

HESA Appearance

Minister Holland

Mandate Letters

November 1st, 2023

STANDING COMMITTEE ON HEALTH (HESA)

APPEARANCE ON MANDATE COMMITMENTS

NOVEMBER 1st, 2023

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MINISTER HOLLAND

APPEARANCE BEFORE THE STANDING COMMITTEE ON HEALTH (HESA) – MANDATE COMMITMENTS

November 1, 2023

MEETING SCENARIO

You will be supported by the following officials who will appear with you at the meeting:

Health Canada

Dr. Stephen Lucas, Deputy Minister

Dr. Supriya Sharma, Chief Medical Advisor

Jocelyne Voisin Assistant Deputy Minister, Strategic Policy Branch

Lynne Rene de Cotret, Assistant Deputy Minister, Oral Health Branch

PHAC

Heather Jeffrey, President

Dr. Theresa Tam, Chief Public Health Officer

CFIA (virtual)

Diane Allan, Associate Vice-President, Policy and Programs

CIHR (virtual)

Tammy Clifford, Acting President

The Committee meeting will begin with your opening remarks, which you will have 5 minutes to deliver. You will then take questions from Committee members for the remainder of the hour.

The first round of questions is generally 6 minutes in length and is asked in the following order: Conservative Party (CPC), Liberal Party (LPC), Bloc Québécois (BQ), and New Democratic Party (NDP).

In the second and subsequent round(s), the order and time of questioning is as follows: Conservative Party (5 minutes), Liberal Party (5 minutes), Bloc Québécois (2.5 minutes), NDP (2.5 minutes), Conservative Party (5 minutes), and Liberal Party (5 minutes).

COMMITTEE CONTEXT

The Committee is conducting the following four studies concurrently:

1. Children's Health (drafting a report)
2. Oversight of Medical Devices (Breast Implants) (drafting a report)
3. Patented Medicine Prices Review Board (drafting a report)
4. Natural Health Products

There are three studies which the Committee has adopted motions to undertake, that have not become active yet:

1. National Three-Digit Suicide Prevention Hotline (9-8-8)
2. Women's Health
3. Opioid Epidemic and Toxic Drug Crisis

The Committee's most recent meetings have been dedicated to finishing the three reports that were begun before the House of Commons adjourned for the summer recess. Two meetings have also been held to study new regulations being introduced for Natural Health Products. Officials from the Health Products and Food Branch and the Regulatory Operations and Enforcement Branch appeared before the Committee on September 27 to discuss issues that emerged in media reports over the summer. The main issues raised at the September 27 appearance included adverse reactions reporting, the economic impact of proposed regulations, and the intersection of the new regulations and Vanessa's Law.

The most recent ministerial appearance at the Health Committee was in April 2023, when the previous Minister appeared with Departmental officials pursuant to the Committee's study on the Patented Medicines Prices Review Board (PMPRB). The last appearance with both Ministers was on March 23, when the former Minister appeared with the former Minister of Mental Health and Addictions to discuss the Supplementary Estimates (C), Main Estimates, and Departmental Plans. The main issues raised at that time included pharmaceuticals, federal health transfers, the Canada Health Act, alcohol (as a carcinogen and with regards to labelling), safer supply, drug shortages, dental care, vaccines, healthy lifestyles (eating, physical activity), children's health, rare diseases, mental health funding and services, and substance use.

The Opposition role at the Committee is led by the Conservative Party, who have placed several key critics (i.e., "shadow ministers") on the Committee. Dr. Stephen Ellis is the Shadow Minister for Health, and Todd Doherty is the Shadow Minister for Mental Health and Suicide Prevention. More recently, they have raised concerns about supervised consumption sites and the provision of safer supply of controlled substances, linking it to generalized concerns about decriminalization and overdose related deaths. Conservative members have been highly critical of new regulations which have been proposed for natural health products. At the September 27 meeting of the Committee, Dr. Ellis, Dr. Kitchen and Mr. Majumdar all characterized the cost-recovery measures as an added tax on consumers. Dr. Ellis and Dr. Kitchen also expressed skepticism about adverse reactions reports following from natural health products, requesting specific data on these from the Department.

The Bloc Québécois (BQ) presence is led by BQ Health Critic, Luc Thériault. In general, the BQ advocate for strong protection of matters under provincial jurisdiction and increased federal health transfers. BQ MPs have repeatedly emphasized a general skepticism about the ability of the Federal Government to deliver programs that may be similar to those already existing in Quebec. For example, during the debate on the interim Canada Dental Benefit, BQ members argued that the money being spent on the federal benefit should be provided to Québec in the form of an additional transfer. Mr. Thériault's concerns about federal health transfers have been reflected in other venues. In briefings earlier this year regarding the Canada Health Act, Mr. Thériault raised concerns about the methodology used estimate deductions to the Canada Health Transfer for diagnostic services and repeated earlier statements criticizing conditional health funding for Québec. Mr. Thériault has also been deeply involved in the Committee's ongoing study into medical devices (breast implants). He has expressed his interest in establishing a national breast implant registry, noting past attempts, saying, "since there's no registry, the women who are dealing with the problems or who are unaware of any potential problems can't verify what was implanted in them."

The New Democratic Party (NDP) presence is led by Don Davies, the Party's health critic and long-standing member of the Committee. The NDP led the push for the Committee to study the PMPRB, with Mr. Davies being the originator of the motion and asking repeated follow-up questions about the matter in the House of Commons during Question Period. Mr. Davies also supported the interim Canada Dental Benefit at the Committee and has raised the issue of dental care in conjunction with the NDP's support of the Government's forthcoming legislation on Pharmacare. Mr. Davies has raised pharmacare in its own right, noting his strong support for a national program in several interventions in the House, including Question Period on October 16, 2023. Mr. Davies has been the leading proponent of the Committee's upcoming study on Women's Health, describing the importance of the issue in several

statements in the House of Commons and identifying breast implants and cancers related to women as issues important to him. NDP members attending the Committee have also brought attention to the overdose crisis, where they have been critical of the Government for not pursuing the decriminalization of simple possession of drug and the proposed Canada Mental Health Transfer.

NEXT STEPS

The Department endeavours to respond to any follow-up commitments made at the meeting within 2-3 weeks of the appearance.

The Committee's study on Women's Health is expected to begin on November 6. Departmental officials have been invited to appear. The Committee is also projected to begin a study on the Opioid Epidemic and Toxic Drug Crisis. The study is expected to begin in early 2024.

The Supplementary Estimates (B) 2023-2024 is expected to be referred to the Committee later in November. It is possible that you and Minister Saks will be invited to appear.

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HOT ISSUES

HEALTH FUNDING AGREEMENTS AND TRANSFERS

Through the Government’s plan, “Working Together to Improve Health Care for Canadians,” we continue to work closely with provinces and territories on our shared health priorities, including:

Access to family health services,

Supported health workers and reduced backlogs,

Access to mental health and substance use services, and

Modernized health systems.

Our Government is investing nearly \$200 billion over 10 years for health care to support this plan, including \$46.2 billion in new funding to improve health care services for Canadians across the country.

Within this funding, we are providing \$25 billion over ten years in bilateral agreements to enable provinces and territories to respond to the unique needs of their populations and geography and accelerate health system improvements in the four shared priority areas.

We are making good progress with provinces and territories and recently October 10th, 2023 announced the signing of the first bilateral agreement with British Columbia to provide the province with more than \$1.2 billion of federal funding over the next three years. We expect to share news of further agreements with other jurisdictions in the near future.

IF PRESSED (GENERAL)

Following the announcement of the “Working Together to Improve Health Care for Canadians” plan, our Government:

Reached agreement in principle on the Plan with all provinces and territories except Quebec; and

Continues to negotiate tailored bilateral agreements with action plans to outline how federal funds will be used – the first of which was announced October 10, 2023 with British Columbia, providing the province with over \$1.2 billion in federal funding over the next three years.

Our Government also supports the Canadian Institute for Health Information in developing and sharing key performance indicators to track progress on priorities outlined in the Plan. A snapshot report was released in August 2023 on common indicators.

The Working Together bilateral agreements include the initial three-year allocation of the \$25 billion in new bilateral funding to provinces and territories, as well as the next three years of funding from the remaining \$2.4 billion for mental health and addictions from Budget 2017 supported by the 2017 Common Statement of Principles on Shared Health Priorities.

In addition to the Working Together agreements, the Government of Canada is collaborating with provinces and territories to implement a second bilateral agreement focused on the shared priority of helping Canadians age with dignity close to home, with access to home care or care in a safe long-term care facility.

This agreement will include the remaining \$2.4 billion over four years to improve access to home and community care from Budget 2017, and the \$3 billion over five years from Budget 2021 to apply standards of care in long-term care facilities and help support workforce stability.

IF PRESSED ON RESULTS

Our Government is committed to working closely with provinces and territories to ensure results for Canadians.

As part of the Working Together plan, there is a federal, provincial and territorial commitment to collect, use and share health information and to inform Canadians of progress with key common indicators.

This will allow Canadians to see the results of an improved health system.

The Canadian Institute for Health Information (CIHI) is leading a process to review and refine eight initial common indicators and to develop a broader list of indicators, including on Indigenous health. CIHI released an initial snapshot in August 2023 drawing from available data.

Through bilateral agreements, provinces and territories will submit action plans outlining how the funds will be used, and how they will report to annually to residents on targets and timelines they have set in order to demonstrate results.

IF PRESSED ON QUEBEC

Our Government remains open to working collaboratively with Quebec to finalize an agreement that meets Quebec's unique health needs and priorities, while ensuring accountability to the public.

All provinces and territories, including Quebec, expressed a preference for a flexible approach to health agreements. Our Government recognizes that jurisdictions have their own unique circumstances.

That is why we are committed to flexible and tailored bilateral agreements, so that provinces and territories, including Quebec, can address the unique needs of their populations and geography, and report on progress to their residents.

Through the investments announced as part of the plan, Quebec is eligible to receive \$37.3 billion in federal funding over 10 years, which includes approximately: \$4.8 billion for a new bilateral agreement focused on the four shared health care priorities; and, \$30.8 billion through the CHT, including \$447 million through the immediate, one-time CHT top-up to address urgent needs, especially in pediatric hospitals and emergency rooms, and long wait times for surgeries.

This funding also includes \$1.7 billion over five years that has yet to flow to Quebec for mental health and substance use, home and community care, and long-term care.

As discussions continue, our Government is committed to providing flexibility through tailored bilateral agreements that deliver real results and promote greater transparency to Canadians, including Quebec residents.

PHARMACARE

UPDATE ON MANDATE COMMITMENTS

The federal government continues to work with the Government of PEI to support efforts in providing its residents with more affordable access to prescription drugs. Since August 2023, PEI expanded access to a total of 85 new medications and reduced co-pays to \$5 for almost 60% of medications regularly used by residents. The Government of Canada will use early lessons from PEI's efforts to inform its ongoing work to advance national universal pharmacare.

The federal government remains committed to introduce pharmacare legislation this fall.

Efforts are underway with respect to a National Strategy for Drugs for Rare Diseases and work by the Canadian Drug Agency Transition Office (see separate QP notes).

KEY MESSAGES

No Canadian should have to choose between paying for prescription drugs and putting food on the table.

The Government of Canada is committed to continue working with willing provinces and territories towards national pharmacare, which includes introducing a Canada Pharmacare Act.

We have established a Canadian Drug Agency Transition Office and are taking steps to develop a national formulary, while moving forward with developing a national strategy for drugs for rare diseases in collaboration with provinces, territories, stakeholders, and the public.

IF PRESSED ON THE GOVERNMENT'S COMMITMENT TO IMPLEMENT NATIONAL PHARMACARE

The mandate letter from the Prime Minister reiterated the Government of Canada's commitment to continue engaging with willing provinces and territories towards national universal pharmacare, while

proceeding with a national strategy for drugs for rare diseases and advancing the establishment of the Canadian Drug Agency.

The agreement to bring forward a Canada Pharmacare bill builds on this commitment.

IF PRESSED ON THE CANADA PHARMACARE ACT

We look forward to working with all Parliamentarians to ensure that Canadians have better access to the drugs they need.

IF PRESSED ON THE DEVELOPMENT OF A NATIONAL FORMULARY AND BULK PURCHASING PLAN

Work is already underway to develop a national formulary. Following broad consultations, a multidisciplinary national panel established to develop a draft formulary framework released its final report in June 2022. The panel's work was overseen by the Canadian Agency for Drugs and Technologies in Health (CADTH), at the request of Health Canada.

We will continue to work with all provinces, territories, and stakeholders to lower costs and improve access to the safe, high-quality drugs and vaccines Canadians need.

IF PRESSED ON PRINCE EDWARD ISLAND INITIATIVE

Progress has already been made to improve the affordability and accessibility of needed prescription drugs for Prince Edward Island residents.

Since January 23, 2023, PEI expanded access to a total of 85 new medications to treat a variety of conditions including cancer and heart disease.

Effective June 1, 2023, PEI expanded its provincial drug coverage to reduce co-pays to \$5 for almost 60% of medications regularly used by Islanders and removed barriers to the High-Cost Drug Program making it available to all income levels. As of August 16, 2023, Islanders have saved over \$675,000 in out-of-pocket costs on more than 77,000 prescriptions under the \$5 co-pay program.

PEI also lowered the cap on the amount of money a household spends on eligible medications under the Catastrophic Drug Program as of July 1, 2023.

DENTAL CARE

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is committed to fully implementing the Canadian Dental Care Plan by 2025, as outlined in the Liberal Party and NDP's supply and confidence agreement.

Budget 2023 allocated \$13 billion over five years to the Canadian Dental Care Plan so all eligible Canadian residents can access oral health care.

It also committed \$250 million over three years, starting in 2025-26, to establish an Oral Health Access Fund, which will address oral health gaps for vulnerable populations and reduce barriers to accessing care.

KEY MESSAGES

Dental care is an integral part of overall health.

We are committed to fully implementing the Canadian Dental Care Plan by 2025.

We are investing \$13 billion over five years so all eligible Canadians with family incomes under \$90,000 can access dental care, with no co-pays for those earning under \$70,000.

The Plan will be federally delivered.

We are establishing the Oral Health Access Fund, to reduce barriers to accessing care.

We are also investing in better dental care data.

IF PRESSED ON DENTAL CARE ELIGIBILITY (AMENDMENTS VIA THE BUDGET IMPLEMENTATION ACT)

Health Canada remains committed to fully implementing the Dental Plan by 2025. When launched, the application process will be informed by taxpayer information on employer-provided dental coverage.

To support the Canadian Dental Care Plan, the Budget Implementation Act (Bill C-47) included two legislative updates to permit the effective administration of the Dental Plan.

The legislative amendments came into force in June 2023 and will allow eligible Canadians to have a streamlined application and enrollment process.

IF PRESSED ON THE CANADA DENTAL BENEFIT

In 2022, the Government of Canada passed legislation for the Canada Dental Benefit. This temporary initiative provides direct payments to eligible applicants of up to \$650 per child under 12 years of age and up to \$1,300 over two years.

Canada Dental Benefit is an important first step in improving access to dental care and oral health of Canadians. Efforts are underway to expand dental care to other population groups through the long term Canadian Dental Care Plan.

IF PRESSED ON FPT ENGAGEMENT

The Government of Canada is committed to collaborating with provinces and territories, and key partners.

The Government will continue to work with partners to refine the design of the CDCP. We will release full details of the Plan as soon as all key decisions are made, following input from provinces and territories and key partners.

IF PRESSED ON THIRD PARTY CONTRACTOR

The CDCP will be federally administered, with support from a contractor with a proven capacity in the field of dental coverage administration.

An open, transparent and competitive procurement process was completed to contract a third party contractor for the CDCP.

On September 6, we announced that an Early Work Agreement, worth up to \$15 million, had been awarded to Sun Life Assurance Company. This interim measure will enable Sun Life to undertake necessary pre-contractual work to ensure the timely launch and successful operation of the Canadian Dental Care Plan while details of the main contract are finalized. This includes work such as recruitment, information technology-related activities and business planning. The main contract is expected to be awarded in fall 2023, pending Government of Canada approval.

This marks an important step towards ensuring access to quality dental care for Canadians.

STRENGTHENING THE REGULATORY OVERSIGHT OF NATURAL HEALTH PRODUCTS

Our number one priority is to keep Canadians healthy and safe.

We know how important natural health products, such as vitamins and minerals, herbal remedies, and sunscreens, are in our daily routines. Yet, Health Canada has seen serious non-compliance that could potentially be harmful to consumers, such as product contamination and the presence of ingredients not listed on the label.

In 2021, the Commissioner of the Environment and Sustainable Development completed an audit of Health Canada's natural health product program and reported gaps in the regulatory oversight of these products. Health Canada committed to undertaking a number of activities to improve the safety of these products.

The Government has already introduced new labelling regulations to support consumers in making informed choices and new legislation allowing Health Canada to take action when serious health or safety issues arise, such as ordering a recall.

Health Canada is also now proposing fees for industry that would allow it to establish an inspection program to ensure companies are following good manufacturing practices, and strengthen the post-market monitoring of these products.

Our government understands the importance of small businesses to our economy and that is why the fee proposal includes significant cost reductions for small businesses, such as reductions ranging between 25% to 50%, and a full waiver for small businesses marketing their first product.

Health Canada is presently considering how best to adjust its fee proposal based on the thousands of comments from stakeholders prior to further engagement.

IF PRESSED ON WHY HEALTH CANADA IS PROPOSING FEES FOR NATURAL HEALTH PRODUCTS

Health Canada is proposing fees for industry to begin recouping a portion of the costs of services it provides to industry and to expand its oversight to create a safer marketplace for consumers. Presently, natural health products are the only line of health products whose regulatory activities are fully funded by Canadian taxpayers.

The proposed fees would be accompanied by updated performance standards. This means companies would have more predictable service delivery timelines for regulatory activities, such as the scientific evaluation of new products and the licensing of new manufacturing sites.

Health Canada knows that many NHP companies are small businesses and is committed to supporting them. The Department is considering measures to help alleviate the impact of fees on businesses. This includes fee reductions for small businesses of 25% to 50% and a full waiver of pre-market evaluation fees for small businesses marketing their first product.

Health Canada is actively reviewing thousands of comments on its fee proposal, including the fee reduction for small businesses, as part of an open and transparent consultation process with Canadians and businesses. The Department is considering how best to adjust its proposed approach to address the many concerns raised prior to further engagement with stakeholders.

IF PRESSED ON COST TO SMALL BUSINESSES

Small- and medium-sized businesses are the backbone of our economy, and we know they care for the wellbeing of all Canadians. Just like them, we want to support the health of Canadians by ensuring the products sold across the country are safe and effective.

Companies have been provided with several years (until 2028) to comply with the new labelling requirements and the new legislative changes won't affect those companies already following the rules. We understand that many small businesses worry about the additional costs new fees will bring. This is why we have proposed significant measures to mitigate their impact, such as fee reductions for small businesses ranging between 25% to 50%, and a full waiver of the pre-market evaluation fee for small businesses marketing their first product.

Health Canada is actively reviewing thousands of comments on its fee proposal, including the fee reduction for small businesses as part of an open and transparent consultation process with Canadians and businesses. The Department is considering how best to adjust its proposed approach to address the many concerns raised prior to further engagement with stakeholders.

IF PRESSED ON WHY CHANGES ARE NECESSARY NOW

Canadians should be able to trust that the natural health products on store shelves are safe and contain what they say they contain, and that all the information about their safe use is available. While natural health products are generally lower risk, that does not mean they are without risk.

These regulatory and legislative changes will create a safer marketplace and will help everyone make more informed choices about the products that we value.

Between 2021 and 2023, there were 100 voluntary recalls of licensed natural health products for safety issues including bacterial contamination and the presence of foreign matter such as fibreglass in a product.

Health Canada conducted a pilot inspection program between March 2021 and March 2022 to assess whether 36 manufacturers and importers were following regulatory requirements for good manufacturing practices. All of the inspections identified compliance issues ranging in severity.

Health Canada also conducted a pilot using proactive monitoring of natural health product advertising which focused on cancer claims. Out of over 3800 products identified through an enhanced artificial intelligence tool, 63% (2070) were found to contain non-compliant cancer claims.

These findings support the need to educate industry about its regulatory obligations as well as to increase oversight of the industry.

Right now, unlike with all other health products, natural health product manufacturing sites do not have a regular cycle of inspections to ensure that companies adhere to quality standards. The fees will provide Health Canada with the resources to conduct the necessary oversight of the industry to ensure that the products we use and trust are in fact safe, effective, and high quality.

IF PRESSED ON LIMITING ACCESS TO CANADIANS

We know how important natural health products, such as vitamins and minerals, herbal remedies, and sunscreens, are for Canadians in their daily routines. Changes to the program will support access to safe and high-quality natural health products.

We understand that many small businesses also worry about the additional cost the proposed new fees will bring. That's why Health Canada is considering new measures, including reducing or waiving fees for small businesses to help support them in continuing to provide the variety of products consumers depend on.

IF PRESSED ON DRIVING CANADIANS TO PERSONAL IMPORTATION

We know how important natural health products, such as vitamins and minerals, herbal remedies, and sunscreens, are for Canadians in their daily routines. That is why Health Canada has been working to introduce important improvements to ensure that the natural health products they buy and use every day are safe and of high-quality.

All domestic or international companies that sell natural health products – whether online or at retail outlets in Canada must comply with Canadian regulations to keep people in Canada safe.

While residents of Canada and visitors are permitted to bring into Canada a personal use quantity of a 90-day supply or single course of treatment of a natural health product, or any other health product including a prescription drug, without requiring specific licences for the import, Canadians are encouraged to buy licensed health products in Canada that have been assessed to be safe and of high quality.

Health Canada works in partnership with the Canada Border Services Agency to assess the compliance of referred health products at the border against the Act and its Regulations.

Collecting fees for natural health products will let us support industry in complying with standards through education and guidance and do more inspections so that consumers can use natural health products without worry.

IF PRESSED ON DRIVING CANADIANS TO UNREGULATED (ILLEGAL) PRODUCTS

Our number one priority is to keep Canadians healthy and safe.

The government of Canada supports access to safe and high-quality natural health products for Canadians.

All domestic or international companies that sell natural health products – whether online or at retail outlets in Canada – must comply with Canadian regulations to keep people in Canada safe.

Changes to the natural health products program will support access to safe and high quality natural health products.

IF PRESSED ON WHY VANESSA'S LAW IS NEEDED

Extending the Protecting Canadians from Unsafe Drugs Act to natural health products allows Health Canada to order a recall of a product or add warnings on labels to support safe use, if necessary, which it couldn't do before. These new authorities will only need to be used if a serious risk to health is identified or if a company refuses to partake in voluntary mechanisms.

The majority of natural health product companies would not be affected by these new authorities.

Health Canada will consult with stakeholders on any further regulatory changes needed to support these authorities.

IF PRESSED ON REGULATING NATURAL HEALTH PRODUCTS SIMILAR TO HIGHER-RISK DRUGS

Health Canada continues to support access to safe and high-quality natural health products for Canadians. Health Canada recognizes natural health products as lower-risk products than prescription

drugs. That is why these products are regulated under the Natural Health Products Regulations, which is a separate regulatory framework from that of prescription drugs.

While NHPs are generally lower risk, they are not without risk, with some issues reported before such as contamination with foreign matter, mold, mildew, lead, arsenic, salmonella or E. coli. Health Canada will continue to take action to protect Canadians.

The Government recently passed legislative changes that provide Health Canada with additional abilities, such as to remove unsafe products from the market or require warnings on a product label when a serious health risk is identified. Health Canada will only use these authorities if a company refuses to take voluntary actions to address a risk.

IF PRESSED ON THE DELAY IN IMPLEMENTING THE SELF-CARE FRAMEWORK

Health Canada is advancing initiatives under the Self-Care Framework that meet the needs of Canadians, including having labels that are easier to read and ensuring products can be promptly recalled if a serious risk is identified.

Health Canada will continue to advance, in consultation with stakeholders, other aspects of the Self-Care Framework over the next several years to ensure the regulatory oversight of both natural health products and non-prescription drugs is proportional to risk.

IF PRESSED ON WHY HEALTH CANADA INTRODUCED NEW RULES FOR LABELLING

Health Canada introduced new requirements to make natural health product labels easier for Canadians to read and understand, to address concerns about small font sizes and missing or unclear safety information such as relating to contraindications or allergens.

Health Canada recognizes that label changes will take time for industry to implement. This is why there is a multi-year transition period (up to six years) to implement the new regulations by 2028.

Health Canada has consulted extensively and has designed regulations that balance the burden to industry while improving clear labelling for Canadians.

Health Canada will continue to work with stakeholders throughout the transition period to implement the new labelling requirements.

SAFETY OF BREAST IMPLANTS

Breast implants undergo a rigorous scientific review by Health Canada before they are licensed for sale in Canada.

All health products are associated with both benefits and risks.

Health Canada continues to monitor the safety of all medical devices once licensed, including breast implants, as scientific and medical information is continuously emerging.

The monitoring of breast implants has supported decisive actions, including the suspension of higher risk breast implants, improved labelling to support informed decision-making by patients and healthcare professionals, and communication of these actions.

IF PRESSED ON A BREAST IMPLANT REGISTRY

Discussions regarding the creation of a registry include important privacy considerations and involve health authorities and organisations, including provincial and territorial governments, all of whom have roles to play.

Health Canada is playing a key role in engaging with stakeholders to facilitate exploring potential options.

HESA is currently studying the feasibility of a breast implant registry. Health Canada had the opportunity to appear before the committee to share the government's perspective. We will assess the committee's recommendations once the report is available and provide a response in a timely manner.

CHILDREN'S HEALTH – ACCESS TO PEDIATRIC CARE AND MEDICINES

The Government of Canada recognizes that our children's healthcare system has been under significant strain and is committed to improving the health and wellbeing of Canada's children.

Through the Government's plan, "Working Together to Improve Health Care for Canadians," we continue to work closely with provinces and territories on our shared health priorities, including:

Access to family health services,

Supported health workers and reduced backlogs,

Access to mental health and substance use services, and

Modernizing health systems.

Our Government is investing nearly \$200 billion over 10 years for health care, including \$46.2 billion in new funding to improve health care services for Canadians across the country. This funding included an immediate unconditional \$2 billion Canada Health Transfer (CHT) top-up to address immediate pressures on the health care systems especially in pediatric hospitals, emergency rooms and long wait times for surgeries.

The Government of Canada will continue to work collaboratively with stakeholders to make sure that parents and caregivers have the drugs that are necessary to take care of their children.

IF PRESSED ON WHAT THE HEALTH PORTFOLIO IS DOING FOR THE UPCOMING FLU SEASON

The Public Health Agency of Canada (PHAC) continues to closely monitor respiratory infections in Canada.

Based on trends observed during the summer of 2023, there may be elevated levels of pediatric hospitalizations due to influenza; however, they will likely not be at the extraordinary levels observed in the 2022-2023 season.

Since the 2022 surge in respiratory illnesses, Health Canada has taken steps to develop, with the help of the Canadian Institute for Health Information, a mechanism to monitor pediatric bed and ventilator utilization in Canada. This will allow to better anticipate and react to respiratory virus surges.

In addition, the Government of Canada used all available levers to help alleviate the pediatric acetaminophen and ibuprofen products shortage. These medicines are now widely available across Canada.

Health Canada continues to monitor the situation closely, work with stakeholders, and explore policy options to further support access to drugs and other health products in Canada.

IF PRESSED ON PEDIATRIC DRUG SHORTAGE

The supply of pediatric analgesics (children's acetaminophen and ibuprofen products) has stabilized and products are readily available at community and hospital pharmacies.

Health Canada continues to work closely with key stakeholders, including industry and health care system partners, to actively monitor the supply of children's analgesics in Canada.

Between November 2022 and August 2023 domestic suppliers released over 15 million units of children's acetaminophen and ibuprofen products into the Canadian market, with production continuing at elevated levels.

Over 4.4 million units of foreign-authorized supply of both ibuprofen and acetaminophen have been imported as of August 25, 2023.

WOMEN'S HEALTH

The Government of Canada has prioritized progress in the area of women's health to help ensure that women, trans and non-binary people, in Canada are receiving the supports they need.

Health Canada supports a wide range of activities that relate to women's health, including sexual and reproductive health, cancer prevention and treatment, heart and stroke, and mental health.

Health portfolio partners also support research, gender-disaggregated inequalities data collection, and sexual and reproductive health data collection, among others areas.

Sex, gender and diversity considerations are a key criterion embedded, using an intersectional approach, in the development and implementation of all programs, policies and activities across the Department.

IF PRESSED ON CERVICAL CANCER

The Canadian Partnership Against Cancer (CPAC), funded by the Government of Canada, and its partners developed an Action Plan to Eliminate Cervical Cancer in Canada, which engages partners across the country to eliminate cervical cancer in Canada by 2040; priorities include the improvement of human papillomavirus (HPV) vaccination rates, implementation of HPV primary screening, and enhanced efforts for follow up of abnormal results.

CPAC also hosts the Pan-Canadian Cervical Cancer Screening Network; undertakes system performance reporting for cervical cancer; and supports development and sharing of best practices for screening and treatment.

IF PRESSED ON BREAST CANCER

The Canadian Breast Cancer Screening Network (CBCSN) is another example of a pan-Canadian network supported and convened by the Canadian Partnership Against Cancer (CPAC); it is comprised of a community of breast screening program representatives, radiologists, and professional associations.

Across Canada, abnormal call rates (ACR) for breast cancer screening - the percentage of mammograms identified as abnormal and requiring follow-up - exceed national targets. CPAC has worked with the radiology and breast screening communities to develop a Pan-Canadian Framework for Action to Address Abnormal Call Rates in Breast Cancer Screening. Endorsed by the Canadian Society of Breast Imaging, the framework outlines evidence-informed approaches to optimize ACRs.

IF PRESSED ON OVARIAN CANCER

Budget 2019 provided Ovarian Cancer Canada (OCC) with \$10 million over five years from Health Canada for the initiative entitled “Advancing New Treatments to Improve the Survival of Women with Ovarian Cancer”.

This initiative will contribute to an increased knowledge of effective treatment options for ovarian cancer and improvements in quality and responsiveness of the health care system, and care received by women at risk or affected by ovarian cancer.

IF PRESSED ON ONLINE SUPPORTS FOR WOMEN

Additional online counselling and peer support services are available to young women directly through Kids Help Phone and other organizations (Youthspace; Jack.org; BounceBack offered through CMHA), as well as through provincial and territorial services such as Tel-Jeunes in Quebec, and Alberta’s COVID-19 Youth Mental Health Resource Hub.

IF PRESSED ON THE SIXTH REPORT OF THE STANDING COMMITTEE ON THE STATUS OF WOMEN

The Government welcomes the sixth Report of the Standing Committee on the Status of Women.

The Report addresses the complex, intersecting factors that impact the mental health of young women, which span many interrelated sectors and social determinants of health.

The Government recognizes the significant mental health challenges faced by young women and is committed to supporting their wellbeing.

This includes significant health investments to provinces and territories, including nearly \$200 billion confirmed in Budget 2023 to improve health care services for all Canadians, including a focus on reporting results through disaggregated data to provide more information and evidence about the health care experience for women.

IF PRESSED ON PROGRESS MADE ON PERINATAL MENTAL HEALTH

On March 9, 2022, a ministerial roundtable was held with key stakeholder groups, including experts, practitioners, and people with lived and living experience, to examine access to perinatal mental health care.

In support of the roundtable advice, the Government is funding Women’s College Hospital to develop a National Clinical Practice Guideline for Perinatal Mental Illness, to support providers in delivering quality care.

This Clinical Practice Guideline will be evidence-based and informed by community experts, providers, and people with lived and living experience.

IF PRESSED ON WOMEN AND ADDICTIONS

Very few have been left untouched by substance use-related harms across Canada. Women are no exception to this.

Women who use drugs, especially mothers and Black, Indigenous and other women of colour, have distinct needs and can experience unique challenges in accessing care options.

The Government of Canada recognizes the importance of investing in actions to promote wellness, reduce risks and harms, and improve access to quality mental health and support services for all women and girls, when and where they need them.

IF PRESSED ON WOMEN'S TOBACCO OR VAPING PRODUCT USE

According to recent survey findings, women in Canada are less likely than men to smoke cigarettes or vape.

It is estimated that 1.7 million, or 11 percent, of Canadian women aged 15 and over currently smoke, while 4 percent vape.

The Government continues to monitor data on the gender differences related to tobacco or vaping product use.

IF PRESSED ON WOMEN AND CANNABIS DEPENDENCY

Ongoing research is fundamental to understand the health and safety effects of cannabis use.

Women have historically had a lower prevalence of cannabis use compared to men, though emerging evidence indicates that the gender gap is narrowing as cannabis use among women increases across age groups.

Recent survey findings indicate that among the Canadian general population, past year cannabis use is more prevalent among males than females.

The Government continues to monitor research on the gender differences in both the acute and long-term effects of cannabis.

IF PRESSED ON THE SEXUAL AND REPRODUCTIVE HEALTH FUND

The Sexual and Reproductive Health Fund (SRHF) received \$45 million from Budget 2021, and an additional \$36 million from Budget 2023, over three years, to enhance access to SRH care

The fund supports community-based organizations that help make access to abortion and other sexual and reproductive health care information and services more accessible for underserved populations, including Indigenous, racialized, and/or 2SLGBTQI+ people.

IF PRESSED ON DATA RELATED TO SEXUAL AND REPRODUCTIVE HEALTH

The Government is also investing \$7.6 million over five years for Statistics Canada to collect data that will fill existing information gaps and help us target appropriate sexual and reproductive health supports for Canadians.

IF PRESSED ON THE SCIENTIFIC ADVISORY COMMITTEE – HEALTH PRODUCTS FOR WOMEN (SAC-HPW)

The Scientific Advisory Committee on Health Products for Women provides Health Canada with timely patient-centered, scientific, technical, medical and clinical advice on current and emerging issues regarding women's health and the regulation of medical devices as well as drugs.

The committee was formed in spring 2019 as an opportunity for patient advocates, physicians and researchers to provide independent, external advice to inform the drug and device regulatory process. The experts on this committee have expertise in women's health research, clinical trials, ethics, and sex and gender-based analysis.

IF PRESSED ON THE SAFETY OF BREAST IMPLANTS

Breast implants undergo a rigorous scientific review by Health Canada before they are licensed for sale in Canada.

All health products are associated with both benefits and risks.

Health Canada continues to monitor the safety of all medical devices once licensed, including breast implants, as scientific and medical information is continuously emerging.

The monitoring of breast implants has supported decisive actions, including the suspension of higher risk breast implants, improved labelling to support informed decision-making by patients and healthcare professionals, and increased communication to help keep Canadians up to date with safety information on breast implants.

IF PRESSED ON HEALTH CANADA'S POSITION REGARDING THE CREATION A BREAST IMPLANTS REGISTRY

Manufacturers, regulatory agencies and health care professionals all have a role to play in the safety of medical devices.

Discussions regarding the creation of a registry include important privacy considerations, and involve various health authorities and organizations.

With regard to the possible creation of a breast implant registry in Canada, Health Canada has already had the opportunity to provide its perspectives and we will assess the committee's recommendations once the report is available.

IF PRESSED ON THE NATIONAL WOMEN'S HEALTH RESEARCH INITIATIVE

The Canadian Institutes of Health Research, in partnership with Women and Gender Equality Canada, is leading the National Women's Health Research Initiative, supported by investments of \$20 million over 5 years through Budget 2021.

The initiative is advancing a coordinated research program to address under-researched, high-priority areas of women's health and ensure evidence leads to improved care and health outcomes for women and gender-diverse people.

For instance, as announced in August 2023 and representing an \$8.3 million investment, ten research hubs across Canada are now leading research in priority areas, such as reproductive health and violence prevention.

CANNABIS

Since 2018, our Government has implemented a robust public health approach to keeping cannabis out of the hands of youth and ensuring adults have access to a quality-controlled and regulated supply, while reducing the illicit market.

Since legalization, rates of use among youth have not changed significantly, and more Canadians who consume cannabis are purchasing from legal retailers.

Health Canada has launched an independent review of the legislation, led by a panel of respected experts, to examine the progress made towards achieving the Act's objectives and identify priority areas for improvement.

IF PRESSED ON THE LEGISLATIVE REVIEW OF THE CANNABIS ACT

On September 22, 2022, our Government launched an independent legislative review, which will assess the progress made towards achieving the Cannabis Act's objectives.

The Expert Panel published a What We Heard report, which summarizes the input heard during their extensive stakeholder engagements to date.

Health Canada is reviewing the report, and we value the Panel's efforts to include all diverse perspectives, particularly those of Indigenous communities and marginalized groups.

The Panel will continue its review of the Act, and a final report is expected to be tabled in Parliament by March 2024.

IF PRESSED ON INCLUDING THE MEDICAL ACCESS REGIME IN THE REVIEW

The Government actively monitors the medical access program and has committed to evaluate the framework within the legislative review of the Cannabis Act.

There has been significant stakeholder interest in the access to cannabis for medical purposes framework. This legislative review presents an opportunity to hear the views and perspectives of these stakeholders.

IF PRESSED ON COMPLAINTS REGARDING PERSONAL PRODUCTION WITH A HEALTH CANADA AUTHORIZATION

Health Canada continues to take action to strengthen oversight and reduce the risk of abuse of the program.

Under the Cannabis Regulations, Health Canada may refuse or revoke a registration on public health or public safety grounds. These decisions may be made based on information shared by law enforcement.

As of August 31, 2023, Health Canada has refused or revoked over 2,300 registrations under the Cannabis Regulations, including over 1,700 for reasons of public health and public safety.

The number of individuals currently registered with the program is the lowest since the Act came into force.

IF PRESSED ON THE RISE IN PAEDIATRIC CANNABIS POISONINGS Health Canada is concerned about potential harms to children who accidentally consume cannabis.

The Department issued a public advisory in December 2021, and updated the advisory in April 2022 and May 2023. The advisory includes guidance on how to recognize and react to accidental cannabis consumption and poisoning.

In Spring 2023, Health Canada also launched a public education campaign to help prevent accidental poisonings in children from edible cannabis.

Health Canada continues to educate Canadians on this important issue and continues to monitor reports of adverse reactions to cannabis.

IF PRESSED ON RECENT STUDY RELATED TO EMERGENCY DEPARTMENT VISITS FOR CANNABIS-INDUCED PSYCHOSIS AND TRANSITIONS TO SCHIZOPHRENIA AMONG ADOLESCENTS/YOUNG ADULTS

Health Canada is aware that frequent and prolonged use of cannabis can contribute to mental health problems over time and may bring on, or worsen anxiety, mood and psychotic disorders.

The Department continues to educate Canadians on the mental health risks associated cannabis use through various public education tools.

IF PRESSED ON NON-COMPLIANT EDIBLE CANNABIS PRODUCTS THAT EXCEED THE REGULATORY LIMIT FOR THC

The Cannabis Act and its regulations were designed first and foremost to protect public health and public safety.

Health Canada is aware of non-compliance regarding edible cannabis products with tetrahydrocannabinol (THC) quantities that exceed the allowable 10 mg per container limit.

Health Canada is working with regulated parties to resolve these issues in a timely and appropriate manner.

IF PRESSED ON ILLEGAL CANNABIS PRODUCTS TARGETED AT YOUTH

The Cannabis Act aims to protect youth from the risks of cannabis, including by restricting promotion; prohibiting products and packaging appealing to youth; and setting THC limits.

Illegal edible cannabis often mimics common snacks, and candy and may contain harmful levels of contaminants and dangerously high levels of THC.

The Act gives law enforcement tools to crackdown on illegal sales, including those targeting youth.

Health Canada continues to educate Canadians, so they understand the difference between legal and illegal cannabis and the health and safety risks.

IF PRESSED ON THE YOUTH-ORIENTED PUBLIC EDUCATION CAMPAIGN

We invested in prevention campaigns to educate youth and young adults on risks and harms of substance use, including cannabis.

In 2018, Health Canada launched Pursue Your Passion, a campaign for high schools and universities across Canada.

The campaign was updated to be a teacher-led presentation for youth to include information on different methods of consumption and effects of cannabis on mental health.

The Department also launched an updated version as a virtual, ambassador-led presentation, visiting over 260 schools between March and June 2023 and continues throughout the current school year.

EXPANSION OF MEDICAL ASSISTANCE IN DYING (MAID) – MENTAL ILLNESS

The Government recognizes that MAID is a deeply personal choice and remains committed to supporting eligible individuals in having their MAID request considered in a fair, safe and consistent manner, while supporting efforts to protect those who may be vulnerable.

The Government extended the temporary exclusion of eligibility for MAID for persons suffering solely from a mental illness to March 2024.

This has allowed time for the development and release of clinician resources supported by our Government such as a model MAID Practice Standard and an accredited MAID curriculum .

The Government continues to work closely with the provinces and territories and health stakeholders to support the development and uptake of resources for safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE WORK UNDERTAKEN TO SUPPORT PREPAREDNESS

Our Government is collaborating with provinces and territories, medical and mental health communities to support system preparedness for the repeal of the mental illness exclusion.

This year, we supported important initiatives including development of a model Practice Standard and Advice to the Profession, and the launch of an accredited bilingual curriculum for MAID clinicians. We also funded two Knowledge Exchange Workshops for MAID assessors and providers and launched ongoing engagement with Indigenous Peoples to understand their diverse views and perspectives on MAID.

IF PRESSED ON THE QUESTION OF MAID FOR PEOPLE WITH MENTAL ILLNESS AS THE SOLE UNDERLYING CONDITION

The Government recognizes that mental disorders can cause suffering on par with that of physical illnesses.

The Government also recognizes that there are diverse views on MAID and mental illness within the psychiatric community.

Resources such as the Model MAID Practice Standard, Advice to the Profession, and the MAID training curriculum, and additional resources developed by provinces and territories will support the medical and psychiatric communities in being prepared for the upcoming changes to the law.

IF PRESSED ON THE MAID FOR MENTAL ILLNESS AND SUBSTANCE USE

MAID is an option that is available only for eligible Canadians, and the legislation sets a high bar with stringent eligibility criteria and robust procedural safeguards. The MAID provisions in the Criminal Code are carefully designed to protect vulnerable people including those suffering from mental disorders including substance use.

The Government has provided significant funding to support mental health and substance use supports and to develop national standards for substance use services.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID AS A FORM OF SUICIDE, ESPECIALLY THOSE WITH A MENTAL ILLNESS

The legislation sets a high bar for access. Only individuals with severe, long-standing and treatment-resistant mental illnesses will be considered for MAID.

The Model MAID Practice Standard indicates that assessors and providers should ensure that a person's request is consistent, unambiguous and rationally considered during a prolonged period of stability, and not during a time of crisis or suicide ideation.

The Government has provided significant funding to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

IF PRESSED ON THE GOVERNMENT'S REACTION TO MEDIA STORIES ALLEGING THAT PEOPLE ARE SEEKING MAID DUE TO LACK OF NEEDED SERVICES

MAID assessors in Canada are required by their regulating bodies to consider the totality of circumstances of any individual requesting MAID. Safeguards include a minimum assessment period for persons not at imminent risk of dying and a requirement to consult providers with expertise in the requester's condition.

Meanwhile improving access to social and health services remains a priority and governments are working to address disparities.

On June 22, 2023, the Government passed the Canada Disability Benefit Act to reduce poverty and support financial security of persons with disabilities.

IF PRESSED ON QUEBEC'S RECENTLY PASSED AMENDMENTS TO ITS PROVINCIAL LEGISLATION (ACT RESPECTING END OF LIFE CARE)

On June 7, 2023, the Quebec National Assembly passed Bill 11, An Act to amend the Act respecting end-of-life care, which amends the MAID-related provisions in Quebec's existing end-of-life legislation.

It is too early to comment on that legislation. However, the federal government is interested in continued collaboration on this important file with the Quebec government.

HC RELEASES THE FOURTH ANNUAL REPORT ON MAID IN CANADA

MAID monitoring and reporting is critical to ensuring transparency and fostering public trust in how MAID is being implemented.

This annual report represents the collaborative efforts of all levels of government and health professionals working together to provide a comprehensive picture of the implementation of MAID in Canada.

Our Government continues to work closely with the provinces and territories and their health stakeholders to support the development and uptake of resources, such as a Model MAID practice standards and an accredited MAID curriculum, in order to enable safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE FOURTH ANNUAL REPORT ON MAID IN CANADA

The fourth annual report is based on reporting requirements from the 2018 Regulations for the Monitoring of MAID, and contains data that provide insights into requests for MAID and the delivery of MAID in Canada during 2022.

Data collection has since been expanded after new Regulations came into force starting in 2023, but data for 2023 will only be available and reported in 2024.

IF PRESSED ON THE INCREASING MAID DEATHS IN CANADA

In 2022, 96.5% of MAID provisions were for individuals where death was reasonably foreseeable, providing compassionate care at the end of life.

The proportion of MAID recipients whose natural death was not reasonably foreseeable continues to remain very small compared to the total number of MAID recipients, representing just 3.5% of all MAID provisions and only 0.14% of all deaths in Canada.

IF PRESSED ON THE EXTENSION OF THE TEMPORARY EXCLUSION

Our Government extended the exclusion of eligibility for MAID for persons suffering solely from a mental disorder to allow for the dissemination and uptake of key resources by clinicians, including a Model Practice Standard, an Advice to the Profession document, several knowledge exchange meetings, and a national accredited MAID curriculum.

We understand this is a complex issue with many diverging views.

Our Government continues to work closely with the provinces and territories and their health stakeholders to support the development and uptake of these resources for safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE QUESTION OF MAID FOR PEOPLE WITH MENTAL ILLNESS AS THE SOLE UNDERLYING CONDITION

The Government recognizes that mental disorders can cause suffering on par with that of physical illnesses.

The Government also recognizes that there are diverse views on MAID and mental illness within the psychiatric community.

Resources such as the Model MAID Practice Standard, Advice to the Profession, the MAID training curriculum, and additional resources developed by provinces and territories will support the medical and psychiatric communities in delivering MAID for complex cases.

IF PRESSED ON THE MAID FOR MENTAL ILLNESS AND SUBSTANCE USE

MAID is an option that is available only for eligible Canadians, and the legislation sets a high bar with stringent eligibility criteria and robust procedural safeguards. The MAID provisions in the Criminal Code are carefully designed to protect vulnerable people including those suffering from mental disorders including substance use.

The Government has provided significant funding to support mental health and substance use supports and to develop national standards for substance use services.

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The legislation sets a high bar for access. Only individuals with severe, long-standing and treatment-resistant mental illnesses will be considered for MAID.

The Model MAID Practice Standard indicates that assessors and providers should ensure that a person's request is consistent, unambiguous and rationally considered during a prolonged period of stability, and not during a time of crisis or suicide ideation.

The Government has provided significant funding to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

IF PRESSED ON THE GOVERNMENT'S REACTION TO MEDIA STORIES ALLEGING THAT PEOPLE ARE SEEKING MAID DUE TO LACK OF NEEDED SERVICES

The eligibility criteria and robust safeguards provided by the law set a very high bar for accessing MAID.

Improving access to social and health services remains a priority and governments are working hard to address disparities.

For example, the Government has introduced Bill C-22, the Canada Disability Benefit Act to reduce poverty and support financial security of persons with disabilities. This legislation received Royal Assent on June 22, 2023.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID DUE TO STRUCTURAL VULNERABILITY

The legislation sets a high bar for access. Only individuals with a serious illness, disease or disability, that are in an advanced state of decline that cannot be reversed and experience unbearable physical or mental suffering will be considered for MAID.

While structural vulnerability may exacerbate a person's suffering, MAID eligibility is determined by an assessment of the consequences of the person's medical condition and whether or not the person, as a result, is experiencing enduring and intolerable physical and psychological suffering.

SAFE LONG-TERM CARE ACT

UPDATE ON MANDATE COMMITMENTS

As part of the commitment to develop a Safe Long-Term Care Act, the Government of Canada is currently leading engagement activities to inform the legislation. This includes consulting with experts, stakeholders, persons with lived experience, provinces and territories, and First Nations and Inuit partners.

Health Canada has also recently completed a public online consultation from July 2023 to September 2023, which will also inform the development of the Act.

KEY MESSAGES

Every senior in Canada deserves to live in dignity, safety, and comfort, regardless of where they live.

The COVID-19 pandemic has highlighted long-standing and systemic challenges in long-term care homes across Canada.

Long-term care residents deserve to live in dignity, comfort and respect. That is why the Minister of Health and the Minister of Seniors were mandated to develop national long-term care standards and a Safe Long-Term Care Act.

In January 2023, the Standards Council of Canada (SCC), Health Standards Organization (HSO) and the Canadian Standards Association (CSA) Group released 2 new complementary, independent long-term care standards. These standards provide guidance for delivering long-term care services that are safe, reliable and centred on residents' needs.

Now, the Government of Canada is carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act, with the objective of developing this new legislation. A public online consultation has been completed in September 2023, but engagement is ongoing.

IF PRESSED ON WORK ON THE SAFE LONG-TERM CARE ACT AND ENGAGEMENT/CONSULTATIONS

The Government of Canada is committed to doing more to support seniors across the country. We know Canadians want to age closer to home and family, but also expect long-term care to be safe, when needed.

As such, our government is developing a Safe Long-Term Care Act to help ensure that all Canadians get the care they deserve, while respecting provincial and territorial jurisdiction.

The Government of Canada is currently carrying out consultations and engagement on a Safe Long-Term Care Act. This includes consulting with experts, stakeholders, persons with lived experience, and provinces and territories, as well as building on existing collaborations with First Nations and Inuit partners.

The Government of Canada has also recently completed a public online consultation on Safe Long-Term care, which will inform the development of the Act.

IF PRESSED ON WHETHER THE NATIONAL LONG-TERM CARE STANDARDS WILL BE ENFORCED THROUGH THE NEW SAFE LONG-TERM CARE ACT

It is important to note that the delivery of long-term care services is a provincial and territorial responsibility.

Federal legislation will need to be respectful of this provincial-territorial jurisdiction. That is, it will not mandate standards or regulate long-term care delivery.

The Government of Canada has already been collaborating with provinces and territories to support improvements in long-term care, as highlighted by the \$3 billion investment to support their efforts to ensure standards for long-term care applied and permanent changes are made.

Negotiations are underway. Funding agreements allow us to continue to work together to prioritize the uptake and adherence to the standards in order to provide high quality care to all Canadians that require it.

CANADA HEALTH ACT – COMPLIANCE ISSUES

UPDATE ON MANDATE COMMITMENTS

Health Canada is working with provinces and territories to ensure that, as the health care system evolves, it remains true to the fundamental principles of the Canada Health Act: patients should not be charged for access to medically necessary care.

Regarding the Minister's mandate to strengthen compliance with the Canada Health Act, in March 2023, Health Canada announced Canada Health Transfer deductions to provinces totalling over \$82 million in respect of patient charges for medically necessary services.

Deductions included \$97,650 in respect of charges for abortion services, consistent with the Minister's mandate to ensure that all Canadians have access to the sexual and reproductive health services they need .

Health Canada is engaging with jurisdictions on the Minister's mandate to modernize interpretation of the Act to address charges for medically necessary services regardless of how they are delivered.

KEY MESSAGES

Our Government is firmly committed to Canada's publicly funded health care system and the principle that everyone deserves access to quality, accessible and universal health care.

The Government of Canada will work with provinces and territories to ensure that its significant ten-year, close to \$200 billion, investment in health care funding to provinces and territories is used in ways that respect the principles of the Canada Health Act.

The Canada Health Act ensures all Canadians have access to medically necessary health care services based on their health need, not their ability or willingness to pay.

This Government has demonstrated that it will uphold the Canada Health Act to ensure that patients do not face barriers when accessing medically necessary care. Toward that end, when provinces have permitted patient charges for medically necessary care, Health Canada has levied close to \$188 million in deductions to Canada Health Transfer payments since 2015.

IF PRESSED ON PROVINCES AND TERRITORIES USING PRIVATE FACILITIES FOR THE DELIVERY OF INSURED SERVICES

The Canada Health Act does not preclude private facilities from providing medically necessary services, so long as patients are not charged to access these services.

When provinces have not covered medically necessary services in private clinics, or have permitted clinics to charge patients, this Government has acted and levied deductions to provincial Canada Health Transfer Payments.

IF PRESSED ON MEMBERSHIP FEES AT PRIVATE PRIMARY CARE CLINICS

The Government of Canada does not support a two-tiered health care system where patients may choose, or be required, to pay membership fees to access insured primary care services at clinics, or to gain preferential access to those services. These fees are considered patient charges under the Canada Health Act and raise concerns under the accessibility criterion of the Act.

Whenever Health Canada becomes aware of clinics charging such fees, the Department engages with their provincial or territorial counterparts, and works with them to eliminate these charges.

This Government will act whenever there is evidence of patients being charged to access medically necessary health care.

IF PRESSED CANADA HEALTH TRANSFER DEDUCTIONS LEVIED TO QUEBEC IN MARCH 2023

In December 2022, all provinces and territories were required to report patient charges for medically necessary diagnostic services to Health Canada. As Quebec did not report any patient charges, Health Canada was required, under the Canada Health Act, to estimate the volume of patient charges for these services based on the best available data.

Quebec was consulted on this estimate, but in the absence of additional data from the Province Health Canada was required to levy a Canada Health Transfer deduction based on its estimate.

Health Canada continues to consult with the province to encourage them to eliminate patient charges. If they do so, they will be eligible for full reimbursement of their deduction.

COVID FLU AND RSV OUTLOOK

The health and safety of people in Canada is the Government's top priority.

As expected, COVID-19 is co-circulating with other respiratory viruses such as seasonal flu and RSV this fall and winter in Canada.

Currently in Canada, influenza and RSV activity is low, which is expected for this time of the year.

