing systemic racism and discrimination from our workplace culture.

The Clerk of the Privy Council noted in his letter to the Prime Minister in the [Twenty-Seventh Annual Report on the Public Service of Canada](#),⁶⁸ that the collective hard work of public servants on diversity and inclusion, mental health, and harassment—as well as experimentation with new ideas—has given momentum to renewal of the public service. Health Canada supports this government-wide goal through initiatives that foster a **more inclusive, agile and equipped workforce**.

The health and safety of employees remains our top priority and the Department will continue to respect the occupational health guidance from the Public Service Occupational Health Program, public health guidelines, and established safety protocols as employees re-enter government worksites.

During 2021–22, in response to COVID-19, Health Canada offered tailored mental health support services to both departmental and PHAC staff. These services will continue through 2022–23, including: dedicated mental health support; leadership coaching; customized mental health training; change management/team building; and a series of webinars/supporting materials.

WHAT'S NEW?

Health Canada's **Mentorship Plus** program is a new initiative designed to support leadership development, with specific emphasis on supporting members of underrepresented groups who aspire to leadership and executive positions. The program:

- Helps candidates to navigate the system for upward career mobility;
- Facilitates increased visibility in informal networks;
- Provides access to development opportunities to build the skills required for the executive cadre.

Mentorship Plus includes both mentorship and sponsorship components—mentorship provides advice, while sponsorship provides advocacy.

In 2022–23, the Department will focus on the following priorities:

Building a barrier-free workplace that is healthy, diverse, equitable, and inclusive

With the adoption of the *Accessible Canada Act* and the launch of '[Nothing Without Us: An Accessibility Strategy for the Public Service](#)'⁶⁹ in 2019, the Department will deliver on the following:

- > Continuing to engage employees with disabilities to identify barriers and suggest solutions, as well as to support managers and employees in recognizing accessibility needs in the workplace;
- > Developing a plan with clear performance measures to improve accessibility with a focus on: Employment; Built Environment and the Workplace; Communications and Technologies; Program Design and Service Delivery; and Culture Change;
- > Ensuring that all new work stations/meeting spaces incorporate accessibility features and universal design principles, in accordance with best practices and standards defined for federal buildings.

Health Canada remains committed to its ongoing response to the Clerk's [Call to Action on Anti-Racism, Equity, and Inclusion in the Federal Public Service](#),⁷⁰ with a goal of **ensuring a work environment that is free of racism and discrimination, where all employees feel safe and are treated with respect, dignity and fairness**. These values are the foundation of who we are, what we do, and how we carry out our work. The Department will further strengthen and promote this, on an ongoing basis, by:

- > Addressing systemic racism, harassment, and discrimination towards Employment Equity groups via the Leadership Council on Diversity and Inclusion, and Employee Networks;
- > Promoting the Centre for Ombuds, Resolution and Ethics as a safe space for employees who experience discrimination and racism in the workplace to seek support;
- > Implementing the findings of the Internal Anti-Racism Listening Sessions as they relate to recruitment, onboarding and retention;

- > Implementing the Equitable Access to Language Training Program to support equitable access to language training for employment equity groups;
- > Establishing the Mentorship Plus program and co-developing the Inclusive Staffing Working Group and Diverse Selection Board to help eliminate systemic barriers to recruitment, retention and training.

Health Canada will continue to attract and retain a diverse, bilingual, and representative workforce within a healthy, equitable, and inclusive workplace, by:

- > Promoting positive mental health and wellness via the Department’s Mental Health and Wellness Strategy;
- > Offering new training to employees to help prevent violence and harassment in the workplace;
- > Including bias and barrier-free practices for recruitment, onboarding, and retention within the Department’s Official Languages Action Plan and the Multi-Year Diversity and Employment Equity Plan for 2022–25;
- > Improving accessibility, diversity and inclusivity in all aspects of planning to support the workforce, work, and workplace, regardless of location (i.e., facilitating tools for on-site and remote work);
- > Implementing Emotional Intelligence coaching and training to support the development of our leaders.

Health Canada will also strengthen its culture of resolution anchored in values and ethics where employees can raise concerns and seek the help they need in confidence. The **Centre for Ombuds, Resolution and Ethics (CORE)** supports both individual and organizational wellbeing by promoting a collaborative approach to managing conflict and by raising systemic issues to those with the authority to act. 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, inclusiveness and conflict competence. This will be anchored through the conduct of an organizational ethical risk assessment and the renewal of the departmental **Code of Values and Ethics**.⁷¹

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

Health Canada will maintain its efforts to become better equipped with modern, enhanced and secure services, as well as to support a digitally enabled environment for delivering health programs to Canadians. **Continuous improvement of the Department’s technology ecosystem** has been key to delivering essential services during this pandemic, from supporting vaccinations and testing, to enabling collaboration tools for employees. It will continue to collaborate across the Health Portfolio to take advantage of future digital opportunities. 2022–23 priorities include:

- > Maintaining and adapting IT systems and tools that allowed employees to work remotely during the pandemic, for use in the on-site work environment;
- > Further modernizing office facilities to ensure the workplace enables both the work and workforce, in alignment with the National Accommodation Strategy—a 5-year plan based on strategic drivers of the Department and meant to prioritize its investments into office space fit-ups;



- > Enhancing security awareness in response to the pandemic and post-pandemic working environment, as per the Departmental Security Plan;
- > Renewing the Department’s laboratory portfolio strategy, in collaboration with PSPC, while continuing to implement its long-term capital plan and participate in Labs Canada to support modern and collaborative laboratories;
- > Developing a strategy to guide the digital transformation of the Department’s financial, materiel, and grants and contributions management systems that aligns with the GOC’s Digital Comptrollership Program.

Communication Services

In 2022–23, Health Canada will continue to provide Canadians with timely and relevant information needed to take action on their personal and collective health and safety using an array of digital and traditional communication methods. The Department will provide ongoing support to the GOC’s response to the COVID-19 pandemic, while also communicating on other important issues, such as improving health systems, virtual care and access to prescription medications.

Health Canada will also maintain its leadership role in delivering evidence-based and innovative public education and awareness initiatives and work with P/Ts and other stakeholders to inform Canadians about priority topics such as: vaccines; opioids and other controlled substances; tobacco and vaping; cannabis; healthy eating; food and product safety; and environmental health.