In addition to COVID-19 and seasonal flu vaccination, people in Canada are reminded that personal protective measures can help reduce the risk of infection and reduce the spread of respiratory viruses like COVID-19, influenza, and RSV.

The Government of Canada will continue to monitor the respiratory virus situation in Canada, in collaboration with provinces and territories, and elsewhere to provide the best information and advice possible to keep people in Canada safe.

COVID-19

The Government of Canada has a strong monitoring program in place with the provinces and territories to identify and detect COVID-19 variants in Canada.

Canada will receive up to 22.9 million doses of the new mRNA vaccines from Pfizer and Moderna in the fall, and 125, 000 doses of the new non-mRNA from Novavax, pending authorization.

On September 12, 2023, Health Canada authorized this updated COVID-19 vaccine for use in individuals 6 months of age and older (Moderna). The updated Pfizer vaccine was authorized on September 28, 2023. Doses of both vaccines are being distributed to provinces and territories to support their vaccination campaigns.

For fall 2023, the National Advisory Committee on Immunization (NACI) recommends a dose of the updated formulation of COVID-19 vaccine for people in the authorized age groups if it has been at least 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later). Vaccination for individuals at higher risk for severe COVID-19 is particularly recommended and will help reduce their risk of severe disease.

For the fall/winter season, Canada has a sufficient supply of therapeutics as well as COVID-19 vaccines for every individual who would like one.

Evidence suggests that therapeutics remain effective, and updated vaccines should offer good protection against currently circulating variants.

The Government of Canada will continue to monitor new variants, including their severity and impact on the effectiveness of vaccines and therapeutics.

INFLUENZA

The flu vaccine is the most effective way to prevent the flu and flu-related complications, such as pneumonia. That is why the Government of Canada works with the provinces and territories to ensure people in Canada have access to flu vaccines every year during flu season.

Getting the flu vaccine also helps protect family and friends, young and old, and especially those at higher risk of flu-related complications.

NACI recommends that everyone 6 months of age and older get the annual flu vaccine.

RSV

RSV is a common respiratory virus and the most common cause of respiratory hospitalizations in children in Canada and worldwide.

The Government of Canada will continue to monitor the situation in Canada and elsewhere to provide the best information and advice possible to keep people in Canada safe.

IF PRESSED ON RSV VACCINE AVAILABILITY

Although vaccine recommendations are made at the federal level, the primary responsibility for matters related to the administration and delivery of health care services, including RSV vaccination programs, falls within provincial/territorial (PT) responsibility.

The Government of Canada is supporting PT access to Arexvy, the first and currently only RSV vaccine authorized for use in Canada in adults 60 years of age and older, through Public Services and Procurement Canada's (PSPC) Bulk Procurement Program.

The Government of Canada will continue to engage PT partners to discuss their future program implementation and procurement plans for newly authorized RSV products.

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MANDATE PRIORITY: DEMONSTRATE LEADERSHIP IN PUBLIC HEALTH THROUGH STRENGTHENING CANADA'S CAPACITY TO RESPOND TO PUBLIC HEALTH THREATS

GLOBAL PUBLIC HEALTH INTELLIGENCE NETWORK (GPHIN)

UPDATE ON MANDATE COMMITMENTS

The Public Health Agency of Canada has taken a number of actions to improve Canada's ability to detect and share information about public health threats.

KEY MESSAGES

In looking at the successes and challenges of Canada's response to the COVID-19 pandemic, we have learned many lessons.

Some of these important lessons relate to Canada's Global Public Health Intelligence Network, or "GPHIN", an early warning system designed to identify potential public health threats to Canada.

Through an independent review of this network in fall 2020, as well as an Auditor General Report released in March 2021, several recommendations were made to strengthen GPHIN.

We are responding to all recommendations, and continue to improve GPHIN as part of our ongoing commitment to protect the health and safety of Canadians.

These actions include improving GPHIN reporting, investing in workforce development, strengthening collaboration with provincial, territorial and international partners, and upgrading our information technology systems.

To support this work, the Government of Canada announced an investment in public health of over \$436 million over five years in Budget 2022, in part to strengthen public health monitoring systems.

SECURING SUPPLY CHAINS

The Government of Canada is committed to strengthening the economy by enhancing the reliability and fluidity of domestic supply chains.

Canada is seizing the moment alongside partners like the United States and other industrialized democracies to ensure that Canadian supply chains are resilient.

Reducing the risk of supply chain disruptions by continuing to work with like-minded partners also represents a significant economic opportunity for Canada and for Canadian workers.

IF PRESSED ON INCREASING SUPPLY CHAIN

The Government of Canada is making concrete investments in key sectors to strengthen domestic supply chains and bolster access to critical commodities both now and in the future.

The government is building up vaccine and medicine manufacturing capabilities, implementing a Critical Minerals Strategy to harness Canada's natural resource advantage, and investing in batteries, electric vehicles, and semiconductors.

Canada is a world-leading manufacturer of both inputs and final products, and has highly-integrated economic flows with trading partners such as the United States and others in Europe and Asia.

IF PRESSED ON BUDGET 2023 COMMITMENTS

Budget 2023 proposes \$27.2 million over five years, starting in 2023-24, to establish a Transportation Supply Chain Office to respond to disruptions and better coordinate action to increase the capacity, efficiency, and reliability of Canada's transportation supply chain infrastructure.

Other investments announced in Budget 2023 will also address supply chain vulnerabilities, such as various clean energy investment tax credits and other enhanced funding mechanisms.

STATUS OF DOMESTIC BIOMANUFACTURING CAPACITY

UPDATE ON MANDATE COMMITMENTS

Construction on Moderna's mRNA vaccine manufacturing facility is underway and targeting 2024 for completion.

In 2023, the Canadian Institutes of Health Research awarded a total of \$131 million for the creation of a clinical trials consortium, to establish seven training platforms, and to fund 22 clinical trials projects. An additional \$41 million for clinical trials funding is expected to begin in April 2024.

Consultations on regulatory modernization (agile licensing, advanced therapeutics, clinical trials, medical devices, biosafety and biosecurity) are ongoing and targeting 2024-2025 for completion.

Budget 2023 consultations with domestic and international experts are underway to explore new ways to be more efficient and effective in the development and production of the vaccines, therapies, and diagnostic tools that would be required for future health emergencies.

KEY MESSAGES

The government continues to work to position Canada to develop and produce safe and effective vaccines and therapies that respond to COVID-19.

Canada is investing to establish world-class end-to-end domestic biomanufacturing capacity – from research and development to fill and finish.

Budget 2021 provided \$2.2 billion over seven years towards growing a vibrant domestic biomanufacturing and life sciences sector.

Canada's Biomanufacturing and Life Science Strategy is focusing on growing our domestic life science ecosystem to prepare Canada for future pandemics and other health priorities.

IF PRESSED ON THE DOMESTIC CAPACITY TO DEVELOP mRNA VACCINES

To date, mRNA vaccines have proven to be highly effective in preventing severe disease, and they represent an alternative to traditional vaccines, with potential for rapid development and scaling of production.

Canada is prioritizing mRNA technology for the important and innovative role it is anticipated to play in future vaccine development and preparedness for future pandemics, outside of the COVID-19 context.

This includes partnerships with leading mRNA vaccine developers like Moderna who is building a state-of-the-art mRNA vaccine manufacturing facility in Laval, Quebec.

IF PRESSED ON THE MODERNA FACILITY

Moderna is a leading mRNA vaccine developer that has demonstrated, through its response to the COVID-19 pandemic, its benefit as a flexible solution to unanticipated health events.

In 2022, the Government of Canada and Moderna announced that Moderna is building a state-of-the-art mRNA vaccine manufacturing facility in Quebec. When completed, it will produce up to 100 million pandemic vaccine doses annually.

Moderna's new facility will not only strengthen Canada's preparedness for future pandemics but will also help position Canada as an mRNA centre of excellence.

IF PRESSED ON NOVAVAX

The Government has an Advance Purchase Agreement with Novavax through which an approved vaccine will be supplied for use in accordance with advice from the National Advisory Committee on Immunization. This agreement ensures Canada will have access to sufficient amount of vaccine to meet the Provincial and Territorial demand.

Novavax's updated COVID-19 vaccine formulation submission is currently under review by Health Canada.

IF PRESSED ON MITSUBISHI TANABE PHARMA CORPORATION'S DECISION TO CEASE OPERATIONS AT MEDICAGO INC.

Our Government was disappointed to learn of Mitsubishi's decision to begin the process to wind-down its support for Medicago's operations.

Medicago remains the only Canadian-based company to have received market authorization by Health Canada for its COVID-19 vaccine. Its innovative, plant-based vaccine platform technology remains highly regarded by experts.

Canadians can be assured that the government worked with both Medicago and Mitsubishi to ensure an orderly transition process, and ensure Canadian interests were protected.

Protecting the health and safety of Canadians is our government's top priority, including ensuring we have sufficient domestic vaccine production capacity to protect against future infectious disease threats and pandemics.

Thanks to our efforts, Canada has attracted major investments from leading global companies, such as Sanofi, Moderna, and AstraZeneca.

IF PRESSED ON BUDGET 2023 AND MEDICAL COUNTERMEASURES

Our government understands the importance of strengthening Canada's domestic pandemic preparedness and overall life sciences ecosystem, particularly its ability to access and develop medical countermeasures.

Budget 2023 committed the government to explore new ways to be more efficient and effective in the development and production of the vaccines, therapies, and diagnostic tools that would be required for future health emergencies.

Over the summer and through the fall we have been engaging with domestic and international experts to inform us of ways we can improve current and future investments into life saving medical countermeasures Canadians will need in times of crisis.

IF PRESSED ON VACCINE INVESTMENTS

Canada is working to re-establish domestic capacity across key vaccine platforms, to be better prepared for future health emergencies.

This includes Biologics Manufacturing Centre in Montreal, which has partnered with Novavax to produce its COVID-19 vaccine, and investments in companies like Biovectra and Sanofi Pasteur.

It also includes partnering with Moderna, who is building a state-of-the-art mRNA vaccine manufacturing facility in Laval, Quebec, and significant investment to Sanofi Pasteur who is establishing an influenza vaccine manufacturing facility in Toronto, Ontario.

IF PRESSED ON THE VACCINE TASK FORCE AND COUNCIL OF EXPERT ADVISORS

We thank the COVID-19 Vaccine Task Force for their critical role in advising on the Government of Canada's COVID-19 vaccine response efforts.

As the scope of the Vaccine Task Force's work has expanded, the Council of Expert Advisors was established to transition from the Vaccine Task Force and assume a long-term advisory function.

The expertise on the Council of Expert Advisors is broad – advising on scientific, health, public health, and industrial matters – supporting the Government's goal of a revitalized Canadian life-science sector and improved pandemic preparedness.

MANDATE PRIORITY: STRENGTHEN OUR UNIVERSAL PUBLIC HEALTH SYSTEM BY SUPPORTING HIRING OF HEALTHCARE PERSONNEL AND EXPANDING ACCESS IN RURAL AREAS

FAMILY HEALTH TEAMS

UPDATE ON MANDATE COMMITMENTS

The Working Together to Improve Health Care for Canadians Plan provides significant funding, including the \$25 billion allocated for provinces and territories through bilateral agreements, to strengthen the public health care system, including improving access to family health services.

This historic investment will support the government's mandate letter commitment to expand virtual care and its commitment to expand the number of family doctors and primary health teams in rural communities.

The Government looks forward to fulfilling its mandate letter commitment to work with provinces and territories to address issues of access to family health services.

KEY MESSAGES

The Government of Canada recognizes that far too many Canadians lack timely access to a regular family health services provider, and that those Canadians living in rural and remote communities, have a harder time accessing needed health care services, including virtual care.

Transforming the delivery of those services, including through virtual care, will help Canadians to get care when and where they need it, from a team, doctor or nurse practitioner.

Our Government is investing nearly \$200 billion over 10 years for health care, including \$46.2 billion in new funding to improve health care services for Canadians across the country.

This includes \$25 billion over ten years to support provinces and territories through bilateral agreements.

Improving access to family health services is at the core of these bilateral agreements and is one of the four shared priorities that were identified with PTs for these investments. We want to incentivize team-based, family health services as much as possible.

Canadians deserve high quality health care and our Government is building on our strong partnership with provinces and territories to transform health care.

IF PRESSED ON VIRTUAL CARE

In response to the pandemic, the Government worked with provinces and territories to accelerate uptake and use of virtual care, supported by \$200M in funding in 2020.

Since then, virtual care has become an important way for Canadians, including those in rural and remote communities, to get the care they need, when they need it.

We recognize that for many rural and remote communities, challenges in infrastructure contribute to difficulties in accessing virtual care. The historic investments announced in Budget 2023 enable provinces and territories to transform the way family health services are delivered, including through virtual care, in ways that make sense in their respective contexts.

IF PRESSED ON TEAM-BASED CARE AS WAY OF INCREASING ACCESS TO FAMILY HEALTH SERVICES IN RURAL COMMUNITIES

Transforming how family health services are delivered will be key to increasing access to those services, particularly for Canadians living in rural and remote communities.

Like virtual care, team-based care can play a key role in expanding access to family health services in that it is centred on the patient, who can get the services they need from a range of health providers depending on their needs.

The historic investments announced in Budget 2023 enable provinces and territories to transform the way family health services are delivered in ways that make sense in rural contexts.

IF PRESSED ON THE NUMBER OF CANADIANS WITHOUT A FAMILY HEALTH SERVICES PROVIDER

Our government recognizes that Canadians continue to face challenges in accessing a regular health care provider, be that a doctor, nurse practitioner, or team of health care professionals.

According to Statistics Canada, in 2021, approximately 14.5% of Canadians did not have access to a regular health care provider.

As part of the Working Together plan, there is a federal, provincial and territorial commitment to collect, use and share health information and to inform Canadians of progress with key common indicators.

The Canadian Institute for Health Information (CIHI) is leading a process to review and refine eight initial common indicators, including one related to measuring access to family health services.

CIHI released an initial snapshot in August 2023 drawing from available data. CIHI relied on the 2021 Statistics Canada data for the family health services indicator, but due to differences in calculations, the CIHI report indicates that approximately 12% of Canadians do not have a regular health care provider.

CIHI and Statistics Canada are currently working together to refine these indicators.

IF PRESSED ON LACK OF FOCUS ON FAMILY HEALTH SERVICES WITHIN BRITISH COLUMBIA'S ACTION PLAN

The Government of Canada recognizes that provinces and territories have their own unique circumstances. As such, bilateral agreements on Working Together to Improve Health Care for Canadians are intended to be flexible, and provinces and territories may tailor these agreements to address the unique needs of their populations and geography.

Like other provinces and territories, British Columbia is already investing and making significant efforts to advance work on all four shared health priorities.

British Columbia will use federal investment to support health workers and reduce backlogs, modernize the health care system and increase mental health and substance use supports.

By introducing additional recruitment and retention initiatives, patients across British Columbia will have improved access to team-based family health care, including to family doctors, nurses and nurse practitioners.

Efforts to integrate primary care and mental health and substance use is an excellent example of the interconnectedness of the shared health priorities.

We are encouraged by the shared urgency for driving progress through these bilateral agreements.

IF PRESSED ON HEALTH HUMAN RESOURCE CHALLENGES IN RURAL AND REMOTE COMMUNITIES

Our government recognizes that Canadians living in rural and remote communities face specific challenges in getting access to the family health services they need, when and where they need it.

We are working with all interested partners to find solutions. The Coalition for Action for Health Workers provides practical input and ideas on concrete actions that all levels of government can implement for the health workforce.

Budget 2023 confirmed funding of \$45.9 million over four years, starting in 2024- 2025, with nearly \$12 million ongoing to expand the reach of the Canada Student Loan Forgiveness program to more rural communities, to encourage more doctors and nurses to practice in rural and remote communities. Communities with populations of 30,000 or less will now be eligible for the program.

HEALTH WORKFORCE CHALLENGES

UPDATE ON MANDATE COMMITMENTS

The Minister of Health's mandate includes a commitment to ensure health care workers are supported and recruited across the country, including through providing support to provinces and territories to hire new family doctors, nurses and nurse practitioners, and to expand access to medical services in rural communities.

As part of the Government's Working Together to Improve Health Care for Canadians plan, provinces and territories are being asked to work together with the federal government to streamline foreign credential recognition for internationally educated health professionals, and to advance labour mobility, starting with multi-jurisdictional credential recognition for key health professionals. They can also invest their share of \$25 billion in bilateral funding to bolster the health workforce, which is one of four shared health priorities identified for this funding.

On October 12, 2023 FPT Ministers of Health issued a public statement reaffirming their commitment to supporting Canada's health workforce so our health workers are able to provide high-quality, accessible, and effective health services for people living in Canada. In particular, FPT governments committed to concrete actions focusing on retention, domestic education supply and demand, foreign credential recognition and ethical recruitment, labour mobility, and health workforce data and planning.

In order to advance these priorities, the Government of Canada is taking action, including:

Focusing efforts on retaining our health workforce through the Nursing Retention Forum and the creation of the “Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada” which is set for release in the coming months.

Funding the creation of the Centre of Excellence for the Future of the Health Workforce, a partnership with the Canadian Institute for Health Information that will lead a collaborative pan-Canadian approach to improve data collection, analysis, knowledge mobilization and policy advice.

Funding a study of the education and training supply and demand for key healthcare professions to identify the best pan-Canadian approaches to meet future healthcare demands for Canadians over the next decade, including misalignment across regions and settings.

KEY MESSAGES

The Government of Canada recognizes the immense contributions health professionals make every day and we share their concerns about the challenges they are facing, and their collective impacts.

Budget 2023 confirms the Government of Canada’s plan to provide close to \$200 billion over 10 years to provinces and territories, including an immediate, unconditional \$2 billion Canada Health Transfer top-up to address immediate pressures on the health care system, especially in pediatric hospitals and emergency rooms, and long wait times for surgeries.

\$25 billion over 10 years to advance shared health priorities through tailored bilateral agreements as well as an annual increase to the Canada Health Transfer for the next 5 years was confirmed.

These investments will accelerate efforts already underway with provinces and territories to support the retention and recruitment of health workers; support streamlined foreign credential recognition for internationally educated health professionals and increase labour mobility starting with multi-jurisdictional recognition of health professional licenses.

IF PRESSED ON DETAILS ABOUT INCREASING AND MAINTAINING SUPPLY

New funding of \$1.7 billion will support hourly wage increases for personal support workers and related professions, as federal, provincial and territorial governments work together on how to best support the recruitment and retention of these workers.

In addition, \$25 billion over 10 years will advance shared health priorities, including supporting our health workers and reducing backlogs, through tailored bilateral agreements with provinces and territories.

These investments will accelerate efforts already underway with provinces and territories to support the recruitment and retention of health workers within the public health care system.

IF PRESSED ON MENTAL HEALTH AND SUBSTANCE USE SUPPORT FOR HEALTH WORKERS

The Government is very concerned about the mental health and well-being of Canadians, and of frontline workers who are working tirelessly to keep us safe and healthy.

In the previous 2 years the federal government has invested more than \$290 million in funding to support the mental health of Canadians.

New health investments confirmed in Budget 2023 include \$25 billion over 10 years for bilateral agreements that will focus on four shared priorities, including mental health and substance use.

As there is no health without mental health, provinces and territories are asked to take an integrated, inclusive approach to investments in health service teams, the health workforce and data and digital tools required to meet the health and mental health needs of Canadians.

IF PRESSED ON FEDERAL ACTIONS TO PROTECT HEALTH WORKERS AGAINST HARASSMENT

We have heard many stories about physicians, nurses and other health workers who have been threatened and intimidated, in person and online. This behavior is completely unacceptable.

New healthcare funding confirmed in Budget 2023 prioritizes the health workforce and will allow provincial and territorial governments to address challenges faced by health workers such as violence, discrimination, and racism.

All Canadians, and especially health workers, whose goal is help others, deserve a safe working environment, free from violence and threats.

HEALTH DATA AND DIGITAL TOOLS

UPDATE ON MANDATE COMMITMENTS

The Working Together to Improve Health Care for Canadians plan provides significant funding, including \$25 billion over 10 years for provinces and territories through bilateral agreements to strengthen the public health care system in key areas of shared priority. These priority areas include modernizing the health care system with standardized health data and digital tools.

This historic investment will support the government's mandate letter commitment to work in consultation with provinces and territories and a broad range of partners, expediting work to create a world-class health data system that is timely, useable, open by default, connected and comprehensive.

KEY MESSAGES

Canadians should be able to securely access their own health information and benefit from it being shared between health workers and across health settings – allowing for better care while respecting their privacy.

There are numerous barriers to achieving a modernized health data system that can only be addressed through federal, provincial and territorial governments working together.

That is why new health care funding is supporting FPT collaboration to advance new health data commitments, including modernizing the health system with standardized health data and digital tools.

IF PRESSED ON DATA PRIVACY AND SECURITY

As work to improve health data management advances, the Government is committed to collaborating and coordinating with partners to ensure that Canadians' health data is protected.

The Government of Canada will not create a single health data system or a national health care digital ID.

Health data is already being shared with organizations such as CIHI. This is done in accordance with jurisdictional privacy or health information legislation and under data sharing agreements with each province and territory.

IF PRESSED ON HOW HEALTH DATA WILL HELP THE CURRENT HEALTH CARE SYSTEM CRISIS

One of the most impactful tools at our disposal to ensure improvements to the health system is data—to provide stronger evidence, inform better decisions and ultimately see concrete outcomes for Canadians.

When data flows through digitally connected health systems, health providers can work better as a team to deliver higher quality and more efficient care.

Likewise, when data flows back through the system to support research and decision-making, it can drive improvements in health care services and inform public health responses.

IF PRESSED ON THE PAN-CANADIAN INTEROPERABILITY ROADMAP

In May 2023, a Pan-Canadian Interoperability Roadmap endorsed by federal, provincial, and territorial governments (except Quebec) was made public.

The Roadmap will play a critical role in advancing key health data commitments as part of the Working Together plan.

It provides guidance to provinces, territories, health system managers and industry on common standards to be used to support the secure transfer of health information from different systems and to patients themselves.

Under the leadership of Canada Health Infoway, FPT governments are now implementing the Roadmap, collaborating on common standards needed to improve patient access to their electronic health information and remove barriers to data sharing among health care professionals through a secure, digitally-connected system.

IF PRESSED ON PAN-CANADIAN HEALTH DATA CHARTER

In October 2023, the Pan-Canadian Health Data Charter was endorsed by Ministers and made public. It reaffirms a common set of principles intended to guide collective action towards a shared vision for health data in Canada.

The Charter highlights Canada's commitment to respecting Indigenous data sovereignty and Indigenous-led health data governance, as well as overarching principles related to person-centric health information, equity, public engagement and trust.

As work continues to advance the Working Together plan, the Government is committed to upholding the Pan-Canadian Health Data Charter to guide collective action.

MANDATE PRIORITY: ESTABLISH A PERMANENT, ONGOING CANADA MENTAL HEALTH TRANSFER

ACTIONS TAKEN TO IMPROVE ACCESS TO MENTAL HEALTH AND ADDICTION SERVICES

UPDATE ON MANDATE COMMITMENTS

Increasing access to the full continuum of mental health and substance use services through evidence-based, person-centred, trauma-informed, and culturally safe approaches is key to the Government of Canada's health care plan.

The Government of Canada is working with provincial and territorial governments on shared areas of priority, including increasing access to needed services integrated within Canada's health systems, increasing access to integrated youth service hubs, leading the National Suicide Action Plan and supporting the launch of the 9-8-8 suicide crisis prevention line.

KEY MESSAGES

Increasing access to the continuum of mental health and substance use services through a compassionate and person-centered approach is central to our health care plan.

The significant federal investments committed in Budget 2023 will help better integrate mental health and substance use services within health systems, enabling Canadians to access the care they need.

We are also working with provinces and territories to advance key initiatives, such as the implementation of integrated youth services hubs, development of a National Suicide Action Plan, launching 9-8-8 – the suicide prevention crisis line and to address the overdose crisis.

IF PRESSED ON HOW FEDERAL FUNDS ARE USED TO SUPPORT MENTAL HEALTH AND SUBSTANCE USE SERVICES

Our government is providing \$25B over 10 years through tailored bilateral agreements to provinces and territories for four shared health priorities, with mental health and substance use supports addressed by or integrated within them.

Provinces and territories are free to allocate the funding according to their local needs and circumstances.

The goal is to promote a compassionate and patient-centered approach so that Canadians can access the full continuum of mental health and substance use supports they need for their health care.

IF PRESSED ON WHETHER THESE INVESTMENTS WILL ACHIEVE CHANGE

As part of the historic federal investments in health care in 2023, provinces and territories will collect and report on three headline indicators for mental health and substance use services:

Median wait times for community mental health and substance use;

Percentage of youth aged 12-25 with access to integrated youth services for mental health and substance use; and,

Percentage of Canadians with a mental disorder who have unmet mental health care needs.

These indicators will allow better measurement of progress in increasing access to needed services.

MANDATE PRIORITY: IMPROVE THE QUALITY AND AVAILABILITY OF LONG-TERM CARE HOMES AND BEDS

LONG-TERM CARE HOMES AND NEW NATIONAL STANDARDS

UPDATE ON MANDATE COMMITMENTS

Long-Term Care Funding - PT Bilateral negotiations

The negotiation of funding agreements is currently underway with provinces and territories with respect to the \$3 billion commitment from Budget 2021 to support improvements in long-term care.

Safe Long-Term Care Act

Health Canada is currently carrying out consultations and engagement on a Safe Long-Term Care Act. This includes consulting with experts, stakeholders, persons with lived experience, provinces and territories, and First Nations and Inuit partners. Health Canada has also recently completed a public online consultation, which will inform the development of the Act.

Personal Support Workers

The Government of Canada committed \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions. Budget 2023 also committed to provide \$50 million over five years to strengthen the retirement savings of personal support workers. Policy work is underway to determine how to continue to work with provincial and territorial governments on how best use investments to support recruitment and retention of personal support workers.

KEY MESSAGES

Every senior in Canada deserves to live in dignity, safety, and comfort, regardless of where they live.

The COVID-19 pandemic has highlighted long-standing and systemic challenges in long-term care homes across Canada.

Earlier this year, we welcomed the release of complementary, independent LTC standards from CSA Group and the Health Standards Organization (HSO).

Now, the Government of Canada is carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act.

We have also announced an investment of close to \$200 billion to provinces and territories to support the Working Together to Improve Health Care for Canadians Plan, which includes funding for long-term care, home care, and personal support workers.

The plan emphasizes the key health priorities, including helping Canadians age with dignity.

IF PRESSED ON HEALTH CARE SYSTEM FUNDING

We announced that we will increase health funding to provinces and territories by close to \$200 billion over 10 years to support the Working Together to Improve Health Care for Canadians Plan.

This includes \$7.8 billion over five years for long-term care, home and community care, and mental health and substance use.

New funding includes \$1.7 billion over five years to support wage increases for personal support workers and related professions.

These investments will provide access to safe long-term care and home care so Canadians can age safely.

IF PRESSED ON WORK ON STANDARDS FOR LONG-TERM CARE

The Government is appreciative of the work of CSA Group and HSO and welcomes these new long-term care standards as it reflects the importance of long-term care to all Canadians.

Together, the standards focus on the delivery of safe, reliable, and high-quality long-term care services, safe operating practices and infection prevention and control measures in long-term care homes.

Federal funding to provinces and territories to improve long term care is focused on two main priorities: supporting compliance and enforcement of standards in LTC facilities and supporting the LTC workforce.

IF PRESSED ON WORK ON THE SAFE LONG-TERM CARE ACT AND ENGAGEMENT/CONSULTATIONS

The Government of Canada is also committed to doing more to support seniors across the country. We know Canadians want to age closer to home and family, but also expect long-term care to be safe, when needed.

As such, our government is developing a Safe Long-Term Care Act to help ensure that all Canadians get the care they deserve, while respecting provincial and territorial jurisdiction.

The Government of Canada is currently carrying out consultations and engagement on a Safe Long-Term Care Act. This includes consulting with experts, stakeholders, persons with lived experience, and provinces and territories, as well as building on existing collaborations with First Nations and Inuit partners.

The Government of Canada has also recently completed a public online consultation on Safe Long-Term care, which will inform the development of the Act.

IF PRESSED ON IF THE FEDERAL GOVERNMENT WILL BE ENFORCING LONG-TERM CARE STANDARDS THROUGH ITS NEW SAFE LTC ACT

It is important to note that the delivery of long-term care services is a provincial and territorial responsibility.

Legislation will be respectful of this provincial-territorial jurisdiction. That is, it will not mandate standards or regulate long-term care delivery.

The Government of Canada has already been collaborating with provinces and territories to support improvements in long-term care, as highlighted by the \$3 billion investment to support their efforts to ensure standards for long-term care applied and permanent changes are made.

Negotiations are underway. Funding agreements allow us to continue to work together to prioritize the uptake and adherence to the standards in order to provide high quality care to all Canadians that require it.

IF PRESSED ON WHAT IS THE FEDERAL GOVERNMENT DOING TO SUPPORT PERSONAL SUPPORT WORKERS

Budget 2023 confirmed the Government's commitment to an increase in health care funding of close to \$200 billion over 10 years, including \$46.2 billion in new funding for provinces and territories. One of the priority areas of this funding is to further support the health workforce.

This new funding also includes a federal investment of \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions.

Budget 2023 also committed to provide \$50 million over five years to strengthen the retirement savings of personal support workers.

We continue to work with provincial and territorial governments on how best to support recruitment and retention of personal support workers.

HOME CARE AND PALLIATIVE CARE

UPDATE ON MANDATE COMMITMENTS

Aging at Home Benefit

The National Seniors Council was tasked with serving as an expert panel to examine measures, including a new benefit, to further support Canadians who wish to age at home. Engagement with Canadians and stakeholders from across Canada informed the Council's work. The National Seniors Council submitted its final report to the Minister of Health and the Minister of Labour and Seniors at the end of September 2023.

Home and Community Care Funding (\$6 billion over 10 years from B2017) - Bilateral negotiations

The negotiation of funding agreements is currently underway to flow the remaining \$2.4 billion over 4 years (2023-24 to 2026-27) to provinces and territories for home and community care through the Aging with Dignity Agreements.

Personal Support Workers

The Government of Canada committed \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions. Budget 2023 also committed to provide \$50 million over five years to strengthen the retirement savings of personal support workers. Policy work is underway to determine how to best use this investment to support personal support workers.

KEY MESSAGES

Canadians want to remain at home or in their community when they are aging, have a serious illness or approaching the end of life.

the Government of Canada is currently negotiating “Aging with Dignity” agreements with provinces and territories. These include the remaining \$2.4 billion of the \$6 billion Budget 2017 commitment for home care and \$3 billion over 5 years for long-term care. This is a part of the \$200 federal commitment to support the Working Together to Improve Health Care for Canadians Plan.

Budget 2021 announced \$29.8 million in funding for the Action Plan on Palliative Care. This is in addition to \$24 million from 2019 to 2021 previously allocated for implementing the Action Plan.

IF PRESSED ON ADDITIONAL SUPPORTS FOR AGING AT HOME PROVIDED BY THE FEDERAL GOVERNMENT

Budget 2021 announced a \$90 million investment to launch the Age Well at Home initiative to assist community-based organizations in providing support to help low-income and vulnerable seniors age in place.

The National Seniors Council was tasked with serving as an expert panel to examine measures to further support Canadians who wish to age at home. The Panel undertook several activities to support this work, including an environmental scan, an online survey, and consultations with experts and stakeholders. The National Seniors Council submitted its final report at the end of September 2023. We are currently reviewing this report in detail.

IF PRESSED ABOUT THE ACTION PLAN ON PALLIATIVE CARE

The federal government has made investments of \$54 million to implement Health Canada’s Action Plan on Palliative Care, including initiatives to raise awareness about palliative care and grief; improve palliative care skills and supports for health care providers and others; enhance data and research; and improve access to culturally sensitive palliative care for vulnerable populations.

A public education campaign is underway to raise awareness around palliative care and grief. Phase I launched in March 2023 for providers who are not palliative specialists. Phase II was launched in October 2023 for the public.

IF PRESSED ABOUT PROGRESS ON THE REPORT ON THE STATE OF PALLIATIVE CARE (A LEGISLATIVE REQUIREMENT)

The Act providing for a framework on palliative care in Canada requires that the Minister of Health prepare and table a report to Parliament on the state of palliative care in Canada within five years after the tabling of the Framework on Palliative Care in Canada (i.e., by December 4, 2023).

Development of this Report is currently underway and will highlight progress made by palliative care stakeholders, provincial/territorial governments and the federal government, and other non-governmental organizations.

IF PRESSED ON NSC REPORT & RECOMMENDATIONS

Health Canada will examine ways to enhance the opportunities for seniors to live independently.

The National Seniors Council, serving as the expert panel on supporting Canadians aging at home, submitted its final advice to the Minister of Health and the minister of Labour and Seniors at the end of September 2023.

These recommendations will be carefully reviewed.

MANDATE PRIORITIES: ENSURE THAT ALL CANADIANS HAVE ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

SEXUAL AND REPRODUCTIVE HEALTH

UPDATE ON MANDATE COMMITMENTS

Since 2021, the Sexual and Reproductive Health Fund (SRHF) has committed \$28.5M to community organizations to help make access to abortion, gender affirming care, and other sexual and reproductive health care information and services more accessible for underserved populations. An additional \$9.7M has been provided to Quebec.

Budget 2023 renewed the Sexual and Reproductive Health Fund (SRHF) to 2026-27.

The SRHF is currently funding 23 projects.

The Medical Expense Tax Credit has been expanded to include more of the costs related to the use of reproductive technologies, making conception of a child more affordable.

KEY MESSAGES

All Canadians should have access to sexual and reproductive health resources and services, no matter where they live.

Health Canada's Sexual and Reproductive Health Fund was created in 2021 to advance mandate commitments. Through Budget 2021 and 2023, \$81 million has been committed to the fund over 6 years.

The fund supports community-based organizations that help make access to abortion, gender affirming, and other sexual and reproductive health care information and services more accessible for underserved populations, including trans and non-binary young people and their families.

IF PRESSED ON THE SRH WEB PORTAL

HC is developing its website to provide accurate information about abortion, the care of trans adolescents, and contraception; topics where misinformation and disinformation abound.

IF PRESSED ON HOW MUCH HAS BEEN SPENT FOR DIFFERENT POPULATION GROUPS

Approximately \$8.7M has been provided to support projects for 2SLGBTQI+ populations.

Approximately \$7.6M has been provided to increasing access to abortion.

Approximately \$7.5M has been provided to support the sexual and reproductive health needs of young people.

Approximately \$6.5M has been provided to Indigenous projects

Approximately \$1.7M has been provided to projects on Endometriosis.

IF PRESSED ON DATA

The Government is also investing \$7.6 million over five years for Statistics Canada to collect data that will fill existing information gaps and help us target appropriate sexual and reproductive health supports for Canadians.

IF PRESSED ON ABORTION SERVICES – GENERAL

This Government is committed to upholding the fundamental right to choose and believes that no one should be forced to carry an unwanted or unsafe pregnancy.

Of the \$45 million committed in Budget 2021, \$8.0 million to date has been invested in four projects focused on access to abortion. Through these projects, new resources and supports are being developed for health care professionals, access to accurate information about abortion is being improved, and financial and logistical support for travel for abortion care is being provided.

IF PRESSED ON ABORTION SERVICES – COMPLIANCE UNDER THE CANADA HEALTH ACT

While abortion services are insured in all provinces and territories there is still work to be done to improve access in many areas of the country.

Health Canada continues to engage with Ontario as they work to implement their action plan to eliminate patient charges for access to abortion services.

New Brunswick will continue to be subject to Canada Health Transfer deductions as long as the province refuses to cover insured surgical abortion services provided at private clinics, resulting in patient charges.

IF PRESSED ON WHETHER THE GOVERNMENT WILL PROVIDE FUNDING TO ORGANIZATIONS OFFERING ALTERNATIVES TO ABORTION (I.E. CONTINUING THE PREGNANCY)

This fund is specifically designed to help women access abortion and it will not support initiatives that discourage or are opposed to freedom of choice or attempt to override the individual's right to make decisions about their own body.

IF PRESSED ON THE LEGAL STATUS OF MEDICATION ABORTION IN THE UNITED STATES AND THE AVAILABILITY OF MIFEGYMISO IN CANADA

Health Canada is aware that the U.S. Supreme Court stayed the decision that would have undermined the FDA's approval of Mifepristone, thus allowing continued access to a drug that is used to safely induce abortions. Mifepristone is not marketed in Canada.

Mifegymiso, which is not available in the U.S., is the only abortion pill authorized in Canada and publicly covered by all provinces and territories. It combines Mifepristone and Misoprostol.

Health Canada is closely monitoring the supply of Mifegymiso in Canada. There are currently no supply issues.

IF PRESSED ON MISINFORMATION AND DISINFORMATION REGARDING THE CARE OF TRANS AND NON-BINARY CHILDREN AND YOUTH

This government believes that trans and non-binary young people, and their families, should have access to gender affirming, evidence based, and high-quality health care.

Gender identity is an inherent characteristic that cannot be changed.

This government is protecting trans and non-binary young people through strategic funding, as well as through outlawing conversion therapy. The government is monitoring with concern the rise in both misinformation and disinformation regarding trans and non-binary young people, as well as harassment, intimidation, and threats against health care providers.

IF PRESSED ON CLINICAL PRACTICE GUIDELINES FOR THE CARE OF TRANS AND NON-BINARY PEOPLE

The World Professional Association for Transgender Health (WPATH) offers guidelines called "Standards of Care" to provide clinical guidance for health professionals to assist transgender and gender diverse people with safe and effective pathways to care.

The Government of Canada is confident that the WPATH Standards of Care are evidence-based.

National Medical Associations like the Canadian Paediatric Society, the American Academy of Pediatrics, the American Psychological Association, and other global institutions reference WPATH Standards of Care in their support of age-appropriate, individualized gender-affirming care for youth and adults.

IF PRESSED ON CONCERNS ABOUT DESISTANCE OR TRANSITION REGRET

While stories of "desistance" or "transition regret" can receive significant media attention and are used as part of misinformation and disinformation campaigns, in fact it is rare that youth stop their gender transition and return to living as their gender assigned at birth. Evidence shows that a number of young people who do stop their transition report it was because they did not have enough support or were experiencing discrimination due to being trans; some of these youth go on to transition later in life.

IF PRESSED ON SEX EDUCATION CURRICULA

Health Canada is aware of the government of Saskatchewan's recent policy change regarding sexual education.

Our Government is committed to working towards a more equitable, diverse and inclusive country, where everyone is free to be themselves and participate fully in society. This is especially important when homes and communities are not welcoming spaces for diversity.

The federal government believes that young people should have access to accurate sex education and that schools should be an inclusive environment where all children can learn about keeping themselves healthy and safe.

SUPPORT FOR 2SLGBTQI+ HEALTH

The Government of Canada is committed to addressing stigma, discrimination and hate against 2SLGBTQI+ populations and reducing the social and health inequities that they face.

We are focused on improving the health and wellbeing of 2SLGBTQI+ people and reducing health inequities related to employment, housing, social support and services, and personal safety.

We are investing in tailored research, health promotion, disease prevention and whole-of-government equity initiatives to address healthcare access, mental health, family- and gender-based violence, and sexual and reproductive health for 2SLGBTQI+ populations.

IF PRESSED ON HEALTH PORTFOLIO ACTION

Our funding programs aim to improve health outcomes for 2SLGBTQI+ populations, such as preventing gender-based violence, STBBI, improving mental health and addressing barriers to sexual and reproductive health care.

To advance 2SLGBTQI+ health research, we are investing in culturally responsive data practices, a health research training platform on stigma reduction and mental wellness, and an Applied Public Health Chair to address research gaps for 2SLGBTQI+ older adults.

IF PRESSED ON RISING ANTI-2SLGBTQI+ MIS-/DIS-INFORMATION AND INTIMIDATION

Anti-2SLGBTQI+ mis- and dis-information, particularly related to trans and non-binary youth, is rising globally.

Within just the first three months of 2023, Egale Canada tracked 6,423 anti-2SLGBTQI+ instances of online hate and protests in Canada. Protests also recently took place across the country condemning 2SLGBTQI+-inclusive policies and gender-affirming care for youth.

We know that trans youth already face an alarmingly disproportionate risk of suicide ideation and attempt. Our government recognizes the urgency of this issue, and is committed to protecting the health, safety, and wellbeing of 2SLGBTQI+ youth.

We are committed to exploring ways to counter this mis- and dis-information by engaging with trans and non-binary people in Canada, and standing up against hate and discrimination, in all its forms.

IF PRESSED ON DATA GAPS

Through the Federal 2SLGBTQI+ Action Plan, the Government of Canada is committed to improving data collection, analysis, research, and knowledge on 2SLGBTQI+ communities through \$7.7 million in funding across 5 years to support new community-led research and data collection.

THE ASSISTED HUMAN REPRODUCTION ACT AND REGULATIONS

UPDATE ON MANDATE COMMITMENTS

Budget 2022 proposed to allow medical expenses related to a surrogate mother or a sperm, ova, or embryo donor that are incurred in Canada for 2022 and subsequent tax years to be claimed.

It also proposed that fees paid to fertility clinics and donor banks in Canada in order to obtain sperm or ova to be included.

Legislation received Royal Assent in December 2022. The Income Tax Act has been amended to reflect the change.

KEY MESSAGES

Our Government is committed to protecting the health, safety, dignity and rights of Canadians who use or are born of assisted human reproduction technology.

For this reason, our government supported the development of regulations to reduce risks to human health and safety arising from the use of donor sperm and ova, clarify reimbursable expenses for donors and surrogates, and allow for the administration and enforcement of the Assisted Human Reproduction Act.

Our Government recognizes that it is important for the Assisted Human Reproduction Act to continue to reflect advances in science, as well as the views of Canadians.

The Medical Expense Tax Credit has been expanded to include more of the costs related to the use of reproductive technologies, making conception of a child more affordable.

Coverage now includes amounts paid to fertility clinics and medical expenses of a surrogate mother.

IF PRESSED ON THE CURRENT MEN WHO HAVE SEX WITH MEN (MSM) DONOR SCREENING CRITERIA

Our Government is committed to supporting policies in Canada that are non-discriminatory and scientifically based.

In 2022, Health Canada authorized submissions from Canadian Blood Services and Héma-Québec to implement more inclusive approaches to blood and source plasma donor screening, eliminating the three-month blanket donor deferral period for all men who have sex with men and instead screening all donors for high-risk sexual behaviour.

Health Canada is now reviewing the donor screening criteria for sperm and ova donors to assess whether current science supports the safety of a more inclusive screening approach for men who have sex with men.

Health Canada periodically reviews and updates regulatory requirements, recognizing the need to keep pace with the latest scientific and technical advances and to remove unnecessary restrictions, while maintaining Canada's high standards for safety.

Health Canada is currently consulting with subject-matter experts in the area of donor screening on a proposed, scientifically-based approach for making sperm and ova donor criteria more inclusive.

Health Canada will revise the technical directive based on the feedback received, and distribute it to interested and impacted stakeholders, including those within the 2SLGBTQI+ community, for further consultation before finalizing it.

PLASMA COLLECTION

Our Government recognizes the value of domestic plasma collection for the security of Canada's supply of plasma-derived products.

Close federal, provincial and territorial collaboration with the national blood and plasma operator is essential to achieving meaningful results in this critical area for the health and safety of Canadians.

Health Canada regulates the safety of plasma collection and products made from plasma, but provinces and territories determine how plasma is collected in their jurisdictions. In this context, there are a number of provinces in which commercial plasma operations are currently permitted.

There is no evidence that commercial plasma collection impacts blood collection in Canada. Blood donations, in general, have decreased since the COVID-19 pandemic and are impacted by several factors, such as changes in donor behaviours, as well as climate-related events, including floodings and devastating wildfires. Systems and plans are in place to address low inventory or shortages of blood and blood products, and the national blood operators are responding based on these plans.

Budget 2021 provided \$20 million, which allows Canadian Blood Services to construct six new dedicated plasma collection sites across Canada to achieve a greater domestic supply.

IF PRESSED ON THE ROLE OF HEALTH CANADA

Health Canada's role is to regulate plasma sites and to help ensure the safety and quality of the collected plasma. Under the Blood Regulations, Health Canada is required to review all submissions it receives, including those for paid plasma operations, and all plasma sites must receive HC approval in order to operate in Canada.

Only Héma-Quebec and Canadian Blood Services are authorized to distribute plasma products in Canada. Contribution of commercially-collected plasma to Canadian plasma sufficiency is therefore dependent on commercial agreements with the blood operators. Canada has historically been dependent on foreign plasma collected from paid donors.

IF PRESSED ON PAID PLASMA COLLECTION IMPACTING CBS OR HEMA-QUEBEC COLLECTIONS

Only Héma-Quebec and Canadian Blood Services are authorized to collect whole blood in Canada, however, provinces and territories determine how plasma is collected in their jurisdictions. Close federal, provincial and territorial collaboration with the national blood and plasma operators is essential to ensuring Canadians have the blood and blood products they need, when they need them.

There is no evidence that commercial plasma collection impacts blood collection in Canada. Strains to the blood supply are most likely due to changes to blood donor behaviour seen after the COVID-19 pandemic and also due to issues in collection caused by climate events like floods and wildfires.

In case of low inventory or shortages, the national blood operators will follow systems and plans in place for such events, such as The National Plan for Management of Shortages of Labile Blood Components.

IF PRESSED ON CREATING A NATIONAL BAN ON PAID PLASMA DONATION

Provinces and territories determine how plasma is collected in their jurisdictions. Health Canada acts as the regulator in this space to help ensure the safety and quality of plasma collection and plasma products. Studies have shown that the safety of plasma and plasma products is the same whether from voluntary or paid plasma collection. It is therefore up to the provinces and territories to determine whether payment for plasma is acceptable in their jurisdictions.

IF PRESSED ON THE SAFETY OF PLASMA PRODUCTS MADE FROM PAID PLASMA

The safety of plasma products is the same between those made from voluntary and paid plasma; therefore, paying for plasma is not a safety issue, and is not regulated under the Food and Drugs Act.

CBS and Héma-Quebec do not collect enough plasma from voluntary donation to create enough plasma products to meet the needs of Canadians. At present, the majority of plasma products used in Canada are manufactured from paid-plasma collected internationally. Canadian patients regularly rely on these products, which fall under the Food and Drug Regulations to help ensure they meet strict safety and quality standards.

IF PRESSED ON THE AGREEMENT BETWEEN CBS AND GRIFOLS

Outside of Quebec, Canadian Blood Services is the national blood authority, and on behalf of the provinces and territories, is responsible for ensuring patients in Canada have access to a safe and secure supply of blood and blood products — including plasma and medications made from plasma.

IF PRESSED ON GRIFOLS NOT OPERATING IN BRITISH COLUMBIA

Whether payment can be provided for plasma donation is determined by the provinces and territories. CBS and Grifols will determine the best locations for plasma collection operations given their agreement and the decision by British Columbia.

MANDATE PRIORITY: DEVELOP A PLAN TO MODERNIZE THE FEDERAL HEALTH RESEARCH FUNDING ECOSYSTEM

HEALTH RESEARCH

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is making progress on the commitment to develop a plan to modernize the federal research funding ecosystem.

In October 2022, the Government launched the Advisory Panel on the Federal Research Support System (the Advisory Panel) to provide independent, expert policy advice on the structure and governance of the federal system supporting research and talent.

The Government is carefully considering the recommendations of the Advisory Panel's report released in March 2023.

KEY MESSAGES

Our government continues to invest in health research with potential to solve health challenges facing Canadians.

Following the historic investment in Budget 2018 to support fundamental research, including \$354.7 million over five years and \$90.1 million per year ongoing to support health research through the Canadian Institutes of Health Research, our government continued to invest in health research during the pandemic, notably to develop an evidence-based response to COVID-19.

During the same period, we have invested in research to build evidence related to other pressing health needs, such as to expand our knowledge of dementia and brain health, diabetes, pediatric cancer, post-COVID condition, and women's health.

IF PRESSED ON THE MODERNIZATION OF THE FEDERAL RESEARCH SUPPORT SYSTEM

Our government recognizes the need to support Canada's world-class scientific community to respond effectively to modern and future challenges.

That is why we launched the Advisory Panel on the Federal Research Support System, to seek expert advice on how to maximize the impact of research and downstream innovation.

The Government is carefully considering the recommendations in the Advisory Panel's March 2023 report and will provide details on further efforts to modernize the system in the coming months.

MANDATE PRIORITY: PREVENT AND MITIGATE THE SERIOUS AND GROWING THREAT OF ANTIMICROBIAL RESISTANCE

ANTIMICROBIAL RESISTANCE

UPDATE ON MANDATE COMMITMENTS

In June 2023, Canada released the 5-year (2023-2027) Pan-Canadian Action Plan on Antimicrobial Resistance (AMR).

We have invested in two priorities that will have the greatest impact tackling AMR: (1) securing access to new antimicrobials and alternatives, and (2) preserving the effectiveness of existing and new antimicrobials.

Investments committed through Budget 2023 and 2021 will help secure new antimicrobials that are not available in Canada and expand efforts in surveillance and reducing inappropriate use of antibiotics.

Canada remains committed to working with partners to address this growing threat.

KEY MESSAGES

We made a commitment to take increased and expedited action to monitor, prevent, and mitigate the serious and growing threat of AMR and preserve the effectiveness of the antimicrobials Canadians rely upon every day.

On June 22, 2023, the Government of Canada released the Pan-Canadian Action Plan on Antimicrobial Resistance (PCAP). Developed together with the provinces and territories, PCAP is a 5-year blueprint (2023-2027) for strengthening Canada's collective AMR response using the One Health approach to accelerate efforts on combating AMR.

We have identified two main priorities that will have the greatest impact on tackling AMR: (1) securing access to new antimicrobials and antimicrobial alternatives for Canadians, and (2) preserving the effectiveness of existing and new antimicrobials. The Government of Canada is making progress in both areas.

Through Budget 2023, the Government committed additional funding to secure access to new antimicrobials that are currently not available in Canada. This funding will allow Canada to increase the number of antimicrobial drugs that prescribers can access to treat patients in an effective, efficient and safe manner.

Investments have also been made in research in areas such as antimicrobial discovery and alternatives and diagnostics.

Canada is also helping to fund broader global AMR innovation initiatives, as well as support domestic industry in their R&D efforts. For example, in May 2023, Canada announced a \$6.3M investment in CARB-X, joining other AMR world leaders in a global non-profit partnership accelerating antibacterial products to address drug-resistant bacteria.

Additionally, in October 2022, Canada became one of the first global partners to contribute to SECURE, a newly created global initiative with a mission to expand equitable access to, life-saving antibiotics across countries and regions in need.

In parallel to securing access to antimicrobials, we are taking steps to preserve the effectiveness of the life-saving antimicrobials we currently have.

Through Budget 2021, the Government committed over \$28 million over five years, beginning in 2021-22, to expand efforts in key areas of surveillance and monitoring, including integrating wastewater into our surveillance of antimicrobial usage.

Investing further in antimicrobial resistance efforts now will ensure that Canada addresses this growing threat in an impactful way to better protect Canadians.

IF PRESSED ON WORK BEING DONE BY GOVERNMENT SCIENTISTS TO ADDRESS THE URGENT PROBLEM OF ANTIBIOTIC RESISTANCE

The Government of Canada is leveraging the research infrastructure and relationships that were established during the COVID-19 response to make progress on AMR.

Government of Canada scientists are working with partners to implement wastewater monitoring as a tool for better understanding antimicrobial use, applying pandemic lessons learned to the AMR response.

The Genomics Research and Development Initiative (GRDI) funds coordinated genomics research by federal scientists across 6 federal departments and agencies. Close to \$10M in GRDI funding has been dedicated to improving our understanding of how AMR can spread across human, animal, and environmental sectors.

The GRDI AMR research takes a One Health approach to provide knowledge that will be used to identify hotspots and intervention points, and support evidence-based mitigation strategies.

The overriding goal is to preserve the effectiveness of the antimicrobials that Canadians rely on every day.

In May 2023, Canada announced a \$6.3M investment in CARB-X, joining other AMR world leaders in a global non-profit partnership accelerating antibacterial products to address drug-resistant bacteria.

MANDATE PRIORITY: CONTINUE TO ENGAGE WITH WILLING P/TS TOWARDS NATIONAL UNIVERSAL PHARMACARE, WHILE PROCEEDING WITH A NATIONAL STRATEGY ON HIGH-COST DRUGS FOR RARE DISEASES AND ADVANCING THE ESTABLISHMENT OF THE CANADA DRUG AGENCY

CANADIAN DRUG AGENCY

Note to Follow

DRUGS FOR RARE DISEASES

UPDATE ON MANDATE COMMITMENTS

Mandate Commitment: Continue engaging with willing provinces and territories towards national universal pharmacare, while proceeding with a national strategy on high-cost drugs for rare diseases and advancing the establishment of the Canada Drug Agency.

We are making progress in implementing the National Strategy for Drugs for Rare Diseases by working with provinces and territories towards the development of bilateral agreements, starting with jointly determining a small set of new and emerging drugs that would be cost-shared and covered in a consistent way across the country.

Funding to health system partners to improve information on safety and effectiveness of drugs and support decision making, and to the Canadian Institutes of Health Research for investments to advance rare disease research is also underway.

MESSAGES CLÉS

En mars 2023, le gouvernement du Canada a annoncé le lancement de la toute première Stratégie nationale sur les médicaments pour le traitement des maladies rares, avec un investissement pouvant atteindre jusqu'à 1,5 milliard de dollars sur trois ans.

Nous travaillons maintenant avec les provinces et les territoires à l'élaboration des ententes bilatérales, en commençant par déterminer conjointement un petit nombre de médicaments nouveaux et émergents dont les coûts seraient partagés et qui seraient pris en charge de manière cohérente dans l'ensemble du pays.

Ce travail contribuera à améliorer l'accès à des médicaments efficaces et abordables pour le traitement des maladies rares, afin d'améliorer la santé des patients dans tout le Canada.

IF PRESSED ON DETAILS OF THE IMPLEMENTATION, SUCH AS THE COMMON SET OF DRD, STAKEHOLDER CONSULTATION THROUGH THE IMPLEMENTATION ADVISORY GROUP, AND PROGRESS ON BILATERAL AGREEMENTS

Health Canada officials are now engaging with provinces and territories toward the development of bilateral agreements. Similarly, funding will go to Indigenous Services Canada to support eligible First Nations and Inuit patients living with rare diseases.

An Implementation Advisory Group will also be launched soon to ensure that patients and other stakeholders remain at the centre of the Strategy.

We are also working with our health system partners to advance various initiatives focused on collection and use of evidence to support decision making and the advancement of rare disease research.

IF PRESSED ON QUEBEC'S PARTICIPATION IN THE NATIONAL STRATEGY

Our Government is working with all provinces and territories to help increase access to, and affordability of, promising and effective drugs for rare diseases, while also providing flexibility for jurisdictions to address their own unique circumstances.

All provinces and territories have been invited to engage in the next critical step of jointly determining a small set of new and emerging drugs for rare diseases, and to share in the benefits of collaborative approaches to the collection and use of evidence in rare diseases, and innovation and research.

IF PRESSED ON WHEN PATIENTS WILL SEE BENEFITS FROM THE STRATEGY

As a critical next step to advance the development of these bilateral agreements, the Government of Canada is engaging with provinces and territories to jointly determine a small set of new and emerging drugs that would be cost-shared and covered in a consistent way across the country, for the benefit of patients.

Our work with partners is also well underway; for example with the 32 million dollars provided to the Canadian Institutes of Health Research (CIHR) through the Strategy to advance rare disease research, CIHR has already launched four funding opportunities working to strengthen patient support services, including one to support clinical trial networks in pediatric rare disease.

IF PRESSED ON FUNDING TO HEALTH SYSTEM PARTNERS

Our Government will be providing \$20M over three years to the Canadian Agency for Drugs and Technologies in Health (CADTH) and the Canadian Institute for Health Information (CIHI) to support the use of evidence in decision-making.

This work will improve the collection and use of real-world evidence to support decision-making, as well as patient registries.

An additional \$32 million over five years to the Canadian Institutes of Health Research will advance a rare disease research agenda, developing better diagnostic tools and establishing a robust Canadian rare disease clinical trials network.

PATENTED MEDICINE PRICES REVIEW BOARD (PMPRB)

Health Canada supports and respects the PMPRB's role as a strong, independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

IF PRESSED ON HOW SAVINGS WILL BE ACHIEVED AS A RESULT OF AMENDMENTS TO THE PATENTED MEDICINES REGULATIONS

In July 2022, amendments to the Patented Medicines Regulations came into force. These amendments were designed to provide the PMPRB with new tools to carry out its mandate of protecting Canadians from excessive prices for patented medicines and improve access for Canadians to quality medicines.

The new amendments include an 11-country basket of comparator countries, which removes the United States and Switzerland and includes countries that are more like Canada economically and from a consumer price protection standpoint.

The revised basket of comparator countries is estimated to have an impact on patented medicine expenditures by reducing spending by \$2.9 billion over 10 years. The way in which the PMPRB operationalizes the amendments through its Guidelines may impact projected benefits. The new basket is expected to result in lower drug prices for Canadians.

IF PRESSED ON THE HEALTH CANADA SUBMISSION OR QUESTIONS ABOUT ANY POTENTIAL INTERFERENCE IN THE BOARD'S DECISION

PMPRB is an independent quasi-judicial body and is responsible for the development and implementation of its Guidelines. As stated in section 96(5) of the Patent Act, the PMPRB must consult with various parties, including the Minister of Health, before the issuance of any guidelines. It is in that context that former Minister of Health, Minister Duclos wrote to the chair of the PMPRB to share his views with respect to the proposed Guidelines.

As part of the PMPRB's consultation process, Health Canada sent a submission to the Board on December 5, 2022, asking it to consider pausing the consultation process, to allow time to work collaboratively with health system partners and stakeholders, including provinces and territories, to understand fully the short and long-term impacts of the proposed new Guidelines.

IF PRESSED ON LEADERSHIP CHANGES AT PMPRB

On February 1, 2023, following an open, transparent and merit-based selection process, Thomas J. Digby was appointed as the Chairperson of the PMPRB for a term of five years.

On August 10, 2023, the Government of Canada announced the appointment of Anie Perrault as the vice-chairperson of the Board for a five-year term.

On October 12, 2023, the Government of Canada announced the appointment of Peter Moreland-Giraldeau to the Board for a five-year term.

The Government of Canada is committed to appointing highly qualified candidates to best serve the interests of Canadians.

Health Canada would like to thank Mélanie Bourassa Forcier and Matthew Herder for their work as members of the Board during their terms.

Members of the PMPRB are Governor-in-Council appointments.

IF PRESSED ON IMPACT OF THE RESIGNATION OF PMPRB OFFICIAL...

Officials working as staff within the PMPRB are public servants, and the PMPRB is responsible for its own staffing. Questions about human resources and staffing at the PMPRB should be directed to PMPRB.

IF PRESSED ON PMPRB'S CURRENT CAPACITY TO PROTECT CANADIANS FROM EXCESSIVE PRICES OF PATENT MEDICINES

The PMPRB was established under the Patent Act and reports into Parliament through the Minister of Health. It does and will continue to play an important role in exercising its authority as an independent body to oversee the prices of patented medicines in Canada and ensure that Canadians are not paying excessive prices.

The PMPRB and its legal framework are an important part of the pharmaceutical landscape, and the Government of Canada is committed to the mandate of the PMPRB and its role in protecting consumers against excessive prices of patented medicines.

IF PRESSED ON GUIDELINES

Health Canada supports and respects the PMPRB's role as a strong, independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

Specific questions regarding next steps with respect to the Guidelines should be directed to PMPRB.

IF PRESSED ON THE PMPRB

As an arm's-length organization of the government, the PMPRB reviews the prices patentees charge for patented drug products in the Canadian market. The PMPRB can work with patentees to achieve

voluntary price reductions, or the board can hold public hearings to determine whether a price is excessive, and (if so) order price reductions or the offset of excess revenues.

Health Canada supports and respects the PMPRB's role as a strong, independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

IF PRESSED ON CONCERNS WITH IMPACTS ON REVENUE TO INDUSTRY AND DRUG ACCESS

The Government of Canada understands the importance of the pharmaceutical sector and in supporting research and development in Canada. A balance between supporting innovation and improving the affordability and accessibility of patented drugs for Canadians is essential.

Even with lower prices, revenues from patented drug sales are expected to continue growing over the next ten years in Canada.

IF PRESSED ON IMPACT OF PHARMACEUTICAL INVESTMENTS IN CANADA

Our Government recognizes the importance of the life sciences sector to the Canadian economy, innovation, and quality of life. We remain committed to strengthening the innovation ecosystem in Canada.

Budget 2021 announced significant investments to grow Canada's life sciences and bio-manufacturing sector, providing a total of \$2.2 billion over seven years towards growing a vibrant domestic life sciences sector.

MANDATE PRIORITY: PROMOTE HEALTHY ENVIRONMENTS BY ENDING ANIMAL TESTING AND PROTECTING CANADIANS FROM HARMFUL CHEMICALS AND CLIMATE CHANGE

HEALTHY ENVIRONMENTS AND CONSUMERS (GENERAL)

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is working to build resiliency to the impacts of climate change on health and the health system. In June 2023, the Government of Canada released Canada's first National Adaptation Strategy and the Government of Canada released the Government of Canada Adaptation Action Plan.

In May 2023, the Government published a draft State of PFAS report that proposes that the class of PFAS may cause harm to both human health and the environment.

Amendments to the Canadian Environmental Protection Act, 1999 (CEPA) were introduced in the Senate on February 9, 2022, as Bill S-5. Following extensive study in both Houses, S-5 received royal assent on June 13, 2023.

In June 2023, Royal Assent was received for legislative amendments to the Food and Drugs Act (FDA) to ban cosmetic animal testing and to the Canadian Environmental Protection Act, 1999 (CEPA) to address the use of animal testing. Work now is focusing on developing a strategy to promote the development and timely incorporation of scientifically justified alternative methods in the testing and assessment of substances to replace, reduce or refine the use of vertebrate animals.

KEY MESSAGES

Our Government is committed to protecting the health and safety of Canadians from the dangers posed by unsafe consumer products and chemicals.

The Government of Canada has some of the most stringent regulations for consumer products and chemicals in the world.

The Government of Canada is also committed to taking action to protect the health of Canadians from the impacts of climate change.

The Government of Canada is working with key partners to develop Canada's first National Adaptation Strategy, which will include a focus on protecting Canadians' health and well-being.

IF PRESSED ON PROVINCIAL/TERRITORIAL JURISDICTION FOR THE NATIONAL FRAMEWORK ON CANCERS LINKED TO FIREFIGHTING ACT

In Canada, protecting firefighters from occupational cancers is a shared responsibility across federal, provincial and territorial governments.

Provincial and territorial governments have a mandate for health care delivery and occupational health and safety and Health Canada will work to convene these partners to share information and raise awareness to ensure that firefighters in Canada receive the care and cancer prevention they deserve.

IF PRESSED ON GOALS OF THE NATIONAL FRAMEWORK

The Government will raise awareness of cancers linked to firefighting with the goal of improved access to information on cancer prevention and treatment for firefighters throughout Canada and to create equity between firefighters regardless of place of work or residence, and volunteer or career firefighter status.

Health Canada will convene stakeholders across the firefighting community, healthcare system, academia, and with industry partners to facilitate knowledge transfer and to identify opportunities for action.

The Government will look to find opportunities in which federal leadership would benefit firefighters in Canada, regardless of where they may work or live.

IF PRESSED ON INDIGENOUS ENGAGEMENT ON THE NATIONAL FRAMEWORK

The Government is working with Indigenous governing bodies to inform the development of the National Framework, ensuring to capture the unique challenges and needs of Indigenous firefighters throughout Canada.

IF PRESSED ON GOVERNMENT ACTIONS TO ADDRESS PFAS

While science has been evolving regarding the risks of PFAS, the Government of Canada has not waited to act and has prohibited three subgroups of PFAS.

The Government of Canada has also proposed a new objective for PFAS in drinking water, led a nomination of a subset of these substances for global action under to the Stockholm Convention and is developing an approach to consider the risk posed by biosolids contaminated with PFAS and to protect the safety of Canadian agriculture.

IF PRESSED ON GOVERNMENT ACTIONS TO PROTECT PEOPLE IN SAGUWAY FROM PFAS

The Government of Canada has proposed a new draft objective for PFAS in drinking water with the aim to reduce potential exposure to multiple PFAS considering them as a group instead of individual chemicals.

The Government of Canada supports provinces, territories and other federal departments through guidance on health effects, testing protocols and water treatment strategies for contaminants in drinking water.

Questions about specific contaminated sites should be addressed to the responsible federal authority.

IF PRESSED ON HOW THE STRENGTHENED CEPA WILL PROTECT CANADIANS

The modernized Act strengthens how chemicals and other substances are assessed and managed, and ensures that we have the best possible tools to protect the health of Canadians and their environment.

The strengthened CEPA will assess exposures based on the cumulative effects of a substance in combination with exposure to other substances, where feasible.

The updated Act will create a stronger regime for controlling certain toxic substances that pose the highest risk to human health or the environment.

The Strengthened CEPA now recognizes a right to a healthy environment as provided under the Act for every individual in Canada and the government is now able to better protect people living in Canada who are more exposed to harmful substances or more susceptible to their effects.

IF PRESSED ON WHETHER THESE UPDATES TO CEPA WILL AFFECT THE PESTICIDES REGIME IN CANADA

CEPA and the Pest Control Products Act (PCPA) are complementary pieces of legislation that contribute to federal management of toxic substances to protect human health and the environment.

While recent amendments to CEPA have no direct legal implications for the PCPA, the Government strives for policy, science and regulatory alignment in these complementary Acts.

On June 20, 2023, the Government of Canada announced next steps toward a sustainable approach to pesticides management, including consulting on proposed amendments to the Pest Control Products Regulations (PCPR). The proposed amendments would strengthen alignment with CEPA in the areas of environmental risk assessment of pesticides and increased transparency.

MANDATE PRIORITIES: ENSURE CANADIANS ARE PROTECTED FROM RISKS ASSOCIATED WITH THE USE OF PESTICIDES AND TO BETTER PROTECT HUMAN HEALTH, WILDLIFE AND THE ENVIRONMENT, MODERNIZE AND STRENGTHEN THE PEST CONTROL PRODUCTS ACT

PESTICIDES

The Government of Canada takes pesticide safety very seriously.

To be used in Canada, a pesticide must undergo a rigorous, science-based risk assessment to ensure that it meets Health Canada's human health and environment protection requirements and has value.

In June 2023, the Government of Canada announced a number of actions leading towards a sustainable approach to pesticide management.

These actions will result in increased transparency, consideration of cumulative environmental effects and species at risk during pesticide reviews, and contribute to Canada's commitment to implementing the 2022 Kunming-Montreal Global Biodiversity Framework (GBF), which aims to halt and reverse biodiversity loss.

IF PRESSED ON THE CONTINUED USE OF GLYPHOSATE IN CANADA

Health Canada scientists have conducted an extensive review of this chemical and have concluded that there are no health risks of concern when label directions are followed.

Health Canada's finding is consistent with that of other major international regulatory partners (US, EU, Australia).

Health Canada continually monitors science information and scientific literature related to glyphosate and will take necessary actions to protect health and environment.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO MONITOR GLYPHOSATE IN THE ENVIRONMENT

Health Canada is establishing a national water monitoring framework with provinces, territories, Indigenous communities, academics and other key stakeholders to inform the collection of real-world data on the presence of pesticides, including glyphosate, in surface and groundwater in Canada.

This framework will provide guidance for a water monitoring program across Canada, including the design and implementation of a long-term collaborative national-scale water monitoring for pesticides.

To support this work, a pilot water monitoring program was established to inform a long-term program. Sampling began in the summer of 2022 and the first results were published in Fall 2022 and Winter 2023.

As announced on June 20, 2023, Environment and Climate Change Canada will generate real-world data to make progress on this sustainable approach to pesticides management in Canada and to better understand the impacts of pesticides on the environment.

The collaboration between Health Canada and Environment and Climate Change Canada supports efforts to improve data that can inform pesticides decisions.

IF PRESSED ON GLYPHOSATE FOUND IN FOOD

Recent testing by the Canadian Food Inspection Agency (CFIA) shows levels found are compliant with the maximum residue limits (MRLs) allowed to be in or on food.

The MRLs for each pesticide-crop combination are set at levels well below the amount that could pose a health concern. As such, the levels detected by the CFIA are not a cause for health concern for Canadians.

IF PRESSED ON THE DETECTION OF GLYPHOSATE IN BLOOD/URINE

Health Canada has assessed the low level detected in Canadians and has not identified any health concerns.

IF PRESSED ON GLYPHOSATE FOUND IN DRINKING WATER

Health Canada has assessed potential human health risk of glyphosate from drinking water. Dietary (food and drinking water) exposure associated with use of glyphosate was found not to be of concern.

IF PRESSED ON WHETHER HEALTH CANADA – WHO IN 2018 PROPOSED TO CANCEL ALL USES OF NEONICOTINOIDS – IS TAKING A SOFTER STANCE DUE TO PRESSURE FROM THE AGRICULTURAL SECTOR

As part of the public consultation on its proposed decisions on neonicotinoids, Health Canada received more than 47,000 comments from the public, pesticide registrants, non-governmental organizations and provinces. A significant amount of new water monitoring data and scientific studies and papers from various sources such as registrants, provinces, academia and other regulatory authorities were reviewed.

The Department considered these new scientific papers, data and comments to make sound, science-based, final decisions regarding the risks to the environment from the use of these neonicotinoid insecticides in Canada.

IF PRESSED ON HEALTH CANADA'S DECISION TO CANCEL THE USE OF STRYCHNINE FOR RICHARDSONS'S GROUND SQUIRREL CONTROL IN SASKATCHEWAN AND ALBERTA DESPITE A STUDY SUBMITTED FROM SASKATCHEWAN

Health Canada's scientists reviewed all pertinent information, including the study from Saskatchewan, before concluding that no practical mitigation measures could be implemented to protect the environment adequately. Therefore the registration was cancelled.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO ADDRESS THE USAGE OF THE INSECTICIDE LAMBDA CYHALOTHRIN FOR FEED USE IN CANADA

As a result of the 2021 re-evaluation of lambda cyhalothrin, a number of uses were cancelled due to dietary risks of concern, including potential risks to children and nursing mothers.

The risk assessment considered the prioritization of uses provided by the manufacturer.

A number of alternative insecticides are currently registered for feed crops.

Health Canada is actively reviewing a request by the manufacturer to reinstate feed uses.

IF PRESSED ON HEALTH CANADA'S DECISION TO PHASE-OUT THE WOOD PRESERVATIVE PENTACHLOROPHENOL

In July 2020, Health Canada published a proposed special review decision for pentachlorophenol, which proposed cancellation of all uses due to risks to human health and the environment.

The last date of authorized use of pentachlorophenol in the treatment of wood is October 4, 2023.

Following a scientific review and public consultation in June, Health Canada has published its decision in September to allow the sale and use of utility poles already treated with pentachlorophenol for an additional 3 years.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO MEET THE TARGETS OF THE GLOBAL BIODIVERSITY FRAMEWORK, INCLUDING THE REDUCTION OF RISKS FROM PESTICIDES

ECCC is developing a comprehensive national biodiversity strategy to 2030 and working with Health Canada and AAFC to identify science-based approaches to meet the pesticide risk reduction commitment while supporting data collection and research.

The Government of Canada is working with partners to identify mechanisms and tools to reduce risk.

IF PRESSED ON THE ARTICLE PUBLISHED BY RADIO-CANADA "OTTAWA TO ONCE AGAIN ALLOW MORE PESTICIDES IN CERTAIN FOODS"

The Canadian government takes pesticide safety very seriously.

Since the pause on MRL increases, Health Canada has taken steps to address key stakeholder concerns related to the pesticide regulatory process to improve communication and transparency around MRLs.

Lifting the pause on MRLs increases, where PMRA's robust scientific assessment reveals that it is safe to do so for Canadians is important to allow people in Canada to maintain reliable access to affordable and

nutritious food, provide predictability for farmers to access the required tools to fight against new pests, and facilitate trade, which is central to food security.

MRLs will only be increased if Health Canada scientists determine that the proposed increase is safe.

No decision on Glyphosate will be released before 2024.

IF PRESSED ON THE RESIGNATION OF THE CO-CHAIR FOR THE SCIENCE ADVISORY COMMITTEE ON PEST CONTROL PRODUCTS

The Government of Canada is ensuring responsible pesticide management across the country and has taken numerous steps in the last year to increase transparency and accessibility of decisions, including the launch of the external Scientific Advisory Committee for Pest Control Products (SAC-PCP).

On July 18, 2023, Health Canada announced the appointment of a new co-chair to the SAC-PCP.

Health Canada is working collaboratively with the SAC-PCP membership to establish common goals for the coming year.

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

IF PRESSED ON WHETHER THE PROPOSED CHANGES UNDER THE CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA) WILL AFFECT THE PESTICIDES REGIME IN CANADA

The CEPA and the PCPA are complementary pieces of legislation that contribute to federal management of toxic substances to protect human health and the environment.

While amendments to CEPA have no direct legal implications for the PCPA, CEPA partners strive for policy, science and regulatory alignment.

The regulatory regime for pesticides is sufficiently flexible to make changes through policy and regulatory amendments in order to further improve transparency, consider cumulative environmental effects and better address species at risk in pesticide reviews.

IF PRESSED ON WHETHER HEALTH CANADA'S PMRA WORKS TOO CLOSELY WITH THE REGULATED PEST CONTROL PRODUCT INDUSTRY

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

As part of its Transformation Agenda the PMRA is taking bold steps to improve public participation in its pesticide decision making, including increased access to reports and data used in the decision process.

The PMRA is also working with federal, provincial, indigenous and academic partners to increase the generation of independent water monitoring and pesticide use data to better inform its decisions.

These actions complement the requirement in the Pest Control Products Act, for PMRA to consult extensively with the public and all affected stakeholders on all proposed decisions.

Health Canada also seeks independent scientific advice from its independent Science Advisory Committee on Pest Control Products, as well as input on policies and issues relating to the pest management regulatory system from its broad multi-stakeholder Pest Management Advisory Council.

While taking into consideration the advice it receives from both advisory committees, Health Canada maintains the responsibility and the sole authority to make decisions on pesticide and pest management regulation.

PMRA TRANSFORMATION

UPDATE ON MANDATE COMMITMENTS

In Spring 2022, Health Canada (HC) launched consultations on a targeted review of the Pest Control Products Act (PCPA).

A 'What We Heard' report, published on November 1, 2022, provides an overview of what HC heard through the consultation.

On June 20, 2023, the Government of Canada announced additional concrete actions to advance a more sustainable approach to pesticide management. The announcement included measures intended to protect biodiversity while making sure that Canadian farmers have the pest management tools they need to respond to growing demands for healthy and affordable food to Canadians and abroad.

These actions are increasing transparency, advancing the consideration of cumulative environmental effects and species at risk during pesticide reviews, and contributing to Canada's commitment to implementing the 2022 Kunming-Montreal Global Biodiversity Framework (GBF), which aims to halt and reverse biodiversity loss.

KEY MESSAGES

The Government of Canada takes pesticide safety very seriously and is taking concrete action through regulatory and policy measures to further strengthen sustainable pesticide management in Canada.

Building on the outcomes from the 2021 review of the Pest Control Products Act, Health Canada is currently analyzing feedback on proposed regulatory amendments to strengthen protection of human health and the environment, including wildlife, from risks posed by pesticides.

Health Canada is continuing work with our partners on advancing sustainable pesticide management in Canada, including collaboration to advance Canada's commitments to implementing the Kunming-Montreal Global Biodiversity Framework, which includes a focus on reducing the risk of pesticides by half by 2030.

As we continue to implement the pesticide transformation agenda, there are several upcoming consultations on policies and frameworks and we welcome feedback from Canadians to inform next steps.

IF PRESSED ON THE RESIGNATION OF THE CO-CHAIR FOR THE SCIENCE ADVISORY COMMITTEE ON PEST CONTROL PRODUCTS

The Government of Canada is responsible for pesticide management across the country and has taken numerous steps in the last year to increase transparency and accessibility of decisions, including the launch of the external Scientific Advisory Committee for Pest Control Products (SAC-PCP).

On July 18, 2023, Health Canada announced the appointment of a new co-chair to the SAC-PCP

Health Canada is working collaboratively with the SAC-PCP membership to establish common goals for the coming year.

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

IF PRESSED ON THE GREENING GOVERNMENT STRATEGY

The Government of Canada has committed to eliminating the cosmetic use of pesticides on federal lands through amendments to the Greening Government Strategy (GGS), led by the Treasury Board Secretariat.

Health Canada does not have the jurisdictional authority to ban the cosmetic use of pesticides across Canada. However, through the GGS Canada is demonstrating leadership and reducing the amount of pesticides going into the environment.

ECCC is leading engagement with provinces, territories and municipalities, who are to impose restrictions on the sale or use of pesticides within their jurisdictions.

IF PRESSED ON WHETHER HEALTH CANADA'S PMRA WORKS TOO CLOSELY WITH THE REGULATED PEST CONTROL PRODUCT INDUSTRY

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

As part of its Transformation Agenda the PMRA is taking bold steps to improve public participation in its pesticide decision making, including increased access to reports and data used in the decision process.

The PMRA is also working with federal, provincial, indigenous and academic partners to increase the generation of independent water monitoring and pesticide use data to better inform its decisions.

These actions complement the requirement in the Pest Control Products Act, for PMRA to consult extensively with the public and all affected stakeholders on all proposed decisions.

Health Canada also seeks independent scientific advice from its independent Science Advisory Committee on Pest Control Products, as well as input on policies and issues relating to the pest management regulatory system from its broad multi-stakeholder Pest Management Advisory Council.

While taking into consideration the advice it receives from both advisory committees, Health Canada maintains the responsibility and the sole authority to make decisions on pesticide and pest management regulation.

MANDATE PRIORITY: PROMOTE HEALTHY EATING BY ADVANCING THE HEALTHY EATING STRATEGY

HEALTHY EATING

UPDATE ON MANDATE COMMITMENTS

In December 2020, Health Canada released revised voluntary sodium targets for processed foods. Health Canada is currently conducting interim monitoring to measure progress towards meeting those targets.

On July 20, 2022, Health Canada published new front-of-package (FOP) nutrition labelling regulations. Regulated parties have until January 1, 2026, to make changes to their labels.

KEY MESSAGES

Our Government is committed to protecting the health of Canadians and creating conditions to make the healthier choice easier for all.

Significant progress has been made on healthy eating initiatives by improving nutrition labelling, eliminating industrially produced trans fats from the food supply, releasing a new Canada food guide, publishing revised sodium reduction targets for processed food and introducing front-of-package nutrition labelling regulations.

Earlier this year, Health Canada consulted on an approach focusing restrictions on television and digital media, areas where children are highly exposed to food advertising, which will inform a future regulatory proposal.

IF PRESSED ON FRONT-OF-PACKAGE NUTRITION LABELLING

Front-of-package nutrition labelling aims to help reduce risks to health by providing consumers with quick and easy-to-use information on foods high in saturated fat, sugars and/or sodium.

Average intakes of these nutrients remain above recommended limits in the Canadian population. Unhealthy diets with high levels of these nutrients are risk factors for diet-related chronic diseases.

The front-of-package nutrition symbol complements existing food labelling and other initiatives, such as Canada's food guide.

Some products on the market have already updated their labels to include the front-of-package nutrition labelling symbol.

IF PRESSED ON EXEMPTIONS FOR DAIRY PRODUCTS

To ensure front-of-package nutrition labelling is effective, exemptions are only provided in specific circumstances.

Due to inadequate calcium intakes among Canadians, cheese, yogurt, kefir and buttermilk meeting a certain calcium threshold are eligible for an exemption.

In July 2023, Health Canada proposed to expand the exemption eligibility for foods that are important sources of calcium. The Department aims to publish final regulations by next spring.

Health Canada will continue to include unsweetened, lower fat and lower sodium dairy products as examples of nutritious protein foods in our food guide tools and resources.

IF PRESSED ON THE TRANSITION PERIOD

In alignment with the Food Labelling Coordination Policy, regulated parties have been given a transition period ending on December 31, 2025, for the front-of-package nutrition labelling requirements.

Health Canada considers that the compliance date of January 1, 2026, provides sufficient time to make necessary label changes, while ensuring that the benefits of the initiative are not delayed. In fact, some products on the market have already updated their labels to include the front-of-package nutrition labelling symbol.

IF PRESSED ON CANADA'S FOOD GUIDE

The food guide provides Canadians with easier access to information about healthy eating. It provides advice on what to eat and recognizes that healthy eating is more than food choices, by encouraging healthy eating habits.

Health Canada continues to develop new resources for various audiences to increase reach, integration, and use of the food guide.

IF PRESSED ON EVIDENCE

Health Canada follows a rigorous scientific process in reviewing pertinent evidence when developing policies related to the Healthy Eating Strategy.

Health Canada focuses on the strongest evidence, where there is a well-established evidence base on public health need, and where the evidence is unlikely to change in the foreseeable future.

RESTRICTIONS ON FOOD ADVERTISING TO CHILDREN (M2K)

UPDATE ON MANDATE COMMITMENTS

Between April and June 2023, Health Canada consulted Canadians on a policy update regarding its proposed approach to restricting the advertising of foods to children (known as M2K).

Restrictions intend to focus on television and digital media, areas where children spend much of their time and are highly exposed to advertising of foods.

Officials are considering feedback received from the consultation which will help inform a regulatory proposal.

Health Canada is targeting Spring 2024 for the publication of draft regulations in Canada Gazette, Part I. Stakeholders will be provided an opportunity to provide feedback through a formal consultation process.

KEY MESSAGES

Our Government supports restrictions on food advertising to children, to protect them from the risks of chronic diseases caused by an unhealthy diet.

Health Canada recently consulted on an approach, focussing restrictions on television and digital media, areas where children are highly exposed to food advertising.

The Department has reviewed the feedback, which will help inform draft regulations for public consultation early in 2024.

Health Canada will continue to monitor food advertising to children in Canada to ensure it has the best available evidence.

IF PRESSED ON BILL C-252 AND REGULATORY ALIGNMENT

We continue to support MP Lattanzio's Private Member's Bill (C-252 – Child Health Protection Act) to help protect children from the influence of advertising of certain foods, which is continuing through the legislative process.

Earlier in 2023, in parallel to consideration of Bill C-252, Health Canada also consulted on an updated regulatory approach to restrict food advertising to children, which could be implemented under existing authorities.

Bill C-252 seeks to introduce an advertising prohibition at the level of the Food and Drugs Act and is complementary to Health Canada's regulatory work.

Health Canada is monitoring food advertising to children and teens, including in areas where restrictions would not apply.

IF PRESSED ON INDUSTRY'S SELF-REGULATORY ADVERTISING CODE

We appreciate industry's efforts to update their self-regulatory code but international evidence demonstrates that industry self-regulation is not enough to protect children.

That is why this government remains committed to implementing mandatory restrictions on the advertising of certain foods to children to protect this vulnerable population.

DIABETES

The Government recognizes the importance of helping Canadians reduce their risk of developing chronic diseases, including diabetes, as well as manage any existing chronic diseases, and is taking action to this end on many fronts.

On October 5, 2022, the Framework for Diabetes in Canada was tabled in Parliament. This Framework marks an important milestone in our efforts to better support and collaborate with those impacted by diabetes in Canada.

All sectors and levels are invited to use the Framework to guide actions to address diabetes and in various domains, including prevention, management, treatment and care, and research. The Framework will also guide our ongoing federal efforts in these areas.

The Government is supporting community-based initiatives that address common risk factors for chronic diseases, including diabetes, by promoting physical activity, healthy eating, and tobacco prevention and cessation. In addition, the Government is supporting research to address causes, prevention, screening, diagnosis, and treatment of chronic diseases, including all forms of diabetes.

Diabetes is a complex disease, and there is still significant work ahead to ensure better health outcomes for people living with diabetes in Canada. We look forward to continued collaboration with the wide range of partners active in this area.

IF PRESSED ON GOVERNMENT OF CANADA INVESTMENTS TO ADDRESS DIABETES PREVENTION

In Budget 2021, we announced \$25 million over five years for diabetes research (including type 1 diabetes), surveillance and prevention, and to work towards the development of a national framework for diabetes.

This investment included recommitting to the JDRF-Canadian Institutes of Health Research (CIHR) Partnership to Defeat Diabetes, by investing up to \$15 million to be matched by the organization JDRF Canada and its donors.

In November 2022, we launched the Type 2 Diabetes Prevention Challenge which seeks innovative concepts that can address the determinants of health and social barriers that can lead to an elevated risk of developing type 2 diabetes.

We also invest approximately \$20 million annually and leverage additional funding from partners to support community-based projects that focus on behavioural risk factors, including physical inactivity, unhealthy eating and tobacco use, for chronic diseases like diabetes.

MANDATE PRIORITY: CONTINUE TO INVEST IN ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES PROGRAM

ADVANCING RECONCILIATION IN CANADA'S HEALTH SYSTEM

The federal government is committed to take action to foster health systems free from barriers, including racism and discrimination. This is also a key commitment under the United Nations Declaration on the Rights of Indigenous Peoples Act Action Plan.

The Government's Addressing Racism and Discrimination in Canada's Health Systems Program is funding Indigenous community programs focused on ensuring access to appropriate, effective, and culturally sensitive health services, including projects that integrate culturally safe care into acute care settings and traditional approaches to health.

On February 7, 2023, the Government also announced that it will be working with Indigenous partners to distribute an additional \$2 billion over 10 years on a distinctions basis to address the challenges faced by Indigenous Peoples in accessing quality and culturally safe health care services.

The Government of Canada acknowledges that Indigenous Peoples are best placed to determine and address their health-related needs. These investments will ensure that First Nations, Inuit and Métis Peoples are engaged in actions to provide fair and equitable access to quality and culturally safe health care services.

IF PRESSED ON INDIGENOUS HEALTH EQUITY FUND

The Minister of Indigenous Services, the Minister of Crown-Indigenous Relations, and the Minister of Northern Affairs are working with Indigenous partners to prioritize investments through the new Indigenous Health Equity Fund. Discussions with Indigenous organizations are underway at both the Ministerial and officials' levels to inform the development of the Fund.

ABORIGINAL HEAD START PROGRAM IN URBAN AND NORTHERN COMMUNITIES PROGRAM

The Government of Canada is committed to improving the health and well-being of Indigenous children and their families.

Budget 2017 and Budget 2021 provided transformational investments in quality early learning and childcare for Indigenous families, including support for those living in urban and northern communities.

From a public health perspective, funding increases to the AHSUNC program will better address a number of key social determinants of health, reduce health inequalities, and support the long-term development of Indigenous children and youth. Program evaluations indicate that the Aboriginal Head Start program has been effective in improving cultural literacy and health promoting behaviours, and improving access to health services for Indigenous children and their families.

MANDATE PRIORITY: PROMOTE SENIORS' PHYSICAL AND MENTAL HEALTH

DEMENTIA

Federal investments are supporting the implementation of Canada's national dementia strategy.

Through Budget 2022, an additional \$50 million is being invested to advance research and innovation efforts in dementia and brain health. This includes \$30 million over three years for the Centre for Aging and Brain Health Innovation.

This funding builds on over \$227 million invested between 2017 and 2022 to advance research on dementia, and over \$70 million since 2018 to support dementia awareness raising, surveillance, guidance, and community-based projects.

SENIORS AND HEALTHY AGING

UPDATE ON MANDATE COMMITMENTS

On October 6, 2022, the Minister of Health and the Minister of Seniors announced that the National Seniors Council would serve as an expert panel to review and provide recommendations on measures, including a potential new benefit, to further support older persons aging at home. The National Seniors Council has undertaken several activities to support this work, including an environmental scan, an online survey, and consultations with experts and stakeholders. The National Seniors Council submitted their final report to Ministers at the end of September 2023.

KEY MESSAGES

The Government of Canada is committed to keeping seniors healthy and helping them maintain their independence and remain in their homes as long as possible.

Last October, my predecessors announced that the National Seniors Council (NSC) would serve as the expert panel to examine measures to support Canadians who wish to age in their own homes. The NSC submitted their report to Minister O'Regan and I at the end of September 2023. We look forward to reviewing this report in detail.

IF PRESSED ON THE NATIONAL SENIORS COUNCIL'S FINAL REPORT RECOMMENDATIONS

The NSC was tasked with reviewing and providing recommendations on measures, including a potential new benefit, to further support older persons aging at home. The NSC has undertaken several activities to support this work, including an environmental scan, an online survey, and consultations with experts and stakeholders. The NSC submitted their final report to Minister O'Regan and I at the end of September. I look forward to reading the final report and having fulsome discussions with Minister O'Regan on the recommendations.

MANDATE PRIORITY: ACCELERATING THE DEVELOPMENT OF THE NATIONAL AUTISM STRATEGY

AUTISM

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is committed to finalizing both a strategy and framework for autism in Canada in the coming months.

The strategy and framework will be informed by the 2022 National Autism Conference, the findings of the Canadian Academy of Health Sciences' engagement activities and scientific review, and engagement with federal partners, provinces, territories, Indigenous Peoples, and other stakeholders.

The Public Health Agency of Canada is exploring mechanisms to support the implementation of both the strategy and framework, which could include the creation of a national autism network.

KEY MESSAGES

The Government is committed to helping and supporting the needs of all Autistic Canadians, their families, supporters, and caregivers.

The Public Health Agency of Canada is working towards the creation of both a strategy and framework for autism in Canada to inform future actions and supports.

The framework and strategy will be informed by the discussions that took place at the 2022 National Autism Conference, the findings of the Canadian Academy of Health Sciences' engagement activities and scientific review, and engagement with federal partners, provinces, territories, Indigenous Peoples, families, and other stakeholders.

IF PRESSED ON THE FEDERAL FRAMEWORK ON AUTISM SPECTRUM DISORDER

The Federal Framework on Autism Spectrum Disorder Act outlines a commitment for the development of a framework designed to support Autistic people in Canada, their families, supporters, and caregivers. The Framework will set broad, high-level guiding principles and best practices, and will guide national autism activities.

MANDATE PRIORITY: FINISH THE FIGHT AGAINST COVID-19

COVID-19 RESPONSE HIGHLIGHTS

UPDATE ON COVID-19 RESPONSE HIGHLIGHTS

The successful early procurement and equitable distribution of over 174.4M vaccine doses have contributed to the health and well-being of people in Canada, allowing for widespread protection against severe COVID-19 outcomes and the safe re-opening of our economy and society.

We have strengthened key surveillance programs, behavioural science and risk assessment capacity both to be better able to detect, understand, and act on public health threats in collaboration with provinces and territories, and to better understand the wider impacts of the COVID-19 pandemic on Canadians.

We also continue to work to ensure systems are in place to rapidly generate and access the science and evidence that are necessarily at the core of any pandemic response, while enhancing how this information and all public health risks are communicated to Canadians.

KEY MESSAGES

The COVID-19 pandemic was a watershed moment for PHAC, pointing to the need to build upon pandemic-related successes and address longstanding gaps and criticisms.

Together, we:

Launched Canada's largest and most complex mass immunization campaign, with more than 99 million doses administered as of September 10, 2023;

Developed and progressively implemented a comprehensive border strategy with layers of precautionary measures, including establishment of a compliance and enforcement regime; and,

Strengthened emergency surge support capabilities to our provincial and territorial partners.

We continue to monitor and respond to COVID-19 while integrating lessons learned to maintain and enhance preparedness, including areas such as data, monitoring, stockpiling, as well as ensuring access to vaccines and therapeutics.

IF PRESSED ON VACCINE ROLLOUT

Vaccine Distribution and Administration

The Public Health Agency of Canada led Canada's largest mass immunization program in history. With significant collaboration between the federal government, provinces, territories, Indigenous partners, health professional associations, the private sector and a diverse range of community partners, Canada was able to secure over 174.4 million doses of the latest formulations of vaccines for distribution in Canada, and administer over 99 million doses as of September 10, 2023.

IF PRESSED ON VACCINE GUIDANCE

Since 2020, the National Advisory Committee on Immunization (NACI) has developed and released 56 COVID-19 vaccine guidance products.

Canada and NACI were leaders on vaccine safety, sharing important data with the world about how to reduce the risk of rare events through longer intervals between doses, now adopted by WHO and others.

PHAC most recently issued NACI's Addendum to the guidance on the use of COVID-19 vaccines in the fall of 2023 on September 12, 2023.

IF PRESSED ON DOMESTIC SUPPLY OF THERAPEUTICS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

National Emergency Strategic Stockpile (NESS)

The Government of Canada proactively distributed incoming medical supplies and equipment, such as personal protective equipment and vaccine supplies, to provinces and territories to support Canada's COVID-19 response.

Over the course of the pandemic:

Procured and distributed, free of charge, over 2.1 million treatment courses of safe and effective therapeutics.

Purchased 4.1 billion units of medical equipment and supplies (e.g., PPE, vaccine ancillary supplies, biomedical equipment and test kits).

Distributed over 2 billion units of medical equipment and supplies (e.g. personal protective equipment, biomedical equipment and vaccine ancillary supplies).

IF PRESSED ON CANADA'S BORDER POSTURE

During the pandemic, the Government of Canada put in place emergency border measures, in order to reduce the risk of the importation and transmission of COVID-19 and new variants in Canada related to international travel. The measures included entry restrictions, testing and quarantine requirements.

As epidemiological situation improved, the Government of Canada gradually lifted COVID-19 entry restrictions, as well as testing, quarantine, and isolation requirements for individuals entering Canada. The elimination of border measures was facilitated by several factors, including surveillance and modelling that indicated Canada had largely passed a peak of infections, high vaccination coverage, lower hospitalization and death rates, as well as the availability and use of additional vaccine doses, rapid tests, and treatments for COVID-19.

The Agency implemented enhanced border measures in collaboration with federal partners, industry, provinces/territories and Indigenous leaders, which included:

providing over 18 million handouts detailing entry requirements to travellers at ports of entry; conducting health screenings for over 400,000 travelers at ports of entry (March 20, 2020 to September 20, 2022); and admitting over 22,000 travelers to quarantine facilities (February 2020-September 30, 2022).

IF PRESSED ON PROOF OF VACCINATION CREDENTIALS

The Government of Canada collaborated with the provinces and territories to develop a Canadian COVID-19 proof of vaccination. The document is issued by provinces and territories and provides people vaccinated in Canada with a simple, consistent, and secure record of their COVID-19 vaccination history.

The Government of Canada also established a \$300M COVID-19 Proof of Vaccination Fund to support provinces and territories for costs to implement a COVID-19 proof of vaccination credential program.

To date, 11 provinces and territories have received their allocation under the Fund.

IF PRESSED ON INTERNATIONAL EFFORTS

International Collaboration

COVID-19 has demonstrated the need to take bold action through international collaboration to ensure we are better prepared for the next pandemic.

Since the beginning of the COVID-19 pandemic, Canada has engaged with international partners bilaterally and multilaterally, through the G7, the G20, the World Health Organization (WHO), and the Pan American Health Organization (PAHO) to help inform our domestic response and to contribute to global efforts on fighting COVID-19. Canada is committed to working with the broader global community to strengthen global health security.

Vaccine Donations

Canada has supported equitable access to COVID-19 vaccines by:

donating our surplus doses

supporting the delivery and distribution of vaccines

investing in the COVID-19 Vaccine Global Access (COVAX) Facility

strengthening health systems, regional production capacity and pandemic preparedness

We exceeded our commitment by donating over 201 million doses by the end of 2022. This donation included 46.6 million doses deemed surplus from Canada's domestic supply and donated to COVAX, as well as more than 3.7 million doses donated directly to countries through bilateral agreements.

IF PRESSED ON FPT RELATIONS

FPT Surge Support

PHAC provided an unprecedented level of surge capacity and provided a critical backstop to PT public health systems including:

PT infrastructure and the human talent and expertise (including the NESS, laboratory capacity, public health and epidemiological support);

Procuring and funding broad population vaccination; and

Funding safe voluntary isolation sites for individuals who could not safely isolate due to crowded accommodations and/or resource constraints.

FPT and Indigenous Collaboration

Canadians benefit from a long-standing and positive intergovernmental environment that supports information-sharing, collaboration, cooperation, and joint action across governments to address public health event readiness.

IF PRESSED ON DATA AND SURVEILLANCE

Wastewater Surveillance

The Public Health Agency of Canada worked in collaboration with other federal departments, and provincial, territorial, and municipal governments to establish a pan-Canadian wastewater surveillance network for timely detection and monitoring of emerging COVID-19 variants of interest and concern.

The Agency and its partners also established a pilot project to monitor wastewater from airports and a short-term aircraft wastewater testing program to assess the COVID-19 variants coming into Canada from various regions of the world.

Pan-Canadian Health Data Strategy

Building off lessons learned from the pandemic and recognizing the critical importance of timely access to health data, FPT governments collaborated on the development of a Pan-Canadian Health Data Strategy (PCHDS).

Global Public Health Intelligence Network (GPHIN)

In response to findings from the Independent Review of GPHIN, the Public Health Agency of Canada is taking a number of actions to enhance the systems' technical aspects and decision-making processes including:

improved Alerts;

upgraded information technology platform; and

established a Centre for Integrated Risk Assessment.

Sero Surveillance

In April 2020, the Government of Canada (GoC) announced the establishment of the COVID-19 Immunity Task Force (CITF) with an investment of up to \$300M to rapidly mobilize a series of serological, immune, and vaccine surveillance studies aimed at better understanding the extent of SARS-CoV-2 infection and immune response in the Canadian population and priority sub-populations.

Covid-19 Vaccine Surveillance

As part of the Government's continued commitment to openness and transparency, Health Canada and the Public Health Agency of Canada provide Canadians with monthly online updates on reported adverse events following immunization (AEFI) on Canada.ca.

57.4K AEFIs reported – 0.058% of all COVID vaccines administered (September 2023).

11.2K of these AEFIs were serious representing 0.011% of all COVID vaccines administered. (September 2023).

PHAC established a new surveillance system for monitoring of COVID-19 vaccination coverage and doses administered with F/P/T partners.

IF PRESSED ON LONG-TERM HEALTH IMPACTS OF COVID-19

The Government invested \$20 million into Long COVID Web – a Canadian Post COVID-19 Condition Research Network – that will work to understand and address the biological, clinical, mental health, and health system and population health impacts of the condition.

The Government of Canada also invested \$9 million to support the development, dissemination, and evaluation of evidence-based guidelines and tools on post COVID condition focusing on the Canadian context.

IF PRESSED ON MENTAL HEALTH INTERVENTIONS AND SUPPORTS FOR PEOPLE DISPROPORTIONATELY IMPACTED BY COVID-19

The Government of Canada is committed to addressing these disparities and promoting positive mental health for everyone, particularly those who face social and health inequities, or have been uniquely impacted by the pandemic.

That is why the Government Canada provided \$100 million through Budget 2021, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic.

PANDEMIC INSTRUMENT

COVID-19 has demonstrated the need to take bold action to ensure we are better prepared for the next pandemic. Canada is working closely with international partners, including the World Health Organization (WHO) and the Pan American Health Organization (PAHO), and the broader global community to strengthen global health security.

With respect to global health threats that cross borders, such as pandemics, we can best advance and protect Canadian interests through effective rules-based international systems, which help structure and advance our cooperation.

Canada supports the development and negotiation of a WHO international instrument to improve multilateral cooperation on pandemic prevention, preparedness, response and recovery.

As the development of a “First Draft” is still underway, it is too early to predict the exact provisions of the instrument and how they might be implemented in Canada.

IF PRESSED ON CANADA’S POSITION ON THE PANDEMIC INSTRUMENT OR SOVEREIGNTY CONSIDERATION

Canada’s overarching objectives are to address recognized gaps in pandemic prevention, preparedness, response and recovery while strengthening the global health architecture and, in particular, the WHO’s existing core international legal instrument, the International Health Regulations (2005).

Canada believes the Pandemic Instrument should be based on science and evidence, aim to enhance health equity and gender equality, respect national contexts, and be complementary and coherent with existing tools. It should advance a One Health approach, strengthen health systems, data and information sharing, and enhance accountability for pandemic prevention, preparedness and response.

Canada is taking a whole-of-government, whole-of-society approach in the development of the Pandemic Instrument to ensure that Canadian priorities and values are reflected.

When negotiating a new international instrument, the Government of Canada will always carefully consider:

its potential impact on our existing domestic laws and policies; and

if there is a need for domestic legislation to implement our international obligations.

While the Government of Canada supports the development of a Pandemic Instrument and participates in the negotiations, it is too early to determine whether Canada would sign and ratify the yet to be finalized Instrument.

If Canada decides to ratify the Pandemic Instrument, the Government of Canada will remain responsible for and in control of any future domestic decisions about national restrictions or other measures related to pandemics. The WHO is an international organization and as such it does not and will not have jurisdiction in Canada.

IF PRESSED – ENGAGEMENT WITH PROVINCES, TERRITORIES, INDIGENOUS ORGANIZATIONS AND OTHER PARTNERS AND STAKEHOLDERS ON THE INSTRUMENT

Canada is taking a whole-of-government, whole-of-society approach in the development of the Pandemic Instrument to ensure that Canadian priorities and values are reflected.

Our Partner and Stakeholder Engagement Strategy aims to facilitate meaningful and inclusive engagement from provinces and territories, Indigenous organizations, academics and experts, civil society organizations, private sector, and youth, while promoting transparency of negotiation processes.

The Government of Canada hosted a Pandemic Instrument Partner and Stakeholder Engagement Forum in March 2023 to discuss key thematic issues with Canadian academia; federal, provincial and territorial representatives; Indigenous partners; youth; private sector; and non-governmental organizations. Input from this forum will help to inform Canada’s priorities and objectives for the development and negotiation of the Pandemic Instrument.

As the development of the Instrument progresses, with the release of a “First Draft” being expected later this year, Canada will continue to provide opportunities for partner and stakeholder engagement (including via future meetings and written input).

IF PRESSED – HEALTH, SOCIAL AND ECONOMIC IMPACTS OF THE INSTRUMENT

Global efforts to enhance pandemic prevention, preparedness, response and recovery are expected to yield significant health, social and economic benefits for Canadians and the broader global community

RAPID TESTS

UPDATE ON MANDATE COMMITMENTS

The Government continues to make rapid tests available to provinces and territories for distribution to Canadians. Throughout the pandemic, the Government of Canada ordered over 811M rapid tests, at a cost of \$5B.

The Government shipped 682M tests to provinces and territories based on their demand projections, enabling them to build their reserves. The Government also created a federal reserve in case of emergency.

Thanks to federal leadership in sound inventory management, Canada is meeting rapid testing needs, is well prepared for COVID-19 resurgence, and is minimizing rapid test waste.

KEY MESSAGES

Since 2020, HC provided PTs with free rapid test supply to sustain testing programming and foster PT reserves, while also building a federal inventory for emergency use.

Given large PT inventories, demand for tests from the federal inventory will likely remain low.

Health Canada is exploring options for test donations domestically and internationally (World Health Organisation).

IF PRESSED ON THE SIZE OF THE FEDERAL RAPID TEST INVENTORY

In response to the Omicron wave, PT demand for rapid tests increased dramatically.

Canada used its buying power to secure extremely limited global supply and proactively built reserves, in close collaboration with PTs, in the event of future Omicron-like waves.

As public health measures and requirements for testing diminished, Canada finds itself with substantial inventories to manage.

Subsequent waves of COVID-19 have been relatively mild and demand for rapid tests remained low.

As a result of federal stewardship, Canada remains well-positioned for COVID-19 response.

IF PRESSED ON HEALTH CANADA'S TEST DIVESTMENT STRATEGY

Health Canada continues to explore deployment, donation and divestment opportunities to mitigate against wastage prior to asset expiry.

Despite divestment efforts, it is possible that a significant number of rapid tests will not be deployed before expiring.

Canada is strategically managing the supply of rapid tests by:

working with manufacturers for direct delivery where appropriate;

reviewing and validating expiry dates periodically and as required;

working with manufacturers to extend shelf life; and

shipping inventory with the shortest shelf life first.

NESS AND PPE

Note to Follow

HEALTH FUNDING AGREEMENTS AND TRANSFERS

ISSUE

The Government of Canada is investing close to \$200 billion to support provinces and territories (PTs) to strengthen Canada's universal public health care system, which includes \$25 billion over 10 years through the bilateral agreements with jurisdictions.

Bilateral agreements are being negotiated with PTs who are developing 3-year action plans that explain how federal funds will be allocated to support shared health priorities.

The first of these agreements was announced on October 10, 2023 with the Government of British Columbia, providing the province access to over \$1.2 billion over the next three years.

Through these agreements and action plans, PTs will report annually to residents on the targets and timelines they have set to achieve results in their health care systems.

KEY FACTS

Budget 2023 lays out the federal government's plan, "Working Together to Improve Health Care for Canadians," to provide nearly \$200 billion in additional funding over ten years to provinces and territories.

KEY MESSAGES

Through the Government's plan, "Working Together to Improve Health Care for Canadians," we continue to work closely with provinces and territories on our shared health priorities, including:

Access to family health services,

Supported health workers and reduced backlogs,

Access to mental health and substance use services, and

Modernized health systems.

Our Government is investing nearly \$200 billion over 10 years for health care to support this plan, including \$46.2 billion in new funding to improve health care services for Canadians across the country.

Within this funding, we are providing \$25 billion over ten years in bilateral agreements to enable provinces and territories to respond to the unique needs of their populations and geography and accelerate health system improvements in the four shared priority areas.

We are making good progress with provinces and territories and recently October 10th, 2023 announced the signing of the first bilateral agreement with British Columbia to provide the province with more than \$1.2 billion of federal funding over the next three years. We expect to share news of further agreements with other jurisdictions in the near future.

IF PRESSED (GENERAL)

Following the announcement of the "Working Together to Improve Health Care for Canadians" plan, our Government:

Reached agreement in principle on the Plan with all provinces and territories except Quebec; and

Continues to negotiate tailored bilateral agreements with action plans to outline how federal funds will be used – the first of which was announced October 10, 2023 with British Columbia, providing the province with over \$1.2 billion in federal funding over the next three years.

Our Government also supports the Canadian Institute for Health Information in developing and sharing key performance indicators to track progress on priorities outlined in the Plan. A snapshot report was released in August 2023 on common indicators.

The Working Together bilateral agreements include the initial three-year allocation of the \$25 billion in new bilateral funding to provinces and territories, as well as the next three years of funding from the remaining \$2.4 billion for mental health and addictions from Budget 2017 supported by the 2017 Common Statement of Principles on Shared Health Priorities.

In addition to the Working Together agreements, the Government of Canada is collaborating with provinces and territories to implement a second bilateral agreement focused on the shared priority of helping Canadians age with dignity close to home, with access to home care or care in a safe long-term care facility.

This agreement will include the remaining \$2.4 billion over four years to improve access to home and community care from Budget 2017, and the \$3 billion over five years from Budget 2021 to apply standards of care in long-term care facilities and help support workforce stability.

IF PRESSED ON RESULTS

Our Government is committed to working closely with provinces and territories to ensure results for Canadians.