To maintain the support for resurgence planning and recovery during the pandemic, communications will continue to promote Health Canada’s efforts to expand COVID-19 testing and screening. Specific activities will include:

- > Collaborating on public health initiatives by promoting rapid testing as part of the public health measures Canadians can adopt to combat COVID-19;
- > Focusing communications efforts on vulnerable populations to empower them to adopt testing as a means to avoid outbreaks and break the chain of transmission.

KEY RISK(S) FOR INTERNAL SERVICES

1. **Risk:** Health Canada's ability to deliver on its mandate effectively may be at risk due to challenges in maintaining a high-performing, diverse and agile workforce within a healthy workplace.

KEY EXAMPLES OF HEALTH CANADA'S PLANNED RISK RESPONSES:

<p>Support workplace wellness</p>	<p>Invest in initiatives to foster a healthy and safe workplace. For example:</p> <ul style="list-style-type: none"> • Promoting positive mental health and wellness through the Multi-Year Mental Health and Workplace Wellness Strategy, and implementing strategies that align with the National Standard for Psychological Health and Safety in the Workplace. • Providing guidance and support to employees on a healthy and respectful workplace. • Providing, via the Centre for Ombuds, Resolution and Ethics, an independent, confidential, and informal safe space where all Health Canada employees can resolve a range of issues that could hinder workplace wellbeing.
<p>Promote diversity, bilingualism and inclusion</p>	<p>Encourage employment equity and inclusiveness. For example:</p> <ul style="list-style-type: none"> • Incorporating bias and barrier-free practices for recruitment, onboarding, and retention in the Department's Official Languages Action Plan and the Multi-Year Diversity and Employment Equity Plan for 2022–25. • Expanding access to standardized language training through the Department's single window for official languages training. • Addressing racism and discrimination through the Leadership Council on Diversity and Inclusion Employee Networks and the Centre for Ombuds, Resolution and Ethics.
<p>Attract and retain skilled and talented employees</p>	<p>Maintain a high-performing workforce with the appropriate skills and competencies. For example:</p> <ul style="list-style-type: none"> • Fostering career development through clear performance measures and training. • Incorporating accessibility, diversity and inclusivity in all aspects of planning to support the workforce, work, and workplace, regardless of location. • Implementing innovative and targeted staffing strategies to streamline human resources processes and recruitment.

2. **Risk:** Health Canada’s ability to deliver modern, digitally enabled programs and services informed by data sharing/analytics face some risks from the complexity of IT systems and the evolving nature of the work.

The Department has made substantial investments in its infrastructure to support remote work and transitioned some applications to Cloud; however, some applications still face challenges with aging IT and deferred maintenance as well as limited funding. There is also an increasing volume of information and tools being used and challenges in safeguarding and protecting IT assets from cyberattacks.

KEY EXAMPLES OF HEALTH CANADA’S PLANNED RISK RESPONSES:

<p>Continue to update IT and lab infrastructure</p>	<p>Equip employees with modern, enhanced and secure infrastructure to deliver programs. For example:</p> <ul style="list-style-type: none"> • Continuing to modernize office facilities and provide novel and secure tools to promote flexible workplace environment. • Updating aging lab infrastructure and continuing to participate in Labs Canada to create world class, innovative and collaborative science research centres across Canada. • Continuing to implement the Departmental Security Plan. • Developing and implementing business applications to address the risks of aged technology. • Researching and considering modern, reliable and robust security enterprise solutions that meet the needs of the Department and future of work.
<p>Promote awareness and training</p>	<p>Ensure Department vigilance and raise employee awareness. For example:</p> <ul style="list-style-type: none"> • Communicating with employees on new security requirements and applications, and providing updates on remote work applications. • Implementing mandatory employee training on new applications. • Providing security awareness training to all employees on various topics surrounding information security and safeguarding.
<p>Strengthen oversight</p>	<p>Implement oversight strategies and foster a security culture remotely and onsite. For example:</p> <ul style="list-style-type: none"> • Updating policies and tools to safeguard and protect people, information and assets in compliance with Treasury Board policies, directives and standards such as the Treasury Board Standard on Security Screening. • Continuing to implement the revised Privacy Management Framework.

PLANNED BUDGETARY FINANCIAL RESOURCES (DOLLARS) FOR INTERNAL SERVICES

2022–23 Budgetary spending (as indicated in Main Estimates)	2022–23 Planned spending	2023–24 Planned spending	2024–25 Planned spending
276,665,409	276,665,409	281,252,239	267,822,266

Note: The increase in planned spending in 2023–24 is mainly due to an increase in revenue for Drugs and Medical Devices.

The decrease in planned spending in 2024–25 is mainly due to the expiry of budgetary authorities for Continuing Canada’s chemical management regime, Strengthening the capacity and transparency of the pesticide review process, and Bringing Innovation to Regulations. The Department would have to request funding for these initiatives for future years.