As part of the Working Together plan, there is a federal, provincial and territorial commitment to collect, use and share health information and to inform Canadians of progress with key common indicators.

This will allow Canadians to see the results of an improved health system.

The Canadian Institute for Health Information (CIHI) is leading a process to review and refine eight initial common indicators and to develop a broader list of indicators, including on Indigenous health. CIHI released an initial snapshot in August 2023 drawing from available data.

Through bilateral agreements, provinces and territories will submit action plans outlining how the funds will be used, and how they will report to annually to residents on targets and timelines they have set in order to demonstrate results.

IF PRESSED ON QUEBEC

Our Government remains open to working collaboratively with Quebec to finalize an agreement that meets Quebec's unique health needs and priorities, while ensuring accountability to the public.

All provinces and territories, including Quebec, expressed a preference for a flexible approach to health agreements. Our Government recognizes that jurisdictions have their own unique circumstances.

That is why we are committed to flexible and tailored bilateral agreements, so that provinces and territories, including Quebec, can address the unique needs of their populations and geography, and report on progress to their residents.

Through the investments announced as part of the plan, Quebec is eligible to receive \$37.3 billion in federal funding over 10 years, which includes approximately: \$4.8 billion for a new bilateral agreement focused on the four shared health care priorities; and, \$30.8 billion through the CHT, including \$447 million through the immediate, one-time CHT top-up to address urgent needs, especially in pediatric hospitals and emergency rooms, and long wait times for surgeries.

This funding also includes \$1.7 billion over five years that has yet to flow to Quebec for mental health and substance use, home and community care, and long-term care.

As discussions continue, our Government is committed to providing flexibility through tailored bilateral agreements that deliver real results and promote greater transparency to Canadians, including Quebec residents.

BACKGROUND

Budget 2023 outlines the federal government's plan to provide close to \$200 billion over ten years in health transfers to provinces and territories, including \$46.2 billion in new funding through new Canada Health Transfer measures, tailored bilateral agreements to meet the needs of each province and territory, funding for personal support workers, and an increase to the Territorial Health Investment Fund. In addition, Budget 2023 announced \$2 billion over 10 years to address Indigenous health priorities and \$505 million over five years, starting in 2023-24, to the Canadian Institute for Health Information (CIHI), Canada Health Infoway, and other federal data partners.

GDP-Driven Growth: As the Canada Health Transfer's escalator is based on GDP growth, an additional \$141.9 billion is projected to be provided over the next ten years through the Canada Health Transfer, over and above the \$45.2 billion provided in 2022-23.

Canada Health Transfer Top-Up: The \$2 billion CHT top-up to address urgent pressures in emergency rooms, operating rooms, and pediatric hospitals was transferred to PTs in June 2023. It builds on \$6.5 billion in top-ups provided throughout the pandemic.

Canada Health Transfer Five Percent Guarantee: The federal government will provide top-up payments to achieve Canada Health Transfer increases of at least five percent per year for the next five years. The last top-up payment will be rolled into the Canada Health Transfer base at the end of the five-year period, resulting in a permanent funding increase. This represents an estimated \$17.1 billion over ten years in additional funding through the Canada Health Transfer.

Tailored Bilateral Agreements: The federal government will provide \$25 billion over ten years through a new set of bilateral agreements to address individual provincial and territorial health system needs, such as expanding access to family health services, supporting health workers and reducing backlogs, increasing mental health and substance use support, and modernizing health systems.

Bilateral agreements are intended to be flexible and provinces and territories have options to tailor their respective Action Plans in response to the unique needs of their populations and geography.

The Working Together to Improve Health Care for Canadians Plan identifies an initial set of 8 common indicators. On August 2, 2023, CIHI released an initial snapshot of these indicators on their website.

CIHI is leading a collaborative process to review and report annual progress on these common indicators. In addition, CIHI is working with federal, provincial and territorial governments and data partners to identify a broader list of new indicators, including new Indigenous health indicators. This work will also seek to improve the availability of indicator data that can be sorted by population characteristics.

Personal Support Worker Wage Support: The federal government will provide \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions.

Territorial Health Investment Fund: The federal government will provide \$350 million over ten years in recognition of medical travel and the higher cost of delivering health care in the territories. This represents \$35 million per year, an increase from the previous \$27 million.

Home and community care and mental health and addictions services: In 2017, the federal government committed \$11 billion over 10 years specifically targeted to improve home and community care, and mental health and addiction services, and provinces and territories agreed to a Common Statement of Principles on Shared Health Priorities.

At that time, the federal government negotiated and signed Agreements with each province and territory that set out details of how each jurisdiction would use federal funding to improve access to home and community care, and mental health and addiction services. Initial agreements expired after five years and new agreements covering fiscal year 2022-23 were established.

Currently, \$4.8 billion of the \$11 billion commitment remains available to support targeted provincial and territorial efforts to improve access to home and community care and mental health and addiction services over the next four fiscal years (2023-24 to 2026-27).

A further \$3 billion was proposed in Budget 2021 for Health Canada to help provinces and territories ensure standards for long-term care are applied and permanent changes are made. This funding will be available to provinces and territories over five fiscal years (2023-24 to 2027-28).

ISSUE SHEET QUEBEC-RELATED ISSUES

Issue and Current Status

The Government of Canada is seeking to secure an Agreement-in-Principle (AIP) with Quebec (QC) to enable negotiation of a funding agreement under the Working Together to Improve Health Care for Canadians plan.

AIPs have been secured with all other jurisdictions, and discussions on funding agreements are progressing well – a 3-year agreement with BC has been announced (October 10, 2023); NWT has been finalized (pending announcement); and other PTs are nearing finalization.

Background

QC has been steadfast in its request for an asymmetrical funding agreement, in line with previous arrangements and had previously sought to utilize its existing provincial plan in lieu of a dedicated action plan to secure federal funding for the agreement.

The federal response to QC seeking an asymmetrical agreement emphasized the flexibility inherent in the federal funding plan and emphasized that the federal request is to be transparent on how federal funding is being used, incremental to existing QC investments, and to collaborate with the Canadian Institute for Health Information (CIHI) on the collection and exchange of data for the common indicators.

In subsequent engagement with QC, federal officials and Ministers have reiterated federal parameters initially outlined to QC, while seeking common ground for moving forward.

In the FPT communiqué from the October 11-12, 2023 Health Ministers' Meeting, Ministers reaffirmed their commitment to working collaboratively on the Working Together plan; however, QC included a footnote indicating that the province has not signed any agreement with the federal government and is not bound by the conditions in the Working Together plan.

In related media coverage, QC Health Minister Christian Dubé emphasized that QC intends to retain exclusive jurisdiction over the management of its health system, underscoring its “non-negotiable” position that federal transfers are to be without conditions.

Responsive Line

As QC has not agreed to an agreement in principle, will an agreement be possible? Why can't an asymmetric agreement be concluded as was the case in 2017?

The Government of Canada remains open to working collaboratively with QC to finalize an agreement that meets QC's unique health needs and priorities, while ensuring accountability to the public.

All provinces and territories, including QC, expressed a preference for a flexible approach to health agreements. The Government of Canada recognizes that jurisdictions have their own unique circumstances and responsibilities.

That is why the federal government committed to flexible and tailored bilateral agreements, so that provinces and territories, including QC, can address the unique needs of their populations and geography, and report on progress to their residents.

Federal funding will bolster QC's efforts to advance its own health priorities.

CANADA HEALTH ACT

Issue and Current Status

C has been consistent in communicating its view that health care delivery is provincial jurisdiction and it has rejected federal requests to collaborate on issues related to Canada Health Act (CHA) compliance and enforcement.

Background

Historically, QC has not recognized the CHA or the federal government's authority under the Act. QC has remained committed to its position that health care falls exclusively under provincial jurisdiction, and as such, the QC government is accountable to the National Assembly of QC and its residents, not the federal government.

Diagnostic Services Policy

In 2022, Health Canada (HC) engaged with all provinces, including QC, that would be taking deductions in March 2023 under the Diagnostic Services Policy (DSP). QC engaged in limited participation on the DSP in 2018.

QC was subject to a mandatory penalty in the amount of approximately \$41.9 million, based on HC's estimate in March 2023. The estimate was based on a survey of private clinics conducted by the Canadian Agency for Drugs and Technologies in Health (CADTH).

Reimbursement of this deduction is possible under the Canada Health Act (CHA) Reimbursement Policy until March 2025, provided certain action is taken by Quebec.

Interpretation Letter

In March 2023, the former Minister of Health issued a statement citing federal concerns with the increase in reports of patient charges to access medically necessary care that would otherwise be covered if provided in-person by a physician. The statement also indicated that a new CHA Interpretation letter would be developed to address these concerns following engagement with the PTs.

Between May and September 2023, HC officials have engaged with PTs on these issues. While Quebec declined to participate or observe the process, they were provided with meeting materials, including summaries of all multilateral meetings, as well as an opportunity to engage bilaterally.

PT Ministers of Health have noted that further discussions on the proposed letter would be needed.

Responsive Lines

Why did Health Canada levy a deduction to QC's Canada Health Transfer in March 2023?

In 2018, the Government of Canada announced the DSP, which prohibited provinces and territories from permitting patient charges for medically necessary diagnostic services under the CHA.

Jurisdictions, including QC, that did not come into compliance with the DSP during the four-year period between the Policy's announcement and March 2023, were subject to mandatory Canada Health Transfer deductions.

Why was this deduction levied in an arbitrary manner?

This deduction was not arbitrary. Patient charges for medically necessary health services are subject to mandatory deductions under the CHA. All provinces that did not come into compliance with the DSP were subject to mandatory deductions in March 2023.

The Policy was announced in 2018. PTs had 5 years to bring systems into compliance, Health Canada officials held several meetings with officials to advise them of timelines and to seek province-specific data.

Why was the deduction made to QC based on an estimate of patient charges?

HC officials were required to use an estimate, as QC did not report on patient charges, despite evidence these charges were occurring (e.g., provincial Auditor general report).

Additionally, QC did not provide HC with province-specific data to inform this estimate, despite being given the opportunity to do so on several occasions.

How was QC's estimated deduction calculated?

HC's estimate of patient charges in QC was based on a survey undertaken by the Canadian Agency for Drugs and Technologies in Health.

This survey represented the best data available to the department on the extent of patient charges for medically necessary diagnostic services. HC officials consulted with QC officials over several months to request province-specific data to inform this estimate. No data was provided by QC.

For scans paid for by employer-based insurance, patients are given preferential access to care because the benefit is being paid by their employer. As the Diagnostic Services Policy states that all medically necessary diagnostic services are insured services under the CHA, patient charges for these services are still considered Extra Billing and User Charges under the Act, even if reimbursed by employer-based insurance. As such, these scans were not removed from QC's estimate.

How do you respond to concerns regarding the validity of the survey data used to inform the estimate?

The Canadian Agency for Drugs and Technologies in Health's survey represented the best data available to Health Canada. Data on patient charges for diagnostic services available to officials was a QC Auditor General's report from 2016. Using this report would have resulted in a significantly higher estimate and deduction (approximately \$50 million).

Health Canada continues to engage with QC to discuss a path forward.

Why are CHT deductions being made at the same time the federal government is providing PTs with more funding to deliver medically necessary health care services?

The Canada Health Transfer has always been conditional on respecting the requirements of the Canada Health Act.

Patient charges for medically necessary health services are subject to mandatory deductions under the Canada Health Act.

This is why the Prime Minister was clear that, as provinces and territories use federal dollars to bolster their health care systems, they will be expected to respect the principles of the Canada Health Act to ensure that access to care is based on health needs, and not ability or willingness to pay.

When will QC get its money back?

If QC eliminates patient charges and the circumstances that led to them, the province can be eligible for reimbursement of its deduction under the Canada Health Act Reimbursement Policy until 2025.

Along with deductions related to diagnostic services, the former Minister of Health recently indicated to provinces and territories that he plans to penalize provinces for charges related to virtual care and services delivered by other health care providers. Is this not further intrusion into an area of provincial responsibility?

I am concerned with reports of patient charges for virtual care services and physician-equivalent services delivered by other health care providers, such as nurse practitioners, that would otherwise be covered if provided in-person by a physician.

That is why my officials have engaged with the provinces and territories to discuss these issues.

These discussions were an opportunity for provinces and territories to express concerns and to suggest improvements or changes that will help inform an interpretation letter.

Health Canada is open to continuing the dialogue with provinces and territories on this issue.

DRUGS FOR RARE DISEASES

Issue and Current Status

The federal government has announced the National Strategy for Drugs for Rare Diseases; QC has publicly stated its position that it will seek to opt out from any national strategy related to pharmacare with compensation.

Background

The National Strategy for Drugs for Rare Diseases (the Strategy) was announced on March 22, 2023. It will increase access to, and affordability of, effective drugs for rare diseases to improve the health of patients across Canada, including children.

As part of the overall investment, the Government of Canada will make available up to \$1.4 billion to PTs over the next three years through bilateral agreements. This funding will help PTs improve access to new and emerging drugs, as well as support enhanced access to existing drugs, early diagnosis, and screening for rare diseases.

QC has indicated publicly in the past (e.g., July 2019 Council of Federation meeting) its intention to follow the path of asymmetrical federalism and would wish to opt out unconditionally, with full financial compensation, should the federal government participate financially in the establishment of any national pharmacare plan.

As a critical next step to advance the development of the bilateral agreements for the Strategy, the Government of Canada is engaging with PTs to jointly determine a small set of new and emerging drugs that would be cost-shared and covered in a consistent way across the country, for the benefit of patients. [Quebec officials are attending the FPT officials level discussions as observers.]

Responsive Lines:

What is the current status?

The Government of Canada welcomes discussions with QC and all provinces and territories about delivering the benefits of the Strategy for all patients with rare diseases, including those living in QC.

Health Canada is working to establish national governance structures, including a patient and stakeholder Implementation Advisory Group (IAG) comprised of individuals drawn from a range of perspectives and roles, including patients, caregivers, clinicians, and industry. This mechanism will be central to keeping patients at the centre of the Strategy. Provincial and Territorial Assistant Deputy Ministers responsible for health have been invited to participate as observers within this group.

DENTAL CARE

Issue and Current Status

QC has rejected the federal terms and conditions for an opt out of the Canadian Dental Care Plan (CDCP), stating that the delivery of health care, including oral health care is a provincial responsibility. QC maintains their request to opt out of the CDCP with no conditions and with full financial compensation.

Background

QC has communicated its position with regards to opting out of the CDCP. In response, QC was been provided with information on the timelines and conditions for opting out, including details on requirements (e.g., comparability for eligibility, fee schedule, basket of services, etc.). However, QC maintains the position that oral health care is under its exclusive accountability and will not accept the terms and conditions set out.

The CDCP is expected to begin rolling out in December 2023 with a public announcement sometime in November 2023.

Responsive Lines

What is the current status?

Everyone should be able to put good food on their tables and see an oral health professional when they need to. However, a third of Canadians currently do not have dental insurance, and, in 2018, more than one in five Canadians reported avoiding dental care because of the cost.

That is why the Government of Canada is committed to reducing financial barriers to access dental care for Canadians, including Quebecers.

The Canadian Dental Care Plan is a national program that will be delivered and launched simultaneously in all provinces and territories to ensure equal opportunity for Canadians who do not have access to dental insurance, to get the dental care they need and deserve.

Health Canada welcomes the opportunity to continue the dialogue with QC to ensure equal access to dental care for Quebecers aimed not only at improving their oral health, but their overall health too.

PHARMACARE

UPDATE ON MANDATE COMMITMENTS

The federal government continues to work with the Government of PEI to support efforts in providing its residents with more affordable access to prescription drugs. Since August 2023, PEI expanded access to a total of 85 new medications and reduced co-pays to \$5 for almost 60% of medications regularly used by residents. The Government of Canada will use early lessons from PEI's efforts to inform its ongoing work to advance national universal pharmacare.

The federal government remains committed to introduce pharmacare legislation this fall.

Efforts are underway with respect to a National Strategy for Drugs for Rare Diseases and work by the Canadian Drug Agency Transition Office (see separate QP notes).

ISSUE

The Government has committed to implement national universal pharmacare, including a Canadian Drug Agency, a national formulary, a national strategy for drugs for rare diseases, and a Canada Pharmacare bill.

KEY FACTS

In Budget 2018, the Government announced the creation of the Advisory Council on the Implementation of National Pharmacare, chaired by Dr. Eric Hoskins. On June 12, 2019, the Council's final report was tabled, recommending the implementation of national universal pharmacare.

Budget 2019 announced \$35 million over four years, starting in 2019-20, to establish a Transition Office to support the creation of a Canadian Drug Agency and national formulary. It also announced an investment of up to \$1 billion over two years, starting in 2022-23, with up to \$500 million per year ongoing, to help Canadians with rare diseases access the drugs they need.

On August 11, 2021, the federal government announced an agreement to provide Prince Edward Island with \$35 million over four years (from 2021-22 to 2024-25) to support the province's efforts to provide its residents with more affordable access to prescription drugs.

Budget 2022 announced that the federal government will continue its ongoing work towards a universal national pharmacare program. This will include introducing a Canada Pharmacare bill, and then tasking the Canadian Drug Agency to develop a national formulary of essential medicines and bulk purchasing plan.

KEY MESSAGES

No Canadian should have to choose between paying for prescription drugs and putting food on the table.

The Government of Canada is committed to continue working with willing provinces and territories towards national pharmacare, which includes introducing a Canada Pharmacare Act.

We have established a Canadian Drug Agency Transition Office and are taking steps to develop a national formulary, while moving forward with developing a national strategy for drugs for rare diseases in collaboration with provinces, territories, stakeholders, and the public.

IF PRESSED ON THE GOVERNMENT'S COMMITMENT TO IMPLEMENT NATIONAL PHARMACARE ...

The mandate letter from the Prime Minister reiterated the Government of Canada's commitment to continue engaging with willing provinces and territories towards national universal pharmacare, while proceeding with a national strategy for drugs for rare diseases and advancing the establishment of the Canadian Drug Agency.

The agreement to bring forward a Canada Pharmacare bill builds on this commitment.

IF PRESSED ON THE CANADA PHARMACARE ACT

We look forward to working with all Parliamentarians to ensure that Canadians have better access to the drugs they need.

IF PRESSED ON THE DEVELOPMENT OF A NATIONAL FORMULARY AND BULK PURCHASING PLAN

Work is already underway to develop a national formulary. Following broad consultations, a multidisciplinary national panel established to develop a draft formulary framework released its final report in June 2022. The panel's work was overseen by the Canadian Agency for Drugs and Technologies in Health (CADTH), at the request of Health Canada.

We will continue to work with all provinces, territories, and stakeholders to lower costs and improve access to the safe, high-quality drugs and vaccines Canadians need.

IF PRESSED ON PRINCE EDWARD ISLAND INITIATIVE

Progress has already been made to improve the affordability and accessibility of needed prescription drugs for Prince Edward Island residents.

Since January 23, 2023, PEI expanded access to a total of 85 new medications to treat a variety of conditions including cancer and heart disease.

Effective June 1, 2023, PEI expanded its provincial drug coverage to reduce co-pays to \$5 for almost 60% of medications regularly used by Islanders and removed barriers to the High-Cost Drug Program making it available to all income levels. As of August 16, 2023, Islanders have saved over \$675,000 in out-of-pocket costs on more than 77,000 prescriptions under the \$5 co-pay program.

PEI also lowered the cap on the amount of money a household spends on eligible medications under the Catastrophic Drug Program as of July 1, 2023.

BACKGROUND

Private Member's Bill on Pharmacare

On February 24, 2020, NDP MP Peter Julian introduced Private Member's Bill C-213, An Act to Enact the Canada Pharmacare Act, in the House of Commons. This bill would provide for a legislative framework for a public single-payer drug coverage system in Canada, which was defeated. On March 13, 2020, the House of Commons unanimously adopted a motion from NDP MP Don Davies that called on the government to negotiate with the PTs to establish a dedicated fiscal transfer for universal, single-payer, public pharmacare.

On June 13, 2023, NDP MP Don Davies introduced Private Member's Bill C-340, An Act to Enact the Canada Pharmacare Act. This bill is similar in text to the previously defeated Bill C-213.

Supply and Confidence Agreement

The agreement announced on March 22, 2022, committed to continuing progress towards a national pharmacare program by passing a Canada Pharmacare Act by the end of 2023 and then tasking the National Drug Agency [Canadian Drug Agency] to develop a national formulary of essential medicines and bulk purchasing plan by the end of the agreement (June 2025). This commitment was reflected in Budget 2022.

Advisory Council on the Implementation of National Pharmacare

In Budget 2018, the Government announced the creation of the Advisory Council on the Implementation of National Pharmacare, chaired by Dr. Eric Hoskins. The Council engaged with Canadians, patients, provincial, territorial and Indigenous leaders, health care experts, and stakeholders through regional roundtables, town halls, an online questionnaire, and written submissions. On June 12, 2019, the Council's final report was tabled in Parliament, recommending the implementation of national universal pharmacare over seven years, starting in 2020 and achieving a comprehensive national formulary under

pharmacare by 2027. This report recommended universal, single-payer, public pharmacare in Canada through step-by-step progress including the establishment of the Canadian Drug Agency (CDA), implementing a National Strategy for Drugs for Rare Diseases, and the development of a national formulary funded by pharmacare.

Under these recommendations, this formulary, developed by the CDA, will start with an initial list of essential medicines that provinces would cover with incremental federal funding. Hoskins' estimated that the initial net incremental public cost to cover essential medicines in 2022 would be about \$3.5 billion. In addition, the council recommends out of pocket costs for all products listed on the national formulary not exceed \$5 per prescription, with a copayment of \$2 for essential medicines, and an annual maximum of \$100 per household per year to ensure that patients face few barriers to access.

Over the subsequent five years, additional prescription drugs would be added to the national formulary as prices and supply arrangements are negotiated with manufacturers leading to a comprehensive national formulary available under pharmacare. Hoskins' estimated that the incremental public cost once national pharmacare is fully implemented in 2027 would be \$15.3B.

Parliamentary Budget Officer: Cost Estimate of a Single-payer Universal Drug Plan

In response to parliamentary interest in implementing a single-payer universal drug plan, on October 12, 2023, the Parliamentary Budget Office (PBO) released a report entitled Cost Estimate of a Single-payer Universal Drug Plan. The report estimates that the incremental public cost to implement single-payer universal drug plan based on Quebec's Régie de l'assurance maladie du Québec (RAMQ) formulary to be \$11.2B in 2024-25, increasing to \$13.4B in 2027-28. The RAMQ formulary was used given that the drugs it lists represent the largest share of system-wide spending of any PT formulary. The PBO costing is based on the framework proposed by the House of Commons Standing Committee on Health (HESA) in 2016 and used by the PBO to prepare pharmacare costing in 2017 (Federal Cost of a National Pharmacare Program). In its 2017 report, the PBO estimated full implementation of national pharmacare in 2015-16 would have required \$7.3B in incremental public spending.

pan-Canadian Pharmaceutical Alliance (pCPA)

The pan-Canadian Pharmaceutical Alliance (pCPA) has been leading the way for negotiating drug prices for public plans. As of April 1, 2023 savings from pCPA activities to participating drug plans are estimated to be \$3.89 Billion annually (\$3.14 Billion from Brand Letters of Intent; \$750M from Generic Drugs). Cumulative savings to public plans are estimated to be \$19.4 Billion since inception of the pCPA.

Prince Edward Island Improving Affordable Access to Prescription Drugs Initiative

On August 11, 2021, the Government of Canada announced the signing of the first agreement with the Government of Prince Edward Island (PEI) to inform the advancement of national universal pharmacare. Through this agreement, PEI will receive \$35 million over four years in federal funding. The Government of Canada will use early lessons from PEI's efforts to inform its ongoing work to advance national universal pharmacare.

A first drug coverage improvement was announced May 25, 2022. As of June 1, PEI has increased formulary coverage of opioid and alcohol dependency medications to provide to residents at no cost through its Substance Use Harm Reduction Program. In addition, PEI is strengthening community mental health services with second generation long-acting antipsychotic medications to the Community Mental Health program. Other improvements include changes to special authorization requirements for 23 medications on the Pharmacare formulary that will allow greater ease of access for physicians seeking to provide medications to Islanders. As of January 23, 2023, PEI expanded access to a total of 85 new medications to treat a variety of conditions. Effective June 1, 2023, PEI expanded its provincial drug coverage to reduce copays to \$5 for residents covered in the Seniors Drug Program, the Family Health Benefit Program, the Generic Drug Program and the Diabetes Drug Program. The medications identified in this list represent about 60% of prescriptions that Islanders use on a regular basis. PEI also increased access to the provincial High-Cost Drug Program as of June 1, 2023, making it available to all income levels, and PEI also made adjustments to the Catastrophic Drug Program as of July 1, 2023, by lowering the annual cap on the amount of money a household needs to spend out of pocket on eligible medications.

Examples of Price Reductions

It is not possible to provide granular examples of drugs where prices have been reduced or itemize savings achieved on a drug-by-drug basis as Health Canada does not have access to the negotiated prices that are ultimately paid for each drug by drug plans. This information is confidential.

The following reports those drugs that have been listed by public drug plans following a successful price negotiation (i.e., LOI achieved) since 2016. The inference being drawn from the achievement of an LOI is that PTs obtained a price reduction in their negotiation.

Brand Name Drugs

A successful negotiation by the pan-Canadian Pharmaceutical Alliance (pCPA) that negotiates price agreements for provincial and territorial drug plans is denoted as “Concluded with an LOI (Letter of Intent)”. It can be inferred that successful negotiations by the pCPA will result in savings for the brand name drugs that are listed on a public drug plan formulary.

The pCPA has successfully concluded 533 negotiations since 2016, with estimated overall savings of \$3.14 billion annually as of April 1, 2023. Below are some of the most commonly prescribed drugs in Canada for which negotiations concluded with an LOI, and the indication (condition) they treat.

Brand Name	Molecule(s)	Indication	pCPA Negotiation Status
OZEMPIC	SEMAGLUTIDE	Type 2 Diabetes	Concluded with an LOI (2019)
ENTYVIO	VEDOLIZUMAB	Ulcerative Colitis and Crohn's Disease	Concluded with an LOI (2017)
EPCLUSA	SOFOSBUVIR/VELPATASVIR	Hepatitis C	Concluded with an LOI (2017)
OCREVUS	OCRELIZUMAB	Multiple Sclerosis	Concluded with an LOI (2019)
LIXIANA	EDOXABAN	Non-valvular atrial fibrillation, stroke and systemic embolism	Concluded with an LOI (2019)
ELIQUIS	APIXABAN	Venous thromboembolic events	Concluded with an LOI (2015)
XARELTO	RIVAROXABAN	Venous thromboembolic events, deep vein thrombosis, pulmonary embolism; stroke and systemic embolism	Concluded with an LOI (2019)

Generic Drugs

As of October 1, 2023, the prices of generic medications molecules marketed in Canada will follow the updated terms of the pan-Canadian Tiered Pricing Framework (TPF) following the expiry of the previous pricing framework.

The price of generics under the TPF is set to a percentage of the reference brand price and is tiered according to the number of generic drugs for a particular molecule marketed in Canada. As of July 2023, pCPA has assessed 812 generic drugs with different strengths and formulations under the TPF, representing 372 unique molecules.

Additionally, a selection of commonly prescribed molecules are included on the Pan-Canadian Select Molecule List and are not subject to the TPF. Drugs on this List are priced at fixed rates, as low as 15% of the brand reference prices. As a result of the new TPF agreement effective October 1, 2023, the List now contains 65 molecules and includes their various strengths and formulations. Below is a selection from the list.

As of April 1, 2023, since 2016, the estimated overall savings for generic drugs are \$750 million annually.

Below is a selection of the most commonly prescribed generic drugs included on the pan-Canadian Select Molecule List.

Molecule(s)	Indication
IMATINIB	Leukemia, systemic mastocytosis, advanced hypereosinophilic syndrome
ELETRIPTAN HYDROBROMIDE	Acute migraines
RISEDRONATE SODIUM	Osteoporosis
ANASTROZOLE	Breast cancer
AZITHROMYCIN	Anti-microbial

RISPERIDONE	Schizophrenia, Severe Dementia (Alzheimer Type), Bipolar disorders
VALSARTAN	Mild to moderate hypertension
CITALOPRAM	Depression, Generalized Anxiety Disorder, Obsessive Compulsive Disorder
METFORMIN HCL	Diabetes
GABAPENTIN	Epilepsy

DENTAL CARE

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is committed to fully implementing the Canadian Dental Care Plan by 2025, as outlined in the Liberal Party and NDP's supply and confidence agreement.

Budget 2023 allocated \$13 billion over five years to the Canadian Dental Care Plan so all eligible Canadian residents can access oral health care.

It also committed \$250 million over three years, starting in 2025-26, to establish an Oral Health Access Fund, which will address oral health gaps for vulnerable populations and reduce barriers to accessing care.

ISSUE

Government of Canada commitment on dental care.

KEY FACTS

The Canada Dental Benefit, launched on December 1, 2022, was the first step toward fulfilling the government's Budget 2022 dental care commitment. The Canada Dental Benefit provides direct payments to eligible applicants of up to \$650 per child under 12 years of age and up to \$1300 over two years.

As of August 23, 2023, the Canada Dental Benefit has helped more than 355,000 individual children get brighter smiles and healthier teeth. During the first benefit period (December 1, 2022, to June 30, 2023), a total of 323,000 children received the Canada Dental Benefit. Since the start of the second benefit period on July 1, 2023, already more than 170,000 have received the benefit as of September 7, 2023. In total close to \$300M in benefit payments have been issued to help Canadian families who need it most cover dental care expenses for their children under 12 years of age.

On September 6, our government announced a key step in the procurement process to implement the Canadian Dental Care Plan (CDCP). An Early Work Agreement worth up to \$15 million was awarded to Sun Life Assurance Company of Canada (Sun Life). This will allow Sun Life to start the pre-contractual work until the main contract is finalized, which is expected to be in fall 2023.

KEY MESSAGES

Dental care is an integral part of overall health.

We are committed to fully implementing the Canadian Dental Care Plan by 2025.

We are investing \$13 billion over five years so all eligible Canadians with family incomes under \$90,000 can access dental care, with no co-pays for those earning under \$70,000.

The Plan will be federally delivered.

We are establishing the Oral Health Access Fund, to reduce barriers to accessing care.

We are also investing in better dental care data.

IF PRESSED ON DENTAL CARE ELIGIBILITY (AMENDMENTS VIA THE BUDGET IMPLEMENTATION ACT)

Health Canada remains committed to fully implementing the Dental Plan by 2025. When launched, the application process will be informed by taxpayer information on employer-provided dental coverage.

To support the Canadian Dental Care Plan, the Budget Implementation Act (Bill C-47) included two legislative updates to permit the effective administration of the Dental Plan.

The legislative amendments came into force in June 2023 and will allow eligible Canadians to have a streamlined application and enrollment process.

IF PRESSED ON THE CANADA DENTAL BENEFIT

In 2022, the Government of Canada passed legislation for the Canada Dental Benefit. This temporary initiative provides direct payments to eligible applicants of up to \$650 per child under 12 years of age and up to \$1,300 over two years.

Canada Dental Benefit is an important first step in improving access to dental care and oral health of Canadians. Efforts are underway to expand dental care to other population groups through the long term Canadian Dental Care Plan.

IF PRESSED ON FPT ENGAGEMENT

The Government of Canada is committed to collaborating with provinces and territories, and key partners.

The Government will continue to work with partners to refine the design of the CDCP. We will release full details of the Plan as soon as all key decisions are made, following input from provinces and territories and key partners.

IF PRESSED ON THIRD PARTY CONTRACTOR

The CDCP will be federally administered, with support from a contractor with a proven capacity in the field of dental coverage administration.

An open, transparent and competitive procurement process was completed to contract a third party contractor for the CDCP.

On September 6, we announced that an Early Work Agreement, worth up to \$15 million, had been awarded to Sun Life Assurance Company. This interim measure will enable Sun Life to undertake necessary pre-contractual work to ensure the timely launch and successful operation of the Canadian Dental Care Plan while details of the main contract are finalized. This includes work such as recruitment, information technology-related activities and business planning. The main contract is expected to be awarded in fall 2023, pending Government of Canada approval.

This marks an important step towards ensuring access to quality dental care for Canadians.

BACKGROUND

Budget 2023

Budget 2023 announced \$13.1 billion over five years and \$4.4 billion ongoing for the Canadian Dental Care Plan. It also allocated \$250 million over three years, starting in 2025-26, and \$75 million ongoing to Health Canada to establish an Oral Health Access Fund. The fund will complement the Canadian Dental Care Plan by investing in targeted measures to address oral health gaps among vulnerable populations and reduce barriers to accessing care, including in rural and remote communities. Lastly, Budget 2023 provided \$23.1 million over two years, starting in 2023-24, to Statistics Canada to collect data on oral health and access to dental care in Canada, which will inform the rollout of the Canadian Dental Care Plan.

Budget 2022 previously announced \$5.3 billion over five years and \$1.7 billion ongoing. A portion of these funds were allocated to launch the Canada Dental Benefit, a direct payment totalling up to \$650 per year per child under 12 years of age. Applications for the first benefit period became available on December 1, 2022, and the second-year applications launched on July 1, 2023.

Current Dental Care Programs in Canada

According to the Canadian Institute for Health Information, \$15.9 billion was spent on dental services in 2018: 55% was covered through private insurance; 39% was paid out-of-pocket; and 6% was publicly funded. About two-thirds of Canadians receive dental coverage through employment-based private health insurance plans.

Provinces and territories provide coverage for medically necessary oral health services. In addition, all provinces and territories offer some form of public dental coverage, although these programs are

generally targeted at a particular group (e.g., people with low incomes, children, or seniors) and vary widely in coverage across the country.

The Government of Canada also provides dental coverage for public servants, members of the Armed Forces and veterans, people incarcerated in federal correctional facilities, some newcomers, registered First Nations people and recognized Inuit.

STRENGTHENING THE REGULATORY OVERSIGHT OF NATURAL HEALTH PRODUCTS

ISSUE

There has been significant stakeholder concern related to recent initiatives to strengthen the regulation of natural health products (NHPs).

The NHP industry has been very vocal about its opposition and has launched campaigns to gain consumer and political support. The leading opposition party is a supporter of the campaigns.

The recent Health Canada initiatives aim to improve the safety of NHPs available to Canadians.

KEY FACTS

Health Canada supports access to safe and high-quality natural health products (NHPs) for Canadians. These products are regulated under the Natural Health Products Regulations, which is a separate regulatory framework compared to that of prescription drugs.

While NHPs are often perceived as lower-risk, they are not without risk, especially if products are adulterated, if used improperly or in combination with other products and without appropriate regulatory oversight.

Since introducing the regulatory framework for NHPs in 2004, Health Canada has seen cases of safety issues and evidence of low regulatory compliance across the NHP industry.

In 2021, the Commissioner of the Environment and Sustainable Development completed an audit of the NHP program, which found both strengths and areas for improvement. The Department committed to undertaking a number of activities to improve the safety of these products, including introducing user fees that take small businesses into consideration.

Health Canada's initiatives, including the proposed introduction of cost-recovery fees, will support the access of safe and high quality NHPs. These regulatory changes are not about removing choice or reducing access. NHPs are important to Canadians to help support and maintain their health and Health Canada is committed to ensuring the continued availability of safe, effective and high-quality products.

KEY MESSAGES

Our number one priority is to keep Canadians healthy and safe.

We know how important natural health products, such as vitamins and minerals, herbal remedies, and sunscreens, are in our daily routines. Yet, Health Canada has seen serious non-compliance that could potentially be harmful to consumers, such as product contamination and the presence of ingredients not listed on the label.

In 2021, the Commissioner of the Environment and Sustainable Development completed an audit of Health Canada's natural health product program and reported gaps in the regulatory oversight of these products. Health Canada committed to undertaking a number of activities to improve the safety of these products.

The Government has already introduced new labelling regulations to support consumers in making informed choices and new legislation allowing Health Canada to take action when serious health or safety issues arise, such as ordering a recall.

Health Canada is also now proposing fees for industry that would allow it to establish an inspection program to ensure companies are following good manufacturing practices, and strengthen the post-market monitoring of these products.

Our government understands the importance of small businesses to our economy and that is why the fee proposal includes significant cost reductions for small businesses, such as reductions ranging between 25% to 50%, and a full waiver for small businesses marketing their first product.

Health Canada is presently considering how best to adjust its fee proposal based on the thousands of comments from stakeholders prior to further engagement.

IF PRESSED ON WHY HEALTH CANADA IS PROPOSING FEES FOR NATURAL HEALTH PRODUCTS

Health Canada is proposing fees for industry to begin recouping a portion of the costs of services it provides to industry and to expand its oversight to create a safer marketplace for consumers. Presently, natural health products are the only line of health products whose regulatory activities are fully funded by Canadian taxpayers.

The proposed fees would be accompanied by updated performance standards. This means companies would have more predictable service delivery timelines for regulatory activities, such as the scientific evaluation of new products and the licensing of new manufacturing sites.

Health Canada knows that many NHP companies are small businesses and is committed to supporting them. The Department is considering measures to help alleviate the impact of fees on businesses. This includes fee reductions for small businesses of 25% to 50% and a full waiver of pre-market evaluation fees for small businesses marketing their first product.

Health Canada is actively reviewing thousands of comments on its fee proposal, including the fee reduction for small businesses, as part of an open and transparent consultation process with Canadians and businesses. The Department is considering how best to adjust its proposed approach to address the many concerns raised prior to further engagement with stakeholders.

IF PRESSED ON COST TO SMALL BUSINESSES

Small- and medium-sized businesses are the backbone of our economy, and we know they care for the wellbeing of all Canadians. Just like them, we want to support the health of Canadians by ensuring the products sold across the country are safe and effective.

Companies have been provided with several years (until 2028) to comply with the new labelling requirements and the new legislative changes won't affect those companies already following the rules.

We understand that many small businesses worry about the additional costs new fees will bring. This is why we have proposed significant measures to mitigate their impact, such as fee reductions for small businesses ranging between 25% to 50%, and a full waiver of the pre-market evaluation fee for small businesses marketing their first product.

Health Canada is actively reviewing thousands of comments on its fee proposal, including the fee reduction for small businesses as part of an open and transparent consultation process with Canadians and businesses. The Department is considering how best to adjust its proposed approach to address the many concerns raised prior to further engagement with stakeholders.

IF PRESSED ON WHY CHANGES ARE NECESSARY NOW

Canadians should be able to trust that the natural health products on store shelves are safe and contain what they say they contain, and that all the information about their safe use is available. While natural health products are generally lower risk, that does not mean they are without risk.

These regulatory and legislative changes will create a safer marketplace and will help everyone make more informed choices about the products that we value.

Between 2021 and 2023, there were 100 voluntary recalls of licensed natural health products for safety issues including bacterial contamination and the presence of foreign matter such as fibreglass in a product.

Health Canada conducted a pilot inspection program between March 2021 and March 2022 to assess whether 36 manufacturers and importers were following regulatory requirements for good manufacturing practices. All of the inspections identified compliance issues ranging in severity.

Health Canada also conducted a pilot using proactive monitoring of natural health product advertising which focused on cancer claims. Out of over 3800 products identified through an enhanced artificial intelligence tool, 63% (2070) were found to contain non-compliant cancer claims.

These findings support the need to educate industry about its regulatory obligations as well as to increase oversight of the industry.

Right now, unlike with all other health products, natural health product manufacturing sites do not have a regular cycle of inspections to ensure that companies adhere to quality standards. The fees will provide Health Canada with the resources to conduct the necessary oversight of the industry to ensure that the products we use and trust are in fact safe, effective, and high quality.

IF PRESSED ON LIMITING ACCESS TO CANADIANS

We know how important natural health products, such as vitamins and minerals, herbal remedies, and sunscreens, are for Canadians in their daily routines. Changes to the program will support access to safe and high-quality natural health products.

We understand that many small businesses also worry about the additional cost the proposed new fees will bring. That's why Health Canada is considering new measures, including reducing or waiving fees for small businesses to help support them in continuing to provide the variety of products consumers depend on.

IF PRESSED ON DRIVING CANADIANS TO PERSONAL IMPORTATION

We know how important natural health products, such as vitamins and minerals, herbal remedies, and sunscreens, are for Canadians in their daily routines. That is why Health Canada has been working to introduce important improvements to ensure that the natural health products they buy and use every day are safe and of high-quality.

All domestic or international companies that sell natural health products – whether online or at retail outlets in Canada must comply with Canadian regulations to keep people in Canada safe.

While residents of Canada and visitors are permitted to bring into Canada a personal use quantity of a 90-day supply or single course of treatment of a natural health product, or any other health product including a prescription drug, without requiring specific licences for the import, Canadians are encouraged to buy licensed health products in Canada that have been assessed to be safe and of high quality.

Health Canada works in partnership with the Canada Border Services Agency to assess the compliance of referred health products at the border against the Act and its Regulations.

Collecting fees for natural health products will let us support industry in complying with standards through education and guidance and do more inspections so that consumers can use natural health products without worry.

IF PRESSED ON DRIVING CANADIANS TO UNREGULATED (ILLEGAL) PRODUCTS

Our number one priority is to keep Canadians healthy and safe.

The government of Canada supports access to safe and high-quality natural health products for Canadians.

All domestic or international companies that sell natural health products – whether online or at retail outlets in Canada – must comply with Canadian regulations to keep people in Canada safe.

Changes to the natural health products program will support access to safe and high quality natural health products.

IF PRESSED ON WHY VANESSA'S LAW IS NEEDED

Extending the Protecting Canadians from Unsafe Drugs Act to natural health products allows Health Canada to order a recall of a product or add warnings on labels to support safe use, if necessary, which it couldn't do before. These new authorities will only need to be used if a serious risk to health is identified or if a company refuses to partake in voluntary mechanisms.

The majority of natural health product companies would not be affected by these new authorities.

Health Canada will consult with stakeholders on any further regulatory changes needed to support these authorities.

IF PRESSED ON REGULATING NATURAL HEALTH PRODUCTS SIMILAR TO HIGHER-

RISK DRUGS ...

Health Canada continues to support access to safe and high-quality natural health products for Canadians. Health Canada recognizes natural health products as lower-risk products than prescription drugs. That is why these products are regulated under the Natural Health Products Regulations, which is a separate regulatory framework from that of prescription drugs.

While NHPs are generally lower risk, they are not without risk, with some issues reported before such as contamination with foreign matter, mold, mildew, lead, arsenic, salmonella or E. coli. Health Canada will continue to take action to protect Canadians.

The Government recently passed legislative changes that provide Health Canada with additional abilities, such as to remove unsafe products from the market or require warnings on a product label when a serious health risk is identified. Health Canada will only use these authorities if a company refuses to take voluntary actions to address a risk.

IF PRESSED ON THE DELAY IN IMPLEMENTING THE SELF-CARE FRAMEWORK

Health Canada is advancing initiatives under the Self-Care Framework that meet the needs of Canadians, including having labels that are easier to read and ensuring products can be promptly recalled if a serious risk is identified.

Health Canada will continue to advance, in consultation with stakeholders, other aspects of the Self-Care Framework over the next several years to ensure the regulatory oversight of both natural health products and non-prescription drugs is proportional to risk.

IF PRESSED ON WHY HEALTH CANADA INTRODUCED NEW RULES FOR LABELLING

Health Canada introduced new requirements to make natural health product labels easier for Canadians to read and understand, to address concerns about small font sizes and missing or unclear safety information such as relating to contraindications or allergens.

Health Canada recognizes that label changes will take time for industry to implement. This is why there is a multi-year transition period (up to six years) to implement the new regulations by 2028.

Health Canada has consulted extensively and has designed regulations that balance the burden to industry while improving clear labelling for Canadians.

Health Canada will continue to work with stakeholders throughout the transition period to implement the new labelling requirements.

BACKGROUND

Findings from the Commissioner of the Environment and Sustainable Development's Audit of the Natural Health Product (NHP) Program

An audit of Canada's NHP program was conducted in 2019 by the Commissioner of the Environment and Sustainable Development (CESD), and the findings were published in a report to Parliament in April 2021.

The focus of the audit was to determine whether Health Canada ensures that NHPs available for sale in Canada are safe and accurately represented to consumers. The audit period covered January 2017 to May 2020.

Overall, the audit by the Auditor General of Canada of the NHP Program identified both strengths and areas for improvement.

The audit found that Health Canada licensed products appropriately, based on evidence of safety and efficacy. The audit also found that when an issue was brought to Health Canada's attention, immediate action was taken. Additionally, the audit established that Health Canada's approach to increase the supply of alcohol-based hand sanitizers during the pandemic was appropriate.

The audit also identified areas for improvement:

the need for increased oversight of NHP quality,
greater monitoring of labels and advertising (including online),

improved labelling, and

proactive risk-based compliance and enforcement activities.

The recommendations validated key gaps that the Department had already identified and had started working to address. The audit supports the direction Health Canada has been taking to strengthen oversight of these products.

The auditors made five recommendations, all of which the Department has accepted and had already started work to address.

The findings of the audit were reinforced in 2022 by the report issued by the Standing Committee on Public Accounts (PACP) following a study of the audit.

The Self-Care Framework

In 2016, the Department introduced the Self-Care Framework to modernize the regulation of self-care products, including NHPs and non-prescription drugs.

The Self-Care Framework is intended to provide oversight proportional to risk and proposes to:

Better protect Canadians against health risks and harms – given that low risk is not no risk;

Reduce unnecessary regulatory burden and costs for industry and Canadians; and,

Support Canadians' efforts to improve their own health and make informed decisions.

This proposal introduced Health Canada's intention to improve NHP labelling, examine a cost recovery approach for NHPs, as well as consider post-market tools for NHPs such as fines and penalties and the ability to order a recall.

Health Canada continued broad public consultations in 2017, and announced, in 2018, a phased approach to implementing the Self-Care Framework:

Element 1 encompassed changes to improve NHP labelling to ensure that labels are clear, consistent, and easy to read. This was completed with the new regulations published in July 2022.

Element 2 will introduce regulatory amendments to create a more risk-based approach to the regulatory oversight for non-prescription drugs (OTCs).

Element 3 will introduce changes to improve oversight for NHPs, including quality, post-market authorities under Vanessa's Law and cost recovery.

Industry associations are diverse in terms of both make-up of members and their interest in the Self-Care Framework:

Cosmetics Alliance Canada (CAC), which represents OTCs, NHPs and cosmetics (regulated under separate regulations), is focused on advancing all elements of the Framework to ensure a more consistent regulatory approach for cosmetics and cosmetic-like NHPs and OTCs.

The Canadian Health Food Association (CHFA), which represents a broad range of NHP stakeholders (including small and medium sized manufacturers and retailers), has consistently raised concern regarding the impacts on the industry of various changes happening at the same time.

Food, Health and Consumer Products Canada (FHCP), which represents many large multinational drug companies who manufacture both NHPs and OTCs (such as Pfizer, Johnson and Johnson, and Bayer) has been supportive of measures to better align NHP and OTC regulatory oversight. Their principal concern is a lack of progress on Element 2 of the Framework.

Currently, industry associations are advocating for the Framework to be completed as initially outlined by Health Canada in 2018, prior to advancing initiatives such as NHP cost recovery, which was expedited in part due to the results of the 2021 program audit and the related action plan to respond to the findings.

Key associations representing consumer and patient safety, such as the Institute for Safe Medication Practices Canada, are supportive of stronger oversight and greater alignment with other health products under the Self-Care Framework.

Over the past 7 years, Health Canada has consulted extensively with stakeholders regarding proposed changes to the regulation of Self-Care products and will continue to be open and transparent as it works to implement other elements of the Self-Care Framework over the next several years.

Improved Natural Health Product Labelling:

Health Canada amended the Natural Health Products Regulations to support consistent and prominent labelling of key information to support consumers in selecting and using NHPs, including:

Larger font size and better contrast;

Important product information, such as warnings and directions for use, would be required in a facts table;

Consistent and prominent labelling of priority allergens; and

Modernized contact information on the package such as a website.

The Department has been consulting on this initiative since 2016 in the context of the Self-Care Framework and has made a public commitment in February 2018 to introduce these changes as the first phase of the Self-Care Framework.

An audit of Canada's NHP program was conducted by the Commissioner of the Environment and Sustainable Development (CESD) and the findings were published in a report to Parliament in April 2021. This report noted that information on NHP labels was not easy to read. The recommendations listed in the report included improving the labelling of NHPs to ensure that information on product labels is clear, consistent and legible for consumers and can be read without the need for a magnification tool. In the formal response to the report, Health Canada committed to addressing this recommendation through these amendments.

The changes in the labelling regulations and related guidance were the outcome of extensive consultations with industry, patient safety organizations, and healthcare professionals.

To support industry in implementing these changes, the Department put in place a multi-year transition period ending June 2028. The multi-year transition period will minimize the environmental impact and costs for companies by allowing most companies to make the label changes at the normal re-labelling timeline of their products and enable most companies to use their existing stock without having to recall or destroy existing product.

Vanessa's Law Powers:

Health Canada has observed evidence of low regulatory compliance across the NHPs industry as well as potential safety issues which highlight the need for more robust systems to ensure regulatory compliance. For example:

Since 2004, approximately 470 voluntary NHP recalls have been issued.

From 2004 until December 2021, Health Canada received reports of over 8,000 adverse reactions in which NHPs use had a suspected role, of which over 5,000 were serious.

Since 2016-17, Health Canada received over 3,500 consumer complaints implicating NHPs. This includes cases where products were contaminated with mold, mildew, lead, arsenic, and other toxic elements.

The 2021 audit by the Commissioner of the Environment and Sustainable Development and by Health Canada's own inspections of NHP manufacturing sites noted significant non-compliance gaps that required effective regulatory tools to manage, such as those in Vanessa's Law.

The Protecting Canadians from Unsafe Drugs Act (also known as Vanessa's Law) received Royal Assent in November 2014 and amended the Food Drugs Act to give Health Canada additional transparency, post-market monitoring, and compliance and enforcement tools for therapeutic products such as prescription and over-the-counter drugs, biologic drugs, and medical devices. Through Bill C-47, these tools have been extended to NHPs as of June 22, 2023.

Some authorities came into force upon Royal Assent to support immediate program enhancements, including the provisions to:

order the recall of NHPs that present a serious or imminent risk of injury to human health

require a label change/package modification, if necessary to prevent serious injury to health

3impose higher fines and penalties e.g., for having unauthorized products on the market

order a person to provide information that is in the person's control and is necessary to determine if a product presents a serious risk of injury to human health

disclose confidential business information in circumstances where the product may present a serious risk of injury to human health or for the protections or promotion of human health or the safety of the public

apply for a court injunction to stop or prevent the commission of an offence

prohibit false or misleading statements or information

incorporate by reference

apply for a court injunction to stop or prevent the commission of an offence

make publicly available any order of a recall, label change, tests and studies, and assessment.

The remaining authorities noted below have a delayed coming into force and an Order in Council and/or regulations are needed to bring them into force. When and how these regulations come into force for these provisions will be subject to consultation.

Power to require an assessment

Power to require tests or studies

Ability to add terms and conditions

Mandatory reporting of serious reactions by healthcare institutions

5Duty of the Minister to publicize certain clinical trial information

The powers under the Protecting Canadians from Unsafe Drugs Act allow unsafe NHPs to be more quickly removed from the market, protecting Canadians from serious or imminent health risks. This will also help increase consumer confidence in NHPs on the market.

NHP Fee Proposal:

Health Canada has noted throughout the development of the Self-Care Framework, and in its response to the 2021 Commissioner of the Environment and Sustainable Development audit of the NHP program, that expanding fees to NHPs is critical to strengthening the NHP program to meet the needs of Canadians and support its long-term sustainability.

The fee revenues would enable Health Canada to strengthen its oversight of NHPs, monitor labelling and advertising, and put in place a permanent inspection program. The increased revenue would also help improve Health Canada's ability to:

detect and respond to quality issues;

address issues of non-compliance for unlicensed products; and

prevent harmful products from making their way into the marketplace.

The proposed fees reflect the costs associated with performing regulatory activities for NHPs. Three types of fees are proposed that include significant cost reductions for small businesses:

Fees to evaluate applications for new NHPs or to amend existing NHPs (starting as low as \$562 for qualifying small businesses on the simplest applications to \$58,332 for the most complex applications, which are expected to be very rare);

Fees to assess new NHP site licence applications or amendments to existing site licences (\$3,588 for qualifying small businesses and \$4,784 for larger businesses), and an annual site licence fee to support site licence renewal and compliance and enforcement activities for products that are already on the market (ranging from \$5,191 for qualifying small business labelling facilities to \$40,071 for larger business sterile manufacturing facilities); and

Annual “right” to sell fees to allow companies the right to sell their NHPs in Canada (\$406.50 for qualifying small businesses and \$542 for larger businesses annually).

Performance standards are also proposed for each of the fee lines, ranging from 30 days to 210 days depending on the complexity of the review required.

While the proposed fees are also important to ensure the safety, reliability and quality of our NHPs, we are considering a number of measures to help alleviate the impact of these fees on businesses, such as fee reductions for small businesses (companies with fewer than 100 employees or between \$30,000 and \$5M in annual revenue) ranging between 25% to 50%, and a full waiver for small businesses on their first pre-market evaluation.

The Department held a public consultation on its fee proposal from May 12, 2023, to August 10, 2023, as well as stakeholder information sessions to explain the proposal and respond to questions. Health Canada is actively reviewing thousands of comments on its fee proposal, including the fee reduction for small businesses, as part of an open and transparent consultation process with Canadians and businesses. The Department is considering how best to adjust its proposed approach to address the many concerns raised prior to further engagement with stakeholders.

SAFETY OF BREAST IMPLANTS

ISSUE

What is the Government doing to protect the health and safety of Canadians in regard to monitoring the safety of breast implants?

KEY FACTS

Breast implants have benefits and risks and undergo the highest level of review before they are licensed.

Health Canada continues to actively monitor breast implants after they are licensed.

Health Canada has undertaken a number of actions for breast implants, including suspending the licence for breast implants posing a higher risk of developing a rare form of cancer and working with manufacturers to implement comprehensive labelling changes to support informed decision-making.

Physicians are responsible for discussing the benefits and potential risks with patients before procedures.

KEY MESSAGES

Breast implants undergo a rigorous scientific review by Health Canada before they are licensed for sale in Canada.

All health products are associated with both benefits and risks.

Health Canada continues to monitor the safety of all medical devices once licensed, including breast implants, as scientific and medical information is continuously emerging.

The monitoring of breast implants has supported decisive actions, including the suspension of higher risk breast implants, improved labelling to support informed decision-making by patients and healthcare professionals, and communication of these actions.

IF PRESSED ON A BREAST IMPLANT REGISTRY

Discussions regarding the creation of a registry include important privacy considerations and involve health authorities and organisations, including provincial and territorial governments, all of whom have roles to play.

Health Canada is playing a key role in engaging with stakeholders to facilitate exploring potential options.

HESA is currently studying the feasibility of a breast implant registry. Health Canada had the opportunity to appear before the committee to share the government’s perspective. We will assess the committee’s recommendations once the report is available and provide a response in a timely manner.

BACKGROUND / CONTEXTE

The Standing Committee on Health (HESA) is studying the feasibility of establishing a central breast implant traceability registry. Health Canada participated as a witness on April 25, 2023. Additional meetings were held on May 9 and 11, 2023.

All breast implants in Canada undergo a scientific review for safety and effectiveness before Health Canada issues an authorization. Once licensed, Health Canada monitors breast implants and takes actions if required. Health Canada has completed numerous post-market safety reviews of breast implants and taken a number of actions, including:

Suspending the medical device authorization for a breast implant associated with the risk of developing a rare form of cancer; and,

Implementing comprehensive labelling changes, including a boxed warning and patient decision checklists.

Health Canada continues to actively monitor for new or increasing risks associated with breast implants. In addition, Health Canada continues to publish information for Canadians and health professionals to support decision making.

Health Canada does not provide medical advice, regulate medical decisions by doctors, or maintain a database linking individuals with the specific types of implants they have.

The concept of a breast implant registry has been discussed for many years: in the media; previously at HESA; by physician and patient advocates, including people with lived/living experience; and at the Health Canada Scientific Advisory Committee on Health Products for Women.

While registries are often used to support research, it is not a common mechanism to monitor the safety of medical devices. Currently there is only one known medical device registry in Canada managed by the Canadian Institute for Health Information and used for research purposes to inform clinical practice.

Health Canada was one of several federal partners who participated in a Best Brains Exchange (BBE) meeting that examined the development of a registry. International and domestic stakeholders from across the healthcare ecosystem also participated in the discussion which highlighted the complexity of a breast implant registry with participants outlining numerous challenges and complexities.

ACCESS TO PEDIATRIC CARE AND MEDICINES

ISSUE

Access to children's health services across the continuum of care remains an issue in Canada, including lengthy backlogs for essential services such as surgical, diagnostic, mental health, and children's

KEY FACTS

Children and youth are among the highest users of Emergency Departments (ED) for mental health and substance use services. From 2020 to 2021, admissions for mental health conditions increased by 24.9% while overall hospital admissions increased by 4.8%.

As of July 2023 two-thirds of patients at Ontario's children's hospitals have surpassed recommended wait times for surgery. The situation is similar across the country. In Nova Scotia, 2,500 pediatric patients are waiting for surgery, with 40% waiting beyond the recommended window.

KEY MESSAGES

The Government of Canada recognizes that our children's healthcare system has been under significant strain and is committed to improving the health and wellbeing of Canada's children.

Through the Government's plan, "Working Together to Improve Health Care for Canadians," we continue to work closely with provinces and territories on our shared health priorities, including:

Access to family health services,

Supported health workers and reduced backlogs,

Access to mental health and substance use services, and

Modernizing health systems.

Our Government is investing nearly \$200 billion over 10 years for health care, including \$46.2 billion in new funding to improve health care services for Canadians across the country. This funding included an immediate unconditional \$2 billion Canada Health Transfer (CHT) top-up to address immediate pressures on the health care systems especially in pediatric hospitals, emergency rooms and long wait times for surgeries.

The Government of Canada will continue to work collaboratively with stakeholders to make sure that parents and caregivers have the drugs that are necessary to take care of their children.

IF PRESSED ON WHAT THE HEALTH PORTFOLIO IS DOING FOR THE UPCOMING FLU SEASON

The Public Health Agency of Canada (PHAC) continues to closely monitor respiratory infections in Canada.

Based on trends observed during the summer of 2023, there may be elevated levels of pediatric hospitalizations due to influenza; however, they will likely not be at the extraordinary levels observed in the 2022-2023 season.

Since the 2022 surge in respiratory illnesses, Health Canada has taken steps to develop, with the help of the Canadian Institute for Health Information, a mechanism to monitor pediatric bed and ventilator utilization in Canada. This will allow to better anticipate and react to respiratory virus surges.

In addition, the Government of Canada used all available levers to help alleviate the pediatric acetaminophen and ibuprofen products shortage. These medicines are now widely available across Canada.

Health Canada continues to monitor the situation closely, work with stakeholders, and explore policy options to further support access to drugs and other health products in Canada.

IF PRESSED ON PEDIATRIC DRUG SHORTAGE

The supply of pediatric analgesics (children's acetaminophen and ibuprofen products) has stabilized and products are readily available at community and hospital pharmacies.

Health Canada continues to work closely with key stakeholders, including industry and health care system partners, to actively monitor the supply of children's analgesics in Canada.

Between November 2022 and August 2023 domestic suppliers released over 15 million units of children's acetaminophen and ibuprofen products into the Canadian market, with production continuing at elevated levels.

Over 4.4 million units of foreign-authorized supply of both ibuprofen and acetaminophen have been imported as of August 25, 2023.

BACKGROUND

Health System Capacity

The children's healthcare system is drastically undersized to deal with the increased demand placed on children's health services. Access to children's health services across the continuum of care remains an issue in Canada, including lengthy backlogs for essential services such as surgical, diagnostic, mental health, and children's rehabilitation. Children now wait longer than adults for many essential and time sensitive healthcare interventions.

Children and youth have unique health needs that must be considered and measured, requiring system-wide solutions, investments and planning across all levels of government to ensure the best possible outcomes for children's physical and psychological health and development.

2022/23 Surge in Respiratory Illnesses

In 2022, there was higher than usual activity and healthcare demand due to many factors, including the interaction of COVID-19, seasonal flu and RSV, as well as increased susceptibility to illness due to limited exposure to other respiratory illnesses during COVID-19. Higher than usual RSV activity in children was observed in early November, with 1,045 cases detected between October 22-29, 2022.

During the surge, Canada saw an increased use of emergency care due to the uptake of respiratory illnesses in children. Families and children were also being affected by the pediatric analgesics shortage. The 2022 fall surge forced hospitals to pause other services, including surgeries, further exacerbating

wait times. For example, across four pediatric hospitals in Ontario, 11,789 children have yet to receive necessary surgeries and about half of these children have been waiting beyond the clinically recommended wait times.

Monitoring of pediatric health capacity

Since the 2022 fall surge, the Government of Canada has been working collaboratively with children's health leaders and the Canadian Institute for Health Information to address significant data gaps in pediatric health capacity monitoring. Partners are developing a mechanism to monitor pediatric bed and ventilator utilization in Canada to better anticipate and react to respiratory virus surges.

Supply of Pediatric Medication

Since the surge, the supply of pediatric analgesics products has stabilized and products are readily available at community and hospital pharmacies. However, pediatric hospital capacity for inpatient admissions continues to be strained due to factors such as shortages in health human resources (HHR), increased mental health admissions, and gaps in access to family health services.

Federal Investments in Healthcare

Budget 2023 outlines the federal government's plan to provide close to \$200 billion over ten years in health transfers to provinces and territories, including \$46.2 billion in new funding through new Canada Health Transfer measures, tailored bilateral agreements to meet the needs of each province and territory, funding for personal support workers, and an increase to the Territorial Health Investment Fund.

Canada Health Transfer Top-Up: The federal government will provide \$2 billion in 2023-24 to address urgent pressures in emergency rooms, operating rooms, and pediatric hospitals, building on \$6.5 billion in top-ups provided throughout the pandemic.

Tailored Bilateral Agreements: The federal government will provide \$25 billion over ten years through a new set of bilateral agreements to address individual provincial and territorial health system needs, such as expanding access to family health services, supporting health workers and reducing backlogs, increasing mental health and substance use support, and modernizing health systems.

Expectations on the Upcoming 2023/24 Flu Season

This season, there is an expectation that there may be elevated respiratory virus activity and healthcare demand due to many factors, including the interaction of COVID, seasonal flu and RSV, as well as increased susceptibility due to limited exposure to other respiratory illnesses during COVID-19. Based on trends observed during the summer of 2023, there may be elevated levels of pediatric hospitalizations due to influenza; however, they will likely not be at the extraordinary levels observed in the 2022-2023 season.

The Public Health Agency of Canada (PHAC) continues to closely monitor respiratory infections:

As of early October, although most indicators of COVID-19 activity in Canada remain low to moderate, there have been recent increases in activity.

At the national level, influenza activity continues to be low and within expected levels typical of this time of year; however, it is expected to increase in the coming weeks.

RSV activity is low and within expected levels; however, activity is increasing which is expected for this time of year.

In anticipation of the 2023 flu season, Health Canada is monitoring current respiratory virus trends in the southern hemisphere to anticipate potential demand over Canada's winter. Domestic manufacturers continue increased production of pediatric analgesics and are building up inventory ahead of the 2023-24 cold and flu season.

HESA Study on Children's Health

The Standing Committee on Health (HESA) passed a motion on February 9, 2022 to undertake a study on children's health and the impact of the pandemic on children's health outcomes. The study was completed in the spring of 2023 and HESA is expected to issue a study report with recommendations in fall 2023.

WOMEN'S HEALTH

ISSUE

Women, trans and non-binary people experience poorer health from missed diagnoses, minimized symptoms, greater burdens of specific diseases, and poorly targeted treatment compared to men.

KEY FACTS

Health Canada funds a broad range of initiatives and organizations to promote and enhance the health of women, trans and non-binary people.

Through the Canadian Partnership Against Cancer and Ovarian Cancer Canada, the Government of Canada supported the Action Plan to Eliminate Cervical Cancer in Canada, the Pan-Canadian Framework for Action to Address Abnormal Call Rates in Breast Cancer Screening, as well as research, with \$10 million in investments over five years from Budget 2019, aimed at bringing the best new treatments to women living with ovarian cancer.

Our Government acknowledges the sixth Report of the Standing Committee on the Status of Women, emphasizing the interconnected factors influencing young women's mental health, and allocated \$200 billion in Budget 2023 to improve health care services for Canadians, including reporting through data disaggregation to provide more insight into women's healthcare experiences.

Health Canada's Sexual and Reproductive Health Fund was created in 2021 to advance mandate commitments. Through Budget 2021 and 2023, \$81 million has been committed to the fund over 6 years. The fund supports community-based organizations that help make access to abortion, and other sexual and reproductive health care information and services more accessible for underserved populations.

Our government has prioritized women's health issues for drugs and medical devices, and continues to monitor their safety once licensed, including breast implants, as scientific and medical information is continuously emerging.

The Canadian Institutes of Health Research leads the National Women's Health Research Initiative, supported by a Budget 2021 investment of \$20 million over five years. Through this initiative, successful applicants of ten virtual research hubs were announced in August 2023, representing \$8.3 million in research funding.

The Public Health Agency of Canada monitors gender-disaggregated data through its Health Inequalities Data Tool, in order to better understand health issues being faced by women and girls, and established the Canadian Task Force on Preventative Health Care which develops and communicates clinical practice guidelines on a range of issues, including many primarily impacting women's health.

KEY MESSAGES

The Government of Canada has prioritized progress in the area of women's health to help ensure that women, trans and non-binary people, in Canada are receiving the supports they need.

Health Canada supports a wide range of activities that relate to women's health, including sexual and reproductive health, cancer prevention and treatment, heart and stroke, and mental health.

Health portfolio partners also support research, gender-disaggregated inequalities data collection, and sexual and reproductive health data collection, among others areas.

Sex, gender and diversity considerations are a key criterion embedded, using an intersectional approach, in the development and implementation of all programs, policies and activities across the Department.

IF PRESSED ON CERVICAL CANCER

The Canadian Partnership Against Cancer (CPAC), funded by the Government of Canada, and its partners developed an Action Plan to Eliminate Cervical Cancer in Canada, which engages partners across the country to eliminate cervical cancer in Canada by 2040; priorities include the improvement of human papillomavirus (HPV) vaccination rates, implementation of HPV primary screening, and enhanced efforts for follow up of abnormal results.

CPAC also hosts the Pan-Canadian Cervical Cancer Screening Network; undertakes system performance reporting for cervical cancer; and supports development and sharing of best practices for screening and treatment.

IF PRESSED ON BREAST CANCER

The Canadian Breast Cancer Screening Network (CBCSN) is another example of a pan-Canadian network supported and convened by the Canadian Partnership Against Cancer (CPAC); it is comprised of a community of breast screening program representatives, radiologists, and professional associations.

Across Canada, abnormal call rates (ACR) for breast cancer screening - the percentage of mammograms identified as abnormal and requiring follow-up - exceed national targets. CPAC has worked with the radiology and breast screening communities to develop a Pan-Canadian Framework for Action to Address Abnormal Call Rates in Breast Cancer Screening. Endorsed by the Canadian Society of Breast Imaging, the framework outlines evidence-informed approaches to optimize ACRs.

IF PRESSED ON OVARIAN CANCER

Budget 2019 provided Ovarian Cancer Canada (OCC) with \$10 million over five years from Health Canada for the initiative entitled “Advancing New Treatments to Improve the Survival of Women with Ovarian Cancer”.

This initiative will contribute to an increased knowledge of effective treatment options for ovarian cancer and improvements in quality and responsiveness of the health care system, and care received by women at risk or affected by ovarian cancer.

IF PRESSED ON ONLINE MENTAL HEALTH SUPPORTS FOR WOMEN

Additional online counselling and peer support services are available to young women directly through Kids Help Phone and other organizations (Youthspace; Jack.org; BounceBack offered through CMHA), as well as through provincial and territorial services such as Tel-Jeunes in Quebec, and Alberta’s COVID-19 Youth Mental Health Resource Hub.

IF PRESSED ON THE SIXTH REPORT OF THE STANDING COMMITTEE ON THE STATUS OF WOMEN

The Government welcomes the sixth Report of the Standing Committee on the Status of Women.

The Report addresses the complex, intersecting factors that impact the mental health of young women, which span many interrelated sectors and social determinants of health.

The Government recognizes the significant mental health challenges faced by young women and is committed to supporting their wellbeing.

This includes significant health investments to provinces and territories, including nearly \$200 billion confirmed in Budget 2023 to improve health care services for all Canadians, including a focus on reporting results through disaggregated data to provide more information and evidence about the health care experience for women.

IF PRESSED ON PROGRESS MADE ON PERINATAL MENTAL HEALTH

On March 9, 2022, a ministerial roundtable was held with key stakeholder groups, including experts, practitioners, and people with lived and living experience, to examine access to perinatal mental health care.

In support of the roundtable advice, the Government is funding Women’s College Hospital to develop a National Clinical Practice Guideline for Perinatal Mental Illness, to support providers in delivering quality care.

This Clinical Practice Guideline will be evidence-based and informed by community experts, providers, and people with lived and living experience.

IF PRESSED ON WOMEN AND ADDICTIONS

Very few have been left untouched by substance use-related harms across Canada. Women are no exception to this.

Women who use drugs, especially mothers and Black, Indigenous and other women of colour, have distinct needs and can experience unique challenges in accessing care options.

The Government of Canada recognizes the importance of investing in actions to promote wellness, reduce risks and harms, and improve access to quality mental health and support services for all women and girls, when and where they need them.

IF PRESSED ON WOMEN'S TOBACCO OR VAPING PRODUCT USE

According to recent survey findings, women in Canada are less likely than men to smoke cigarettes or vape.

It is estimated that 1.7 million, or 11 percent, of Canadian women aged 15 and over currently smoke, while 4 percent vape.

The Government continues to monitor data on the gender differences related to tobacco or vaping product use.

IF PRESSED ON WOMEN AND CANNABIS DEPENDENCY

Ongoing research is fundamental to understand the health and safety effects of cannabis use.

Women have historically had a lower prevalence of cannabis use compared to men, though emerging evidence indicates that the gender gap is narrowing as cannabis use among women increases across age groups.

Recent survey findings indicate that among the Canadian general population, past year cannabis use is more prevalent among males than females.

The Government continues to monitor research on the gender differences in both the acute and long-term effects of cannabis.

IF PRESSED ON THE SEXUAL AND REPRODUCTIVE HEALTH FUND

The Sexual and Reproductive Health Fund (SRHF) received \$45 million from Budget 2021, and an additional \$36 million from Budget 2023, over three years, to enhance access to SRH care

The fund supports community-based organizations that help make access to abortion and other sexual and reproductive health care information and services more accessible for underserved populations, including Indigenous, racialized, and/or 2SLGBTQI+ people.

IF PRESSED ON DATA RELATED TO SEXUAL AND REPRODUCTIVE HEALTH

The Government is also investing \$7.6 million over five years for Statistics Canada to collect data that will fill existing information gaps and help us target appropriate sexual and reproductive health supports for Canadians.

IF PRESSED ON THE SCIENTIFIC ADVISORY COMMITTEE – HEALTH PRODUCTS FOR WOMEN (SAC-HPW)

The Scientific Advisory Committee on Health Products for Women provides Health Canada with timely patient-centered, scientific, technical, medical and clinical advice on current and emerging issues regarding women's health and the regulation of medical devices as well as drugs.

The committee was formed in spring 2019 as an opportunity for patient advocates, physicians and researchers to provide independent, external advice to inform the drug and device regulatory process. The experts on this committee have expertise in women's health research, clinical trials, ethics, and sex and gender-based analysis.

IF PRESSED ON THE SAFETY OF BREAST IMPLANTS

Breast implants undergo a rigorous scientific review by Health Canada before they are licensed for sale in Canada.

All health products are associated with both benefits and risks.

Health Canada continues to monitor the safety of all medical devices once licensed, including breast implants, as scientific and medical information is continuously emerging.

The monitoring of breast implants has supported decisive actions, including the suspension of higher risk breast implants, improved labelling to support informed decision-making by patients and healthcare professionals, and increased communication to help keep Canadians up to date with safety information on breast implants.

IF PRESSED ON HEALTH CANADA'S POSITION REGARDING THE CREATION A BREAST IMPLANTS REGISTRY

Manufacturers, regulatory agencies and health care professionals all have a role to play in the safety of medical devices.

Discussions regarding the creation of a registry include important privacy considerations, and involve various health authorities and organizations.

With regard to the possible creation of a breast implant registry in Canada, Health Canada has already had the opportunity to provide its perspectives and we will assess the committee's recommendations once the report is available.

IF PRESSED ON THE NATIONAL WOMEN'S HEALTH RESEARCH INITIATIVE

The Canadian Institutes of Health Research, in partnership with Women and Gender Equality Canada, is leading the National Women's Health Research Initiative, supported by investments of \$20 million over 5 years through Budget 2021.

The initiative is advancing a coordinated research program to address under-researched, high-priority areas of women's health and ensure evidence leads to improved care and health outcomes for women and gender-diverse people.

For instance, as announced in August 2023 and representing an \$8.3 million investment, ten research hubs across Canada are now leading research in priority areas, such as reproductive health and violence prevention.

BACKGROUND

Women's health, and the related health of diverse peoples covers a broad range of issues including, but not limited to, cancer, heart health, oral healthcare, medical assistance in dying, and substance use and addictions. Women's health also encompasses sexual and reproductive health (SRH), which involves issues such as family planning, prenatal care, and access to abortion.

Cancer and Chronic Illness

Since 2007, Health Canada has provided approximately \$50 million/year of funding to the Canadian Partnership Against Cancer (CPAC), which conducts work that includes women's cancers, such as breast and cervical cancer, among other objectives. A special 2022 report found that since 2011, cancer incidence has declined annually for women (-1.2%). Budget 2016 committed to \$5 million over 5 years starting in 2016-17 to the Heart and Stroke Foundation of Canada to support targeted research on women's heart and vascular diseases. Moreover, Budget 2019 committed \$10 million over 5 years for Ovarian Cancer Canada to address gaps in knowledge about effective prevention, screening, and treatment options for ovarian cancer. Stakeholders attributed the lack of significant improvements in outcomes since the 1990s to insufficient investments in research.

Mental Health

Many mental illnesses also occur more frequently in women and girls.

In 2020-21, the proportion of adults who showed moderate to severe symptoms of generalized anxiety disorder was higher in women (17.3%) than men (10.9%). This was also the case for major depressive disorder (19.9% vs. 13.8%) and post traumatic stress disorder (8.6% vs. 5.0%).

The percentage of young women aged 18-34 years who reported "excellent" or "very good" mental health fell from 56% in 2019 to 46% in 2021.

Young women aged 18-34 years were less likely than young men of the same age to report "excellent" or "very good" mental health before the COVID-19 pandemic in 2019 (56% vs. 66%, respectively) and during the pandemic in 2021 (46% vs. 56%, respectively).

In late 2021/early 2022, 46% of young women aged 18-34 years old reported that their mental health was "somewhat worse now" or "much worse now" compared to before the pandemic started.

Over a fifth (22%) of girls and young women aged 15-24 years reported feeling lonely "always" or "often" in early 2022.

Young women aged 10-19 were hospitalized for eating disorders at a rate 10 times that of their male peers.

In 2018-19, 23% of new mothers reported feelings consistent with post-partum depression or an anxiety disorder.

Substance Use

Data has shown that in Canada, a significant proportion of women use substances.

Between 2016-2022, women made up 26-30% of all opioid related deaths, and 38-50% of opioid-related hospitalizations.

In 2022, First Nations women died at 11.2 times the rate of non-Indigenous women from an overdose.

Between September 2020 and December 2020, 16.2% of women self-reported an increase in their alcohol consumption.

In 2018-19, 18% of high school female students reported cannabis use.

Sexual and Reproductive Health

With the establishment of the Sexual and Reproductive Health Fund (SRHF), Budget 2021 allocated \$45 million over three years to enhance access to SRH care and Budget 2023 renewed this commitment with an additional \$36M over three years. Projects funded under the SRHF to date address access to abortion, 2SLGBTQI+ communities, Indigenous communities, including Indigenous women, and endometriosis among other issues. Additionally, per capita funding of \$9.7 million has been allocated to Quebec for community-based organizations. Budget 2021 also allocated \$7.6 million over five years for Statistics Canada to develop a national data initiative on SRH to improve knowledge and outcomes in this area.

Scientific Advisory Committee on Health Products for Women

In the regulatory context, the Scientific Advisory Committee on Health Products for Women (SAC-HPW) was formed in 2019 with patient advocates, physicians, and researchers who advise on drug and device regulation, with a focus on women's health and patient perspectives. The Committee meets 3-4 times a year to examine issues across the health product life cycle, from development to real-world use, with a focus on patient perspectives and experiences.

Breast implant registry

The Standing Committee on Health (HESA) studied the feasibility of establishing a central breast implant registry. Health Canada participated as a witness on April 25, 2023. Additional meetings were held on May 9 and 11, 2023. As of October 19, 2023, the report has not been issued.

The concept of a breast implant registry has been discussed for many years: in the media; previously at HESA; by physician and patient advocates, including people with lived/living experience; and at the Health Canada Scientific Advisory Committee on Health Products for Women.

While registries are often used to support research, it is not a common mechanism to monitor the safety of medical devices. Currently there is only one known medical device registry in Canada managed by the Canadian Institute for Health Information and used for research purposes to inform clinical practice.

All breast implants in Canada undergo a scientific review for safety and effectiveness before Health Canada issues an authorization. Once licensed, Health Canada monitors breast implants and takes actions if required. Health Canada has completed numerous post-market safety reviews of breast implants and taken a number of actions, including:

Suspending the medical device authorization for a breast implant associated with the risk of developing a rare form of cancer; and,

Implementing comprehensive labelling changes, including a boxed warning and patient decision checklists.

Health Canada continues to actively monitor for new or increasing risks associated with breast implants. In addition, Health Canada continues to publish information for Canadians and health professionals to support decision making.

Health Canada does not provide medical advice, regulate medical decisions by doctors, or maintain a database linking individuals with the specific types of implants they have.

Health Research and Funding

With an investment of \$20 million over 5 years, Canadian Institutes of Health Research's National Women's Health Research Initiative (NWHRI) is advancing a coordinated research program that addresses under-researched and high-priority areas of women's health. The NWHRI conducts research on cancer, endometriosis, and mental health through an inclusive, intersectional lens.

The Public Health Agency of Canada's Healthy Canadians and Communities Fund (HCCF) invests approximately \$20 million/year and funds four projects that support women's health. These projects support causes such as cardiovascular disease prevention for women, peer health coaching support on chronic disease risk factors, diabetes and obesity prevention for Indigenous women, and increasing physical activity and literacy among women and girls.

CANNABIS

ISSUE

Since its coming into force on October 17, 2018, the Cannabis Act has created a strict legal framework for controlling the production, distribution, sale and possession of cannabis across Canada.

The legislation is designed to keep cannabis out of the hands of youth and profits out of the pockets of organized crime by fostering a robust legal and regulated industry.

KEY FACTS

The legal cannabis market continues to displace the illicit market. According to Statistics Canada data, the legal share of the value of cannabis consumed has steadily increased to 72% in the second quarter of 2023, compared to just 9% prior to legalization.

KEY MESSAGES

Since 2018, our Government has implemented a robust public health approach to keeping cannabis out of the hands of youth and ensuring adults have access to a quality-controlled and regulated supply, while reducing the illicit market.

Since legalization, rates of use among youth have not changed significantly, and more Canadians who consume cannabis are purchasing from legal retailers.

Health Canada has launched an independent review of the legislation, led by a panel of respected experts, to examine the progress made towards achieving the Act's objectives and identify priority areas for improvement.

IF PRESSED ON THE LEGISLATIVE REVIEW OF THE CANNABIS ACT

On September 22, 2022, our Government launched an independent legislative review, which will assess the progress made towards achieving the Cannabis Act's objectives.

The Expert Panel published a What We Heard report, which summarizes the input heard during their extensive stakeholder engagements to date.

Health Canada is reviewing the report, and we value the Panel's efforts to include all diverse perspectives, particularly those of Indigenous communities and marginalized groups.

The Panel will continue its review of the Act, and a final report is expected to be tabled in Parliament by March 2024.

IF PRESSED ON INCLUDING THE MEDICAL ACCESS REGIME IN THE REVIEW

The Government actively monitors the medical access program and has committed to evaluate the framework within the legislative review of the Cannabis Act.

There has been significant stakeholder interest in the access to cannabis for medical purposes framework. This legislative review presents an opportunity to hear the views and perspectives of these stakeholders.

IF PRESSED ON COMPLAINTS REGARDING PERSONAL PRODUCTION WITH A HEALTH CANADA AUTHORIZATION

Health Canada continues to take action to strengthen oversight and reduce the risk of abuse of the program.

Under the Cannabis Regulations, Health Canada may refuse or revoke a registration on public health or public safety grounds. These decisions may be made based on information shared by law enforcement.

As of August 31, 2023, Health Canada has refused or revoked over 2,300 registrations under the Cannabis Regulations, including over 1,700 for reasons of public health and public safety.

The number of individuals currently registered with the program is the lowest since the Act came into force.

IF PRESSED ON THE RISE IN PAEDIATRIC CANNABIS POISONINGS

Health Canada is concerned about potential harms to children who accidentally consume cannabis.

The Department issued a public advisory in December 2021, and updated the advisory in April 2022 and May 2023. The advisory includes guidance on how to recognize and react to accidental cannabis consumption and poisoning.

In Spring 2023, Health Canada also launched a public education campaign to help prevent accidental poisonings in children from edible cannabis.

Health Canada continues to educate Canadians on this important issue and continues to monitor reports of adverse reactions to cannabis.

IF PRESSED ON RECENT STUDY RELATED TO EMERGENCY DEPARTMENT VISITS FOR CANNABIS-INDUCED PSYCHOSIS AND TRANSITIONS TO SCHIZOPHRENIA AMONG ADOLESCENTS/YOUNG ADULTS

Health Canada is aware that frequent and prolonged use of cannabis can contribute to mental health problems over time and may bring on, or worsen anxiety, mood and psychotic disorders.

The Department continues to educate Canadians on the mental health risks associated cannabis use through various public education tools.

IF PRESSED ON NON-COMPLIANT EDIBLE CANNABIS PRODUCTS THAT EXCEED THE REGULATORY LIMIT FOR THC

The Cannabis Act and its regulations were designed first and foremost to protect public health and public safety.

Health Canada is aware of non-compliance regarding edible cannabis products with tetrahydrocannabinol (THC) quantities that exceed the allowable 10 mg per container limit.

Health Canada is working with regulated parties to resolve these issues in a timely and appropriate manner.

IF PRESSED ON ILLEGAL CANNABIS PRODUCTS TARGETED AT YOUTH

The Cannabis Act aims to protect youth from the risks of cannabis, including by restricting promotion; prohibiting products and packaging appealing to youth; and setting THC limits.

Illegal edible cannabis often mimics common snacks, and candy and may contain harmful levels of contaminants and dangerously high levels of THC.

The Act gives law enforcement tools to crackdown on illegal sales, including those targeting youth.

Health Canada continues to educate Canadians, so they understand the difference between legal and illegal cannabis and the health and safety risks.

IF PRESSED ON THE YOUTH-ORIENTED PUBLIC EDUCATION CAMPAIGN

We invested in prevention campaigns to educate youth and young adults on risks and harms of substance use, including cannabis.

In 2018, Health Canada launched Pursue Your Passion, a campaign for high schools and universities across Canada.

The campaign was updated to be a teacher-led presentation for youth to include information on different methods of consumption and effects of cannabis on mental health.

The Department also launched an updated version as a virtual, ambassador-led presentation, visiting over 260 schools between March and June 2023 and continues throughout the current school year.

BACKGROUND

The Cannabis Act

On October 17, 2018, the Cannabis Act came into force, implementing a new comprehensive public health approach that is more effective in protecting youth and keeping profits out of the pockets of criminals and organized crime.

The Cannabis Act creates a legal and regulatory framework for controlling the production, distribution, sale and possession of cannabis in Canada. This framework was informed by the recommendations of the Task Force on Cannabis Legalization and Regulation.

The Act restricts youth access to cannabis; prohibits promotions that are designed to encourage youth to use cannabis; imposes serious criminal penalties on people who break the law, especially those who import or export cannabis illegally, or provide cannabis to youth; establishes strict product safety and quality requirements; reduces the burden on the criminal justice system; provides for the legal production of cannabis; allows adults to possess and access regulated, quality-controlled, legal cannabis; and, enhances public awareness of the health risks associated with cannabis.

For example, the Regulations require plain packaging and labelling for all cannabis products with restrictions on logos, colours, and branding. Cannabis products must be packaged in a child-resistant container and be labelled with the standardized cannabis symbol, the mandatory health warning message, and include specific product information (e.g., delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) information).

Legislative Review

The Cannabis Act requires that the Minister initiate a review of the Act and its administration three years following the coming into force of the Act (i.e., after October 17, 2021), and that a report of the review's findings be tabled before both Houses of Parliament within 18 months of the start of the review.

The Cannabis Act further stipulates that the review must include an assessment of the impact of the Cannabis Act on public health and, in particular, on: the health and consumption habits of young persons in respect of cannabis use; Indigenous persons and communities; and, the cultivation of cannabis plants in a dwelling-house.

On September 22, 2022, the Minister of Health and the Minister of Mental Health and Addictions launched the legislative review of the Act. An Expert Panel, chaired by Morris Rosenberg, is leading the review, and a report including findings or recommendations resulting from the review will be tabled in both Houses of Parliament by March 2024.

The first phase of the review is concluding and has focused on engaging with the public, stakeholders and Indigenous groups to gather evidence and perspectives on the Government's progress in achieving the Cannabis Act's objectives.

Medical Access Framework

Medical Regime

Health Canada administers a medical access program under the Cannabis Act and the Cannabis Regulations.

Within the current regulatory framework, individuals who have an authorization from their health care practitioner can access cannabis for medical purposes in one of the following ways:

purchase quality-controlled cannabis from a wide variety of federally licensed sellers inspected by Health Canada;

produce an authorized amount of cannabis for their own medical purposes; or

designate someone to produce cannabis for them.

As of June 30, 2023, 203,933 patients were registered with federally licensed sellers (Note: these are not always unique individuals as individuals may be registered with more than one licensed seller, provided an original medical document was used with each registration).

As of July 31, 2023, 16,507 individuals were registered with Health Canada for personal and designated production of cannabis for their own medical purposes.

Licensed cannabis producers must pay a federal excise duty when they package cannabis products, including those sold to patients for medical purposes. Federal policies related to excise duties on cannabis fall under the purview of the Minister of Finance.

Authorizations for personal or designated production

Personal and designated production are subject to regulatory requirements designed to ensure that cannabis is consumed only with the approval and under the supervision of an authorized health care practitioner.

Health Canada reviews all applications for personal or designated production to ensure that the regulatory requirements are met. Health Canada also confirms that the health care practitioner is authorized by—and in good standing with—the relevant provincial or territorial regulatory health authority, and that the medical document is an original that has not been altered or falsified.

Once a registration certificate is issued, the personal or designated producer may not produce in excess of the maximum limits outlined in a registration certificate and may not sell cannabis to any person. Selling cannabis without authorization is a criminal offence.

A maximum of four registrations are permitted per production site. Only the individuals authorized to produce cannabis for their own medical purposes, or the person designated to produce it for them, can tend to the plants.

Health Canada has the ability to inspect a production site if it is not the registrant's home to ensure it is abiding by the terms set out in the individual's registration certificate.

Indigenous Participation

Engagement with First Nations, Inuit, and Métis communities on the legalization and regulation of cannabis for non-medical purposes began in 2016 as part of the Task Force on Cannabis Legalization and Regulation. The Government's engagement has continued throughout the development and implementation of the Cannabis Act and its Regulations.

Indigenous participation in federally regulated commercial cannabis activities is limited, but growing. Health Canada provides services for Indigenous and Indigenous-affiliated applicants for a federal licence including:

Indigenous Navigator Service: guides and assists Indigenous and Indigenous-affiliated applicants, and answer requests from applicants for additional information.

Cannabis Licensing Advisor: offers intensive advisory assistance to Indigenous and Indigenous-affiliated applicants that have strong support from the local Indigenous government and where direct benefits for the community are expected.

Two-Stage review process: Indigenous and Indigenous-affiliated applicants may have their applications reviewed without a fully built site that could assist in obtaining financing and construction.

Health Canada has heard that respect for First Nations' jurisdiction over cannabis activities in their communities is the highest priority related to cannabis for many First Nations. First Nations are working to control the spread of activities that are not authorized or supported by community leadership, and which are not in conformity with federal/provincial/territorial frameworks.

Accidental Paediatric Ingestion of Cannabis and Poisonings

Various sources of evidence indicate significant associations between cannabis legalization and increases in cannabis-related emergency department visits, hospitalizations, intensive care unit admissions and poison center calls, both in Canada and across many U.S. states.

These increases have been attributed to accidental ingestion of edible cannabis in those under 12 years old, and primarily by children younger than 5 ingesting cannabis whose source is unknown or illegal. Illegal edible products – often referred to as 'copycat' products – resemble popular confectionary products (e.g., Starbursts, Skittles) that come in colorful packaging and are appealing to children. Further, illegal edible products can contain 100 mg of THC or more per package, whereas legal cannabis products

cannot exceed more than 10 mg of THC per package. The 10 mg THC limit on legal edible cannabis products exists to protect against accidental consumption, overconsumption and poisoning.

Since the coming into force of the Cannabis Act and its regulations, Health Canada monitors, assesses and reports on adverse reactions associated with cannabis, including cases of accidental ingestion of edible cannabis by children, through the Canada Vigilance Database. The findings are used to inform evidence-based information on health and safety risks with cannabis, including risk communications and educational resources.

The Department issued a public advisory in December 2021, and updated the advisory in April 2022 and May 2023. The advisory reminds Canadians of the risk of serious harm should children accidentally consume edible cannabis, particularly products that are illegal and unregulated. It also helps to identify illegal 'copycat' edible cannabis products..

In Spring 2023, Health Canada also launched a public education campaign on the risks of accidental cannabis poisonings in children and to provide information on how to help prevent cannabis poisonings, what a poisoning looks like, and what to do if a cannabis poisoning is suspected.

EXPANSION OF MEDICAL ASSISTANCE IN DYING (MAID) – MENTAL ILLNES

ISSUE

Former Bill C-7, which received Royal Assent on March 17, 2021, included a sunset clause excluding persons with a mental illness as a sole underlying medical condition from seeking MAID until March 17, 2023.

On February 2, 2023, the Government of Canada introduced legislation, Bill C-39, to extend – by a year – the exclusion of eligibility for MAID where a person's sole underlying medical condition is a mental illness, until March 17, 2024. Bill C-39 received Royal Assent on March 9, 2023. This has allowed time for the dissemination of key resources by clinicians, including the release of a Model Practice Standard for regulating bodies in provinces and territories, an accompanying Advice to the Profession guidance document, and a national accredited MAID curriculum for clinicians.

Despite the work done to support health system preparedness, views by health care stakeholders and the public remain divisive about expanding MAID eligibility in March 2024 for persons whose sole underlying condition is a mental illness.

On October 18, 2023, Bill C-314 was voted down in the House of Commons. The bill proposed permanent exclusion of MAID for persons whose sole underlying medical condition is a mental illness.

KEY FACTS

In preparing for the repeal of the exclusion clause in March 2024, the Government of Canada, in collaboration with provinces and territories, has supported a range of initiatives towards preparedness, guided by recommendations from the Expert Panel, that include:

Development of a model MAID Practice Standard designed for use by regulatory bodies and clinicians in addressing complex requests for MAID, including where mental illness is involved (completed March 2023).

Development and launch (August 2023) of a nationally accredited MAID Training Curriculum.

Funding a Knowledge Exchange Workshop (June 2023) that included over 40 MAID practitioners, as well as psychiatrists, from across Canada to discuss roles and contributions to the proper assessment and management of MAID where mental disorders are involved, and support local training related to MAID for mental disorders.

Regulatory amendments to the federal MAID Monitoring System to enhance data collection and enrich research and analysis and reporting back to Canadians (enacted January 1, 2023 with new data to be reported in 2024).

Early activities on engagement with Indigenous Peoples (online tool launched August 17, 2023, with other Health Canada-led and Indigenous-led activities planned for 2024).

KEY MESSAGES

The Government recognizes that MAID is a deeply personal choice and remains committed to supporting eligible individuals in having their MAID request considered in a fair, safe and consistent manner, while supporting efforts to protect those who may be vulnerable.

The Government extended the temporary exclusion of eligibility for MAID for persons suffering solely from a mental illness to March 2024.

This has allowed time for the development and release of clinician resources supported by our Government such as a model MAID Practice Standard and an accredited MAID curriculum .

The Government continues to work closely with the provinces and territories and health stakeholders to support the development and uptake of resources for safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE WORK UNDERTAKEN TO SUPPORT PREPAREDNESS

Our Government is collaborating with provinces and territories, medical and mental health communities to support system preparedness for the repeal of the mental illness exclusion.

This year, we supported important initiatives including development of a model Practice Standard and Advice to the Profession, and the launch of an accredited bilingual curriculum for MAID clinicians. We also funded two Knowledge Exchange Workshops for MAID assessors and providers and launched ongoing engagement with Indigenous Peoples to understand their diverse views and perspectives on MAID.

IF PRESSED ON THE QUESTION OF MAID FOR PEOPLE WITH MENTAL ILLNESS AS THE SOLE UNDERLYING CONDITION

The Government recognizes that mental disorders can cause suffering on par with that of physical illnesses.

The Government also recognizes that there are diverse views on MAID and mental illness within the psychiatric community.

Resources such as the Model MAID Practice Standard, Advice to the Profession, and the MAID training curriculum, and additional resources developed by provinces and territories will support the medical and psychiatric communities in being prepared for the upcoming changes to the law.

IF PRESSED ON THE MAID FOR MENTAL ILLNESS AND SUBSTANCE USE

MAID is an option that is available only for eligible Canadians, and the legislation sets a high bar with stringent eligibility criteria and robust procedural safeguards. The MAID provisions in the Criminal Code are carefully designed to protect vulnerable people, including those suffering from mental disorders including substance use disorder.

To be eligible for MAID, a person must: have a serious and incurable illness, disease, or disability; be in an advanced state of irreversible decline in capability; and, experience enduring and intolerable suffering. The person seeking MAID and the practitioners must have discussed reasonable and available means to relieve the person's suffering, and agree that the person has seriously considered those means.

The Government has provided significant funding to support mental health and substance use supports and to develop national standards for substance use services.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID AS A FORM OF SUICIDE, ESPECIALLY THOSE WITH A MENTAL ILLNESS

The legislation sets a high bar for access. Only individuals with severe, long-standing and treatment-resistant mental illnesses will be considered for MAID.

To be eligible for MAID, a person must: have a serious and incurable illness, disease, or disability; be in an advanced state of irreversible decline in capability; and, experience enduring and intolerable suffering.

The person seeking MAID and the practitioners must have discussed reasonable and available means to relieve the person's suffering, and agree that the person has seriously considered those means. These

safeguards for persons not nearing a natural death aim to help practitioners identify and potentially address the sources of suffering and vulnerability that could lead the person to ask for MAID.

The Model MAID Practice Standard indicates that assessors and providers should ensure that a person's request is consistent, unambiguous and rationally considered during a prolonged period of stability, and not during a time of crisis or suicide ideation.

The Government has provided significant funding to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

IF PRESSED ON THE GOVERNMENT'S REACTION TO MEDIA STORIES ALLEGING THAT PEOPLE ARE SEEKING MAID DUE TO LACK OF NEEDED SERVICES

MAID assessors in Canada are required by their regulating bodies to consider the totality of circumstances of any individual requesting MAID. Safeguards include a minimum assessment period for persons not at imminent risk of dying and a requirement to consult providers with expertise in the requester's condition.

These safeguards for persons not nearing a natural death aim to help practitioners identify and potentially address the sources of suffering and vulnerability that could lead the person to ask for MAID.

No one can receive MAID solely on the basis of lack of social supports, such as housing and mental health services.

Improving access to social and health services remains a priority and governments are working to address disparities.

On June 22, 2023, the Government passed the Canada Disability Benefit Act to reduce poverty and support financial security of persons with disabilities.

IF PRESSED ON QUEBEC'S RECENTLY PASSED AMENDMENTS TO ITS PROVINCIAL LEGISLATION (ACT RESPECTING END OF LIFE CARE)

On June 7, 2023, the Quebec National Assembly passed Bill 11, An Act to amend the Act respecting end-of-life care, which amends the MAID-related provisions in Quebec's existing end-of-life legislation.

It is too early to comment on that legislation. However, the federal government is interested in continued collaboration on this important file with the Quebec government.

BACKGROUND

MAID LEGISLATION AND MENTAL ILLNESS

In the original 2016 legislation (former Bill C-14), which legalized MAID for persons whose natural death was reasonably foreseeable, the Act required the Ministers of Health and Justice to initiate independent reviews on three particularly complex issues, including requests where the sole underlying medical condition was mental illness.

In 2016, the Government asked the Council of Canadian Academies (CCA) to conduct these independent studies. Following a comprehensive study of this matter, experts in this field could not come to a consensus on this very complicated issue.

Four years later, the Government introduced former Bill C-7, which proposed to expand MAID eligibility to persons whose death was not reasonably foreseeable. As introduced, former Bill C-7 contained a provision stating that mental illness was not considered to be a disease, illness or disability. In other words, requests for MAID based solely on mental illness would not be permitted. As such, no provision for a temporary exclusion was included in the former Bill.

During its study of former Bill C-7, the Senate concluded that MAID requests based solely on mental illness should be permitted, and amended the former Bill to include a temporary, 18 month exclusion of eligibility.

In March 2023, Bill C-39 extended by - one year - the temporary exclusion of MAID eligibility for persons suffering solely from a mental illness.

MAID AND SUBSTANCE USE DISORDER

To be eligible for MAID, a person must: have a serious and incurable illness, disease, or disability; be in an advanced state of irreversible decline in capability; and, experience enduring and intolerable suffering. All three of these criteria must be met for a person to be deemed eligible. Furthermore, the legislation includes enhanced safeguards, which make it a responsibility of the medical practitioner to ensure that an individual seeking MAID is made aware of the supports available to them. The person seeking MAID and the practitioners must have discussed reasonable and available means to relieve the person's suffering, and agree that the person has seriously considered those means. These safeguards for persons not nearing a natural death aim to help practitioners identify and potentially address the sources of suffering and vulnerability that could lead the person to ask for MAID.

Clinician resources, such as a MAID practice standard and a training curriculum, have been developed to assist clinicians in their assessments of complex MAID requests, such as those that involve a mental disorder. These resources point to the need to assess the person over a period of time and not during a time of crisis to ascertain the durability of the condition and proper capacity to consent. The MAID curriculum includes a module on MAID and mental illness which includes information on substance use disorder.

No one can receive MAID solely on the basis of lack of social supports such as housing and mental health services. All jurisdictions in Canada have a broad range of policies, programs and initiatives aimed at providing health and social service supports to individuals.

Through Budget 2021, the Government is investing \$45 million to develop national standards for mental health and substance use services, in collaboration with provinces and territories, health organizations, and key stakeholders. National standards will help to ensure that Canadians receive high quality, (e.g., safe, effective, patient-centred, equitable, and culturally sensitive) evidence-based mental health and substance use services. The Government of Canada is also currently investing \$5 billion over ten years to improve Canadians' access to mental health and substance use services. The investment is being provided directly to provinces and territories via negotiated bilateral agreements to help them expand access to community-based mental health and addiction services.

THE EXPERT PANEL ON MAID AND MENTAL ILLNESS

As a requirement of former Bill C-7, an Expert Panel was appointed by Ministers of Justice and Health to conduct an independent review to consider protocols, guidance and safeguards to apply to MAID requests by persons who have a mental illness. The final report of the Expert Panel on MAID and Mental Illness was tabled in Parliament on May 13, 2022. It included 19 recommendations that provide guidance on the interpretation of the MAID eligibility criteria, application of the legislated safeguards, and the assessment process, as well as advice on measures to improve the functioning of Canada's MAID regime more broadly.

The Expert Panel found that the challenges people tend to associate with MAID eligibility for persons with mental disorder (e.g., irremediability, decision-making capacity, suicidality and structural vulnerability) are neither unique to requests for MAID from persons with a mental disorder, nor applicable to every requester who has a mental disorder.

A key conclusion of the Panel was that new legal safeguards are not required to ensure that requests for MAID from individuals with a mental disorder are handled safely and appropriately. They noted that the legal framework for MAID already sets a very high bar for eligibility – that existing MAID eligibility criteria and safeguards, when interpreted appropriately and buttressed by existing laws, standards, and practices in related areas of healthcare, can provide an adequate structure for assessing those more complex (track two) MAID requests, including where a mental disorder is the sole underlying medical condition. The key consideration for the Panel was ensuring that practitioners have additional guidance on how to operationalize the existing eligibility criteria and safeguards in the context of mental disorder and other complex MAID requests.

The central recommendation of the Panel was for federal, provincial and territorial governments to facilitate collaboration among regulatory bodies on the development of MAID practice standards. This process was completed in March 2023.

In addition to the collaborative work towards the development of MAID practice standards, provinces and territories, in collaboration with healthcare regulators and MAID communities, have also been working towards preparedness – some creating specific teams, adding resources, updating their practice

standards and encouraging training to help clinicians in addressing requests for those more complex MAID cases, and where mental illness is a sole underlying medical condition.

On July 26, 2022, the Ministers of Health, Justice and Disability Inclusion issued a news release on the Government's progress in implementing several of the Panel's key recommendations to help prepare the MAID practice community in assessing these complex MAID requests. This progress included: developing a practice standard for MAID; developing a nationally fully accredited MAID curriculum; enhancements to the data collection system under the Regulations for the Monitoring of MAID; plans for Indigenous engagement; and, federally-funded qualitative research on MAID.

PARLIAMENTARY REVIEW OF MAID LEGISLATION

The 2021 legislation also required that a Parliamentary Review be initiated within 30 days following its Royal Assent. It stipulated that the Parliamentary Review must address (but not necessarily be limited to) the topics of mature minors, advance requests, mental illness, the state of palliative care in Canada, and the protection of Canadians with disabilities.

The Special Joint Committee on MAID (AMAD) held three meetings before dissolution. The committee reconvened in April 2022 and, on June 23, 2022, submitted an interim report, specifically focused on MAID where a mental disorder is the sole underlying medical condition. The interim report made no formal recommendations but urged the federal government to support the timely implementation of the recommendations of the Expert Panel.

AMAD's final report, containing 23 recommendations on all topics under its remit, was tabled on February 15, 2023. On June 15, 2023, the Government tabled its Response to AMAD's report and recommendations in the House of Commons.

It is anticipated that AMAD will reconvene in 2023 for further study.

HEALTH CANADA RELEASES THE FOURTH ANNUAL REPORT ON MEDICAL ASSISTANCE IN DYING IN CANADA

ISSUE

On October 24, 2023, Health Canada released the Fourth Annual Report on Medical Assistance in Dying in Canada (2022) containing data that provide insights into written requests for MAID and the delivery of MAID in Canada during 2022.

In 2022, the number of cases of MAID grew by 31.2% over 2021. MAID accounts for 4.1% of all deaths in Canada in 2022. All provinces except Manitoba and the Yukon continued to experience a steady year-over-year growth in 2022.

The release of the Fourth Annual Report on Medical Assistance in Dying in Canada may increase attention to MAID and the safety concerns raised by certain groups regarding MAID implementation, and the lifting of the exclusion of MAID for people whose sole medical condition is a mental disorder (MD-SUMC) on March 17, 2024.

On February 2, 2023, the Government of Canada introduced legislation, former Bill C-39, to extend the exclusion of eligibility for MAID where a person's sole underlying medical condition is a mental illness for an additional year, until March 17, 2024. Bill C-39 received Royal Assent on March 9, 2023.

KEY FACTS

On October 24, 2023, Health Canada released the Fourth Annual Report on Medical Assistance in Dying in Canada. This report provides aggregate information on people in Canada who have made a written request for medical assistance in dying (MAID) and the outcomes of those requests, including those who received MAID in 2022.

Federal reporting provides a clear picture of the current state of MAID across Canada: who is requesting MAID, the reasons for these requests, and the circumstances under which it is provided or isn't provided.

Growth in MAID provision has increased steadily each year as a result of awareness and acceptance of the practice.

The Fourth Annual Report on Medical Assistance in Dying in Canada reported that the vast majority of 2022 MAID provisions (96.5%) were for individuals where death was naturally foreseeable, providing compassionate care at the end of life.

The proportion of MAID recipients whose natural death was not naturally foreseeable continues to remain very small compared to the total number of MAID recipients, representing just 3.5% of all MAID provisions and only 0.14% of all deaths in Canada.

This year, a number of important initiatives have been launched to support the evolution and practice of MAID generally and to support the health system's preparedness for the lifting of the temporary exclusion of MAID eligibility for persons suffering solely from a mental illness in March 2024.

Guided by the recommendations from the Expert Panel on MAID and Mental Illness, the Government of Canada has:

Developed a model MAID Practice Standard designed for use by regulatory bodies and clinicians in addressing complex requests for MAID, including where mental illness is involved (completed March 2023).

Developed and launched (August 2023) a nationally accredited MAID Training Curriculum.

Funded a Knowledge Exchange Workshop (June 2023) that included over 40 MAID practitioners as well as psychiatrists from across Canada to discuss roles and contributions to the proper assessment and management of MAID where mental disorders are involved, and supported local training related to MAID for mental disorders.

Amended the Regulations for the Monitoring of MAID in Canada to enhance data collection and enrich research and analysis and reporting back to Canadians (enacted January 1, 2023 with new data to be reported in 2024).

Initiated early activities on engagement with Indigenous Peoples (online tool launched August 17, 2023, with other Health Canada-led and Indigenous-led activities planned for 2024).

Provinces and territories, in collaboration with regulators and MAID communities, have also been working towards preparedness – some creating specific teams, adding resources, updating their practice standards and encouraging training to help clinicians in addressing requests for those more complex MAID cases, and where mental illness is a sole underlying medical condition.

KEY MESSAGES

MAID monitoring and reporting is critical to ensuring transparency and fostering public trust in how MAID is being implemented.

This annual report represents the collaborative efforts of all levels of government and health professionals working together to provide a comprehensive picture of the implementation of MAID in Canada.

Our Government continues to work closely with the provinces and territories and their health stakeholders to support the development and uptake of resources, such as a Model MAID practice standards and an accredited MAID curriculum, in order to enable safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE FOURTH ANNUAL REPORT ON MAID IN CANADA

The fourth annual report is based on reporting requirements from the 2018 Regulations for the Monitoring of MAID, and contains data that provide insights into requests for MAID and the delivery of MAID in Canada during 2022.

Data collection has since been expanded after new Regulations came into force starting in 2023, but data for 2023 will only be available and reported in 2024.

IF PRESSED ON THE INCREASING MAID DEATHS IN CANADA

In 2022, 96.5% of MAID provisions were for individuals where death was reasonably foreseeable, providing compassionate care at the end of life.