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

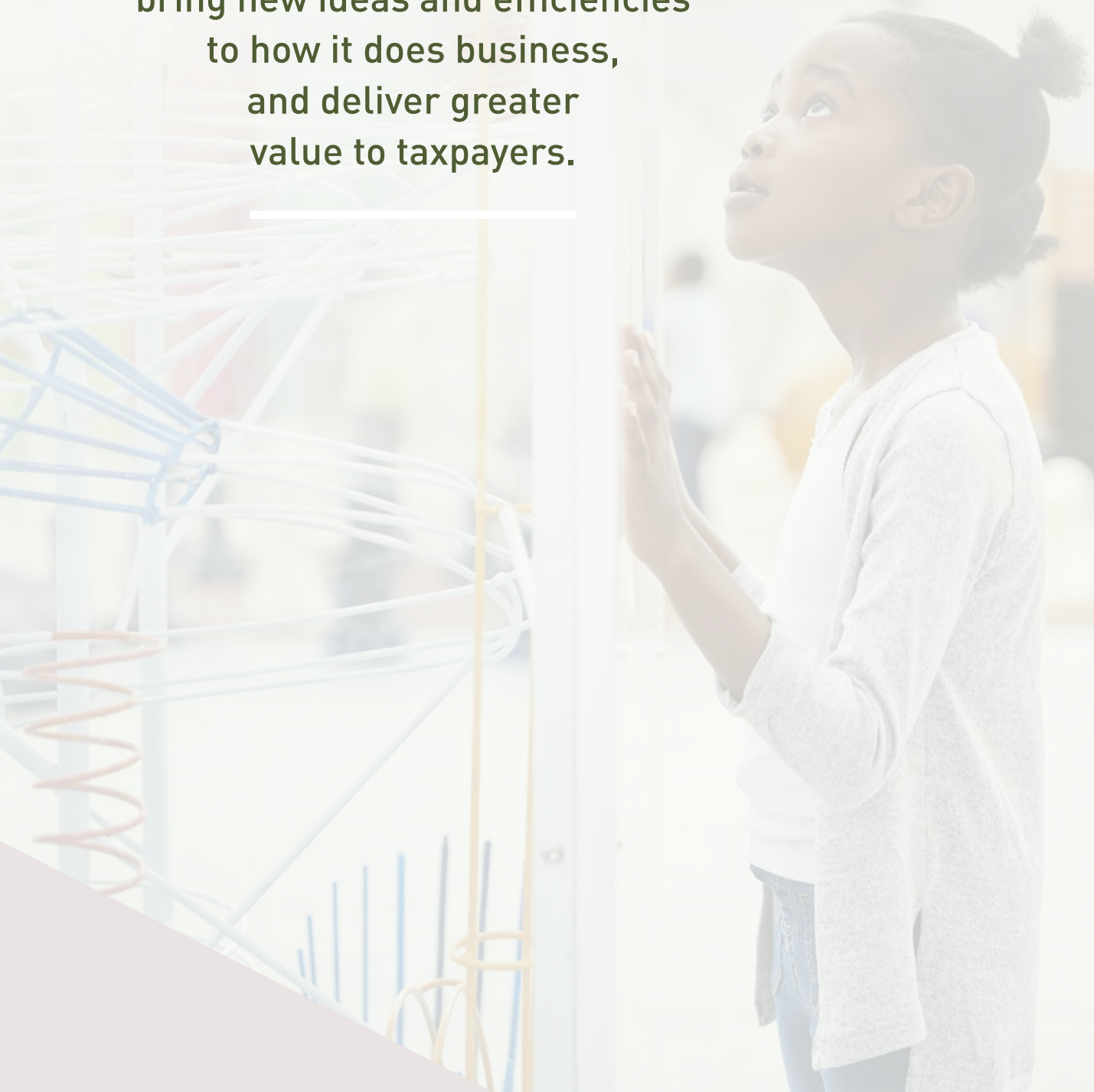
2022–23 Planned full-time equivalents	2023–24 Planned full-time equivalents	2024–25 Planned full-time equivalents
1,698	1,724	1,683

Note: The increase in planned FTEs in 2023–24 is mainly due to an increase in revenue for Drugs and Medical Devices.

The decrease in planned FTEs in 2024–25 is mainly due to the expiry of budgetary authorities for Continuing Canada’s chemical management regime, Strengthening the capacity and transparency of the pesticide review process, and Bringing Innovation to Regulations. The Department would have to request funding for these initiatives for future years.

Financial, human resources and performance information for the Department of Health’s program inventory is available on [GC InfoBase](#).⁷²

Health Canada's Solutions Fund empowers employees to develop and lead innovation and experimentation projects that improve how the Department provides services to Canadians, bring new ideas and efficiencies to how it does business, and deliver greater value to taxpayers.





PLANNED RESULTS

EXPERIMENTATION AND GBA PLUS

Experimentation

Innovation and experimentation are critical to Health Canada’s ability to meet its mandate in the face of rapidly evolving science, post-pandemic recovery, and the changing demands and expectations of Canadians.

The Department will continue to increase employee capacity for experimentation and innovation via its **Innovation and Experimentation Policy Framework**. The framework outlines an action-oriented approach, across **3 pillars: Learn and Act, Explore and Test, and Measure and Share**.

Health Canada’s **Solutions Fund** empowers employees to develop and lead innovation and experimentation projects that improve how the Department provides services to Canadians, bring new ideas and efficiencies to how it does business, and deliver greater value to taxpayers.

Since the Fund’s launch in 2018, Health Canada has financed 17 projects, including several that support its response to COVID-19. The Department will continue to invest in experimentation projects in 2022–23, including:

- > **Project Cognit.io**—Exploring a human-centric, AI-assisted engine to support and augment the accuracy, consistency, and speed of assessing complex natural health products. This could help address the dramatic increase in product applications since the start of the pandemic.
- > **Project Nitro**—Developing proof of concept as to whether automating key human resource transactions can increase efficiency and prevent user error. This could help manage the significant increase in these transactions since the start of the pandemic (to be completed in 2023).
- > **Project Kelpie**—Ongoing testing of analytics and real-time digital data analysis to monitor social media for posts promoting vaping products to youth. The project will also explore artificial intelligence for monitoring social media towards better regulating this fast moving industry (to be completed in 2022–23).

- > **Project PRODigy**—Streamlining the process for submitting incident reports to Health Canada related to consumer products and cosmetics, and supporting follow-up action by the Department. The project’s second and final phase (concluding in early 2022–23) focuses on modifying the report into a more user-friendly format that will increase submission rates.

WHAT’S NEW?

Health Canada will explore the feasibility and infrastructure of **implementing citizen science** as a component of Health Canada’s research suite. Citizen science is a collaborative, user-centred approach between federal scientists and volunteers from the public. This supports the Department’s Open Science Action Plan and Framework for Science and Research Excellence.

Other examples of experimentation and innovation initiatives that will begin or continue in 2022–23 include:

- > **Project Apollo**—Exploring the effectiveness and feasibility of game-based learning as an educational tool to increase awareness of potential environmental health risks and mitigation strategies related to air quality, radon and chemicals among Canadian youth. The assessment will provide engagement strategies, and methods to measure behavioural change.



- > **Project D.A.T.A. (Data Annotation Training sets for AI Tools)**—Exploring data annotation tools and governance to develop training data sets from published pharmacoepidemiology and environmental/radiation health science studies. The goal is to enable training of machine learning algorithms in AI tools such as signal detection, and screening or data extraction of scientific literature. This could lead to the integration of AI tools into Health Canada’s processes for assessing risks to human health.
- > **Project LabINT (Laboratory Innovation for Natural Health Products Testing)**—Exploring methods to improve the speed and quality of testing natural health products, including reducing the turnaround time for testing of hand sanitizers and products that require screening for undeclared ingredients.
- > **Project Eagle Eye (Virtual Inspections of Cannabis License Holders)**—Exploring new and innovative virtual inspection technology, tools and applications, with support from the Greening Government Fund and aligned with **Project Hummingbird** (use of drone technology with advanced satellite imagery for outdoor cannabis inspections). If successful, the project would reduce the Cannabis Program’s carbon footprint while maintaining (and perhaps augmenting) regulatory oversight.
- > **Project Iris**—Leveraging Health Canada’s online chatbot application to improve external consumer product safety inquiries.