The proportion of MAID recipients whose natural death was not reasonably foreseeable continues to remain very small compared to the total number of MAID recipients, representing just 3.5% of all MAID provisions and only 0.14% of all deaths in Canada.

IF PRESSED ON THE EXTENSION OF THE TEMPORARY EXCLUSION

Our Government extended the exclusion of eligibility for MAID for persons suffering solely from a mental disorder to allow for the dissemination and uptake of key resources by clinicians, including a Model Practice Standard, an Advice to the Profession document, several knowledge exchange meetings, and a national accredited MAID curriculum.

We understand this is a complex issue with many diverging views.

Our Government continues to work closely with the provinces and territories and their health stakeholders to support the development and uptake of these resources for safe access to MAID for people who suffer solely from a mental illness.

IF PRESSED ON THE QUESTION OF MAID FOR PEOPLE WITH MENTAL ILLNESS AS THE SOLE UNDERLYING CONDITION

The Government recognizes that mental disorders can cause suffering on par with that of physical illnesses.

The Government also recognizes that there are diverse views on MAID and mental illness within the psychiatric community.

Resources such as the Model MAID Practice Standard, Advice to the Profession, the MAID training curriculum, and additional resources developed by provinces and territories will support the medical and psychiatric communities in delivering MAID for complex cases.

IF PRESSED ON THE MAID FOR MENTAL ILLNESS AND SUBSTANCE USE

MAID is an option that is available only for eligible Canadians, and the legislation sets a high bar with stringent eligibility criteria and robust procedural safeguards. The MAID provisions in the Criminal Code are carefully designed to protect vulnerable people including those suffering from mental disorders including substance use.

The Government has provided significant funding to support mental health and substance use supports and to develop national standards for substance use services.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID AS A FORM OF SUICIDE, ESPECIALLY THOSE WITH A MENTAL ILLNESS

The legislation sets a high bar for access. Only individuals with severe, long-standing and treatment-resistant mental illnesses will be considered for MAID.

The Model MAID Practice Standard indicates that assessors and providers should ensure that a person's request is consistent, unambiguous and rationally considered during a prolonged period of stability, and not during a time of crisis or suicide ideation.

The Government has provided significant funding to support the launch and implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress.

IF PRESSED ON THE GOVERNMENT'S REACTION TO MEDIA STORIES ALLEGING THAT PEOPLE ARE SEEKING MAID DUE TO LACK OF NEEDED SERVICES

The eligibility criteria and robust safeguards provided by the law set a very high bar for accessing MAID.

Improving access to social and health services remains a priority and governments are working hard to address disparities.

For example, the Government has introduced Bill C-22, the Canada Disability Benefit Act to reduce poverty and support financial security of persons with disabilities. This legislation received Royal Assent on June 22, 2023.

IF PRESSED ON CONCERNS THAT PEOPLE WILL SEEK MAID DUE TO STRUCTURAL VULNERABILITY

The legislation sets a high bar for access. Only individuals with a serious illness, disease or disability, that are in an advanced state of decline that cannot be reversed and experience unbearable physical or mental suffering will be considered for MAID.

While structural vulnerability may exacerbate a person's suffering, MAID eligibility is determined by an assessment of the consequences of the person's medical condition and whether or not the person, as a result, is experiencing enduring and intolerable physical and psychological suffering.

BACKGROUND

MAID MONITORING AND REPORTING

The federal MAID monitoring system was established in 2018 through the Regulations for the Monitoring of Medical Assistance in Dying and provides a robust framework for the collection, analysis and reporting of information. The existing Regulations enable Health Canada to identify and monitor trends in the delivery of MAID in Canada and assist in supporting transparency and fostering public trust in the MAID legislation and its application. Data collected from individual MAID providers or from a recognized PT authority is verified and analyzed by Health Canada, before being published in the annual report. The Fourth Annual Report on Medical Assistance in Dying, published on October xx, 2023, highlighted the following key findings:

In 2022, there were 13,241 MAID provisions reported in Canada, accounting for 4.1% of all deaths in Canada, and a growth rate of 31.2% over 2021. 3.5% of the total number of MAID provisions (463 individuals), were individuals whose natural deaths were not reasonably foreseeable. The average age of individuals at the time MAID was provided in 2022 was 77.0 years with cancer (63.0%) cited as the most common underlying medical condition (63.0%). A slightly larger proportion of males (51.4%) than females (48.6%) received MAID in 2022, a result consistent with previous years. The majority of MAID recipients (77.6%) had received palliative care in 2022, and of the MAID recipients who did not receive palliative care (19.6%), 87.5% had access to these services. Private residences continue to be the primary setting for the administration of MAID in Canada. 18.6% of written requests in 2022 resulted in an outcome other than MAID: 298 individuals withdrew their request (1.9% of written requests); 560 individuals were deemed ineligible (3.5% of written requests); and 2,144 individuals died prior to receiving MAID (13.3% of written requests).

On January 1, 2023, the amended Regulations for the Monitoring of Medical Assistance in Dying came into force to enhance data collection and reporting through the federal MAID monitoring system. Data collected under these amended regulations now includes, among other things, information related to race, Indigenous identity, and disability of those seeking MAID. This new information will be reflected in the annual report on MAID in Canada for the calendar year 2023, to be publicly released in 2024.

MAID LEGISLATION IN CANADA

MAID legislation has evolved since 2016 (former Bill C-14). In 2021, former Bill C-7 repealed the provision that requires a person's natural death be reasonably foreseeable in order to be eligible for MAID, although the repeal excluded eligibility for persons whose sole underlying condition is a mental illness (MI-SUMC) until March 17, 2023.

This two-year exclusion allowed time to initiate an expert review respecting recommended protocols, guidance and safeguards to apply to requests for MAID by persons who have a mental illness as a sole underlying condition. The work was undertaken by a Government-appointed Expert Panel on MAID and Mental Illness (the Panel). The Panel's Report was tabled in Parliament on May 13, 2022.

On March 9 2023, the Government passed legislation (former Bill C-39) that further delayed the repeal of the above MI-SUMC exclusion, adding an additional year to allow more time for dissemination and uptake of key resources by the medical and nursing communities. The delay ends on March 17, 2024, The additional time also allowed for jurisdictions to plan, develop and be ready to implement processes and supports for MAID requests involving mental illness.

THE EXPERT PANEL ON MAID AND MENTAL ILLNESS

Former Bill C-7, which received Royal Assent on March 17, 2021, included a sunset clause excluding persons with a mental illness as a sole underlying medical condition from seeking MAID until March 17, 2023. During the two-year exclusion period, the Ministers of Health and Justice were required to launch an independent expert review on the topic of MAID and mental illness.

An Expert Panel was appointed by Ministers of Justice and Health to conduct an independent review to consider protocols, guidance and safeguards to apply to MAID requests by persons who have a mental illness. The final report of the Expert Panel on MAID and Mental Illness was tabled in Parliament on May 13, 2022. It included 19 recommendations that provide guidance on the interpretation of the MAID eligibility criteria, the application of the legislated safeguards, and the assessment process, as well as advice on measures to improve the functioning of Canada's MAID regime more broadly.

A key conclusion of the Panel was that, the existing MAID eligibility criteria and safeguards, when interpreted appropriately and buttressed by existing laws, standards, and practices in related areas of healthcare, can provide an adequate structure for assessing those more complex (track two) MAID requests, including where a mental disorder is the sole underlying medical condition.

On July 26, 2022, the Ministers of Health, Justice and Disability Inclusion issued a news release on the Government's progress in implementing several of the Panel's key recommendations to help prepare the MAID practice community in assessing these complex MAID requests. This progress included: developing a practice standard for MAID; development of a nationally fully accredited MAID curriculum; enhancements to the data collection system under the Regulations for the Monitoring of MAID; plans for Indigenous engagement; and, federally-funded qualitative research on MAID.

PARLIAMENTARY REVIEW OF MAID LEGISLATION

The 2021 legislation also required that a Parliamentary Review be initiated to address the topics of mature minors, advance requests, mental illness, the state of palliative care in Canada, and the protection of Canadians with disabilities.

The Special Joint Committee on MAID (AMAD) submitted an interim report in June 2022, specifically focused on MAID where a mental disorder is the sole underlying medical condition. The interim report made no formal recommendations but urged the federal government to support the timely implementation of the recommendations of the Expert Panel.

AMAD's final report, containing 23 recommendations on all topics under its remit, was tabled on February 15, 2023. On June 15, 2023, the Government tabled its Response to AMAD's report and recommendations in the House of Commons.

It is anticipated that AMAD will reconvene in 2023 for further study.

PREPAREDNESS FOR THE REPEAL OF THE CLAUSE ON THE EXCLUSION OF MENTAL ILLNESS

On March 9, 2023, the Government of Canada passed legislation to extend the temporary exclusion of eligibility for persons suffering solely from a mental illness from March 17, 2023 to March 17, 2024. While the Government, in collaboration with provinces and territories, and their medical communities had made important progress in preparing for the original March 2023 deadline, the additional year allowed more time for dissemination and uptake of key resources by the medical and nursing communities.

In September 2022, Health Canada convened an independent MAID Practice Standards Task Group, comprised of individuals with clinical, regulatory, and legal expertise, to develop a practice standard to provide regulators and clinicians with guidance on MAID assessments for complex requests, including those that involve mental disorders. The Model MAID Practice Standard was published on March 27, 2023, along with another document, Advice to the Profession, which provides more detailed clinical advice on challenging topics than is typically included in a regulatory practice standard.

On September 13, 2023 the Government announced the launch of the first nationally accredited bilingual MAID education program (developed by the Canadian Association of MAID Assessors and Providers) available to licensed physicians and nurse practitioners. It consists of seven modules addressing various topics related to the assessment and provision of MAID, including mental disorders and other complex chronic conditions. Six of the seven modules are currently available for registration, the full program will be available by the end of 2023.

Health Canada continues to work with provinces and territories to support system and clinician preparedness for mental illness eligibility and is supporting research initiatives targeting marginalized/underserved populations and knowledge gaps in MAID implementation and delivery.

SAFE LONG-TERM CARE ACT

UPDATE ON MANDATE COMMITMENTS

As part of the commitment to develop a Safe Long-Term Care Act, the Government of Canada is currently leading engagement activities to inform the legislation. This includes consulting with experts, stakeholders, persons with lived experience, provinces and territories, and First Nations and Inuit partners.

Health Canada has also recently completed a public online consultation from July 2023 to September 2023, which will also inform the development of the Act.

ISSUE

The pandemic disproportionately affected Canadians living in long-term care homes. Canadians are concerned about the availability of safe, high-quality long-term care services.

KEY FACTS

On January 31, 2023, the Standards Council of Canada, Health Standards Organization (HSO) and Canadian Standards Association (CSA Group) announced the completion and public release of new national long-term care standards.

Budget 2023 announced close to \$200 billion over 10 years to support the Working Together to Improve Health Care for Canadians Plan.

Funding includes \$7.8 billion over five years that has yet to flow to provinces and territories for mental health and substance use, home and community care, and long-term care.

As a part of the previous Minister of Health's Mandate Letter, Health Canada was tasked with creating a Safe Long-Term Care Act to ensure seniors get the care they deserve.

The Government of Canada is currently carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act.

KEY MESSAGES

Every senior in Canada deserves to live in dignity, safety, and comfort, regardless of where they live.

The COVID-19 pandemic has highlighted long-standing and systemic challenges in long-term care homes across Canada.

Long-term care residents deserve to live in dignity, comfort and respect. That is why the Minister of Health and the Minister of Seniors were mandated to develop national long-term care standards and a Safe Long-Term Care Act.

In January 2023, the Standards Council of Canada (SCC), Health Standards Organization (HSO) and the Canadian Standards Association (CSA) Group released 2 new complementary, independent long-term care standards. These standards provide guidance for delivering long-term care services that are safe, reliable and centred on residents' needs.

Now, the Government of Canada is carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act, with the objective of developing this new legislation. A public online consultation was completed in September 2023, but engagement is ongoing with key stakeholders.

IF PRESSED ON WHEN THE SAFE LONG-TERM CARE ACT WILL BE TABLED

The Government of Canada is committed to doing more to support seniors across the country. We know Canadians want to age closer to home and family, but also expect long-term care to be safe, when needed.

As such, our government is developing a Safe Long-Term Care Act to help ensure that all Canadians get the care they deserve, while respecting provincial and territorial jurisdiction.

The Government of Canada is currently carrying out consultations and engagement on a Safe Long-Term Care Act. This includes consulting with experts, stakeholders, persons with lived experience, and provinces and territories, as well as building on existing collaborations with First Nations and Inuit partners.

The Government of Canada has also recently completed a public online consultation on Safe Long-Term care, which will inform the development of the Act.

IF PRESSED ON WHETHER THE NATIONAL LONG-TERM CARE STANDARDS WILL BE ENFORCED THROUGH THE NEW SAFE LONG-TERM CARE ACT

It is important to note that the delivery of long-term care services is a provincial and territorial responsibility.

Federal legislation will need to be respectful of this provincial-territorial jurisdiction. That is, it will not mandate standards or regulate long-term care delivery.

The Government of Canada has already been collaborating with provinces and territories to support improvements in long-term care, as highlighted by the \$3 billion investment to support their efforts to ensure standards for long-term care applied and permanent changes are made.

Negotiations are underway. Funding agreements allow us to continue to work together to prioritize the uptake and adherence to the standards in order to provide high quality care to all Canadians that require it.

BACKGROUND

Long-term Care (LTC) in Canada

While the federal government provides financial support to the provinces and territories for health care services, the responsibility for matters related to the administration and delivery of LTC falls within provincial and territorial (PT) jurisdiction.

LTC is referenced in the Canada Health Act (CHA) as “extended health care services.” Extended services are not covered by the five criteria of the Act or its extra billing and user charges provisions, and therefore are not subject to the Act’s penalty provisions.

While not mandatory, every PT has LTC legislation, regulations, policies and/or standards, but variations and gaps exist in oversight, infection prevention and control, quality of care and workforce.

Mandate Letters

Previous Minister of Health Mandate Letter

The Government of Canada has committed to work in partnership with provinces and territories to strengthen our universal public health care system and public health supports. Specific commitments include:

Support efforts to improve the quality and availability of long-term care homes and beds. This includes working with provinces and territories to improve infection prevention and control measures, identify shared principles, and develop national standards and a Safe Long-Term Care Act to ensure seniors get the care they deserve.

Train up to 50,000 new personal support workers and raise wages.

Third-party standards development process and Safe Long-Term Care Act

On January 31, 2023, the Government of Canada welcomed the release of complementary, independent LTC standards from the Health Standards Organization (HSO) and Canadian Standards Association (CSA Group) and thanked them for their dedicated work to complete the development of LTC standards. The national standards development process was complementary to, but independent from, the Government of Canada’s collaborative work with PTs to help support improvements in LTC. While Health Canada did not fund the recently released LTC standards, it did provide funding to CSA Group and HSO to support enhanced engagement and consultations with Canadians and stakeholders to ensure the diverse perspectives were considered during the development of both standards.

The Government of Canada is also developing a new Safe Long-Term Care Act to help ensure seniors get the care they deserve, while respecting provincial and territorial jurisdiction. The Government of Canada is currently carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act.

A 60-day online consultation (July 21 to September 21, 2023) invited Canadians to share their perspectives and expertise on how to improve the quality and safety of LTC, foster the implementation of the LTC standards, address human resources challenges, and strengthen accountability in the LTC sector.

Recognizing traditional jurisdictional responsibilities over the delivery of LTC, the Government of Canada is also working with provincial and territorial governments on the Safe LTC Act and how to best support the delivery of quality and safe LTC services. The consultations also include discussions and roundtables with experts, stakeholders, Indigenous partners and Canadians to obtain advice on how federal legislation can help support improvements in the quality and safety of LTC.

CANADA HEALTH ACT COMPLIANCE ISSUES

UPDATE ON MANDATE COMMITMENTS

Health Canada is working with provinces and territories to ensure that, as the health care system evolves, it remains true to the fundamental principles of the Canada Health Act: patients should not be charged for access to medically necessary care.

Regarding the Minister's mandate to strengthen compliance with the Canada Health Act, in March 2023, Health Canada announced Canada Health Transfer deductions to provinces totalling over \$82 million in respect of patient charges for medically necessary services.

Deductions included \$97,650 in respect of charges for abortion services, consistent with the Minister's mandate to ensure that all Canadians have access to the sexual and reproductive health services they need.

Health Canada is engaging with jurisdictions on the Minister's mandate to modernize interpretation of the Act to address charges for medically necessary services regardless of how they are delivered.

ISSUE

Overview of federal action on key Canada Health Act compliance issues.

KEY FACTS

Mandatory Canada Health Transfer deductions, totaling over \$82M in respect of deductions for medically-necessary services, were levied in March 2023. Of this amount, over \$76 million were for patient charges levied for medically necessary diagnostic imaging services.

Mandatory deductions, are eligible for reimbursement provided the implicated province takes steps to eliminate patient charges and the circumstances that led to them, within two years after the deduction was taken.

Health Canada continues to work with the implicated provinces to provide assistance and guidance on next steps in the reimbursement process.

KEY MESSAGES

Our Government is firmly committed to Canada's publicly funded health care system and the principle that everyone deserves access to quality, accessible and universal health care.

The Government of Canada will work with provinces and territories to ensure that its significant ten-year, close to \$200 billion, investment in health care funding to provinces and territories is used in ways that respect the principles of the Canada Health Act.

The Canada Health Act ensures all Canadians have access to medically necessary health care services based on their health need, not their ability or willingness to pay.

This Government has demonstrated that it will uphold the Canada Health Act to ensure that patients do not face barriers when accessing medically necessary care. Toward that end, when provinces have permitted patient charges for medically necessary care, Health Canada has levied close to \$188 million in deductions to Canada Health Transfer payments since 2015.

IF PRESSED ON PROVINCES AND TERRITORIES USING PRIVATE FACILITIES FOR THE DELIVERY OF INSURED SERVICES

The Canada Health Act does not preclude private facilities from providing medically necessary services, so long as patients are not charged to access these services.

When provinces have not covered medically necessary services in private clinics, or have permitted clinics to charge patients, this Government has acted and levied deductions to provincial Canada Health Transfer Payments.

IF PRESSED ON MEMBERSHIP FEES AT PRIVATE PRIMARY CARE CLINICS

The Government of Canada does not support a two-tiered health care system where patients may choose, or be required, to pay membership fees to access insured primary care services at clinics, or to gain preferential access to those services. These fees are considered patient charges under the Canada Health Act and raise concerns under the accessibility criterion of the Act.

Whenever Health Canada becomes aware of clinics charging such fees, the Department engages with their provincial or territorial counterparts, and works with them to eliminate these charges.

This Government will act whenever there is evidence of patients being charged to access medically necessary health care.

IF PRESSED CANADA HEALTH TRANSFER DEDUCTIONS LEVIED TO QUEBEC IN MARCH 2023

In December 2022, all provinces and territories were required to report patient charges for medically necessary diagnostic services to Health Canada. As Quebec did not report any patient charges, Health Canada was required, under the Canada Health Act, to estimate the volume of patient charges for these services based on the best available data.

Quebec was consulted on this estimate, but in the absence of additional data from the Province Health Canada was required to levy a Canada Health Transfer deduction based on its estimate.

Health Canada continues to consult with the province to encourage them to eliminate patient charges. If they do so, they will be eligible for full reimbursement of their deduction.

BACKGROUND

Diagnostic Services Policy

The Diagnostic Services Policy confirms the federal position that all medically necessary services, including diagnostic MRI (Magnetic resonance imaging) and CT (computerized tomography scan) services, are insured services, regardless of the venue where the services are delivered. Seven provinces currently allow patients to pay privately for diagnostic services.

Under the Policy, provinces and territories were required to report on patient charges for medically necessary diagnostic services in December 2022. Patient charges for these services have resulted in \$76,465,277 in mandatory dollar-for-dollar deductions from the Canada Health Transfer payments of the implicated provinces. Breakdowns by province are as follows:

British Columbia - \$17,165,309 (reimbursed \$8,582,655);

Alberta - \$13,781,152;

Saskatchewan - \$742,447;

Manitoba - \$353,827;

Quebec - \$41,867,224;

New Brunswick - \$1,277,659; and

Nova Scotia - \$1,277,659.

Membership/enrollment fees and private primary care clinics

Health Canada is aware of private primary care clinics in several provinces and territories (PTs) that charge enrollment and annual membership fees of up to \$7,200. These clinics offer members access to insured primary care services, uninsured services (e.g., massage therapy and nutritional services), as well as comprehensive health assessments, which combine insured and uninsured services. Enrollment and membership fees at clinics staffed by enrolled physicians are considered patient charges under the

Canada Health Act and raise concerns under the accessibility criterion of the Act, if access to insured services is contingent or preferential on payment of these fees.

Patient Charges for Medically Necessary Services Delivered Virtually and/or by Non-Physician Health Care Providers

In March 2023, the former Minister of Health issued a statement citing federal concerns with the increase in reports of patient charges to access medically necessary care that would otherwise be covered if provided in-person by a physician. The statement also indicated that a new Canada Health Act Interpretation letter would be developed to address these concerns following engagement with the PTs.

Access to Abortion in Ontario

In summer 2019, evidence in Ontario confirmed that some private abortion clinics charged fees for uninsured services, while not consistently informing patients these fees were optional, with respect to accessing insured surgical abortion services. Since March 2021, deductions totaling \$53,265 have been levied against ON's CHT payments in respect of patient charges for surgical abortion services.

Under the Canada Health Act Reimbursement Policy provinces and territories that face mandatory deductions have the opportunity to be reimbursed if they work with Health Canada to develop a plan to eliminate patient charges for medically necessary services, and the circumstances that led to them within a specified timeframe. Ontario is in the process of implementing its Reimbursement Action Plan to eliminate patient charges for access to abortion services.

Access to Abortion in New Brunswick

In New Brunswick, Regulation 84-20 of the Medical Services Payment Act limits coverage of surgical abortion services to approved hospitals. This means that individuals who receive these services at the private clinic in Fredericton are required to pay out-of-pocket. New Brunswick is the only province with a private abortion clinic (Clinic 554) where the province does not provide coverage for services. Since March 2020, deductions totaling \$334,766 have been levied against the NB's Canada Health Transfer (CHT) payments in respect of patient charges for surgical abortion services.

The Reimbursement Policy

Under the Canada Health Act (CHA) Reimbursement Policy, which came into effect in 2018, provinces and territories that face mandatory deductions have the opportunity to be reimbursed if they work with Health Canada to develop a plan to eliminate patient charges for medically necessary services, and the circumstances that led to them. The plan must be successfully implemented within a specified timeframe (under the Reimbursement Policy, and as outlined in Section 25.01 of the Federal-Provincial Fiscal Arrangements Act, a province has up to two years from the date of a deduction to be reimbursed).

COVID-19, INFLUENZA, AND RSV OUTLOOK

ISSUE

COVID-19 is co-circulating with other respiratory viruses such as seasonal influenza (flu) and respiratory syncytial virus (RSV) this fall/winter. It is difficult to predict the extent to which these viruses will circulate in a given year and it remains essential to be prepared in case of simultaneous surges.

KEY FACTS

Influenza (flu) season in Canada usually occurs from mid-November to mid-May. Typically, RSV activity increases over the fall and winter months, peaking in December/January each year.

Fall 2022 marked the first combined respiratory virus season in which Canada experienced an early and intense influenza season during a time of unusually high detections of RSV, putting increased strain on already stressed healthcare systems.

The seasonality of COVID-19 has not been established as it is still a new virus and continues to rapidly evolve.

In a typical year in Canada, seasonal influenza leads to an estimated average of 12,200 hospitalizations and 3,500 deaths.

RSV is the leading cause of acute lower respiratory tract infections in children, nationally and internationally. Approximately 95% of children less than 2 years old develop at least one RSV infection.

The risk of complications from COVID-19, influenza, and RSV is low for most people in Canada. Individuals who get one of these viruses will usually have mild symptoms and will recover; however, infants, young children, seniors, and those with comorbidities are at a higher risk of severe illness.

KEY MESSAGES

The health and safety of people in Canada is the Government's top priority.

As expected, COVID-19 is co-circulating with other respiratory viruses such as seasonal flu and RSV this fall and winter in Canada.

Currently in Canada, influenza and RSV activity is low, which is expected for this time of the year.

In addition to COVID-19 and seasonal flu vaccination, people in Canada are reminded that personal protective measures can help reduce the risk of infection and reduce the spread of respiratory viruses like COVID-19, influenza, and RSV.

The Government of Canada will continue to monitor the respiratory virus situation in Canada, in collaboration with provinces and territories, and elsewhere to provide the best information and advice possible to keep people in Canada safe.

COVID-19

The Government of Canada has a strong monitoring program in place with the provinces and territories to identify and detect COVID-19 variants in Canada.

Canada will receive up to 22.9 million doses of the new mRNA vaccines from Pfizer and Moderna in the fall, and 125, 000 doses of the new non-mRNA from Novavax, pending authorization.

On September 12, 2023, Health Canada authorized this updated COVID-19 vaccine for use in individuals 6 months of age and older (Moderna). The updated Pfizer vaccine was authorized on September 28, 2023. Doses of both vaccines are being distributed to provinces and territories to support their vaccination campaigns.

For fall 2023, the National Advisory Committee on Immunization (NACI) recommends a dose of the updated formulation of COVID-19 vaccine for people in the authorized age groups if it has been at least 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection (whichever is later). Vaccination for individuals at higher risk for severe COVID-19 is particularly recommended and will help reduce their risk of severe disease.

For the fall/winter season, Canada has a sufficient supply of therapeutics as well as COVID-19 vaccines for every individual who would like one.

Evidence suggests that therapeutics remain effective, and updated vaccines should offer good protection against currently circulating variants.

The Government of Canada will continue to monitor new variants, including their severity and impact on the effectiveness of vaccines and therapeutics.

Influenza

The flu vaccine is the most effective way to prevent the flu and flu-related complications, such as pneumonia. That is why the Government of Canada works with the provinces and territories to ensure people in Canada have access to flu vaccines every year during flu season.

Getting the flu vaccine also helps protect family and friends, young and old, and especially those at higher risk of flu-related complications.

NACI recommends that everyone 6 months of age and older get the annual flu vaccine.

RSV

RSV is a common respiratory virus and the most common cause of respiratory hospitalizations in children in Canada and worldwide.

The Government of Canada will continue to monitor the situation in Canada and elsewhere to provide the best information and advice possible to keep people in Canada safe.

IF PRESSED ON RSV VACCINE AVAILABILITY

Although vaccine recommendations are made at the federal level, the primary responsibility for matters related to the administration and delivery of health care services, including RSV vaccination programs, falls within provincial/territorial (PT) responsibility.

The Government of Canada is supporting PT access to Arexvy, the first and currently only RSV vaccine authorized for use in Canada in adults 60 years of age and older, through Public Services and Procurement Canada's (PSPC) Bulk Procurement Program.

The Government of Canada will continue to engage PT partners to discuss their future program implementation and procurement plans for newly authorized RSV products.

BACKGROUND

Respiratory Virus Surveillance

Canada is taking a comprehensive, integrated approach to surveillance of respiratory viruses and participates in national and international activities to detect and monitor the spread of COVID-19, respiratory syncytial virus (RSV), and influenza in humans.

Monitoring genetic variations in COVID-19 combined with interprovincial and international spread of the virus continues to be crucial. Surveillance systems in place for variants have been developed to monitor for mutations that can change the virus's ability to transmit, severity, and immune response. The Public Health Agency of Canada's (PHAC) National Microbiology Laboratory and provincial and territorial labs monitor for new evolutions of the SARS-CoV-2 virus that may become Variants of Concern or Variants of Interest in Canada. Furthermore, the Canadian COVID-19 Outbreak Surveillance System collects and collates outbreak data provided by contributing PTs to report on aggregated outbreak trends. This information is complemented by other surveillance measures such as analysis of detailed case information from provinces and territories and in-depth scanning of PT websites/press releases and media coverage, reviewed by epidemiologists.

PHAC maintains the Respiratory Virus Detection Surveillance System, Canada's national surveillance system that monitors the circulation of seasonal respiratory viruses, including RSV, each week. PHAC also maintains FluWatch, Canada's national surveillance system that monitors circulating flu viruses, activity levels, outbreaks, and hospitalizations.

PHAC works with the Canadian Pediatric Society to support enhanced surveillance pilot projects on pediatric RSV to prepare for new treatments and vaccines to reduce the burden of RSV in vulnerable children.

Vaccination Guidance for COVID-19, Influenza, and RSV

Although the seasonality of the SARS-CoV-2 virus has not been established, other respiratory viruses such as influenza and RSV typically increase in the fall and winter months. Vaccination for influenza and COVID-19 can help increase protection and reduce the impact on the health system while these viruses are circulating.

The National Advisory Committee on Immunization (NACI) recommends that seasonal influenza vaccines may be given concurrently with (i.e., same day) or at any time before or after COVID-19 vaccines.

COVID-19 Vaccine Guidance

For fall 2023, NACI recommends a dose of the XBB.1.5-containing formulation of COVID-19 vaccine for people in the authorized age groups if it has been at least 6 months from the previous COVID-19 vaccine dose or known SARS-CoV-2 infection. Vaccination for individuals at higher risk for severe COVID-19 is particularly recommended and will help reduce their risk of severe disease.

Vaccination of individuals at lower risk for severe disease may provide additional benefit to those at higher risk through indirect protection and could also be beneficial for reducing the risk of Post COVID-19 Condition.

NACI is awaiting further information on the COVID-19 vaccine products that will be available this fall and will provide additional advice and clarification as needed.

Influenza Vaccine Guidance

NACI recommends that everyone 6 months of age and older without contraindications receive an annual influenza vaccine. Influenza vaccination is the most effective way to protect against influenza infection and its complications.

RSV Prevention Guidance

Health Canada authorized nirsevimab (a monoclonal antibody for infants) on April 19, 2023, and authorized Arexvy (a vaccine for older adults) on August 4, 2023. Authorization of a vaccine for use in pregnant people (to protect infants) and older adults is anticipated later this year.

The Canadian Agency for Drugs and Technology in Health has issued guidance on the optimal use of nirsevimab for 2023-2024 in infants entering their first RSV season. It prioritizes infants at risk of severe disease who also have more limited healthcare access, such as those in rural or remote areas requiring air transport for hospitalization.

NACI will provide guidance on the overall strategy to protect infants in the first half of 2024, which will include guidance on the use of the pregnancy vaccine as well as economic analyses to support guidance. NACI advice on adult strategies will follow later in 2024.

GLOBAL PUBLIC HEALTH INTELLIGENCE NETWORK (GPHIN)

UPDATE ON MANDATE COMMITMENTS

The Public Health Agency of Canada has taken a number of actions to improve Canada's ability to detect and share information about public health threats.

ISSUE

In the fall of 2020, the Minister of Health announced an independent review of the Public Health Agency of Canada's (PHAC's) Global Public Health Intelligence Network (GPHIN). PHAC created and is implementing an action plan to address the recommendations of the Final Report of this GPHIN Independent Review, as well as recommendations contained in the Auditor General of Canada's "Report 8—Pandemic Preparedness, Surveillance, and Border Control Measures". There has been significant media and parliamentary interest in GPHIN since early 2020.

KEY FACTS

GPHIN is a surveillance system that relies on publicly available information on outbreaks and other disease events, and provides early-warning for potential public health threats worldwide.

GPHIN analysts conduct a daily review of more than 3,500 articles in nine languages (Arabic, Farsi, English, French, Portuguese, Russian, Spanish, and simplified and traditional Chinese) and produce a daily report.

GPHIN creates several different products to communicate health events of potential interest, including the GPHIN Daily Report, which includes articles related to potential public health threats; and GPHIN "Alerts", which highlight articles of particular concern based on specific criteria.

GPHIN Alerts do not include a risk assessment or recommendations for specific actions or responses.

The Independent Review Panel confirmed that, despite media claims in the early period of the COVID-19 pandemic that GPHIN was "shut down", GPHIN was never deactivated. While GPHIN did not issue an Alert, it provided early warning of COVID-19 to Canadian public health professionals through other information sharing channels, and continues to operate as Canada's event-based public health surveillance system.

PHAC created a plan to respond to all 36 recommendations proposed by the Independent Panel, to be fully addressed by March 2025, and has addressed recommendations in the Auditor General Report pertaining to GPHIN.

The Agency has already made measurable improvements to GPHIN's online platform and products; workforce development; vision, mission, and mandate; and subscriber outreach.

This contributes to the Minister of Health's mandate letter commitment to work with the Minister of Innovation, Science and Industry to continue demonstrating leadership in public health by strengthening surveillance and capacity to detect and act on public health threats.

KEY MESSAGES

In looking at the successes and challenges of Canada's response to the COVID-19 pandemic, we have learned many lessons.

Some of these important lessons relate to Canada's Global Public Health Intelligence Network, or "GPHIN", an early warning system designed to identify potential public health threats to Canada.

Through an independent review of this network in fall 2020, as well as an Auditor General Report released in March 2021, several recommendations were made to strengthen GPHIN.

We are responding to all recommendations, and continue to improve GPHIN as part of our ongoing commitment to protect the health and safety of Canadians.

These actions include improving GPHIN reporting, investing in workforce development, strengthening collaboration with provincial, territorial and international partners, and upgrading our information technology systems.

To support this work, the Government of Canada announced an investment in public health of over \$436 million over five years in Budget 2022, in part to strengthen public health monitoring systems.

BACKGROUND

About GPHIN

The Public Health Agency of Canada's (PHAC) Global Public Health Intelligence Network (GPHIN) is an open-source early-warning and situational awareness system for potential chemical, biological, radiological, and nuclear public health threats worldwide, including outbreaks of infectious disease. GPHIN users include non-governmental public health agencies and organizations, as well as government authorities who conduct public health surveillance. GPHIN's products and services are freely available to eligible users. GPHIN is an important contributor to the World Health Organization's (WHO) Epidemic Intelligence from Open Sources.

GPHIN consists of two critical components:

an Information Management Tool that uses machine learning and natural language processing to automatically collect and filter data from multiple open sources; and

a professional multidisciplinary team of analysts that reviews and refines the filtered data, and also monitors additional open sources to scan for signals of potential public health threats.

Every day, the GPHIN system automatically collects about 7,000 articles, half of which are filtered out before the GPHIN analysts conduct their daily review of the remaining 3,500 articles in nine languages (Arabic, Farsi, English, French, Portuguese, Russian, Spanish, and simplified and traditional Chinese). Articles are collected from open sources and are validated and assessed for inclusion in reports, including the GPHIN Daily Report. This report goes directly from GPHIN to Canadian public health practitioners at the federal, provincial, territorial, and regional levels, including senior management at PHAC and other government departments.

In addition to the GPHIN Daily Report, if an article meets specific criteria related to a potential public health threat, the GPHIN team issues what is known as an "Alert" – an email with a highlighted article about a health event of potential interest that is sent to international and domestic subscribers. Such Alerts do not include a risk assessment or recommendations for specific actions or responses.

Independent Review of GPHIN

In the fall of 2020, the Minister of Health announced an Independent Review of GPHIN, in part in response to media claims that GPHIN had been "shut down" by the Government of Canada and failed to provide appropriate alerts when COVID-19 was first detected. The review concluded that this was not accurate, and GPHIN did provide timely information allowing the Public Health Agency to prepare for COVID-19.

PHAC finalized and is implementing its Management Response and Action Plan (MRAP) responding to the recommendations outlined in the Final Report of the GPHIN Independent Review.

The independent review considered:

The capabilities of the existing system;

Its role in detecting and informing PHAC's response to COVID-19, and in global and domestic public health surveillance;

Opportunities to improve the system; and

The future of Canada's global health surveillance system, including advice on the next generation of intelligence systems and lessons learned from COVID-19, so that the Government of Canada is well-positioned to respond to future public health events.

The Review also looked beyond GPHIN and examined opportunities to improve how the Agency synthesizes, shares, and leverages all of its key information sources for early detection of potential public health threats.

The Independent Review Panel consisted of Margaret Bloodworth, Dr. Mylaine Breton, and Dr. Paul Gully, who were selected based on their expertise in public health, governance, health security, and intelligence. The panel interviewed more than 55 individuals, including former and current program staff, provincial officials, international partners, and technical experts from the public and private sectors.

The final report was published online on July 12, 2021, and the 36 recommendations therein relate to:

The role and purpose of GPHIN, including better articulating its role and functions as part of PHAC, the Government of Canada, and the international community's public health surveillance activities;

Extending its partnerships and subscriber outreach and regularly evaluating its processes and products;

Enhancing development, training, and recruitment of GPHIN staff;

Modernizing technology, considering new sources of data, and planning for the next generation of public health intelligence systems;

Improving the flow of information from all relevant surveillance systems across PHAC; and

Establishing a central risk assessment hub at PHAC.

To date, the Agency has undertaken the following actions to address the Panel's recommendations:

Improved decision-making process around Alerts and other communication products;

Upgraded the existing GPHIN platform via migration to a cloud environment and resolved outstanding "bugs", and launched a project management process for development of a new, modern, and modular platform;

Created strengthened partnerships between GPHIN and external stakeholders, including partners in security and public safety fields;

Increased staffing levels and provided improved professional training to GPHIN analysts and epidemiologists;

Improved the communication and coordination of GPHIN signals with PHAC subject matter experts and risk assessment professionals to better coordinate PHAC's response to health events of concern; and

Established a new Centre for Integrated Risk Assessment to lead integrated public health risk assessments, working in partnership with surveillance and risk assessment experts Agency-wide.

Auditor General Report on Pandemic Preparedness, Surveillance, and Border Control Measures

The Office of the Auditor General of Canada (OAG) tabled a report in Parliament on March 25, 2021, titled COVID-19 Pandemic: Report 8 – Pandemic Preparedness, Surveillance, and Border Control Measures. This included an audit of PHAC's and the Canada Border Services Agency's pandemic response. The report notes that GPHIN Alerts play a key role in early warning and that overall, PHAC quickly mobilized and adapted its response as the pandemic progressed.

With regard to GPHIN, the following recommendation was made: “The Public Health Agency of Canada should appropriately utilize its Global Public Health Intelligence Network monitoring capabilities to detect and provide early warning of potential public health threats and, in particular, clarify decision making for issuing alerts.”

The OAG audit found that no alert was issued when news of an unknown pneumonia was first reported, when the virus had spread outside of China, or when domestic cases were first suspected and confirmed. GPHIN did include a signal about a “mystery pneumonia outbreak” in the Daily GPHIN report, published before 8 am on December 31, 2019, and sent to Canadian partners including federal, provincial, and territorial public health officials. GPHIN thus performed its key function of providing early warning within Canada. By the evening of December 31, 2019, the significance of this event was clear in the public health surveillance community. Because the information was being disseminated widely through a number of other mechanisms, and Canadian officials and international and domestic partners were already aware (including through the GPHIN Daily Report), it was unnecessary to issue an alert to further flag this event.

While the audit concluded it was problematic that PHAC did not issue an alert, it is clear that the lack of issuing an alert in no way impeded the actions and response of PHAC. The Interim report noted “documents received by the Panel show that both PHAC’s former President and Chief Public Health Officer (CPHO), took action upon receipt of the January 1 Special Report from GPHIN’s management shortly after 9:00 am that day. The President shared information with the Minister of Health’s office, as well as counterparts at the Privy Council Office (PCO), Global Affairs Canada (GAC) and Public Safety Canada (PSC). The following day (January 2), the CPHO notified the Council of Chief Medical Officers of Health (CCMOH), and PHAC alerted the federal/provincial/territorial (F/P/T) Public Health Network Communications Group and the Canadian Public Health Laboratory Network (CPHLN). The first meeting of CCMOH related to this viral pneumonia outbreak took place on January 14.”

The OAG report also notes that the approval process for issuing alerts changed in 2018, after which the number of alerts decreased significantly.

PHAC officials confirmed this change was to ensure appropriate awareness of, and response to, emerging issues, but GPHIN subscribers were not informed of this operational change in alert reporting.

In recognition of the need for clear decision-making processes, a standard operating procedure was put in place in fall 2020 regarding the issuance of GPHIN alerts.

Following tabling of the OAG report, PHAC developed a Management Response and Action Plan (MRAP) responding to the recommendations.

PHAC has addressed the OAG’s recommendations and continues to take actions to improve GPHIN policies, procedures, and operations in response to the recommendations from the GPHIN Independent Review.

SECURING SUPPLY CHAINS

KEY MESSAGES

The Government of Canada is committed to strengthening the economy by enhancing the reliability and fluidity of domestic supply chains.

Canada is seizing the moment alongside partners like the United States and other industrialized democracies to ensure that Canadian supply chains are resilient.

Reducing the risk of supply chain disruptions by continuing to work with like-minded partners also represents a significant economic opportunity for Canada and for Canadian workers.

IF PRESSED ON INCREASING SUPPLY CHAINS

The Government of Canada is making concrete investments in key sectors to strengthen domestic supply chains and bolster access to critical commodities both now and in the future.

The government is building up vaccine and medicine manufacturing capabilities, implementing a Critical Minerals Strategy to harness Canada’s natural resource advantage, and investing in batteries, electric vehicles, and semiconductors.

Canada is a world-leading manufacturer of both inputs and final products, and has highly-integrated economic flows with trading partners such as the United States and others in Europe and Asia.

IF PRESSED ON BUDGET 2023 COMMITMENTS (64 WORDS) ...

Budget 2023 proposes \$27.2 million over five years, starting in 2023-24, to establish a Transportation Supply Chain Office to respond to disruptions and better coordinate action to increase the capacity, efficiency, and reliability of Canada's transportation supply chain infrastructure.

Other investments announced in Budget 2023 will also address supply chain vulnerabilities, such as various clean energy investment tax credits and other enhanced funding mechanisms.

BACKGROUND

The global economy is experiencing what appear to be massive structural shifts in supply chains, the indications of which began before the pandemic, but were brought into greater relief during COVID and further fueled by the war in Ukraine.

The orientation for some countries to shift where manufactured goods and their component parts are made offers up tremendous opportunity for Canada, especially as advanced economies in western nations, such as the United States, adopt near-shoring or friend-shoring industrial and trade postures.

Domestically, Canada is making strategic investments in sectors to establish access to, and security of, critical supply chains. This has been the case for many years regarding life sciences beginning in earnest during the pandemic, and is articulated in the Biomanufacturing Strategy. As well, the Government of Canada's Critical Minerals Strategy aims to see Canada strengthen its role globally in this area of high demand and short supply. Canada is working to realize the full potential of its natural resources including in developing capacity down the value chain to processing and manufacturing of components and finished goods. In the context of Canada's critical minerals intentions, areas identified for early priority investment and policy consideration include: clean technologies, advanced manufacturing, and the Information and Communications Technology (ICT) sector. This will help put Canada in a globally relevant position as the world moves to greater adoption of clean and renewable energy sources, and better link its industry with trading partners who rely on critical minerals inputs and products for their economic objectives. Canada is already making investments to build up important electric vehicles and batteries manufacturing capacity as well as in other areas of global need such as semiconductors. Budgets 2022 and 2023 signalled that there is a priority focus on Canada's role in global supply chains.

Bilateral and multilateral discussions regarding supply chain collaboration are currently underway with partners in Europe and North America, reflecting the principles of transparency, diversification, security and sustainability as agreed to at the July 2022 Supply Chain Ministerial Forum, which involved Canada, the U.S., and 17 other partner economies.

As evidenced by President Biden's visit in March 2023, Canada is working towards communicating its position as a secure and reliable source of inputs and manufactured goods. Discussions to deepen opportunities for supply chain collaboration with other trusted partners in Europe and elsewhere are ongoing.

STATUS OF DOMESTIC BIOMANUFACTURING CAPACITY

UPDATE ON MANDATE COMMITMENTS

Construction on Moderna's mRNA vaccine manufacturing facility is underway and targeting 2024 for completion.

In 2023, the Canadian Institutes of Health Research awarded a total of \$131 million for the creation of a clinical trials consortium, to establish seven training platforms, and to fund 22 clinical trials projects. An additional \$41 million for clinical trials funding is expected to begin in April 2024.

Consultations on regulatory modernization (agile licensing, advanced therapeutics, clinical trials, medical devices, biosafety and biosecurity) are ongoing and targeting 2024-2025 for completion.

Budget 2023 consultations with domestic and international experts are underway to explore new ways to be more efficient and effective in the development and production of the vaccines, therapies, and diagnostic tools that would be required for future health emergencies.

ISSUE

Canada is implementing the Biomanufacturing and Life Sciences Strategy, which aims to grow a strong, competitive, and resilient domestic life sciences ecosystem, with cutting-edge biomanufacturing capabilities, and to ensure Canada is prepared for future pandemics and health priorities.

The Strategy's funding opportunities are underway through the Strategic Innovation Fund, the integrated Canada Biomedical Research Fund/Bioscience Research Infrastructure Fund, and the Clinical Trials Fund, which intend to stimulate growth and innovation and strengthen talent in Canada's life sciences and biomanufacturing ecosystem.

KEY FACTS

Canada announced the creation of the Biomanufacturing and Life Sciences Strategy on July 28, 2021 to re-build a strong and resilient domestic biomanufacturing and life sciences sector.

Investments in biomanufacturing capacity can reduce our reliance on imported products and strengthen our domestic industrial capacity.

The Government will work with provinces, territories, and other partners to deliver real results for Canadians.

The strategy is supported by existing resources and Budget 2021 investments, including support of \$2.2 billion for the revitalization of Canada's biomanufacturing and life science sector.

Health Portfolio explicit work includes:

\$250 million, originally over three years, for the Canadian Institutes of Health Research to establish a new Clinical Trials Fund.

Advancing regulatory modernization efforts, including: modernized clinical trial regulations, a new pathway for advanced therapeutic products; agile regulations for the licensing of drugs and medical devices

The objective of the Biomanufacturing and Life Sciences Strategy is to grow the domestic life sciences ecosystem, and prepare Canada for future pandemics and health priorities. In order to improve Canada's pandemic vaccine preparedness, the Biomanufacturing and Life Sciences Strategy proposes increasing domestic biomanufacturing capacity across multiple platforms, including those that represent the latest in vaccine technology, such as mRNA.

In Budget 2023, the Government of Canada committed to exploring new ways to be more efficient and effective in the development and production of the vaccines, therapies, and diagnostic tools that would be required for future health emergencies.

KEY MESSAGES

The government continues to work to position Canada to develop and produce safe and effective vaccines and therapies that respond to COVID-19.

Canada is investing to establish world-class end-to-end domestic biomanufacturing capacity – from research and development to fill and finish.

Budget 2021 provided \$2.2 billion over seven years towards growing a vibrant domestic biomanufacturing and life sciences sector.

Canada's Biomanufacturing and Life Science Strategy is focusing on growing our domestic life science ecosystem to prepare Canada for future pandemics and other health priorities.

IF PRESSED ON THE DOMESTIC CAPACITY TO DEVELOP MRNA VACCINES

To date, mRNA vaccines have proven to be highly effective in preventing severe disease, and they represent an alternative to traditional vaccines, with potential for rapid development and scaling of production.

Canada is prioritizing mRNA technology for the important and innovative role it is anticipated to play in future vaccine development and preparedness for future pandemics, outside of the COVID-19 context.

This includes partnerships with leading mRNA vaccine developers like Moderna who is building a state-of-the-art mRNA vaccine manufacturing facility in Laval, Quebec.

IF PRESSED ON THE MODERNA FACILITY

Moderna is a leading mRNA vaccine developer that has demonstrated, through its response to the COVID-19 pandemic, its benefit as a flexible solution to unanticipated health events.

In 2022, the Government of Canada and Moderna announced that Moderna is building a state-of-the-art mRNA vaccine manufacturing facility in Quebec. When completed, it will produce up to 100 million pandemic vaccine doses annually.

Moderna's new facility will not only strengthen Canada's preparedness for future pandemics but will also help position Canada as an mRNA centre of excellence.

IF PRESSED ON NOVAVAX

The Government has an Advance Purchase Agreement with Novavax through which an approved vaccine will be supplied for use in accordance with advice from the National Advisory Committee on Immunization. This agreement ensures Canada will have access to sufficient amount of vaccine to meet the Provincial and Territorial demand.

Novavax's updated COVID-19 vaccine formulation submission is currently under review by Health Canada.

IF PRESSED ON MITSUBISHI TANABE PHARMA CORPORATION'S DECISION TO CEASE OPERATIONS AT MEDICAGO INC

Our Government was disappointed to learn of Mitsubishi's decision to begin the process to wind-down its support for Medicago's operations.

Medicago remains the only Canadian-based company to have received market authorization by Health Canada for its COVID-19 vaccine. Its innovative, plant-based vaccine platform technology remains highly regarded by experts.

Canadians can be assured that the government worked with both Medicago and Mitsubishi to ensure an orderly transition process, and ensure Canadian interests were protected.

Protecting the health and safety of Canadians is our government's top priority, including ensuring we have sufficient domestic vaccine production capacity to protect against future infectious disease threats and pandemics.

Thanks to our efforts, Canada has attracted major investments from leading global companies, such as Sanofi, Moderna, and AstraZeneca.

IF PRESSED ON BUDGET 2023 AND MEDICAL COUNTERMEASURES

Our government understands the importance of strengthening Canada's domestic pandemic preparedness and overall life sciences ecosystem, particularly its ability to access and develop medical countermeasures.

Budget 2023 committed the government to explore new ways to be more efficient and effective in the development and production of the vaccines, therapies, and diagnostic tools that would be required for future health emergencies.

Over the summer and through the fall we have been engaging with domestic and international experts to inform us of ways we can improve current and future investments into life saving medical countermeasures Canadians will need in times of crisis.

IF PRESSED ON VACCINE INVESTMENTS

Canada is working to re-establish domestic capacity across key vaccine platforms, to be better prepared for future health emergencies.

This includes Biologics Manufacturing Centre in Montreal, which has partnered with Novavax to produce its COVID-19 vaccine, and investments in companies like Biovectra and Sanofi Pasteur.

It also includes partnering with Moderna, who is building a state-of-the-art mRNA vaccine manufacturing facility in Laval, Quebec, and significant investment to Sanofi Pasteur who is establishing an influenza vaccine manufacturing facility in Toronto, Ontario.

IF PRESSED ON THE VACCINE TASK FORCE AND COUNCIL OF EXPERT ADVISORS

We thank the COVID-19 Vaccine Task Force for their critical role in advising on the Government of Canada's COVID-19 vaccine response efforts.

As the scope of the Vaccine Task Force's work has expanded, the Council of Expert Advisors was established to transition from the Vaccine Task Force and assume a long-term advisory function.

The expertise on the Council of Expert Advisors is broad – advising on scientific, health, public health, and industrial matters – supporting the Government's goal of a revitalized Canadian life-science sector and improved pandemic preparedness.

BACKGROUND

Biomanufacturing and Life Science Strategy

At the outset of the COVID-19 pandemic, the Government of Canada took early and decisive action to strengthen Canada's biomanufacturing capacity to protect Canadians, and to provide investment to support domestic biomanufacturing capabilities. A key element is the implementation of the Biomanufacturing and Life Sciences Strategy (the Strategy) announced in July 2021.

Ministers of Health and Innovation, Science, and Industry have joint accountability for the Strategy which outlines actions to take a coordinated approach to grow Canada's domestic capacity to rapidly develop and produce vaccines, therapeutics and other lifesaving medicines to improve readiness for future pandemics or other health emergencies and sector growth. This included Budget 2021 investments of \$2.2B.

The five pillars of the Strategy are:

Governance;

Research and Talent;

Growing the Sector;

Enabling Infrastructure and Assets; and,

Regulations and Clinical Trials.

Increasing domestic capacity and building a robust life sciences sector will require dedicated efforts to connect and mobilize federal investments and assets in collaboration with academia and industry to the broader life sciences ecosystem.

The emergency regulatory measures put in place during COVID-19 aimed to make the system more agile, and enable prompt access within Canada to health products needed to diagnose, treat and slow the spread of the virus without compromising safety, efficacy and quality. Going forward, it will be important to maintain this level of agility (especially during non-pandemic times) to ensure Canadians receive access to needed health products. Efforts are underway to modernize regulations in areas such as agile licensing for drugs and medical devices, clinical trials, and advanced therapeutics.

The COVID-19 Vaccine Task Force and Council of Expert Advisors (CEA)

One of the main focuses of the Biomanufacturing and Life Sciences Strategy is establishing dedicated governance to ensure the Government's actions across the entire life sciences ecosystem are coordinated and expertly guided to ensure alignment and the achievement of the Strategy's objectives.

While the COVID-19 Therapeutics Task Force and the COVID-19 Vaccine Task Force were formed at the onset of the pandemic and played a foundational role in, providing invaluable insights and scientific validation in Government of Canada's pandemic response tactics, the Task Forces were not established to be permanent. As the scope of pandemic response efforts shift towards more enduring operational structures, Canada requires a permanent advisory body with broader expertise to provide guidance during pandemic and inter-pandemic settings. The Council of Expert Advisors (CEA) was established to take on this longer-term role.

The CEA brings together leading experts across biomanufacturing and life sciences to advise the Government on overall strategic priorities, specific project proposals, funding opportunities and other proposed actions. The CEA will also monitor progress on the Strategy's initiatives and advise on ways to adapt approaches and strategies to respond to new technologies and changing conditions in the marketplace.

Investments under the Biomanufacturing and Life Sciences Strategy

Budget 2021 committed \$1B over seven years through the Strategic Innovation Fund to support life science firms to innovate and expand in Canada. Thus far, two (2) projects, Biovectra in Charlottetown, Prince Edward Island, and Jubilant HollisterStier Kirkland, Quebec have been funded while the remaining projects are moving through the evaluation process. In addition to these two projects directly funded by the Strategic Innovation Fund, three additional (3) projects, Innovation Science and Economic Development Canada's partnership with InnovateUK, PEI BioAlliance and Applied Pharmaceutical Innovations received funding transfers from the Strategic Innovation Fund.

Supported through Budget 2021 commitments, the Government of Canada has launched two (2) funds to help strengthen Canada's talent pipeline and research systems, including the Canada Biomedical Research Fund (\$250M over four years) which supports transitional and applied research, training and talent development, to drive downstream manufacturing capacity, and the Bioscience Research Infrastructure Fund (\$500M over seven years), which will support the bioscience capital and infrastructure needs of post-secondary institutions and research hospitals.

- These funds are administered by the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada along with the Canadian Foundation for Innovation (CFI).

The first of these investments has been made by CFI in November 2022, with \$127 million distributed through the Bioscience Research Infrastructure Fund. This investment responds to urgent and essential needs of postsecondary institutions and research hospitals by supporting biocontainment facilities capable of working with pathogens.

On March 2, 2023, five research hubs were selected and awarded a total of \$10 million (\$500,000 per year to each hub) as part of the integrated Canada Biomedical Research Fund/Bioscience Research Infrastructure Fund Phase 2 – Stage 1, to act as a coalition of research and research training actors, coordinated by an eligible institution that serves as an anchor for the hub. Stage 2 – an open national competition that includes \$570 million in available funding for partnered applied research, research-training and infrastructure projects – was launched with announcement of results targeted for March of 2024.

In 2022, the Canadian Institutes of Health Research launched three funding opportunities under the Clinical Trials Fund. In early 2023, the Government announced the following investments:

\$39 million over three years for the pan-Canadian Accelerating Clinical Trials Consortium, comprised of hundreds of researchers from across the country, to expand clinical trial networks to improve collaboration, knowledge sharing, efficiency, quality, and the number of clinical trials in Canada.

\$32 million over three years for seven training platforms to support a new generation of scientists and researchers to develop the skills needed to design and conduct high-quality clinical trials

\$57 million over three years for 22 separate clinical trials projects aligned with the priorities of the Biomanufacturing and Life Sciences Strategy.

On July 14, 2023 the Canadian Institutes of Health Research launched a second competition for an additional \$41 million in clinical trials project funding. Funding is expected to begin in April 2024.

Canadian Biomanufacturing Capacity Since 2020

In addition to Budget 2021 funding, the government has announced a number of investments to bolster domestic production capacity through the Strategic Innovation Fund, Next Generation Manufacturing Canada Supercluster, the National Research Council, Regional Development Agencies, and other government partners, including in:

National Research Council (NRC) (Montréal, QC) - \$126 million to establish the new Biologics Manufacturing Centre;

Medicago (Quebec City, QC) - \$173 million to develop a plant-based virus-like-particle vaccine and for the construction of a Good Manufacturing Practice facility.

AbCellera (Vancouver, BC) - \$175.6 million in government support of antibody discovery for clinical testing and for the construction of a GMP antibody production facility;

Vaccine and Infectious Disease Organization (VIDO) (Saskatoon, SK) – \$59.2M, over three years, starting in 2021-22, to support the development of its vaccine candidates and expand its Saskatoon facility;

Precision Nanosystems (Vancouver, BC) - \$25.1 million in government support to build a biomanufacturing centre for production of RNA vaccines;

KABS Laboratories (St-Hubert and Val des Sources, QC) - \$54.25 million toward a biologics production facility with a focus on antibody therapies and new fill-finish capabilities;

Novocol (Cambridge, ON) - \$32.7 million contribution for expanded fill-finish capacity;

Providence Therapeutics and Northern RNA Inc. - \$5 million through the Next Generation Manufacturing Supercluster to expand their operations in Calgary to design and manufacture COVID-19 vaccines and build a pipeline of mRNA vaccines;

Sanofi Pasteur (Toronto campus) – up to \$415 million support towards building an end-to-end influenza vaccine manufacturing facility; and,

Resilience Biotechnologies (Mississauga, ON) - \$199 million to increase manufacturing and fill/finish capacity for a number of vaccines and therapeutics including mRNA technologies.

Moderna's Canadian Facility

In 2022, the Government of Canada and Moderna announced that Moderna would build a state-of-the-art mRNA vaccine manufacturing facility in Quebec. Construction of the facility is underway, and when completed, will be able to produce up to 30 million mRNA vaccine doses per year in non-pandemic times and up to 100 million doses per year during a pandemic.

Moderna is a leading mRNA vaccine developer that has demonstrated, through its response to the COVID-19 pandemic, its benefit as a flexible solution to unanticipated health events—not only by rapidly developing a successful COVID-19 vaccine, but also by producing and distributing it at commercial scale. Having an mRNA developer producing vaccines at scale in Canada represents one important piece in Canada's plan to rebuild the life sciences sector, and will better protect Canadians for whatever the future holds.

Moderna's new facility in Canada will not only help strengthen our biomanufacturing sector and pandemic preparedness, but will also help position Canada as an mRNA centre of excellence and a global mRNA research and development (R&D) hub. As part of the agreement with the Government of Canada, Moderna is committed to building a robust R&D Workplan, which will include Pandemic Preparedness R&D projects along with development of partnerships with Canada's leading research universities and institutions to help advance research and development here at home. For example, Moderna has already partnered with McGill University through Moderna's mRNA Access program to accelerate vaccine innovation, as well as with the University of Toronto to do research across a range of scientific disciplines to develop new ways to treat infectious diseases.

The facility will boost the Canadian economy through the creation of hundreds of jobs during construction and operation of the facility, including direct and indirect biomanufacturing and research jobs. Moderna's facility will also mean domestic opportunities for the brightest young minds in the field through internships, co-op positions, and other Moderna-supported training and development opportunities. In this way, the facility will enhance Canada's talent pipeline by attracting, developing and retaining a highly skilled workforce. The facility will also offer the potential for Canadian companies to work with Moderna, and, where possible, opportunities to comprise part of Moderna's supply chain.

In November 2022, Prime Minister Justin Trudeau participated in the facility's ground-breaking ceremony. The facility is expected to be operational in 2024 at the earliest, subject to planning and regulatory approvals. In addition to COVID-19 vaccines, the facility is expected to be able to produce vaccines for other respiratory diseases, such as influenza – pending their ongoing development by Moderna and authorization by Health Canada.

Medicago

Medicago is the only Canadian-based company to have received market authorization for a COVID-19 vaccine. Covifenz is the product of years of scientific efforts that began with public science collaboration between Agriculture and Agri-Food Canada and the Université Laval in the late 1990s. Since then,

Medicago has established itself as an innovative global leader in plant-based vaccines, using living plants as bioreactors for the production of virus-like particles (VLP).

In 2020, Canada entered into an advance purchase agreement (APA) with Medicago to secure access to up to 76 million doses of its COVID-19 vaccine (20M firm doses and 56M optional doses). Due to unanticipated manufacturing issues, Medicago has not marketed any lots of its COVID-19 vaccine for commercial use.

On February 3, 2023, Mitsubishi Tanabe Pharma Corporation announced that it has decided to cease all operations with Medicago Inc. That same day Health Canada's Health Products and Food Branch were informed that Mitsubishi Tanabe will be cancelling their vaccine authorization and withdrawing the submission currently under review (which would have been filed to extend the use of the vaccine to the elderly population). Health Canada will work with Medicago to close out their files.

Medicago, whose headquarters is in Quebec City and operates an additional facility in North Carolina, employs roughly 550 people (about 400 in Canada). The company has been 100% owned by Mitsubishi Tanabe Pharma since December 2022. Before the decision, global tobacco giant Philip Morris International owned 21 per cent of the company's shares. Medicago's plant-based COVID-19 vaccine, Covifenz, was initially rejected by the World Health Organization for emergency use listing over its ties with the tobacco industry.

Inspection and Licensing – Oversight of Drug Manufacturing in Canada

Health Canada's role in regulating drugs is to evaluate and authorize products, set requirements, monitor safety and enforce compliance and communicate health risks. Further, Health Canada authorizes establishments involved in the manufacturing of drugs marketed for use in Canada.

To ensure drugs are safe, effective and of high quality, all facilities conducting licensable activities such as fabricating, packaging/labelling, testing, importing, distributing, wholesaling drug products in Canada, including those supporting domestic biomanufacturing efforts, must hold a Drug Establishment License and be inspected by Health Canada to demonstrate it meets Good Manufacturing Practices, known as "GMPs".

Health Canada continues to remain supportive in strengthening Canada's drug manufacturing capacity and prioritizing new and continued COVID-19 drug manufacturing, enabling industry with responsive and agile regulations to mobilize and support current needs of the domestic market.

Health Canada is committed in providing regulatory guidance in the planning and development of operations to support domestic biomanufacturing in Canada now and into the future.

As part of Health Canada's role in ensuring a safe and effective drug supply, inspection and other regulatory experts will continue to promote and enforce Canada's high standards for drug manufacturing.

FAMILY HEALTH TEAMS

UPDATE ON MANDATE COMMITMENTS

The Working Together to Improve Health Care for Canadians Plan provides significant funding, including the \$25 billion allocated for provinces and territories through bilateral agreements, to strengthen the public health care system, including improving access to family health services.

This historic investment will support the government's mandate letter commitment to expand virtual care and its commitment to expand the number of family doctors and primary health teams in rural communities.

The Government looks forward to fulfilling its mandate letter commitment to work with provinces and territories to address issues of access to family health services.

ISSUE

While far too many Canadians are still struggling to secure timely access to family health service, whether from a doctor, nurse, or team of providers, this issue disproportionality impacts those living in rural communities.

KEY FACTS

In 2021, 14.5% of Canadians 12 years and over lacked a regular health care provider.

In 2021, 18% of Canadians lived in rural communities, but they were served by 8% of physicians practicing in Canada.

There are significant data gaps regarding First Nations, Inuit and Métis health disparities in primary care.

Access to family health services is a shared health priority identified in the Government's plan for Working Together to Improve Health Care for Canadians.

KEY MESSAGES

The Government of Canada recognizes that far too many Canadians lack timely access to a regular family health services provider, and that those Canadians living in rural and remote communities, have a harder time accessing needed health care services, including virtual care.

Transforming the delivery of those services, including through virtual care, will help Canadians to get care when and where they need it, from a team, doctor or nurse practitioner.

Our Government is investing nearly \$200 billion over 10 years for health care, including \$46.2 billion in new funding to improve health care services for Canadians across the country.

This includes \$25 billion over ten years to support provinces and territories through bilateral agreements.

Improving access to family health services is at the core of these bilateral agreements and is one of the four shared priorities that were identified with PTs for these investments. We want to incentivize team-based, family health services as much as possible.

Canadians deserve high quality health care and our Government is building on our strong partnership with provinces and territories to transform health care.

IF PRESSED ON VIRTUAL CARE

In response to the pandemic, the Government worked with provinces and territories to accelerate uptake and use of virtual care, supported by \$200M in funding in 2020.

Since then, virtual care has become an important way for Canadians, including those in rural and remote communities, to get the care they need, when they need it.

We recognize that for many rural and remote communities, challenges in infrastructure contribute to difficulties in accessing virtual care.

The historic investments announced in Budget 2023 enable provinces and territories to transform the way family health services are delivered, including through virtual care, in ways that make sense in their respective contexts.

IF PRESSED ON TEAM-BASED CARE AS WAY OF INCREASING ACCESS TO FAMILY HEALTH SERVICES IN RURAL COMMUNITIES

Transforming how family health services are delivered will be key to increasing access to those services, particularly for Canadians living in rural and remote communities.

Like virtual care, team-based care can play a key role in expanding access to family health services in that it is centred on the patient, who can get the services they need from a range of health providers depending on their needs.

The historic investments announced in Budget 2023 enable provinces and territories to transform the way family health services are delivered in ways that make sense in rural contexts.

IF PRESSED ON THE NUMBER OF CANADIANS WITHOUT A FAMILY HEALTH SERVICES PROVIDER

Our government recognizes that Canadians continue to face challenges in accessing a regular health care provider, be that a doctor, nurse practitioner, or team of health care professionals.

According to Statistics Canada, in 2021, approximately 14.5% of Canadians did not have access to a regular health care provider.

As part of the Working Together plan, there is a federal, provincial and territorial commitment to collect, use and share health information and to inform Canadians of progress with key common indicators.

The Canadian Institute for Health Information (CIHI) is leading a process to review and refine eight initial common indicators, including one related to measuring access to family health services.

CIHI released an initial snapshot in August 2023 drawing from available data. CIHI relied on the 2021 Statistics Canada data for the family health services indicator, but due to differences in calculations, the CIHI report indicates that approximately 12% of Canadians do not have a regular health care provider.

CIHI and Statistics Canada are currently working together to refine these indicators.

IF PRESSED ON LACK OF FOCUS ON FAMILY HEALTH SERVICES WITHIN BRITISH COLUMBIA'S ACTION PLAN

The Government of Canada recognizes that provinces and territories have their own unique circumstances. As such, bilateral agreements on Working Together to Improve Health Care for Canadians are intended to be flexible, and provinces and territories may tailor these agreements to address the unique needs of their populations and geography.

Like other provinces and territories, British Columbia is already investing and making significant efforts to advance work on all four shared health priorities.

British Columbia will use federal investment to support health workers and reduce backlogs, modernize the health care system and increase mental health and substance use supports.

By introducing additional recruitment and retention initiatives, patients across British Columbia will have improved access to team-based family health care, including to family doctors, nurses and nurse practitioners.

Efforts to integrate primary care and mental health and substance use is an excellent example of the interconnectedness of the shared health priorities.

We are encouraged by the shared urgency for driving progress through these bilateral agreements.

IF PRESSED ON HEALTH HUMAN RESOURCE CHALLENGES IN RURAL AND REMOTE COMMUNITIES

Our government recognizes that Canadians living in rural and remote communities face specific challenges in getting access to the family health services they need, when and where they need it.

We are working with all interested partners to find solutions. The Coalition for Action for Health Workers provides practical input and ideas on concrete actions that all levels of government can implement for the health workforce.

Budget 2023 confirmed funding of \$45.9 million over four years, starting in 2024- 2025, with nearly \$12 million ongoing to expand the reach of the Canada Student Loan Forgiveness program to more rural communities, to encourage more doctors and nurses to practice in rural and remote communities. Communities with populations of 30,000 or less will now be eligible for the program.

BACKGROUND

Family health services

Family health services are the backbone of high-performing health care systems. They serve a dual function in the health care system as the direct provision of first-contact services and a coordination function to ensure continuity across health care settings. However, Canadians continue to struggle to access family health services. In 2021, 14.5% of Canadians 12 years and over lacked a regular health care provider, with gaps felt particularly acutely by Indigenous populations. In 2021, while 18% of Canadians lived in rural communities, they were served by 8% of physicians practicing in Canada.

It is well-recognized that multidisciplinary team-based care is critical to increasing timely access to care for patients. Team-based approaches, with optimized scope of practice, create efficiencies that can allow primary care providers to add new patients to their panel thereby increasing provider-patient attachment, and improving timely access to care. Team-based models of care can improve quality of life, well-being and satisfaction for providers resulting in improvements to retention and recruitment. Team-based models also offer the potential to enhance access to services that have traditionally not been well-integrated with primary care, such as mental health and substance use and addiction services, as well as with the broader social services sector.

Virtual Care

Virtual care is increasingly recognized as an important component of high-quality care and can help support access to family health services, particularly in northern, rural and remote communities. The adoption of virtual care accelerated as a health system response to the COVID-19 pandemic. In 2020, in response to the pandemic, the Government collaborated with provinces and territories to accelerate uptake and use of virtual care, supported by \$200M in funding in 2020. \$150M of this funding was provided to provinces and territories through bilateral agreements to enhance virtual services and \$50 million went to Canada Health Infoway to support provinces and territories to implement virtual care.

Federal investments

Budget 2023 outlines the federal government's plan to provide close to \$200 billion over ten years in health transfers to provinces and territories, including \$46.2 billion in new funding through new Canada Health Transfer measures, tailored bilateral agreements to meet the needs of each province and territory, funding for personal support workers, and an increase to the Territorial Health Investment Fund. In addition, Budget 2023 announced \$2 billion over 10 years to address Indigenous health priorities and \$505 million over five years, starting in 2023-24, to the Canadian Institute for Health Information (CIHI), Canada Health Infoway, and other federal data partners.

Canada Health Transfer Five Percent Guarantee: The federal government will provide top-up payments to achieve Canada Health Transfer increases of at least five percent per year for the next five years. The last top-up payment will be rolled into the Canada Health Transfer base at the end of the five-year period, resulting in a permanent funding increase. This represents an estimated \$17.1 billion over ten years in additional funding through the Canada Health Transfer.

Tailored Bilateral Agreements: The federal government will provide \$25 billion over ten years through a new set of bilateral agreements to address individual provincial and territorial health system needs, such as expanding access to family health services, supporting health workers and reducing backlogs, increasing mental health and substance use support, and modernizing health systems.

Bilateral agreements are intended to be flexible and provinces and territories have options to tailor their respective Action Plans in response to the unique needs of their populations and geography.

HHR and FPT Collaboration

On October 12, 2023 FPT Ministers of Health issued a public statement reaffirming their commitment to supporting Canada's health workforce so our health workers are able to provide high-quality, accessible, and effective health services for people living in Canada. In particular, FPT governments committed to concrete actions focusing on:

Retention, reducing rates of stress and burnout and improving workplace culture, flexibility, and wellness so health workers can stay in their jobs;

Domestic education supply and demand, enhancing Canada's capacity to produce a domestic supply of key health professionals, including more training opportunities for Indigenous Peoples that meets national demand for care and keeps pace with a growing and aging population;

Foreign credential recognition and ethical recruitment, making Canada a country of choice for health care providers by reducing the time it takes for internationally educated health professionals (IEHPs) to join our workforce;

Labour mobility, supporting an agile and flexible workforce to support access to care; and

Health workforce data and planning, improving the availability, sharing and standardization of health workforce data to support health workforce planning.

On November 1, 2022, the Government of Canada established a Coalition for Action for Health Workers. The Coalition's efforts are focused on identifying approaches to drive pan-Canadian action and progress on policy implementation, informed by real world perspectives. The Coalition is comprised of representatives from key groups, including nurses, doctors, personal support workers, colleges and universities, patients, and equity-seeking communities, and reports to the Deputy Minister of Health.

HEALTH WORKFORCE CHALLENGES

UPDATE ON MANDATE COMMITMENTS

The Minister of Health's mandate includes a commitment to ensure health care workers are supported and recruited across the country, including through providing support to provinces and territories to hire new family doctors, nurses and nurse practitioners, and to expand access to medical services in rural communities.

As part of the Government's Working Together to Improve Health Care for Canadians plan, provinces and territories are being asked to work together with the federal government to streamline foreign credential recognition for internationally educated health professionals, and to advance labour mobility, starting with multi-jurisdictional credential recognition for key health professionals. They can also invest their share of \$25 billion in bilateral funding to bolster the health workforce, which is one of four shared health priorities identified for this funding.

On October 12, 2023 FPT Ministers of Health issued a public statement reaffirming their commitment to supporting Canada's health workforce so our health workers are able to provide high-quality, accessible, and effective health services for people living in Canada. In particular, FPT governments committed to concrete actions focusing on retention, domestic education supply and demand, foreign credential recognition and ethical recruitment, labour mobility, and health workforce data and planning.

In order to advance these priorities, the Government of Canada is taking action, including:

Focusing efforts on retaining our health workforce through the Nursing Retention Forum and the creation of the "Nursing Retention Toolkit: Improving the Working Lives of Nurses in Canada" which is set for release in the coming months.

Funding the creation of the Centre of Excellence for the Future of the Health Workforce, a partnership with the Canadian Institute for Health Information that will lead a collaborative pan-Canadian approach to improve data collection, analysis, knowledge mobilization and policy advice.

Funding a study of the education and training supply and demand for key healthcare professions to identify the best pan-Canadian approaches to meet future healthcare demands for Canadians over the next decade, including misalignment across regions and settings.

ISSUE

Canada's health workforce continues to face challenging workplace conditions. High patient workloads, lack of resources, mandatory overtime and fear for personal safety have led to high levels of burnout, absences, and turnover.

KEY FACTS

There are not enough health care workers to meet the current demand for services.

Statistics Canada has reported that job vacancies reached 95,200 in the first quarter of 2023, more than double than in the first quarter of 2020 (43,000).

Health care workers are working more overtime (OT) than ever before. Since 2019, the proportion of health care workers who reported working OT increased each year. By 2022, 31.7% of full-time nurses and 18.2% of personal support workers (PSWs)/care aides put in additional hours over scheduled paid hours (includes both paid and unpaid OT).

14.5% of Canadians do not have a primary health care provider. Without a primary health care provider, emergency rooms become the only accessible option for seeking health care.

Lacking in both staff and physical space for the increasing patient load, hospital emergency rooms across the country have had to temporarily close their doors, particularly in rural areas.

KEY MESSAGES

The Government of Canada recognizes the immense contributions health professionals make every day and we share their concerns about the challenges they are facing, and their collective impacts.

Budget 2023 confirms the Government of Canada's plan to provide close to \$200 billion over 10 years to provinces and territories, including an immediate, unconditional \$2 billion Canada Health Transfer top-

up to address immediate pressures on the health care system, especially in pediatric hospitals and emergency rooms, and long wait times for surgeries.

\$25 billion over 10 years to advance shared health priorities through tailored bilateral agreements as well as an annual increase to the Canada Health Transfer for the next 5 years was confirmed.

These investments will accelerate efforts already underway with provinces and territories to support the retention and recruitment of health workers; support streamlined foreign credential recognition for internationally educated health professionals and increase labour mobility starting with multi-jurisdictional recognition of health professional licenses.

IF PRESSED ON DETAILS ABOUT INCREASING AND MAINTAINING SUPPLY.

New funding of \$1.7 billion will support hourly wage increases for personal support workers and related professions, as federal, provincial and territorial governments work together on how to best support the recruitment and retention of these workers.

In addition, \$25 billion over 10 years will advance shared health priorities, including supporting our health workers and reducing backlogs, through tailored bilateral agreements with provinces and territories.

These investments will accelerate efforts already underway with provinces and territories to support the recruitment and retention of health workers within the public health care system.

IF PRESSED ON MENTAL HEALTH AND SUBSTANCE USE SUPPORT FOR HEALTH WORKERS

The Government is very concerned about the mental health and well-being of Canadians, and of frontline workers who are working tirelessly to keep us safe and healthy.

In the previous 2 years the federal government has invested more than \$290 million in funding to support the mental health of Canadians.

New health investments confirmed in Budget 2023 include \$25 billion over 10 years for bilateral agreements that will focus on four shared priorities, including mental health and substance use.

As there is no health without mental health, provinces and territories are asked to take an integrated, inclusive approach to investments in health service teams, the health workforce and data and digital tools required to meet the health and mental health needs of Canadians.

IF PRESSED ON FEDERAL ACTIONS TO PROTECT HEALTH WORKERS AGAINST HARASSMENT

We have heard many stories about physicians, nurses and other health workers who have been threatened and intimidated, in person and online. This behavior is completely unacceptable.

New healthcare funding confirmed in Budget 2023 prioritizes the health workforce and will allow provincial and territorial governments to address challenges faced by health workers such as violence, discrimination, and racism.

All Canadians, and especially health workers, whose goal is help others, deserve a safe working environment, free from violence and threats.

BACKGROUND

Canada's health workers are facing serious challenges. These challenges require transformative and innovative solutions to address problems that have existed for years, with new and different levels of collaboration required across governments and stakeholders.

FPT Collaboration

While the federal government provides financial support to the provinces and territories for health services, the responsibility for the management of health workforces falls within provincial and territorial jurisdictions and their regulators. Health Canada will continue to work collaboratively with provinces and territories to drive concrete steps necessary to address health workforce situation.

On October 12, 2023 FPT Ministers of Health issued a public statement reaffirming their commitment to supporting Canada's health workforce so our health workers are able to provide high-quality, accessible, and effective health services for people living in Canada. In particular, FPT governments committed to concrete actions focusing on:

Retention, reducing rates of stress and burnout and improving workplace culture, flexibility, and wellness so health workers can stay in their jobs;

Domestic education supply and demand, enhancing Canada's capacity to produce a domestic supply of key health professionals, including more training opportunities for Indigenous Peoples that meets national demand for care and keeps pace with a growing and aging population;

Foreign credential recognition and ethical recruitment, making Canada a country of choice for health care providers by reducing the time it takes for internationally educated health professionals (IEHPs) to join our workforce;

Labour mobility, supporting an agile and flexible workforce to support access to care; and

Health workforce data and planning, improving the availability, sharing and standardization of health workforce data to support health workforce planning.

Recent Federal Investments

The Canada Health Transfer (CHT) continues to provide ongoing support to provinces and territories in the delivery of health care. In Budget 2023, the Government of Canada confirmed new federal investments in healthcare that includes several initiatives that can support the health workforce:

An immediate and unconditional \$2 billion CHT top-up to address immediate pressures on the health care system, especially in pediatric hospitals and emergency rooms, and long wait times for surgeries.

\$25 billion over 10 years to advance shared health priorities through tailored bilateral agreements that will support the needs of people in each province and territory in four areas of shared priority: family health services; health workers and backlogs; mental health and substance use; and a modernized health system. These additional federal investments will be contingent on continued health care investments by provinces and territories. This funding builds on the \$7.8 billion over five years that has yet to flow to provinces and territories for mental health and substance use, home and community care, and long-term care.

\$1.7 billion over five years to support hourly wage increases for personal support workers and related professions, as federal, provincial, and territorial governments work together on how best to support recruitment and retention.

\$2 billion over 10 years to address the unique challenges Indigenous Peoples face when it comes to fair and equitable access to quality and culturally safe health care services.

\$505 million over 5 years to Canadian Institute for Health Information (CIHI), Canada Health Infoway and federal data partners to work with provinces and territories on developing new health data indicators, to support the creation of a Centre of Excellence on health worker data, to advance digital health tools and an interoperability roadmap, and to underpin efforts to use data to improve safety and quality of care.

In addition to this funding, in the previous two years, the federal government has provided provinces and territories with \$6 billion in top up funding through the CHT, distributed equally per capita, to help provinces and territories address immediate health care system pressures, including reducing medical backlogs caused by COVID-19.

Other Federal Government Actions

The federal government is supporting provinces and territories to strengthen their health systems, including sustainably increasing the supply of health workers and helping create healthier workplaces to support retention and the mental health of health workers. Other recent federal actions and investments include:

On November 1, 2022, the Government of Canada established a Coalition for Action for Health Workers. The Coalition's efforts are focused on identifying approaches to drive pan-Canadian action and progress on policy implementation, informed by real world perspectives.

The Coalition is comprised of representatives from key groups, including nurses, doctors, personal support workers, colleges and universities, patients, and equity-seeking communities, and reports to the Deputy Minister of Health.

On August 24, 2022, Health Canada announced Dr. Leigh Chapman as the federal Chief Nursing Officer (CNO). Dr. Chapman has brought nursing issues in focus federally, while working closely with provinces and territories, stakeholders and regulatory bodies.

In August 2023, Health Canada appointed Dr. Geneviève Moineau as Chief Medical Workforce Advisor (CMWA) to help support the federal response to current health workforce challenges.

Health Canada will continue to collaborate closely with other federal departments, provinces and territories and health care system stakeholders to address these pressing health workforce challenges.

Mental Health

In September 2022, a Report from the Mental Health Commission noted that it remains critical to break down cultural barriers and mental health stigma in health care organizations and prioritize psychological health and safety beyond the pandemic.

The Government of Canada continues to make significant investments to help provincial and territorial health systems address mental health issues and system capacity. This includes \$25 billion over 10 years to advance shared health priorities through tailored bilateral agreements that will support the needs of people in each province and territory in four areas of shared priority: family health services; health workers and backlogs; mental health and substance use; and a modernized health system. This builds on investments through Budget 2017 that provided \$5 billion over 10 years (\$3 billion remains until 2027) to improve Canadians' access to mental health services.

HEALTH DATA AND DIGITAL TOOLS

UPDATE ON MANDATE COMMITMENTS

The Working Together to Improve Health Care for Canadians plan provides significant funding, including \$25 billion over 10 years for provinces and territories through bilateral agreements to strengthen the public health care system in key areas of shared priority. These priority areas include modernizing the health care system with standardized health data and digital tools.

This historic investment will support the government's mandate letter commitment to work in consultation with provinces and territories and a broad range of partners, expediting work to create a world-class health data system that is timely, useable, open by default, connected and comprehensive.

ISSUE

Digital systems across the country are highly fragmented leading to poor ability to collect, share and use health data. At present, only one third of Canadians can access some of their health data online. Clinicians cannot easily access or share health information because systems do not always connect. Data gaps can affect the quality and safety of care, add unnecessary or duplicative tests, and result in longer wait times and hospital stays.

KEY FACTS

Persistent and important gaps in data collection, sharing, and use negatively impact personal, health professional, and system-wide health decision making. These gaps impair public health responses, reduce health outcomes for Canadians, and contribute to health inequities.

To access their share of the federal funding announced on February 7th as part of the Working Together to Improve Health Care for Canadians plan, provincial and territorial governments are committing to improving how health information is collected, shared, used and reported to Canadians to promote greater transparency on results, and to help manage public health emergencies.

In October 2023, Health Ministers endorsed a Joint FPT Action Plan and Pan-Canadian Health Data Charter to guide collective action towards a shared vision for health data in Canada.

The Charter reaffirms FPT government commitment to guiding principles, including person-centered approaches to health data, security and privacy of health information and Indigenous data sovereignty. These guiding principles will support the advancement of the Joint FPT Action Plan, which outlines priorities to continue collective progress on health data commitments.

The Working Together plan includes an agreement to develop and use comparable indicators, working with CIHI and its data partners. In addition to the eight common headline indicators for which data has already been made public in August through a snapshot report published by CIHI, a broader suite of indicators, including for Indigenous Health, are being developed in collaboration with provinces and territories, experts, CIHI and Indigenous Peoples.

Building on the work by federal, provincial and territorial officials over the past several years on health data and digital strategies, provinces and territories are also working to adopt common standards and policies related to data so that Canadians can better access their health information and benefit from it being shared between health workers, across health settings and across jurisdictions. The Pan-Canadian Interoperability Roadmap, endorsed in March by all FPT governments except Quebec and currently being implemented, is an example of such FPT collaboration.

The federal government is considering the use of legislation to require health sector information technology companies to adopt common interoperability standards, and not block the access, exchange and use of electronic health data. The proposed legislation would support current collaboration with provinces and territories, industry, and other stakeholders implementing a Pan-Canadian Interoperability Roadmap.

KEY MESSAGES

Canadians should be able to securely access their own health information and benefit from it being shared between health workers and across health settings – allowing for better care while respecting their privacy.

There are numerous barriers to achieving a modernized health data system that can only be addressed through federal, provincial and territorial governments working together.

That is why new health care funding is supporting FPT collaboration to advance new health data commitments, including modernizing the health system with standardized health data and digital tools.

IF PRESSED ON DATA PRIVACY AND SECURITY

As work to improve health data management advances, the Government is committed to collaborating and coordinating with partners to ensure that Canadians' health data is protected.

The Government of Canada will not create a single health data system or a national health care digital ID.

Health data is already being shared with organizations such as CIHI. This is done in accordance with jurisdictional privacy or health information legislation and under data sharing agreements with each province and territory.

IF PRESSED ON HOW HEALTH DATA WILL HELP THE CURRENT HEALTH CARE SYSTEM CRISIS

One of the most impactful tools at our disposal to ensure improvements to the health system is data—to provide stronger evidence, inform better decisions and ultimately see concrete outcomes for Canadians.

When data flows through digitally connected health systems, health providers can work better as a team to deliver higher quality and more efficient care.

Likewise, when data flows back through the system to support research and decision-making, it can drive improvements in health care services and inform public health responses.

IF PRESSED ON THE PAN-CANADIAN INTEROPERABILITY ROADMAP

In May 2023, a Pan-Canadian Interoperability Roadmap endorsed by federal, provincial, and territorial governments (except Quebec) was made public.

The Roadmap will play a critical role in advancing key health data commitments as part of the Working Together plan.

It provides guidance to provinces, territories, health system managers and industry on common standards to be used to support the secure transfer of health information from different systems and to patients themselves.

Under the leadership of Canada Health Infoway, FPT governments are now implementing the Roadmap, collaborating on common standards needed to improve patient access to their electronic health

information and remove barriers to data sharing among health care professionals through a secure, digitally-connected system.

IF PRESSED ON PAN-CANADIAN HEALTH DATA CHARTER

In October 2023, the Pan-Canadian Health Data Charter was endorsed by Ministers and made public. It reaffirms a common set of principles intended to guide collective action towards a shared vision for health data in Canada.

The Charter highlights Canada's commitment to respecting Indigenous data sovereignty and Indigenous-led health data governance, as well as overarching principles related to person-centric health information, equity, public engagement and trust.

As work continues to advance the Working Together plan, the Government is committed to upholding the Pan-Canadian Health Data Charter to guide collective action.

BACKGROUND

Building off lessons learned from the pandemic and recognizing the critical importance of timely access to health data, FPT governments are collaborating to modernize how health data is managed in Canada.

As part of the Working Together to Improve Health Care for Canadians plan, the Government of Canada announced renewed health funding to provinces and territories of nearly \$200 billion over 10 years, including \$46.2 billion in new funding for provinces and territories. Through Budget 2023, the Government of Canada provided \$25 billion over 10 years to advance four shared priorities, including modernizing the health system through standardized health data and digital tools, through tailored bilateral agreements that will support the needs of people in each province and territory. To access their share of this funding, provinces and territories are committing to improving how health information is collected, shared, used and reported to Canadians to promote greater transparency on results and to help manage public health emergencies. These commitments include:

Collecting and sharing high-quality and comparable depersonalized information to measure progress being made through common indicators to improve health care for Canadians;

Adopting common interoperability standards guided by the Pan-Canadian Interoperability Roadmap to better connect health care systems and allow Canadians and their health care providers to securely access and share electronic health information to improve care;

Promoting alignment between provincial and territorial health data policies and legislative frameworks for consistent approaches to health information management and stewardship that maintains appropriate privacy protections;

Advancing common principles for the management of health data through endorsement of a Pan-Canadian Health Data Charter that reaffirms a commitment to a person-centered, ethical approach to health data, public engagement, equity and Indigenous data sovereignty; and

Collecting and sharing public health data to support Canada's preparedness and response to public health events.

Through the Working Together Plan, the Government of Canada also committed \$505 million over five years to CIHI, Infoway, and federal data partners to work with provinces and territories to develop new pan-Canadian health data indicators, support the creation of the Centre of Excellence (CoE) for the Future of Health Workforce, advance digital health tools and the Pan-Canadian Interoperability Roadmap, and to underpin efforts to use data to improve safety and quality of care.

Federal, provincial and territorial governments have been collaborating on interoperability as a key health care priority since the onset of the pandemic, with governments (except Quebec) endorsing a pan-Canadian Interoperability Roadmap in March 2023. The Roadmap, published by Canada Health Infoway, outlines the path forward for safe and secure access to health information that can flow easily between different parts of the health care system, allowing patients and providers to work together more effectively.

In driving progress towards implementing the standards from Infoway's Interoperability Roadmap and realizing a vision of a modernized, connected health data system, the federal government is also exploring the best mechanisms to drive the adoption of common standards, including potential

legislation and regulations to require that health IT vendors use common interoperability standards and restrict instances when health data is blocked from being accessed, exchanged, and used.

On October 12th, 2023, Health Ministers approved the Pan-Canadian Health Data Charter, which reaffirms a common set of principles to guide federal, provincial and territorial action and advance health data commitments under the Working Together plan. The Charter is based on advice from the Expert Advisory Group on Health Data, and highlights commitments related to person-centered focus, public engagement and trust, equity and Indigenous data sovereignty. The Charter will guide work on key priorities, outlined in the Joint FPT Action Plan that was also endorsed by Health Ministers. The Joint FPT Action Plan outlines specific action areas to continue collective progress on advancing health data commitments under the Working Together plan.

FEDERAL ACTIONS TAKEN TO IMPROVE ACCESS TO MENTAL HEALTH AND SUBSTANCE USE SERVICES UPDATE ON MANDATE COMMITMENTS

Increasing access to the full continuum of mental health and substance use services through evidence-based, person-centred, trauma-informed, and culturally safe approaches is key to the Government of Canada's health care plan.

The Government of Canada is working with provincial and territorial governments on shared areas of priority, including increasing access to needed services integrated within Canada's health systems, increasing access to integrated youth service hubs, leading the National Suicide Action Plan and supporting the launch of the 9-8-8 suicide crisis prevention line.

ISSUE

In collaboration with provincial and territorial partners, the Government of Canada is working to increase access to the full continuum of mental health and substance use services to better support the needs of Canadians.

Key federal actions include increasing investments to provinces and territories to improve access to mental health and substance use services, as well as on targeted initiatives on key priorities, such as integrated services for children and youth, suicide prevention, and addressing the overdose crisis and toxic drug supply.

KEY FACTS

Budget 2023 confirmed the Government of Canada's commitment to improve health care in Canada through additional investments in health care of close to \$200 billion over ten years, of which \$25B will flow to provinces and territories through tailored bilateral agreements. These bilateral agreements will support progress on four shared priorities to improve access to health care, with mental health addressed by or included within all four priorities.

This investment builds on previous federal commitments for mental health and substance use, including an investment of \$5 billion over ten years in Budget 2017 to provinces and territories to improve access to mental health and substance use services, coupled with agreement by federal, provincial and territorial Health Ministers on the importance of promoting mental wellness and addressing gaps in mental health and substance use services and supports, including for children and youth.

Since then, the federal government has been working with provinces/territories, Indigenous communities, and stakeholders to help develop and expand Integrated Youth Services, which provide a "one-stop shop" of supports in the community for youth. In addition, a "network of networks" as well as a national data framework and infrastructure are being developed.

The federal government launched Wellness Together Canada (WTC) portal in 2020 in response to the COVID-19 pandemic, and the companion app, PocketWell, in 2022. WTC has provided free, 24/7 supports to Canadians for mild to moderate mental health and substance use issues.

Through engagement with partners including provinces and territories, the federal government is leading the development of a National Suicide Prevention Action Plan which builds on the existing Federal Framework for Suicide Prevention. The Plan will strengthen a collective approach and identify key areas for action that will have the greatest impact in reducing suicide rates in Canada.

A key pan-Canadian initiative aimed at improved access to effective suicide prevention services is the launch of 9-8-8 in November 2023, an easy to remember, three-digit number for suicide prevention and emotional distress. Stakeholders from a range of sectors, including provinces and territories, Indigenous partners, public safety officials, and people with lived experience have been and continue to be engaged as implementation progresses. The government has also invested more than \$1 billion to directly address the overdose crisis and toxic illegal drug supply.

Budget 2023 provided a total of \$359.2 million over five years to support a renewed Canadian Drugs and Substances Strategy. The renewed strategy will continue to address both public health and public safety and guide the Government's work to save lives and protect the health of Canadians.

KEY MESSAGES

Increasing access to the continuum of mental health and substance use services through a compassionate and person-centered approach is central to our health care plan.

The significant federal investments committed in Budget 2023 will help better integrate mental health and substance use services within health systems, enabling Canadians to access the care they need.

We are also working with provinces and territories to advance key initiatives, such as the implementation of integrated youth services hubs, development of a National Suicide Action Plan, launching 9-8-8 – the suicide prevention crisis line and to address the overdose crisis.

IF PRESSED ON HOW FEDERAL FUNDS ARE USED TO SUPPORT MENTAL HEALTH AND SUBSTANCE USE SERVICES

Our government is providing \$25B over 10 years through tailored bilateral agreements to provinces and territories for four shared health priorities, with mental health and substance use supports addressed by or integrated within them.

Provinces and territories are free to allocate the funding according to their local needs and circumstances.

The goal is to promote a compassionate and patient-centered approach so that Canadians can access the full continuum of mental health and substance use supports they need for their health care.

IF PRESSED ON WHETHER THESE INVESTMENTS WILL ACHIEVE CHANGE

As part of the historic federal investments in health care in 2023, provinces and territories will collect and report on three headline indicators for mental health and substance use services:

Median wait times for community mental health and substance use;

Percentage of youth aged 12-25 with access to integrated youth services for mental health and substance use; and,

Percentage of Canadians with a mental disorder who have unmet mental health care needs.

These indicators will allow better measurement of progress in increasing access to needed services.

BACKGROUND

The government will provide \$25B over 10 years to support shared health priorities through tailored bilateral agreements with the view of supporting individual provincial and territorial needs and circumstances in four priority areas including family health services, health workers and backlogs, mental health and substance use, and a modernized health system.

Additionally, to reflect the Government of Canada's comprehensive approach to addressing the overdose crisis, targeted funding of over \$1B has been allocated across federal departments and agencies to address key, interrelated priorities.

An example of a shared priority for federal, provincial and territorial governments is the development and expansion of integrated youth services (IYS) models. IYS models of care provide locally relevant, effective, youth-focused, and integrated services for mental health/substance use within the community. All thirteen provinces and territories have developed or are developing an IYS network with a pan-Canadian Indigenous IYS network in progress. CIHR is leading the IYS Network of Networks initiative allowing for research and evaluation to inform continuous innovation and learning, as well as responsiveness to emerging challenges.

While the federal government is leading the development of the National Suicide Prevention Action Plan (aligned with the existing 2016 Federal Framework for Suicide Prevention), broad stakeholder engagement is informing the development and implementation. The Action Plan is being developed using a phased approach. Phase I (target release of December 2023), will lay the foundation, with the aim of setting the vision and identifying early areas for action. Phase II will build on engagement efforts to inform future priorities and the co-development of concrete actions as well as monitoring progress. The Government of Canada has a statutory obligation to report bi-annually under the Federal Framework for Suicide Prevention Act.

Other key initiatives related to suicide prevention benefiting Canadians include Talk Suicide Canada with 24/7 support (operated by the Centre for Addiction and Mental Health) as well as implementation of 9-8-8, a three-digit number for suicide prevention and emotional distress. Talk Suicide Canada will transition to 9-8-8 on November 30, 2023. The Centre for Addiction and Mental Health was selected to lead the coordination of 9-8-8 service delivery.

LONG-TERM CARE AND NEW NATIONAL STANDARDS

UPDATE ON MANDATE COMMITMENTS

Long-Term Care Funding - PT Bilateral negotiations

The negotiation of funding agreements is currently underway with provinces and territories with respect to the \$3 billion commitment from Budget 2021 to support improvements in long-term care.

Safe Long-Term Care Act

Health Canada is currently carrying out consultations and engagement on a Safe Long-Term Care Act. This includes consulting with experts, stakeholders, persons with lived experience, provinces and territories, and First Nations and Inuit partners. Health Canada has also recently completed a public online consultation, which will inform the development of the Act.

Personal Support Workers

The Government of Canada committed \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions. Budget 2023 also committed to provide \$50 million over five years to strengthen the retirement savings of personal support workers. Policy work is underway to determine how to continue to work with provincial and territorial governments on how best use investments to support recruitment and retention of personal support workers.

ISSUE

The pandemic disproportionately affected Canadians living in long-term care homes. Canadians are concerned about the availability of safe, high-quality long-term care services.

KEY FACTS

On January 31, 2023, the Standards Council of Canada, Health Standards Organization (HSO) and Canadian Standards Association (CSA Group) announced the completion and public release of new national long-term care standards.

Budget 2023 confirmed the Government's commitment to close to \$200 billion over 10 years to support the Working Together to Improve Health Care for Canadians Plan.

Funding includes \$7.8 billion over five years that has yet to flow to provinces and territories for mental health and substance use, home and community care, and long-term care.

In addition, new funding announced includes \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions, as federal, provincial, and territorial governments work together on how best to support recruitment and retention.

The Government of Canada is currently carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act, with the objective of developing this new legislation.

KEY MESSAGES

Every senior in Canada deserves to live in dignity, safety, and comfort, regardless of where they live.

The COVID-19 pandemic has highlighted long-standing and systemic challenges in long-term care homes across Canada.

Earlier this year, we welcomed the release of complementary, independent LTC standards from CSA Group and the Health Standards Organization (HSO).

Now, the Government of Canada is carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act.

We have also announced an investment of close to \$200 billion to provinces and territories to support the Working Together to Improve Health Care for Canadians Plan, which includes funding for long-term care, home care, and personal support workers.

The plan emphasizes the key health priorities, including helping Canadians age with dignity.

IF PRESSED ON HEALTH CARE SYSTEM FUNDING

We announced that we will increase health funding to provinces and territories by close to \$200 billion over 10 years to support the Working Together to Improve Health Care for Canadians Plan.

This includes \$7.8 billion over five years for long-term care, home and community care, and mental health and substance use.

New funding includes \$1.7 billion over five years to support wage increases for personal support workers and related professions.

These investments will provide access to safe long-term care and home care so Canadians can age safely.

IF PRESSED ON WORK ON STANDARDS FOR LONG-TERM CARE

The Government is appreciative of the work of CSA Group and HSO and welcomes these new long-term care standards as it reflects the importance of long-term care to all Canadians.

Together, the standards focus on the delivery of safe, reliable, and high-quality long-term care services, safe operating practices and infection prevention and control measures in long-term care homes.

Federal funding to provinces and territories to improve long term care is focused on two main priorities: supporting compliance and enforcement of standards in LTC facilities and supporting the LTC workforce.

IF PRESSED ON WORK ON THE SAFE LONG-TERM CARE ACT AND ENGAGEMENT/CONSULTATIONS

The Government of Canada is also committed to doing more to support seniors across the country. We know Canadians want to age closer to home and family, but also expect long-term care to be safe, when needed.

As such, our government is developing a Safe Long-Term Care Act to help ensure that all Canadians get the care they deserve, while respecting provincial and territorial jurisdiction.

The Government of Canada is currently carrying out consultations and engagement on a Safe Long-Term Care Act. This includes consulting with experts, stakeholders, persons with lived experience, and provinces and territories, as well as building on existing collaborations with First Nations and Inuit partners.

The Government of Canada has also recently completed a public online consultation on Safe Long-Term care, which will inform the development of the Act.

IF PRESSED ON IF THE FEDERAL GOVERNMENT WILL BE ENFORCING LONG-TERM CARE STANDARDS THROUGH ITS NEW SAFE LTC ACT

It is important to note that the delivery of long-term care services is a provincial and territorial responsibility.

Legislation will be respectful of this provincial-territorial jurisdiction. That is, it will not mandate standards or regulate long-term care delivery.

The Government of Canada has already been collaborating with provinces and territories to support improvements in long-term care, as highlighted by the \$3 billion investment to support their efforts to ensure standards for long-term care applied and permanent changes are made.

Negotiations are underway. Funding agreements allow us to continue to work together to prioritize the uptake and adherence to the standards in order to provide high quality care to all Canadians that require it.

IF PRESSED ON WHAT IS THE FEDERAL GOVERNMENT DOING TO SUPPORT PERSONAL SUPPORT WORKERS

Budget 2023 confirmed the Government's commitment to an increase in health care funding of close to \$200 billion over 10 years, including \$46.2 billion in new funding for provinces and territories. One of the priority areas of this funding is to further support the health workforce.

This new funding also includes a federal investment of \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions.

Budget 2023 also committed to provide \$50 million over five years to strengthen the retirement savings of personal support workers.

We continue to work with provincial and territorial governments on how best to support recruitment and retention of personal support workers.

BACKGROUND

Long-term Care (LTC) in Canada

While the federal government provides financial support to the provinces and territories for health care services, the responsibility for matters related to the administration and delivery of LTC falls within provincial and territorial (PT) jurisdiction.

LTC is referenced in the Canada Health Act (CHA) as "extended health care services." Extended services are not covered by the five criteria of the Act or its extra billing and user charges provisions, and therefore are not subject to the Act's penalty provisions.

While not mandatory, every PT has LTC legislation, regulations, policies and/or standards, but variations and gaps exist in oversight, infection prevention and control, quality of care and workforce.

Mandate Letters

Previous Minister of Health Mandate Letter

The Government of Canada has committed to work in partnership with provinces and territories to strengthen our universal public health care system and public health supports. Specific commitments include:

Support efforts to improve the quality and availability of long-term care homes and beds. This includes working with provinces and territories to improve infection prevention and control measures, identify shared principles, and develop national standards and a Safe Long-Term Care Act to ensure seniors get the care they deserve.

Train up to 50,000 new personal support workers and raise wages.

Third-party standards development process and Safe Long-Term Care Act

On January 31, 2023, the Government of Canada welcomed the release of complementary, independent LTC standards from the Health Standards Organization (HSO) and Canadian Standards Association (CSA Group) and thanked them for their dedicated work to complete the development of LTC standards. The national standards development process was complementary to, but independent from, the Government of Canada's collaborative work with PTs to help support improvements in LTC. While Health Canada did not fund the recently released LTC standards, it did provide funding to CSA Group and HSO to support enhanced engagement and consultations with Canadians and stakeholders to ensure the diverse perspectives were considered during the development of both standards.

The Government of Canada is also developing a new Safe Long-Term Care Act to help ensure seniors get the care they deserve, while respecting provincial and territorial jurisdiction. The Government of Canada is currently carrying out consultations and engagement with stakeholders and Canadians on a Safe Long-Term Care Act.

A 60-day online consultation (July 21 to September 21, 2023) is inviting invited Canadians to share their perspectives and expertise on how to improve the quality and safety of LTC, foster the implementation of

the LTC standards, address human resources challenges, and strengthen accountability in the LTC sector. The online consultation included a specific question for those who self-identify as Indigenous. Feedback will help inform the drafting of the legislation.

Recognizing traditional jurisdictional responsibilities over the delivery of LTC, the Government of Canada is also engaging with provincial and territorial governments on the Safe LTC Act and how to best support the delivery of quality and safe LTC services. The consultations also include discussions and roundtables with experts, stakeholders and Canadians to obtain advice on how federal legislation can help support improvements in the quality and safety of LTC.

Health Care System Funding

On February 7, 2023, the Prime Minister and his PT counterparts met to work together on improving Canada's health care system. First Ministers discussed shared health priorities to deliver real results for Canadians as well as the importance to uphold the Canada Health Act to protect Canada's publicly funded health care system.

At the meeting with premiers, the federal government announced it will increase health funding to PTs by close to \$200 billion over 10 years, including \$46.2 billion in new funding to support the Working Together to Improve Health Care for Canadians Plan. This amount includes \$25 billion to advance shared health priorities through tailored bilateral agreements, building on the \$7.8 billion over five years that has yet to flow to provinces and territories for mental health and substance use, home and community care, and long-term care.

In addition, new funding announced includes \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions, as federal, provincial, and territorial governments work together on how best to support recruitment and retention.

The plan emphasizes the key health priorities: Access to family health services; Building a resilient health workforce and addressing backlogs; Access to mental health and substance use services; Modernizing the health system through digital health and health data; and Helping Canadians age with dignity.

Budget 2023 provided up to \$50 million over five years, starting in 2023-24, to Employment and Social Development Canada to develop and test innovative solutions to strengthen the retirement savings of personal support workers without workplace retirement

security coverage.

Situation in LTC homes throughout the COVID-19 pandemic

A number of long-standing issues in LTC were starkly revealed by the COVID-19 pandemic, including: infection prevention and control; health human resources; compliance with standards and regulations; infrastructure; and personal protective equipment. Many LTC facilities in Canada suffered major COVID-19 outbreaks and numerous deaths occurred. At the peak of the first wave, outbreaks in LTC and seniors' homes accounted for 81% of deaths in Canada. Many PTs and stakeholders have released reports and recommendations on addressing issues faced in LTC facilities.

Government of Canada initiatives to support PT actions in LTC

The Government of Canada has worked collaboratively with PTs throughout the COVID-19 pandemic to protect vulnerable Canadians in long-term care. The federal government has responded to COVID-19 through a number of initiatives:

The Safe Restart Agreement provided provincial and territorial governments with over \$19 billion, including \$740 million in funding to support our most vulnerable populations through infection prevention and control measures to protect those in LTC and those receiving home care and palliative care.

In the 2020 Fall Economic Statement, the federal government announced the creation of a new Safe Long-Term Care Fund. This fund transferred \$1 billion to the provinces and territories to protect people living and working in long-term care.

Since 2020, the Government of Canada has provided \$10.7 million to Healthcare Excellence Canada, who have enabled more than 1,500 long-term care facilities and retirement homes across Canada to implement best practices for preventing and addressing COVID-19 infection. In their next phase of work,

participating teams will be supported to address gaps in the safety and quality of care received in long-term care.

Budget 2021 provided:

\$3 billion over five years to Health Canada to support provinces and territories in ensuring that standards for long-term care are applied and permanent changes are made.

\$41.3 million over six years, and \$7.7 million ongoing, starting in 2021-22, for Statistics Canada to improve data infrastructure and data collection on supportive care, primary care, and pharmaceuticals.

\$27.6 million over three years for a Group Tax-Free Savings Account to support retirement saving for personal support workers.

Federal government ownership of long-term care facilities

The federal government does not own any long-term care facilities, including federal departments responsible for the delivery of long-term care (i.e., Veterans Affairs Canada (VAC), Indigenous Services Canada).

HOME CARE AND PALLIATIVE CARE

UPDATE ON MANDATE COMMITMENTS

Aging at Home Benefit

The National Seniors Council was tasked with serving as an expert panel to examine measures, including a new benefit, to further support Canadians who wish to age at home. Engagement with Canadians and stakeholders from across Canada informed the Council's work. The National Seniors Council submitted its final report to the Minister of Health and the Minister of Labour and Seniors at the end of September 2023.

Home and Community Care Funding (\$6 billion over 10 years from B2017) - Bilateral negotiations

The negotiation of funding agreements is currently underway to flow the remaining \$2.4 billion over 4 years (2023-24 to 2026-27) to provinces and territories for home and community care through the Aging with Dignity Agreements.