In addition, 3 projects sponsored by Health Canada and the GOC’s **Innovative Solutions Canada Challenge Stream** will continue: developing cost-effective and user-friendly rapid point-of-care diagnostics that can distinguish between viral and bacterial infection; developing a cost-effective and reliable method to identify pathogens to support the appropriate use of antimicrobials and reduce the incidence of AMR; and leveraging the use of deep learning and AI to predict the success of possible donor-recipient matches and transplant outcomes.

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

Health Canada launched its **renewed 3-year SGBA Plus Action Plan** in 2021–22 to strengthen the systemic integration of sex, gender and diversity considerations into its initiatives, departmental culture and operations.

The Action Plan provides a framework to strengthen the integration of intersecting social and identity factors (such as sex, gender, age, racialization, Indigeneity and income level) in all externally- and internally-facing work of the Department. It outlines strategies across 3 pillars—accountability, knowledge and evidence, and capacity and expertise. Highlights include:

- > Increasing governance, accountability and transparency in the integration of SGBA Plus in the Department’s decision-making;
- > Strengthening departmental knowledge and capacity to apply SGBA Plus using an intersectional approach;
- > Collaborating with internal and external partners to strengthen the Department’s sex, gender and diversity-related evidence base and expertise;
- > Enabling the collection and use of disaggregated data for rigour in intersectional analysis;
- > Enhancing communications, guidelines, tools and resources with clarity on SGBA Plus and intersectionality.

Sex- and Gender-Based Analysis Plus Implementation Initiatives

To align with recommendations from the 2021–22 *Evaluation of Health Canada’s Sex and Gender Action Plan 2017–18 to 2019–20 report*,⁷³ Health Canada will continue to provide employee training in several SGBA Plus-related areas: increasing awareness of how SGBA Plus could and should influence the development of policies and guidelines; the application of SGBA Plus to project management and risk communication; and

the integration of both SGBA Plus and Indigenous lenses in the development and delivery of programs.

The Department’s Employee Assistance Program (EAP) extends its services to employees in many other federal departments and agencies, as well as to members and veterans of the Royal Canadian Mounted Police and the Canadian Armed Forces. Based on findings from research and progress made in the past year, the following will serve as a focus for 2022–23:

- > Optimizing outreach to those who tend to underuse EAP (such as males, LGBTQ2+ persons, Indigenous persons) and/or those who might experience increased mental health impacts because of COVID-19 (e.g., women, Indigenous persons, LGBTQ2+ persons), including through the use of technology such as real time chat, social media communications, digital wellness resources, and virtual face to face counselling via secure video;
- > Improving the capacity to match clients with diverse backgrounds or LGBTQ2+ persons with a counsellor who has lived experience or other relevant expertise.

Health Canada will continue to include gender-neutral washrooms in the modernization of its workplace and will be diligent in upholding accessible design standards whenever possible.

The Department established a **Science Research Integrity Network SGBA Plus Working Group** to improve integration of sex, gender and diversity analysis into *Health Canada’s Decision-Making Framework for Identifying, Assessing, and Managing Health Risks*. This will ensure that evaluators, researchers and project coordinators support and adopt gender-, diversity- and intersectionality-focused practices in their work so that health policies, programs, legislation and communications result in equitable health outcomes for all people living in Canada.

Health Canada will continue to apply an SGBA Plus lens to all of its regulatory amendment initiatives.

ⁱⁱ The terms Gender-Based Analysis Plus (GBA Plus) and Sex- and Gender-Based Analysis Plus (SGBA Plus) refer to the same concept. Health Canada has chosen to use SGBA Plus to emphasize the fact that differences between women, men and gender-diverse individuals can be biological (sex related) and/or socio-cultural (gender related).

DID YOU KNOW?

Health Canada will continue to leverage expertise from its **Scientific Advisory Committee on Health Products for Women** to obtain patient-centered, scientific and medical advice on current and emerging issues regarding women's health and the regulation of health products for women. The Committee's recommendations will be incorporated in training sessions towards making more explicit the considerations around sex and gender that guide regulatory and scientific decisions.

The Department will also continue to develop targeted healthy eating resources and work with stakeholders to reach Canadians across various settings, ages, and population groups. For example, it will create a new, modern, user-centric Food Guide recipe gallery that includes new culturally-diverse recipes and articles relevant to a broader range of people living in Canada. It will further ongoing work with diverse groups of youth and young adults to inform the development of new resources and tools as well as to promote peer-to-peer engagement on healthy eating.

Health Canada continues to apply an SGBA Plus lens to the analysis of cannabis survey data by including questions on sex, gender, age, sexual orientation, household income and ethnicity. The 2022 Canadian Cannabis Survey will capture this socio-demographic data to help further understanding of the interactions between cannabis use and priority populations. Results will further inform the Department's legislative review of the *Cannabis Act*, regulatory initiatives, and public education and awareness activities.

Over the coming fiscal year, Health Canada employees will continue to apply SGBA Plus when reviewing and developing policies and practices to consider equitable access to health and harm reduction services, such as supervised consumption sites and overdose prevention sites. For the 2022 Canadian Alcohol and Drugs Survey, questions and language regarding sex and gender will be updated to better support future data and trend analysis.

By applying SGBA Plus during research and analysis on the opioid overdose crisis, Health Canada discovered that young and middle-aged men were disproportionately harmed. As a result, the Department will focus its harm-reduction messaging and ensure that public education initiatives (\$25 million beginning in 2022–23) target these and other at-risk demographics.

Health Canada will also introduce tools and training materials to strengthen and more systematically apply SGBA Plus considerations within its chemicals management activities, including risk assessment and risk management.

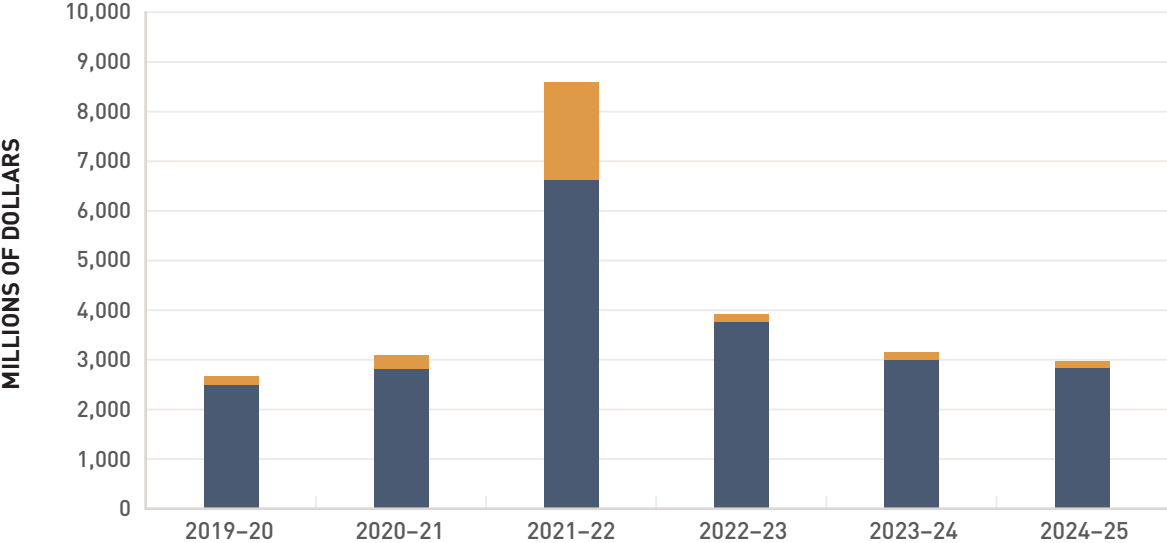
PLANNED SPENDING AND HUMAN RESOURCES

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 2019–20 to 2024–25

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



Statutory	186	296	1,983	164	164	157
Voted	2,489	2,821	6,618	3,714	2,992	2,828
Total	2,675	3,117	8,601	3,878	3,156	2,985

The figure illustrates Health Canada’s spending trend from fiscal year 2019–20 to fiscal year 2024–25 where spending, in millions of dollars, is shown on the vertical axis and time period, in fiscal years, is shown on the horizontal axis.

Health Canada’s actual spending for fiscal year 2019–20: \$2,675 million (Voted: \$2,489 million, Statutory: \$186 million); and 2020–21: \$3,117 million (Voted: \$2,821 million, Statutory: \$296 million).

Health Canada’s forecast spending for fiscal year 2021–22: \$8,601 million (Voted: \$6,618 million, Statutory: \$1,983 million).

Health Canada’s planned spending for fiscal year 2022–23: \$3,878 million (Voted: \$3,714 million, Statutory: \$164 million); 2023–24: \$3,156 million (Voted: \$2,992 million, Statutory: \$164 million); and 2024–25: \$2,985 million (Voted: \$2,828 million, Statutory: \$157 million).

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

The following table shows information on spending for each of Health Canada's core responsibilities and to internal services for 2022–23 and other relevant fiscal years.

Core Responsibilities and Internal Services	2019–20 Expenditures	2020–21 Expenditures	2021–22 Forecast spending	2022–23 Budgetary spending (as indicated in Main Estimates)	2022–23 Planned spending	2023–24 Planned spending	2024–25 Planned spending
Core Responsibility 1: Health Care Systems	1,601,069,150	1,987,223,947	7,136,010,502	2,851,114,525	2,851,114,525	2,257,744,222	2,199,860,517
Core Responsibility 2: Health Protection and Promotion	728,899,756	660,580,250	970,164,582	750,221,957	750,221,957	617,360,824	517,468,639
Subtotal	2,329,968,906	2,647,804,197	8,106,175,084	3,601,336,482	3,601,336,482	2,875,105,046	2,717,329,156
Internal Services	345,420,163	468,848,746	495,150,571	276,665,409	276,665,409	281,252,239	267,822,266
Total	2,675,389,069	3,116,652,943	8,601,325,655	3,878,001,891	3,878,001,891	3,156,357,285	2,985,151,422

Note: The 2019–20 to 2021–22 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 2022–23 to 2024–25 fiscal years, total planned spending does not include funding through Supplementary Estimates and carry forward adjustments.

The increase in actual expenditures in 2020–21 and 2021–22 is mainly due to Health Canada's response to the COVID-19 pandemic.

The decrease in 2022–23 in planned spending is mainly due to funding level decreases for LTC and other supportive care settings; as well as, the expiry of budgetary authorities in 2021–22 for the procurement of rapid tests; support for emergency measures related to the pandemic; the creation of a critical drug reserve in collaboration with P/Ts to support access to drugs, which treat COVID-19 symptoms in Canadians; the safe restart agreement for federal investments in testing, contact tracing and data management; and regulatory and operational critical COVID-19 focused functions. Additionally, budgetary spending authorities are expiring for the federal framework to legalize and regulate cannabis.

The decrease in planned spending in 2023–24 is mainly due to funding level decreases for Addressing the Opioid Crisis; and Supporting Canadians struggling with Substance Use Disorder; as well as, the expiry of budgetary spending authorities for the COVID-19 contingency fund; Canada Health Infoway; Territorial Health Investment Fund; Supporting the Mental Health of Those Most Affected by COVID-19; and, Investments in Cannabis Public Education, Awareness, and Research.

The decrease in planned spending in 2024–25 is mainly due to funding level decreases for the Canada Brain Research Fund Program; as well as, the expiry of budgetary spending authorities for Continuing Canada's chemical management regime; Strengthening the capacity and transparency of the pesticide review process; Bringing Innovation to Regulations; and to Support Access for Sexual and Reproductive Health Care Information and Services.

For the expiry of budgetary spending authorities, 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	2019–20 Actual FTEs	2020–21 Actual FTEs	2021–22 Forecast FTEs	2022–23 Planned FTEs	2023–24 Planned FTEs	2024–25 Planned FTEs
Core Responsibility 1: Health Care Systems	215	247	318	285	279	274
Core Responsibility 2: Health Protection and Promotion	5,785	6,036	6,342	5,610	5,627	5,223
Subtotal	6,000	6,283	6,660	5,895	5,906	5,497
Internal Services	2,164	2,344	2,013	1,698	1,724	1,683
Total	8,164	8,627	8,673	7,593	7,630	7,180

Note: The 2019–20 and 2020–21 fiscal years full-time equivalents (FTEs) are based on actual expenditures on personnel. The 2020–21 fiscal year is based on total authorities from all Parliamentary appropriation sources: Main Estimates and Supplementary Estimates. For the 2022–23 to 2024–25 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 increase in actual FTEs for 2020–21 and 2021–22 is mainly due to Health Canada's response to the COVID-19 pandemic.

The decrease in planned FTEs in 2022–23 is mainly due to the expiry of budgetary authorities in 2021–22 for the federal framework to legalize and regulate cannabis; to support regulatory and operational critical COVID-19 focused functions; as well as, the Safe Restart Agreement for federal investments in testing, contact tracing, data management.

The increase in planned FTEs in 2023–24 is mainly due to an increase in revenue for Drugs and Medical Devices.

The decrease in planned FTEs in 2024–25 is mainly due to the expiry of budgetary authorities in 2023–24 for Continuing Canada's chemical management regime; Strengthening the capacity and transparency of the pesticide review process; and Bringing Innovation to Regulations.

For the expiry of budgetary spending authorities, 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 [2022–23 Main Estimates](#).⁷⁴

FUTURE-ORIENTED CONDENSED STATEMENT OF OPERATIONS

The future-oriented condensed statement of operations provides an overview of the Health Canada's operations for 2021–22 to 2022–23.

The forecast and planned amounts in this statement of operations were prepared on an accrual basis. The forecast and planned amounts 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](#)⁷⁵ and associated notes, including a reconciliation of the net cost of operations with the requested authorities, are available on Health Canada's website.

FUTURE-ORIENTED CONDENSED STATEMENT OF OPERATIONS FOR THE YEAR ENDING MARCH 31, 2023 (DOLLARS)

Financial information	2021–22 Forecast results	2022–23 Planned results	Difference (2022–23 planned results minus 2021–22 forecast results)
Total expenses	7,874,109,767	4,223,293,096	(3,650,816,671)
Total revenues	247,315,555	265,455,249	18,139,694
Net cost of operations before government funding and transfers	7,626,794,212	3,957,837,847	(3,668,956,365)

Health Canada is projecting \$4,223.3 million in expenses based on 2022–23 Main Estimates and accrual information. This amount does not include future supplementary estimates. It represents a decrease of \$3,650.8 million from 2021–22 forecast results.

The decrease in planned results is mainly due to:

- > Health Canada's continued response to the COVID-19 pandemic in 2021-22, leading to funding level decreases or expiry of budgetary authorities for:
 - long-term care and other supportive care settings;
 - procurement of rapid tests;
 - creation of a critical drug reserve, in collaboration with provinces and territories to support access to drugs, which treat COVID-19 symptoms in Canadians;
 - safe restart agreement for federal investments in testing, contact tracing and data management;
 - regulatory and operational critical COVID-19 focused functions;
- > Budgetary spending authorities expiring for the federal framework to legalize and regulate cannabis.

The 2022–23 planned expenses by core responsibility are as follows:

- > Health Care Systems \$2,849.9 million;
- > Health Protection and Promotion \$1,046.8 million;
- > Internal Services \$326.7 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 2022–23 to be \$265.5 million, representing an increase of \$18.1 million from 2021–22 projections.

The 2022–23 main sources of revenues by type are as follows:

- > Services of a regulatory nature \$91.2 million;
- > Rights and privileges \$169.5 million;
- > Services of a non-regulatory nature \$101.2 million.

CORPORATE INFORMATION

ORGANIZATIONAL PROFILE

Appropriate Ministers: The Honourable Jean-Yves Duclos, P.C., M.P. and The Honourable Dr. Carolyn Bennett, P.C., M.P.

Institutional Head: Dr. Stephen Lucas

Ministerial portfolio: Health

Enabling instrument[s]: *Assisted Human Reproduction Act,⁷⁶ Canada Health Act,⁷⁷ Canada Consumer Product Safety Act,⁷⁸ Cannabis Act,⁷⁹ Controlled Drugs and Substances Act,⁸⁰ Department of Health Act,⁸¹ Food and Drugs Act,⁸² Hazardous Materials Information Review Act,⁸³ Hazardous Products Act,⁸⁴ Pest Control Products Act,⁸⁵ Radiation Emitting Devices Act,⁸⁶ Tobacco and Vaping Products Act.⁸⁷*

List of Acts and Regulations⁸⁸

Year of incorporation / commencement: 1913

RAISON D'ÊTRE, MANDATE AND ROLE

Raison d'être, mandate and role:⁸⁹ 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 "Ministers' mandate letter".⁹⁰

OPERATING CONTEXT

Information on the **operating context**⁹¹ is available on the Health Canada website.

REPORTING FRAMEWORK

Health Canada’s approved Departmental Results Framework and Program Inventory for 2022–23 are as follows:

DEPARTMENTAL RESULTS FRAMEWORK	CORE RESPONSIBILITY 1 Health Care Systems	CORE RESPONSIBILITY 2 Health Protection & Promotion	INTERNAL SERVICES
	PROGRAM INVENTORY	<p>R1: Canada has modern and sustainable health care systems</p> <hr/> <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> <hr/> <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 <i>Canada Health Act</i> 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>	
	<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. Digital Health 6. Health Information 7. <i>Canada Health Act</i> 8. Medical Assistance in Dying 9. Cancer Control 10. Patient Safety 11. Organs, Tissues and Blood 12. Promoting Minority Official Languages in the Health Care Systems 13. Brain Research 14. Thalidomide 15. Territorial Health Investment Fund 	<ol style="list-style-type: none"> 16. Pharmaceutical Drugs 17. Biologic & Radiopharmaceutical Drugs 18. Medical Devices 19. Natural Health Products 20. Food & Nutrition 21. Air Quality 22. Climate Change 23. Water Quality 24. Health Impacts of Chemicals 25. Consumer Product Safety 26. Workplace Hazardous Products 27. Tobacco Control 28. Controlled Substances 29. Cannabis 30. Radiation Protection 31. Pesticides 32. Health Canada Specialized Services 	

Changes to the approved reporting framework since 2021–22

The title of “Biologics & Radiopharmaceutical Drugs” was changed to “Biologic & Radiopharmaceutical Drugs”. Additionally, “Specialized Health Services and Internationally Protected Persons Program” was changed to “Health Canada Specialized Services”. The corresponding program descriptions, results and indicators have been updated to improve clarity and accuracy in both official languages, and to reflect the nature of the programs and revised titles.

Structure	2022–23	2021–22	Change	Reason for change
CORE RESPONSIBILITY 1	Health Care Systems	Health Care Systems	No change	
PROGRAM	Health Care Systems Analysis & Policy	Health Care Systems Analysis & Policy	No change	
PROGRAM	Access, Affordability & Appropriate Use of Drugs & Medical Devices	Access, Affordability & Appropriate Use of Drugs & Medical Devices	No change	
PROGRAM	Home, Community & Palliative Care	Home, Community & Palliative Care	No change	
PROGRAM	Mental Health	Mental Health	No change	
PROGRAM	Digital Health	Digital Health	No change	
PROGRAM	Health Information	Health Information	No change	
PROGRAM	<i>Canada Health Act</i>	<i>Canada Health Act</i>	No change	
PROGRAM	Medical Assistance in Dying	Medical Assistance in Dying	No change	
PROGRAM	Cancer Control	Cancer Control	No change	
PROGRAM	Patient Safety	Patient Safety	No change	
PROGRAM	Organs, Tissues and Blood	Organs, Tissues and Blood	No change	
PROGRAM	Promoting Minority Official Languages in the Health Care Systems	Promoting Minority Official Languages in the Health Care Systems	No change	
PROGRAM	Brain Research	Brain Research	No change	
PROGRAM	Thalidomide	Thalidomide	No change	
PROGRAM	Territorial Health Investment Fund	Territorial Health Investment Fund	No change	
CORE RESPONSIBILITY 2	Health Protection & Promotion	Health Protection & Promotion	No change	
PROGRAM	Pharmaceutical Drugs	Pharmaceutical Drugs	No change	
PROGRAM	Biologic & Radiopharmaceutical Drugs	Biologics & Radiopharmaceutical Drugs	Title change	Biologic is singular. The ‘s’ was added in error.
PROGRAM	Medical Devices	Medical Devices	No change	
PROGRAM	Natural Health Products	Natural Health Products	No change	

Structure	2022-23	2021-22	Change	Reason for change
PROGRAM	Food & Nutrition	Food & Nutrition	No change	
PROGRAM	Air Quality	Air Quality	No change	
PROGRAM	Climate Change	Climate Change	No change	
PROGRAM	Water Quality	Water Quality	No change	
PROGRAM	Health Impacts of Chemicals	Health Impacts of Chemicals	No change	
PROGRAM	Consumer Product Safety	Consumer Product Safety	No change	
PROGRAM	Workplace Hazardous Products	Workplace Hazardous Products	No change	
PROGRAM	Tobacco Control	Tobacco Control	No change	
PROGRAM	Controlled Substances	Controlled Substances	No change	
PROGRAM	Cannabis	Cannabis	No change	
PROGRAM	Radiation Protection	Radiation Protection	No change	
PROGRAM	Pesticides	Pesticides	No change	
PROGRAM	Health Canada Specialized Services	Specialized Health Services and Internationally Protected Persons Program	Title change	To more accurately reflect the nature of the program as a whole.

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 on [GC InfoBase](#).⁹²

SUPPLEMENTARY INFORMATION TABLES

The following [supplementary information tables](#)⁹³ are available on Health Canada's website:

- > Departmental Sustainable Development Strategy
- > Details on transfer payment programs
- > Gender-based analysis plus
- > Horizontal initiatives
- > Up-front multi-year funding
- > United Nations 2030 Agenda and the Sustainable Development Goals

FEDERAL TAX EXPENDITURES

Health Canada's Departmental Plan does not include information on tax expenditures that relate to its planned results for 2021–22.

Tax expenditures are the responsibility of the Minister of Finance. The Department of Finance Canada publishes cost estimates and projections for government-wide tax expenditures each year in the [Report on Federal Tax Expenditures](#).⁹⁴ 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 plus.

ORGANIZATIONAL CONTACT INFORMATION

Serena Francis

Assistant Deputy Minister / Chief Financial Officer

[Health Canada](#)⁹⁵

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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 document that sets out a department's priorities, programs, expected results and associated resource requirements, covering a three-year period beginning with the year indicated in the title of the report. Departmental Plans are tabled in Parliament each spring.

DEPARTMENTAL RESULT

A change that a 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 a department's actual performance in a fiscal year against its plans, priorities and expected results set out in its Departmental Plan for that year. Departmental Results Reports are usually tabled in Parliament each fall.

EXPERIMENTATION

The conducting of activities that explore, test and compare the effects and impacts of policies and interventions in order to inform decision-making and improve outcomes for Canadians. Experimentation is related to, but distinct from, innovation. Innovation is the trying of something new; experimentation involves a rigorous comparison of results. For example, introducing a new mobile application to communicate with Canadians can be an innovation; systematically testing the new application and comparing it against an existing website or other tools to see which one reaches more people, is experimentation.

FULL-TIME EQUIVALENT

A measure of the extent to which an employee represents a full person-year charge against a departmental budget. Full-time 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 PLUS)

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

GOVERNMENT-WIDE PRIORITIES

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

HORIZONTAL INITIATIVE

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

NON-BUDGETARY 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.

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 a department and that focus on a specific set of outputs, outcomes or service levels.

PROGRAM INVENTORY

An inventory of a department's programs that describes how resources are organized to carry out the department's core responsibilities and achieve its planned 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.

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 Treasury Board of Canada Secretariat, <https://www.canada.ca/en/treasury-board-secretariat.html>

² *Canada Health Act*, <https://laws-lois.justice.gc.ca/eng/acts/c-6>

³ Canada's efforts to address the UN 2030 Agenda, <https://www.canada.ca/en/employment-social-development/programs/agenda-2030.html>

⁴ Sustainable Development Goals, <https://sdgs.un.org/goals>

⁵ SDG 3, <https://sdgs.un.org/goals/goal3>

⁶ Canada Health Infoway, <https://www.infoway-inforoute.ca/en>

⁷ Canadian Institute for Health Information, <https://www.cihi.ca/en>

⁸ Canadian Agency for Drugs and Technologies in Health, <https://www.cadth.ca>

⁹ Healthcare Excellence Canada, <https://www.healthcareexcellence.ca/en>

¹⁰ Brain Canada, <https://braincanada.ca>

¹¹ Bilateral agreements and action plans, <https://www.canada.ca/en/health-canada/services/opioids/responding-canada-opioid-crisis/emergency-treatment-fund.html>

¹² Biomufacturing and Life Sciences Strategy, <https://www.ic.gc.ca/eic/site/151.nsf/eng/00019.html>

¹³ *Diagnostic Services Policy*, <https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act/new-initiatives.html>

¹⁴ 2019–2029 Canadian Strategy for Cancer Control, <https://www.partnershipagainstcancer.ca/wp-content/uploads/2019/06/Canadian-Strategy-Cancer-Control-2019-2029-EN.pdf>

¹⁵ Canadian Thalidomide Survivors Support Program, <https://www.canada.ca/en/health-canada/services/canadian-thalidomide-survivors-support-program.html>

¹⁶ GC Infobase, <https://www.tbs-sct.gc.ca/ems-sgd/edb-bdd/index-eng.html#start>

¹⁷ Health and Biosciences Sectoral Regulatory Review Roadmap, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines/acts-regulations/targeted-regulatory-reviews.html>

¹⁸ Agri-food and Aquaculture Regulatory Review Roadmap, <https://inspection.canada.ca/about-cfia/acts-and-regulations/forward-regulatory-plan/targeted-regulatory-review/eng/1558026225581/1558026225797>

¹⁹ Canada's efforts to address the UN 2030 Agenda, <https://www.canada.ca/en/employment-social-development/programs/agenda-2030.html>

²⁰ Sustainable Development Goals, <https://sdgs.un.org/goals>

²¹ SDG 1, <https://sdgs.un.org/goals/goal1>

²² SDG 11, <https://sdgs.un.org/goals/goal11>

²³ SDG 13, <https://sdgs.un.org/goals/goal13>

²⁴ SDG 2, <https://sdgs.un.org/goals/goal2>

²⁵ SDG 3, <https://sdgs.un.org/goals/goal3>

²⁶ SDG 12, <https://sdgs.un.org/goals/goal12>

²⁷ SDG 3, <https://sdgs.un.org/goals/goal3>

²⁸ SDG 3, <https://sdgs.un.org/goals/goal3>

²⁹ SDG 3, <https://sdgs.un.org/goals/goal3>

³⁰ SDG 6, <https://sdgs.un.org/goals/goal6>

³¹ SDG 3, <https://sdgs.un.org/goals/goal3>

³² SDG 11, <https://sdgs.un.org/goals/goal11>

³³ SDG 3, <https://sdgs.un.org/goals/goal3>

³⁴ SDG 12, <https://sdgs.un.org/goals/goal12>

³⁵ SDG 12, <https://sdgs.un.org/goals/goal12>

³⁶ SDG 11, <https://sdgs.un.org/goals/goal11>

- ³⁷ Joint Audit and Evaluation of the Medical Devices Program, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/joint-audit-evaluation-medical-devices-program-2013-2014-2019-2020.html#a8>
- ³⁸ Agile Licensing for Drugs and Medical Devices Regulations, <https://canadagazette.gc.ca/rp-pr/p1/2021/2021-07-31/html/notice-avis-eng.html#na2>
- ³⁹ Agile Licensing for Drugs and Medical Devices, <https://canadagazette.gc.ca/rp-pr/p1/2021/2021-07-31/html/notice-avis-eng.html#na2>
- ⁴⁰ 24,626 lives, <https://health-infobase.canada.ca/substance-related-harms/opioids-stimulants>
- ⁴¹ Canadian Pain Task Force's final report, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force.html>
- ⁴² Global Strategy, <https://www.who.int/publications/i/item/9789241599931>
- ⁴³ Health Canada Expert Task Force on Substance Use, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/expert-task-force-substance-use/reports/report-2-2021.html>
- ⁴⁴ Canadian Alcohol and Drugs Survey, <https://app80.hc-sc.gc.ca/CSB-DGSG/IKMD-DGIS/news-nouvelles.nsf/ArticleE.xsp?DocID=6EE891828DFD693C852587B1006FC9C5>
- ⁴⁵ Regulatory Impact Analysis Statement, <https://canadagazette.gc.ca/rp-pr/p2/2018/2018-10-17/html/sor-dors198-eng.html>
- ⁴⁶ *Cannabis Fees Order*, <https://laws-lois.justice.gc.ca/eng/regulations/SOR-2018-198/index.html>
- ⁴⁷ Globally Harmonized System of Classification and Labelling of Chemicals, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/occupational-health-safety/workplace-hazardous-materials-information-system/whmis-2015/labelling-chemicals-workplace-chemicals.html>
- ⁴⁸ Canada-U.S. Regulatory Cooperation Council, <https://www.canada.ca/en/health-canada/corporate/about-health-canada/legislation-guidelines/acts-regulations/canada-united-states-regulatory-cooperation-council.html>
- ⁴⁹ *Hazardous Products Act*, <https://laws-lois.justice.gc.ca/eng/acts/h-3>
- ⁵⁰ *Hazardous Materials Information Review Act* and their Regulations, <https://laws-lois.justice.gc.ca/eng/acts/h-2.7/index.html>
- ⁵¹ Management Response and Action Plan, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/internal-audits/management-grants-contribution/management-response-action-plan.html>
- ⁵² Evaluation of the Workplace Hazardous Products Program 2014–15 to 2018–19, <https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/evaluation-workplace-hazardous-products-program-2014-2015-2018-2019.html>
- ⁵³ *Canada Consumer Product Safety Act*, <https://laws-lois.justice.gc.ca/eng/acts/C-1.68>
- ⁵⁴ *Food and Drugs Act*, <https://laws-lois.justice.gc.ca/eng/acts/f-27>
- ⁵⁵ *Food and Drugs Act*, <https://laws-lois.justice.gc.ca/eng/acts/f-27>
- ⁵⁶ Safety Code 30, <https://www.canada.ca/en/health-canada/services/environmental-workplace-health/reports-publications/radiation/radiation-protection-dentistry-recommended-safety-procedures-use-dental-equipment-safety-code-30.html>
- ⁵⁷ *Department of Health Act*, <https://lois-laws.justice.gc.ca/eng/acts/h-3.2>
- ⁵⁸ *Radiation Emitting Devices Act*, <https://laws-lois.justice.gc.ca/eng/acts/R-1/index.html>
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