Personal Support Workers

The Government of Canada committed \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions. Budget 2023 also committed to provide \$50 million over five years to strengthen the retirement savings of personal support workers. Policy work is underway to determine how to best use this investment to support personal support workers.

ISSUE

Canadians want to age at home and receive supports from their community, in the setting of their choice. This is especially true when they have a serious illness or are approaching the end of life. Increased access to high-quality home and palliative care services is necessary in order to help people receive the care they need in the setting of their choice, to allow them to live as independently as possible. Federal actions are working to improve access to home care and palliative care in Canada.

KEY FACTS

The Government of Canada is providing \$2.4 billion to provinces and territories for the remaining four years of the home and community care Budget 2017 commitment of \$6 billion over 10 years. through new Aging with Dignity Agreements.

Budget 2021 announced a \$90 million investment to launch the Age Well at Home initiative and \$29.8 million in funding for the Palliative Care Action Plan.

Budget 2023 confirmed the Government's commitment to an increase in health care funding of close to \$200 billion over 10 years to support the Working Together to Improve Health Care for Canadians Plan.

In addition to the \$2.4 billion for home and community care, it includes \$3 billion over five years for long-term care and a federal investment of \$1.7 billion over five years to support hourly wage increases

for personal support workers and related professions, as federal, provincial, and territorial governments work together on how best to support recruitment and retention.

In October 2022, the Minister of Health and the Minister of Seniors announced that the National Seniors Council will serve as an expert panel to examine measures, including a potential aging at home benefit, to further support Canadians who wish to age within the comfort of their own homes and communities. Engagement with Canadians and stakeholders from across Canada informed the Council's final advice. The NSC submitted its final report to the Minister for Labour and Seniors and the Minister of Health at the end of September.

KEY MESSAGES

Canadians want to remain at home or in their community when they are aging, have a serious illness or approaching the end of life.

the Government of Canada is currently negotiating "Aging with Dignity" agreements with provinces and territories. These include the remaining \$2.4 billion of the \$6 billion Budget 2017 commitment for home care and \$3 billion over 5 years for long-term care. This is a part of the \$200 federal commitment to support the Working Together to Improve Health Care for Canadians Plan.

Budget 2021 announced \$29.8 million in funding for the Action Plan on Palliative Care. This is in addition to \$24 million from 2019 to 2021 previously allocated for implementing the Action Plan.

IF PRESSED ON ADDITIONAL SUPPORTS FOR AGING AT HOME PROVIDED BY THE FEDERAL GOVERNMENT

Budget 2021 announced a \$90 million investment to launch the Age Well at Home initiative to assist community-based organizations in providing support to help low-income and vulnerable seniors age in place.

The National Seniors Council was tasked with serving as an expert panel to examine measures to further support Canadians who wish to age at home. The Panel undertook several activities to support this work, including an environmental scan, an online survey, and consultations with experts and stakeholders. The National Seniors Council submitted its final report at the end of September 2023. We are currently reviewing this report in detail.

IF PRESSED ABOUT THE ACTION PLAN ON PALLIATIVE CARE

The federal government has made investments of \$54 million to implement Health Canada's Action Plan on Palliative Care, including initiatives to raise awareness about palliative care and grief; improve palliative care skills and supports for health care providers and others; enhance data and research; and improve access to culturally sensitive palliative care for vulnerable populations.

A public education campaign is underway to raise awareness around palliative care and grief. Phase I launched in March 2023 for providers who are not palliative specialists. Phase II was launched in October 2023 for the public.

IF PRESSED ABOUT PROGRESS ON THE REPORT ON THE STATE OF PALLIATIVE CARE (A LEGISLATIVE REQUIREMENT)

The Act providing for a framework on palliative care in Canada requires that the Minister of Health prepare and table a report to Parliament on the state of palliative care in Canada within five years after the tabling of the Framework on Palliative Care in Canada (i.e., by December 4, 2023).

Development of this Report is currently underway and will highlight progress made by palliative care stakeholders, provincial/territorial governments and the federal government, and other non-governmental organizations.

IF PRESSED ON NSC REPORT & RECOMMENDATIONS...

Health Canada will examine ways to enhance the opportunities for seniors to live independently.

The National Seniors Council, serving as the expert panel on supporting Canadians aging at home, submitted its final advice to the Minister of Health and the minister of Labour and Seniors at the end of September 2023.

These recommendations will be carefully reviewed.

BACKGROUND

HOME AND PALLIATIVE CARE IN CANADA

Healthcare is a shared responsibility between the Government of Canada and provincial and territorial (PT) governments. While the federal government provides financial support to the provinces and territories for health care services, the responsibility for matters related to the administration and delivery of these services, including home and palliative care, falls within provincial and territorial jurisdiction.

NATIONAL SENIORS COUNCIL/ AGING AT HOME BENEFIT

In October 2022, the former Minister of Seniors and the former Minister of Health have asked the National Seniors Council to serve as an expert panel to examine measures, including a potential aging at home benefit, to further support Canadians who wish to age within the comfort of their own homes.

Earlier in 2023, the National Seniors Council held an online consultation inviting Canadians and stakeholders to share their lived experiences and views on ways to support Canadians in aging at home. Over 12,000 respondents provided invaluable input that will inform the government's work on this issue.

HEALTH CARE SYSTEM FUNDING

On February 7, 2023, the Prime Minister and his provincial and territorial counterparts met to work together on improving Canada's health care system. First Ministers discussed shared health priorities to deliver real results for Canadians as well as the importance to uphold the Canada Health Act to protect Canada's publicly funded health care system.

At the meeting with premiers, the federal government announced it will increase health funding to provinces and territories by close to \$200 billion over 10 years, including \$46.2 billion in new funding. This amount includes \$25 billion to advance shared health priorities through tailored bilateral agreements, building on the \$7.8 billion over five years that has yet to flow to provinces and territories for mental health and substance use, home and community care (including palliative care), and long-term care.

In addition, new funding announced includes \$1.7 billion over five years to support hourly wage increases for personal support workers and related professions, as federal, provincial, and territorial governments work together on how best to support recruitment and retention.

IMPROVEMENTS IN ACCESS TO PALLIATIVE CARE, BARRIERS STILL EXIST

A 2023 report by the Canadian Institute for Health Information (CIHI), updating their 2018 report, noted that:

More people are receiving some form of palliative care compared with 5 years ago.

58% of Canadians who died in 2021–2022 received palliative care, a 6% increase from 52% in 2016–2017.

More people are dying at home with palliative support compared with 5 years ago.

More people are getting palliative care across settings, although it is still often late in life, and some are transferred to hospital when palliative care services may have been available at home or in their community.

Some people experience greater barriers to accessing palliative care because of their age, where they live or their disease diagnosis.

PALLIATIVE CARE FRAMEWORK AND ACTION PLAN

The Framework on Palliative Care sets out an approach under which all governments, communities, and Canadians play a role in improving palliative and end-of-life care. The Framework was built through participation and direction-setting with key organizations, provinces and territories (P/Ts), other federal government departments and individuals, including people living with a life-limiting illness, caregivers, health care providers, and researchers.

The Action Plan on Palliative Care focuses on the federal role in implementing the Framework. The Common Statement of Principles on Shared Health Priorities (CSOP) and the accompanying bilateral agreements, as described above, outline the way that the federal government and provincial and territorial governments work together to improve home and community care (including palliative care);

these bilateral agreements complement the Framework and Action Plan. They show that provinces and territories have invested in the integration of care in the community, digital and IT infrastructure, support for caregivers and palliative care with the CSOP funding.

The first 6 years of the CSOP agreements are complete. The remaining 4 years of funding is currently under negotiation with PTs as part of the Aging with Dignity agreements.

HOME AND PALLIATIVE CARE FOR INDIGENOUS PEOPLES

Budget 2017 allocated Indigenous Services Canada (ISC) \$184.6 million over five years with \$69.1 million ongoing to improve home and palliative care for First Nations on reserves and Inuit communities. In addition, funding was identified in Budget 2021 for Health Canada to implement the Action Plan on Palliative Care, including funding earmarked for improving palliative care for Indigenous Peoples.

Health Canada is currently collaborating with Indigenous Peoples towards the development of an Indigenous Peoples Palliative and End-of-Life Care Framework. The Framework will include diverse Indigenous voices including First Nations, Inuit, Métis, urban Indigenous people, and 2SLGBTQIA+ and gender-diverse peoples. This work includes leveraging results from relevant engagement processes led by other government departments to reduce engagement fatigue and partnering with Indigenous organizations carrying out Indigenous-led engagement. The resulting framework will provide a road map to guide policy, funding investments and for initiatives to improve palliative care for Indigenous Peoples in Canada.

OTHER FEDERAL INVESTMENTS IN PALLIATIVE CARE

In terms of federal support for research, the Canadian Institutes of Health Research (CIHR), prioritizes investment in research to promote healthy aging and to address causes, prevention, treatment and palliation for a wide range of conditions associated with aging.

Between 2018-2019 and 2022-2023, CIHR invested more than \$30 million in palliative care research, including investigator-initiated research (e.g. funded through the Project Grant competition), research in priority areas (e.g., the CIHR Transitions in Care Initiative), and training and career support programs (e.g., fellowships). This includes support for several Canadian Research Chairs who are leading impactful research on topics such as home and community-based palliative approaches, health system innovations, and pediatric palliative care. Through the Networks of Centres of Excellence (NCE) Program, the federal government has also invested \$47.8M (between 2012 and 2023) in the Canadian Frailty Network, which aims to improve the care of seriously ill, frail elderly patients/families through the development, evaluation, and implementation of health care technologies.

MANDATE LETTER – SEXUAL AND REPRODUCTIVE HEALTH UPDATE

UPDATE ON MANDATE COMMITMENTS

Since 2021, the Sexual and Reproductive Health Fund (SRHF) has committed \$28.5M to community organizations to help make access to abortion, gender affirming care, and other sexual and reproductive health care information and services more accessible for underserved populations. An additional \$9.7M has been provided to Quebec.

Budget 2023 renewed the Sexual and Reproductive Health Fund (SRHF) to 2026-27.

The SRHF is currently funding 23 projects.

The Medical Expense Tax Credit has been expanded to include more of the costs related to the use of reproductive technologies, making conception of a child more affordable.

ISSUE

There are key barriers and challenges related to access to sexual and reproductive health (SRH) information and services, including abortion, in Canada. Accurate SRH information and culturally safe and relevant SRH services, particularly for marginalized populations, is lacking across Canada.

KEY FACTS

People who are 2SLGBTQI+, Indigenous, racialized, living with disabilities, or women and youth from underserved communities face the highest sexual and reproductive health risks and the greatest barriers to accessing support, information, and services. Often, they do not receive quality care.

KEY MESSAGES

All Canadians should have access to sexual and reproductive health resources and services, no matter where they live.

Health Canada's Sexual and Reproductive Health Fund was created in 2021 to advance mandate commitments. Through Budget 2021 and 2023, \$81 million has been committed to the fund over 6 years.

The fund supports community-based organizations that help make access to abortion, gender affirming, and other sexual and reproductive health care information and services more accessible for underserved populations, including trans and non-binary young people and their families.

IF PRESSED ON THE SRH WEB PORTAL

HC is developing its website to provide accurate information about abortion, the care of trans adolescents, and contraception; topics where misinformation and disinformation abound.

IF PRESSED ON HOW MUCH HAS BEEN SPENT FOR DIFFERENT POPULATION GROUPS

Approximately \$8.7M has been provided to support projects for 2SLGBTQI+ populations.

Approximately \$7.6M has been provided to increasing access to abortion.

Approximately \$7.5M has been provided to support the sexual and reproductive health needs of young people.

Approximately \$6.5M has been provided to Indigenous projects

Approximately \$1.7M has been provided to projects on Endometriosis.

IF PRESSED ON DATA

The Government is also investing \$7.6 million over five years for Statistics Canada to collect data that will fill existing information gaps and help us target appropriate sexual and reproductive health supports for Canadians.

IF PRESSED ON ABORTION SERVICES – GENERAL

This Government is committed to upholding the fundamental right to choose and believes that no one should be forced to carry an unwanted or unsafe pregnancy.

Of the \$45 million committed in Budget 2021, \$8.0 million to date has been invested in four projects focused on access to abortion. Through these projects, new resources and supports are being developed for health care professionals, access to accurate information about abortion is being improved, and financial and logistical support for travel for abortion care is being provided.

IF PRESSED ON ABORTION SERVICES – COMPLIANCE UNDER THE CANADA HEALTH ACT

While abortion services are insured in all provinces and territories there is still work to be done to improve access in many areas of the country.

Health Canada continues to engage with Ontario as they work to implement their action plan to eliminate patient charges for access to abortion services.

New Brunswick will continue to be subject to Canada Health Transfer deductions as long as the province refuses to cover insured surgical abortion services provided at private clinics, resulting in patient charges.

IF PRESSED ON WHETHER THE GOVERNMENT WILL PROVIDE FUNDING TO ORGANIZATIONS OFFERING ALTERNATIVES TO ABORTION (I.E. CONTINUING THE PREGNANCY)

This fund is specifically designed to help women access abortion and it will not support initiatives that discourage or are opposed to freedom of choice or attempt to override the individual's right to make decisions about their own body.

IF PRESSED ON THE LEGAL STATUS OF MEDICATION ABORTION IN THE UNITED STATES AND THE AVAILABILITY OF MIFEGYMISO IN CANADA

Health Canada is aware that the U.S. Supreme Court stayed the decision that would have undermined the FDA's approval of Mifepristone, thus allowing continued access to a drug that is used to safely induce abortions. Mifepristone is not marketed in Canada.

Mifegymiso, which is not available in the U.S., is the only abortion pill authorized in Canada and publicly covered by all provinces and territories. It combines Mifepristone and Misoprostol.

Health Canada is closely monitoring the supply of Mifegymiso in Canada. There are currently no supply issues.

IF PRESSED ON MISINFORMATION AND DISINFORMATION REGARDING THE CARE OF TRANS AND NON-BINARY CHILDREN AND YOUTH

This government believes that trans and non-binary young people, and their families, should have access to gender affirming, evidence based, and high-quality health care.

Gender identity is an inherent characteristic that cannot be changed.

This government is protecting trans and non-binary young people through strategic funding, as well as through outlawing conversion therapy. The government is monitoring with concern the rise in both misinformation and disinformation regarding trans and non-binary young people, as well as harassment, intimidation, and threats against health care providers.

IF PRESSED ON CLINICAL PRACTICE GUIDELINES FOR THE CARE OF TRANS AND NON-BINARY PEOPLE

The World Professional Association for Transgender Health (WPATH) offers guidelines called "Standards of Care" to provide clinical guidance for health professionals to assist transgender and gender diverse people with safe and effective pathways to care.

The Government of Canada is confident that the WPATH Standards of Care are evidence-based.

National Medical Associations like the Canadian Paediatric Society, the American Academy of Pediatrics, the American Psychological Association, and other global institutions reference WPATH Standards of Care in their support of age-appropriate, individualized gender-affirming care for youth and adults.

IF PRESSED ON CONCERNS ABOUT DESISTANCE OR TRANSITION REGRET

While stories of "desistance" or "transition regret" can receive significant media attention and are used as part of misinformation and disinformation campaigns, in fact it is rare that youth stop their gender transition and return to living as their gender assigned at birth. Evidence shows that a number of young people who do stop their transition report it was because they did not have enough support or were experiencing discrimination due to being trans; some of these youth go on to transition later in life.

IF PRESSED ON SEX EDUCATION CURRICULA

Health Canada is aware of the government of Saskatchewan's recent policy change regarding sexual education.

Our Government is committed to working towards a more equitable, diverse and inclusive country, where everyone is free to be themselves and participate fully in society. This is especially important when homes and communities are not welcoming spaces for diversity.

The federal government believes that young people should have access to accurate sex education and that schools should be an inclusive environment where all children can learn about keeping themselves healthy and safe.

BACKGROUND

The Government of Canada has made strong commitments to gender equality, using a feminist lens, and realizing and protecting sexual and reproductive health rights.

Key barriers and challenges related to inequitable and variable access to sexual and reproductive health services remain. Indigenous, racialized and 2SLGBTQI+ populations, as well as women and youth from underserved populations face the highest sexual and reproductive health risks and the greatest barriers to accessing support, information, and services.

Since the establishment of the Sexual and Reproductive Health Fund, Health Canada has successfully issued two calls for proposals, and is now administering 24 projects. \$29M has been committed to 23 SRH projects across Canada, and a further \$9.7M has been committed to Québec for projects within that province.

Of these projects, seven address 2SLGBTQI+ communities, four address access to abortion, four focus on Indigenous communities, four address multiple priorities, two focus on racialized people or newcomers, and two specifically address youth.

Canada's current national-level data on sexual and reproductive health is limited to a narrow range of indicators. There is insufficient data available to support understanding and evidence-based decision-making to address a full range of key indicators of sexual and reproductive health, including prevalence of sexually transmitted infections, contraception use, pregnancy intention, and sexual knowledge and behaviours.

2SLGBTQI+ HEALTH

ISSUE

Historical and ongoing injustices endured by 2SLGBTQI+ populations have created persistent barriers to health services, employment, housing, social support and services, and safety for 2SLGBTQI+ individuals. Consequently, 2SLGBTQI+ populations experience health inequities across a range of physical and mental health and social outcomes.

KEY FACTS

2SLGBTQI+ populations in Canada experience substantial inequities in self-rated health and mental health, household food insecurity, smoking, heavy drinking, asthma, arthritis, and sexually transmitted and blood-borne infections (STBBI).

Canadian studies have also revealed significant socioeconomic inequities facing 2SLGBTQI+ populations, including in income, employment, and workplace stress, as well as experiences of violence, hate crimes, and discrimination.

Suicidal ideation, plans, and attempts are disproportionately prevalent among 2SLGBTQI+ youth compared to non-2SLGBTQI+ peers.

KEY MESSAGES

The Government of Canada is committed to addressing stigma, discrimination and hate against 2SLGBTQI+ populations and reducing the social and health inequities that they face.

We are focused on improving the health and wellbeing of 2SLGBTQI+ people and reducing health inequities related to employment, housing, social support and services, and personal safety.

We are investing in tailored research, health promotion, disease prevention and whole-of-government equity initiatives to address healthcare access, mental health, family- and gender-based violence, and sexual and reproductive health for 2SLGBTQI+ populations.

IF PRESSED ON HEALTH PORTFOLIO ACTION

Our funding programs aim to improve health outcomes for 2SLGBTQI+ populations, such as preventing gender-based violence, STBBI, improving mental health and addressing barriers to sexual and reproductive health care.

To advance 2SLGBTQI+ health research, we are investing in culturally responsive data practices, a health research training platform on stigma reduction and mental wellness, and an Applied Public Health Chair to address research gaps for 2SLGBTQI+ older adults.

IF PRESSED ON RISING ANTI-2SLGBTQI+ MIS-/DIS-INFORMATION AND INTIMIDATION

Anti-2SLGBTQI+ mis- and dis-information, particularly related to trans and non-binary youth, is rising globally.

Within just the first three months of 2023, Egale Canada tracked 6,423 anti-2SLGBTQI+ instances of online hate and protests in Canada. Protests also recently took place across the country condemning 2SLGBTQI+-inclusive policies and gender-affirming care for youth.

We know that trans youth already face an alarmingly disproportionate risk of suicide ideation and attempt. Our government recognizes the urgency of this issue, and is committed to protecting the health, safety, and wellbeing of 2SLGBTQI+ youth.

We are committed to exploring ways to counter this mis- and dis-information by engaging with trans and non-binary people in Canada, and standing up against hate and discrimination, in all its forms.

IF PRESSED ON DATA GAPS

Through the Federal 2SLGBTQI+ Action Plan, the Government of Canada is committed to improving data collection, analysis, research, and knowledge on 2SLGBTQI+ communities through \$7.7 million in funding across 5 years to support new community-led research and data collection.

BACKGROUND

Federal 2SLGBTQI+ Action Plan

On August 28, 2022, the Government of Canada launched the first-ever Federal 2SLGBTQI+ Action Plan, which seeks to improve the social, economic and health outcomes of 2SLGBTQI+ populations in Canada through a whole-of-government approach. WAGE is the federal lead on the Action Plan and recently celebrated the 1-year anniversary of its launch.

The historic \$100 million Budget 2022 investment in the Action Plan, allocated entirely to WAGE, will support activities such as community capacity, anti-stigma, awareness and research – all of which will advance meaningful action on the social determinants of health and have a positive impact on the health of 2SLGBTQI+ populations.

The Health Portfolio's current initiatives to support 2SLGBTQI+ populations also contribute to the Action Plan's objectives, but more work remains to be done. The Health Portfolio will continue to work with federal partners, such as WAGE, to advance the priorities of the Action Plan and related Government of Canada equity initiatives, such as Canada's Anti-Racism Strategy 2.0, Canada's Action Plan on Combatting Hate, and the 2021 National Action Plan: Ending Violence Against Women, Girls, and 2SLGBTQI+ People.

Health Portfolio Initiatives

The Health Portfolio currently supports the health of 2SLGBTQI+ populations through a range of both targeted and inclusive initiatives and will seek opportunities to strengthen these efforts as the 2SLGBTQI+ Action Plan evolves over its five-year timeline. Some of these initiatives include:

Public Health Agency of Canada (PHAC):

Data and surveillance initiatives, such as the Pan-Canadian Health Inequalities Reporting Initiative; efforts to better understand STBBI health status, related determinants and data needs of transgender people in Canada; and enhanced surveillance for men who have sex with men (MSM) populations through funding support for the Sex Now Survey;

Funding programs that have supported 2SLGBTQI+ projects, including the Mental Health Promotion Innovation Fund (2 targeted projects), the HIV and Hepatitis C Community Action Fund (23 targeted projects), the Preventing Gender-Based Violence initiative (5 targeted projects), the Mental Health of Black Canadians Fund (3 targeted projects), the Dementia Community Investment (1 targeted project), the Harm Reduction Fund (3 targeted projects); and the Supporting the Mental Health of Those Most Affected by COVID-19 initiative (5 targeted projects);

Research and knowledge translation initiatives, such as the Canadian Research and Knowledge Translation Agenda on Suicide and its Prevention, which includes a focus on 2SLGBTQI+ populations;

Emergency preparedness and response, such as the \$900,000 investment from the HIV and Hepatitis C Community Action Fund to increase the capacity of 2SLGBTQI+ community organizations in the regions most impacted by the mpox outbreak; and

Training, such as the integration of PHAC's Applied Learning for LGBTQIA+ Epidemiology (ALLE) course into its Canadian Field Epidemiology Training Curriculum.

Health Canada:

Funding programs that have supported or are anticipated to support projects focused on 2SLGBTQI+ populations. The Sexual and Reproductive Health Fund (\$45 million over 3 years, starting in 2021/22 and extended with \$36 million over 3 years, starting in 2024/25) has a strong emphasis on initiatives focusing on 2SLGBTQI+ populations: 7 focus on 2SLGBTQI+ populations with a value of over \$10.2 million. Additional funding programs that support some projects focused on 2SLGBTQI+ populations include the Substance Use and Addictions Program (\$100 million over 3 years, starting in 2022/23); and the Addressing Racism and Discrimination in Canada's Health Systems Program (\$14.9 million over three years, beginning in 2021/22).

Canadian Institutes of Health Research (CIHR):

1CIHR supports research and knowledge mobilization related to 2SLGBTQI+ health, including through the following priority-driven research initiatives:

The National Women's Health Research Initiative, in partnership with Women and Gender Equality Canada, which will advance a coordinated research program addressing under-researched and high priority areas of women's and gender-diverse people's health; The Health Research Training Platform on Stigma Reduction and Life Course Mental Wellness for LGBTQ/2S Populations (co-funded with PHAC and Egale);

The CIHR Sex and Gender Science Chair - LGBTQ/2S Wellness and Resilience;

The Indigenous Gender and Wellness Initiative, which includes research to improve wellness of Indigenous Two-Spirit and LGBTQI+ individuals and communities;

Catalyst Grants for Healthy Youth, which include dedicated funding for 2SLGBTQI+ youth, including supporting participatory action research on the information needs of Two-Spirit, transgender and non-binary youth;

Catalyst Grants for Standards for Children and Youth Mental Health Services, which are supporting research on Indigenous 2SLGBTQI+ youth mental health system and service needs; and

Transforming Health with Integrated Care Implementation Science Team Grants, which are supporting a study that is adapting a mental health recovery toolkit for equity-deserving groups, including 2SLGBTQI+ communities.

CIHR also continues to advance measures to promote equity, diversity, and inclusion within the research ecosystem, including for/with 2SLGBTQI+ researchers and trainees, for example through commitments to further gender equity in CIHR's strategic plan and the Tri-Agency Equity, Diversity and Inclusion Action Plan.

THE ASSISTED HUMAN REPRODUCTION ACT AND REGULATIONS

UPDATE ON MANDATE COMMITMENTS

Budget 2022 proposed to allow medical expenses related to a surrogate mother or a sperm, ova, or embryo donor that are incurred in Canada for 2022 and subsequent tax years to be claimed.

It also proposed that fees paid to fertility clinics and donor banks in Canada in order to obtain sperm or ova to be included.

Legislation received Royal Assent in December 2022. The Income Tax Act has been amended to reflect the change.

ISSUE

The Minister of Health's 2021 Mandate Letter included a commitment to support the establishment of mechanisms to help families cover the costs of in vitro fertilization.

More and more Canadians, including single people, members of the 2SLGBTQI+ community, older women, and infertile couples, are turning to Assisted Human Reproduction (AHR) to start and build their families

What is the Government doing to protect the health and safety of Canadians impacted by AHR technologies?

KEY FACTS

The AHR Act received Royal Assent in 2004. The Act protects Canadians by prohibiting activities related to assisted human reproduction that may pose significant human health and safety risks to Canadians or that have been deemed to be ethically unacceptable or incompatible with Canadian values.

In 2010, the Supreme Court of Canada determined that much of the Act was unconstitutional for infringing on provincial and territorial jurisdiction. The unconstitutional provisions were repealed in 2012, significantly reducing the federal role in overseeing assisted human reproduction.

In 2016, the Government announced its intention to strengthen the AHR Act by bringing into force the remaining sections of the Act with supporting regulations.

In 2019, this commitment was fulfilled, with the promulgation of three sets of new regulations (Safety of Sperm and Ova, Reimbursement Related to AHR and Administration and Enforcement Regulations).

The AHR Act is criminal legislation that deals with health and safety issues and does not contain fiscal or spending authorities.

In 2022, the Income Tax Act was amended to allow fees related to a surrogate mother or a sperm, ova, or embryo donor that are incurred in Canada and for fees paid to fertility clinics and donor banks in Canada to be claimed as medical expenses. This Act is under the purview of the Minister of Finance.

KEY MESSAGES

Our Government is committed to protecting the health, safety, dignity and rights of Canadians who use or are born of assisted human reproduction technology.

For this reason, our government supported the development of regulations to reduce risks to human health and safety arising from the use of donor sperm and ova, clarify reimbursable expenses for donors and surrogates, and allow for the administration and enforcement of the Assisted Human Reproduction Act.

Our Government recognizes that it is important for the Assisted Human Reproduction Act to continue to reflect advances in science, as well as the views of Canadians.

The Medical Expense Tax Credit has been expanded to include more of the costs related to the use of reproductive technologies, making conception of a child more affordable.

Coverage now includes amounts paid to fertility clinics and medical expenses of a surrogate mother.

IF PRESSED ON THE CURRENT MEN WHO HAVE SEX WITH MEN (MSM) DONOR SCREENING CRITERIA

Our Government is committed to supporting policies in Canada that are non-discriminatory and scientifically based.

In 2022, Health Canada authorized submissions from Canadian Blood Services and Héma-Québec to implement more inclusive approaches to blood and source plasma donor screening, eliminating the three-month blanket donor deferral period for all men who have sex with men and instead screening all donors for high-risk sexual behaviour.

Health Canada is now reviewing the donor screening criteria for sperm and ova donors to assess whether current science supports the safety of a more inclusive screening approach for men who have sex with men.

Health Canada periodically reviews and updates regulatory requirements, recognizing the need to keep pace with the latest scientific and technical advances and to remove unnecessary restrictions, while maintaining Canada's high standards for safety.

Health Canada is currently consulting with subject-matter experts in the area of donor screening on a proposed, scientifically-based approach for making sperm and ova donor criteria more inclusive.

Health Canada will revise the technical directive based on the feedback received, and distribute it to interested and impacted stakeholders, including those within the 2SLGBTQI+ community, for further consultation before finalizing it.

BACKGROUND

The Assisted Human Reproduction (AHR) Act is the federal legislative framework that oversees AHR in Canada. It is based on recommendations from the Royal Commission on New Reproductive Technologies, which were informed by extensive consultations with Canadians.

With the amended AHR Act being fully brought into force with supporting regulations 2019, Health Canada's focus is on administering and enforcing the Act.

Some stakeholders have raised issues with certain of the Act's prohibitions. While there are many supporting the status quo, there are equally others who are actively calling for change. In particular, these include:

Compensation – calls for amendments to the Act to remove the anti-commercialization prohibitions on payment to donors and surrogates

Research – calls for review of the current scientific prohibitions as they relate to emerging technologies such as germline editing, and other research involving embryos

Posthumous written consent – multiple court cases in recent years involving the prohibition on the removal and use of sperm and ova from a donor after their death

Considerable policy work and extensive consultations would be required to inform any future legislative amendments.

Any amendments would also have to take into consideration the limits of federal authority and the role of the provinces and territories in overseeing aspects of AHR following the 2010 Supreme Court of Canada decision.

In 2022, the Income Tax Act was amended, as proposed in Budget 2022, to expand the list of eligible medical expenses under the Medical Expenses Tax Credit (METC), starting in the 2022 tax year, to include amounts paid to a fertility clinic or donor bank in Canada as a fee or other amount paid or payable, to obtain sperm or ova to enable the conception of a child by the individual, the individual's spouse or common-law partner or a surrogate mother on behalf of the individual. Expenses for the acquisition of sperm or ova for use by an individual in order to become a parent would also be eligible.

In Canada, while it is illegal to pay consideration to surrogate mothers or donors, they may receive reimbursement from intended parents of certain out-of-pocket expenses, including some medical expenses. To qualify, an amount must be a reimbursed expenditure for the purpose of surrogacy, donating sperm or ova, or maintenance and transport of an in vitro embryo, as described under any of sections 2 to 4 of the Reimbursement Related to Assisted Human Reproduction Regulations; or paid in respect of a surrogate mother or donor, and that would be an expenditure under any of sections 2 to 4 of those Regulations if it was paid to the surrogate mother or donor. The expense must have been incurred in Canada.

Examples of eligible expenses include prescription medication or diagnostic testing. Eligible expenses do not include things like maternity clothing, food, vitamins, or living expenses.

PLASMA COLLECTION

ISSUE

Many Canadians rely on plasma and plasma products to treat life-threatening conditions. During the COVID-19 crisis, global demand, prices, and shortages have increased. The federal government recognizes that increasing domestic plasma sufficiency will help to provide security of supply. Health Canada regulates the safety of plasma collection and products made from plasma, but provinces and territories determine how plasma is collected in their jurisdictions.

Claims have surfaced that paid plasma collection by private companies is causing blood and blood product shortages. The Canadian blood system, operated by Héma-Québec in Quebec and Canadian Blood Services (CBS) in the rest of Canada, has not been privatized and there is no evidence that private plasma collection impacts blood donations.

KEY FACTS

At the end of 2021-22, CBS supplied 15% of the plasma needed to make plasma-derived products used by Canadians outside of Quebec. Quebec operates its blood system, through Héma-Québec, separately from the other Provinces and Territories (PTs) and has attained 30% of domestic plasma supply in 2021-22.

To increase plasma collection, CBS opened five plasma collection sites over 2020-22 with funding from PTs. In 2023, CBS opened three sites in Abbotsford, BC, and St. Catharines and Vaughan, ON, and is on track to open the further three plasma collection sites planned by 2024 with \$20 million in federal Budget 2021 investments.

In August 2022, CBS entered into a 15-year agreement with Grifols, a multi-national pharmaceutical company owning one of the largest plasma operations worldwide. Under this agreement, Grifols will only add to domestic plasma supply (i.e. no plasma products created with Canadian plasma will be sold outside Canada) while CBS can ensure new Grifols collection sites do not interfere with their own blood and plasma collection.

Plasma collection by Grifols is expected to double that of CBS, which would allow Canada (outside Quebec) to reach approximately 50% of domestic plasma supply by the end of the decade. At that point, CBS will still need to purchase 50% of plasma products on the global market.

There is no evidence that paid, commercial plasma collection is impacting blood donations in Canada. CBS's 15 year agreement with Grifols, and Grifol's 2022-2025 purchasing of the only private plasma collectors operating in Canada, will help protect CBS' collection sites from commercial competition for the foreseeable future.

KEY MESSAGES

Our Government recognizes the value of domestic plasma collection for the security of Canada's supply of plasma-derived products.

Close federal, provincial and territorial collaboration with the national blood and plasma operator is essential to achieving meaningful results in this critical area for the health and safety of Canadians.

Health Canada regulates the safety of plasma collection and products made from plasma, but provinces and territories determine how plasma is collected in their jurisdictions. In this context, there are a number of provinces in which commercial plasma operations are currently permitted.

There is no evidence that commercial plasma collection impacts blood collection in Canada. Blood donations, in general, have decreased since the COVID-19 pandemic and are impacted by several factors, such as changes in donor behaviours, as well as climate-related events, including floodings and devastating wildfires. Systems and plans are in place to address low inventory or shortages of blood and blood products, and the national blood operators are responding based on these plans.

Budget 2021 provided \$20 million, which allows Canadian Blood Services to construct six new dedicated plasma collection sites across Canada to achieve a greater domestic supply.

IF PRESSED ON THE ROLE OF HEALTH CANADA

Health Canada's role is to regulate plasma sites and to help ensure the safety and quality of the collected plasma. Under the Blood Regulations, Health Canada is required to review all submissions it receives, including those for paid plasma operations, and all plasma sites must receive HC approval in order to operate in Canada.

Only Héma-Quebec and Canadian Blood Services are authorized to distribute plasma products in Canada. Contribution of commercially-collected plasma to Canadian plasma sufficiency is therefore dependent on commercial agreements with the blood operators. Canada has historically been dependent on foreign plasma collected from paid donors.

IF PRESSED ON PAID PLASMA COLLECTION IMPACTING CBS OR HEMA-QUEBEC COLLECTIONS

Only Héma-Quebec and Canadian Blood Services are authorized to collect whole blood in Canada, however, provinces and territories determine how plasma is collected in their jurisdictions. Close federal, provincial and territorial collaboration with the national blood and plasma operators is essential to ensuring Canadians have the blood and blood products they need, when they need them.

There is no evidence that commercial plasma collection impacts blood collection in Canada. Strains to the blood supply are most likely due to changes to blood donor behaviour seen after the COVID-19 pandemic and also due to issues in collection caused by climate events like floods and wildfires.

In case of low inventory or shortages, the national blood operators will follow systems and plans in place for such events, such as The National Plan for Management of Shortages of Labile Blood Components.

IF PRESSED ON CREATING A NATIONAL BAN ON PAID PLASMA DONATION

Provinces and territories determine how plasma is collected in their jurisdictions. Health Canada acts as the regulator in this space to help ensure the safety and quality of plasma collection and plasma products. Studies have shown that the safety of plasma and plasma products is the same whether from voluntary or paid plasma collection. It is therefore up to the provinces and territories to determine whether payment for plasma is acceptable in their jurisdictions.

IF PRESSED ON THE SAFETY OF PLASMA PRODUCTS MADE FROM PAID PLASMA

The safety of plasma products is the same between those made from voluntary and paid plasma; therefore, paying for plasma is not a safety issue, and is not regulated under the Food and Drugs Act.

CBS and Héma-Quebec do not collect enough plasma from voluntary donation to create enough plasma products to meet the needs of Canadians. At present, the majority of plasma products used in Canada are manufactured from paid-plasma collected internationally. Canadian patients regularly rely on these products, which fall under the Food and Drug Regulations to help ensure they meet strict safety and quality standards.

IF PRESSED ON THE AGREEMENT BETWEEN CBS AND GRIFOLS

Outside of Quebec, Canadian Blood Services is the national blood authority, and on behalf of the provinces and territories, is responsible for ensuring patients in Canada have access to a safe and secure supply of blood and blood products — including plasma and medications made from plasma.

IF PRESSED ON GRIFOLS NOT OPERATING IN BRITISH COLUMBIA

Whether payment can be provided for plasma donation is determined by the provinces and territories. CBS and Grifols will determine the best locations for plasma collection operations given their agreement and the decision by British Columbia.

BACKGROUND

Plasma-derived products (PDPs) are needed by thousands of Canadians to treat immune deficiencies, rare blood disorders, and other conditions. PDPs are manufactured from plasma through multiple processing steps designed to substantially limit the growth of pathogens. These measures significantly reduce the risk of contamination with infectious pathogens, such as viruses, bacteria, and parasites. Most plasma products used worldwide are made from paid plasma donations and collected by the commercial sector. As the federal regulator, Health Canada is responsible for maintaining the safety of Canada's blood supply and the plasma used in the production of drugs. Any establishment that collects plasma must hold a HC authorization and license, as well as meet the strict safety requirements under the Food and Drugs Act.

Provinces and territories (PTs) determine how plasma is collected in their jurisdictions. This includes the responsibility for regulating whether the sites pay donors for their donations. While Ontario, Quebec, and British Columbia do not allow for paid plasma donations, other PTs such as Alberta, Saskatchewan, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador allow plasma donors to be compensated.

The need to enhance domestic plasma collection has been a long-standing issue given Canada's dependence on paid-donor plasma from the United States. At the end of 2021-22, Canadian Blood Services (CBS) supplied 15% of the plasma needed to make PDPs used by Canadians outside of Québec.

Québec operates its blood system, through Héma-Québec, separately from the other PTs and, in 2021-22, attained approximately 30% of domestic plasma supply.

Federal (\$20M from Budget 2021) and PT investments in CBS will allow them to construct and operate a total of 11 plasma collection sites by 2024, and to reach ~25% sufficiency by 2027-28.

In 2021-22, CBS began a Competitive Dialogue with industry operating in the plasma collection space. A previous report recommended expansion of CBS collection capacity coupled with development of the plasma supply chain through commercial contracts in order to meet Canada's needs and mitigate supply risks. Within the Competitive Dialogue, Grifols was chosen as a preferred partner, and in August 2022, a 15-year agreement was completed that will see Grifols expand widely into Canada while contributing to domestic sufficiency through CBS.

Overall, PT governments, with CBS and Health Canada input, are providing expert advice to support CBS' mandate to safeguard plasma sufficiency, and to inform PT decision-making for added investments in donor collection sites.

HEALTH RESEARCH

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is making progress on the commitment to develop a plan to modernize the federal research funding ecosystem.

In October 2022, the Government launched the Advisory Panel on the Federal Research Support System (the Advisory Panel) to provide independent, expert policy advice on the structure and governance of the federal system supporting research and talent.

The Government is carefully considering the recommendations of the Advisory Panel's report released in March 2023.

ISSUE

In submissions to the Standing Committee on Finance's pre-budget 2024 consultation, health research stakeholders expressed support for implementation of the Advisory Panel's report recommendation to increase investments in base budgets of the federal research granting agencies.

KEY FACTS

In Budget 2018, the federal government committed nearly \$4 billion over five years for fundamental research. This included \$354.7 million over five years, with \$90.1 million per year ongoing, for the Canadian Institutes of Health Research (CIHR) to increase its support for fundamental research.

KEY MESSAGES

Our government continues to invest in health research with potential to solve health challenges facing Canadians.

Following the historic investment in Budget 2018 to support fundamental research, including \$354.7 million over five years and \$90.1 million per year ongoing to support health research through the Canadian Institutes of Health Research, our government continued to invest in health research during the pandemic, notably to develop an evidence-based response to COVID-19.

During the same period, we have invested in research to build evidence related to other pressing health needs, such as to expand our knowledge of dementia and brain health, diabetes, pediatric cancer, post-COVID condition, and women's health.

IF PRESSED ON THE MODERNIZATION OF THE FEDERAL RESEARCH SUPPORT SYSTEM

Our government recognizes the need to support Canada's world-class scientific community to respond effectively to modern and future challenges.

That is why we launched the Advisory Panel on the Federal Research Support System, to seek expert advice on how to maximize the impact of research and downstream innovation.

The Government is carefully considering the recommendations in the Advisory Panel's March 2023 report and will provide details on further efforts to modernize the system in the coming months.

BACKGROUND

Canada's Fundamental Science Review (2017) recommended increased government investments in fundamental science in Canada. Budget 2018 committed nearly \$4 billion over five years for Canadian research ecosystem, including \$354.7 million over five years, with \$90.1 million per year ongoing to

support fundamental research through CIHR. Budget 2021 committed funding to grow Canada's bio-manufacturing sector, including \$250 million to create a new Clinical Trials Fund through CIHR, and \$250 million through granting agencies to create a research fund to support bio-innovation-related research. It also committed \$30 million over two years for paediatric cancer research and \$20 million over 5 years to support the National Institute for Women's Health Research, as well as \$25 million over five years for diabetes initiatives, including research. Budget 2022 committed \$20 million over five years to ramp up efforts to learn more about dementia and brain health and 20 million over five years for research on post-COVID condition. Other commitments included \$40.9 million over five years, and \$9.7 million ongoing to the federal granting agencies for scholarships and fellowships for promising Black student researchers,

The Advisory Panel's report was released in March 2023. Budget 2023 stated that "the government is carefully considering the Advisory Panel's advice, with more detail to follow in the coming months on further efforts to modernize the system." In submissions to FINA's 2024 pre-budget consultations, health research stakeholders - including universities and student associations - call for the implementation of the Report's recommendations, particularly the recommendation to increase the granting agencies' total base budgets for their core grant programming.

ANTIMICROBIAL RESISTANCE

UPDATE ON MANDATE COMMITMENTS

In June 2023, Canada released the 5-year (2023-2027) Pan-Canadian Action Plan on Antimicrobial Resistance (AMR).

We have invested in two priorities that will have the greatest impact tackling AMR: (1) securing access to new antimicrobials and alternatives, and (2) preserving the effectiveness of existing and new antimicrobials.

Investments committed through Budget 2023 and 2021 will help secure new antimicrobials that are not available in Canada and expand efforts in surveillance and reducing inappropriate use of antibiotics.

Canada remains committed to working with partners to address this growing threat.

ISSUE

Antimicrobial resistance has become a leading cause of death and has been declared a top global health threat by the World Health Organization. Coordinated 'One Health' action across the human and animal health sectors and the environment is needed to address the growing threat to Canadians and our healthcare system.

KEY FACTS

The World Health Organization declared antimicrobial resistance (AMR) a top 10 global public health issue and Canada needs to be prepared to face this threat.

A 2022 Lancet study revealed that AMR is now a leading cause of death worldwide – estimated at causing over 1.2 million deaths in 2019.

AMR is characterized by a decline in the effectiveness of antimicrobial drugs in treating an infection. In Canada, AMR is rising at an alarming rate, with 26% of infections already resistant to first-line antimicrobials.

Resistance can have far-reaching consequences since antimicrobial use in humans, animals, or the environment can impact the health of all three sectors, making it a "One Health" issue.

There is growing international attention (e.g., G7 and G20) on the urgent need to combat AMR. In 2023, G7 Leaders continued to highlight AMR. There will be a UN General Assembly High Level meeting on AMR in 2024.

In Canada, AMR was estimated to have caused 5,400 deaths, cost the healthcare system about \$1.4 billion, and reduced GDP by \$2 billion in 2018. These estimates were published in the Council of Canadian Academies' Expert Panel on the Potential Socio-Economic Impacts of Antimicrobial Resistance in Canada.

Collective action across sectors and jurisdictions is essential to address AMR and to safeguard the effectiveness of antimicrobials, such as antibiotics, which are critical for modern-day medicine. They treat and prevent serious infections and are essential for routine and life-saving medical procedures.

KEY MESSAGES

We made a commitment to take increased and expedited action to monitor, prevent, and mitigate the serious and growing threat of AMR and preserve the effectiveness of the antimicrobials Canadians rely upon every day.

On June 22, 2023, the Government of Canada released the Pan-Canadian Action Plan on Antimicrobial Resistance (PCAP). Developed together with the provinces and territories, PCAP is a 5-year blueprint (2023-2027) for strengthening Canada's collective AMR response using the One Health approach to accelerate efforts on combating AMR.

We have identified two main priorities that will have the greatest impact on tackling AMR: (1) securing access to new antimicrobials and antimicrobial alternatives for Canadians, and (2) preserving the effectiveness of existing and new antimicrobials. The Government of Canada is making progress in both areas.

Through Budget 2023, the Government committed additional funding to secure access to new antimicrobials that are currently not available in Canada. This funding will allow Canada to increase the number of antimicrobial drugs that prescribers can access to treat patients in an effective, efficient and safe manner.

Investments have also been made in research in areas such as antimicrobial discovery and alternatives and diagnostics.

Canada is also helping to fund broader global AMR innovation initiatives, as well as support domestic industry in their R&D efforts. For example, in May 2023, Canada announced a \$6.3M investment in CARB-X, joining other AMR world leaders in a global non-profit partnership accelerating antibacterial products to address drug-resistant bacteria.

Additionally, in October 2022, Canada became one of the first global partners to contribute to SECURE, a newly created global initiative with a mission to expand equitable access to, life-saving antibiotics across countries and regions in need.

In parallel to securing access to antimicrobials, we are taking steps to preserve the effectiveness of the life-saving antimicrobials we currently have.

Through Budget 2021, the Government committed over \$28 million over five years, beginning in 2021-22, to expand efforts in key areas of surveillance and monitoring, including integrating wastewater into our surveillance of antimicrobial usage.

Investing further in antimicrobial resistance efforts now will ensure that Canada addresses this growing threat in an impactful way to better protect Canadians.

IF PRESSED ON WORK BEING DONE BY GOVERNMENT SCIENTISTS TO ADDRESS THE URGENT PROBLEM OF ANTIBIOTIC RESISTANCE

The Government of Canada is leveraging the research infrastructure and relationships that were established during the COVID-19 response to make progress on AMR.

Government of Canada scientists are working with partners to implement wastewater monitoring as a tool for better understanding antimicrobial use, applying pandemic lessons learned to the AMR response.

The Genomics Research and Development Initiative (GRDI) funds coordinated genomics research by federal scientists across 6 federal departments and agencies. Close to \$10M in GRDI funding has been dedicated to improving our understanding of how AMR can spread across human, animal, and environmental sectors.

The GRDI AMR research takes a One Health approach to provide knowledge that will be used to identify hotspots and intervention points, and support evidence-based mitigation strategies.

The overriding goal is to preserve the effectiveness of the antimicrobials that Canadians rely on every day.

In May 2023, Canada announced a \$6.3M investment in CARB-X, joining other AMR world leaders in a global non-profit partnership accelerating antibacterial products to address drug-resistant bacteria.

BACKGROUND

The antibiotics we rely on to treat common infections are becoming less effective, resulting in serious illness and death. 1 in 4 bacterial infections are resistant to the first line of antibiotic treatment. In Canada in 2018, it is estimated that antimicrobial resistance (AMR) resulted in 5,400 deaths, \$1.4 billion in healthcare system costs, and a loss of \$2 billion in GDP.

The Government of Canada, through Budget 2021, committed \$28.6 million over five years, beginning in 2021-22, with \$5.7 million per year ongoing, to PHAC, HC, and CFIA to support efforts to prevent the inappropriate use of antimicrobials and expand efforts to monitor the emergence of AMR in Canada. Through Budget 2023, the Government of Canada committed funding to encourage market entry and availability of antimicrobials in Canada.

Canada is also helping to fund broader global AMR innovation initiatives, as well as support domestic industry in their R&D efforts. For example, in May 2023, Canada announced a \$6.3M investment in CARB-X, joining other AMR world leaders in a global non-profit partnership accelerating antibacterial products to address drug-resistant bacteria.

Additionally, in October 2022, Canada became one of the first global partners to contribute to SECURE, a newly created global initiative with a mission to expand equitable access to, life-saving antibiotics across countries and regions in need.

An AMR Task Force was created within PHAC to establish a clear focus for AMR work across federal departments and agencies.

In June 2023, the Government of Canada released the Pan-Canadian Action Plan on Antimicrobial Resistance (PCAP), a 5-year blueprint (2023 - 2027) for strengthening Canada's collective AMR response using the One Health approach.

Over the past five years, CIHR has invested over \$138 million in AMR-related research to strengthen research in areas such as antimicrobial discovery, target identification, alternatives, diagnostics, surveillance, and stewardship. CIHR is a founding member and major funder of the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR)—a collaboration of 28 member states aimed at coordinating research in AMR to achieve long-term reductions in resistance levels and better public health outcomes.

Health Canada continues to work with other federal partners to focus on enhancing animal health and wellness in order to reduce the reliance on routine use of antimicrobials in animals. Health Canada maintains a Pathogens of Interest List that serves to inform companies of the bacterial pathogens in most urgent need of innovative therapeutic products in Canada.

CANADIAN DRUG AGENCY

UPDATE ON MANDATE COMMITMENTS

The Government of Canada committed to advancing the establishment of the Canadian Drug Agency (CDA), as outlined in Budget 2019 and reiterated in the Minister of Health's mandate letter.

The Canadian Drug Agency Transition Office (CDATO) was established in 2021 to work with provinces, territories (PTs) and key stakeholders on options for a CDA.

The CDATO held over 400 meetings and roundtables to obtain advice from PTs and stakeholders and identify gaps in the pharmaceutical system. Consultations highlighted the need for pan-Canadian leadership. The Government recognizes and supports the critical roles of players within the pharmaceutical management system and is committed to building on existing expertise and leadership in partnership with provinces and territories.

ISSUE

The government is committed to creating a CDA. The CDATO is working with PTs, patients, and stakeholders to develop the mandate and functions of the new agency.

KEY FACTS

The Canadian Drug Agency Transition Office was established in spring 2021 to work with PTs and key stakeholders on options for a CDA; supported by a Budget 2019 investment of \$35 million over four years.

The commitment to establish the CDA was reinforced in the Minister of Health's 2021 mandate letter, the March 2022 Supply and Confidence Agreement, and Budget 2022.

KEY MESSAGES

Canadians should be able to access and afford the prescription drugs they need. However, many Canadians are left vulnerable due to high drug costs, inaccessible health data, and the lack of consistent standards for prescribing practices.

To better understand these challenges, the CDATO consulted extensively with PTs and key stakeholders to identify core gaps in the pharmaceutical system through over 400 meetings and roundtables.

These consultations highlighted the need for pan-Canadian leadership. The Government recognizes and supports the critical role of players within the pharmaceutical management system and is committed to building on existing expertise and leadership in partnership with provinces and territories.

Areas for further work for the CDA would include appropriate prescribing and use, data and analytics and system coordination

The CDATO has begun to advance activities with partners in these areas:

Appropriate Prescribing and Use – launched an Advisory Committee of diverse health partners to provide recommendations for a pan-Canadian strategy for the appropriate use of medications.

Data and analytics – working with partners to determine how the CDA can support drug plans and improve access to drug and treatment data and analytics.

System Coordination – partnering to build a CDA that reduces duplication and streamlines processes, ensuring that the Agency adapts to the evolving pharmaceuticals landscape.

The Government of Canada is committed to establishing the CDA, with continued collaboration with key partners, including the PTs – who are responsible for healthcare delivery.

BACKGROUND

Budget Commitments

Budget 2019 announced federal investments to move forward on the CDA, featuring an investment of \$35 million over four years, starting in 2019-20, to establish a Transition Office to support this initiative.

These commitments were reiterated in the 2020 Fall Economic Statement, as well as, Budget 2021 and Budget 2022.

External Perspectives

Media and Public Opinion

Canadians are generally supportive of improving affordable access to prescription drugs, but are also sensitive to cost considerations as government health-related expenses continue to grow, particularly in the context of COVID-19.

Mainstream media coverage of the pharmaceuticals system focuses primarily on approval of new treatments, science-based innovation, clinical trial breakthroughs, and accessibility / affordability of treatments from a human interest perspective.

A May 2022 Fraser Institute poll following the federal budget, found that 79% of Canadians support universal national pharmacare with no costs attached. Support fell by almost half, to 40%, if the program was to be financed by an increase in the GST.

An October 2020 Angus Reid study found that one quarter (26%) of Canadians had to pay for half or more of their prescription drug costs in the past year. Nearly nine-in-ten Canadians supported the idea (86%) of an affordable drugs program and more than seven-in-ten (77%) said increasing coverage should be a high priority for government.

Stakeholders

Pharmaceutical system stakeholders are numerous, including patients, patient organizations, Indigenous representatives, healthcare professionals, prescribers, dispensers, scientists and researchers, employers and employees, and innovative and generic manufacturers. Engagement has been neutral to positive, with many signalling willingness to discuss further collaboration.

Provinces and territories

Through the Council of the Federation, PT Premiers have called on the federal government to increase funding for healthcare through the Canada Health Transfer (CHT). Premiers sometimes note pharmaceuticals among the priority areas, including in July 2022.

DRUGS FOR RARE DISEASES

UPDATE ON MANDATE COMMITMENTS

Mandate Commitment: Continue engaging with willing provinces and territories towards national universal pharmacare, while proceeding with a national strategy on high-cost drugs for rare diseases and advancing the establishment of the Canada Drug Agency.

We are making progress in implementing the National Strategy for Drugs for Rare Diseases by working with provinces and territories towards the development of bilateral agreements, starting with jointly determining a small set of new and emerging drugs that would be cost-shared and covered in a consistent way across the country.

Funding to health system partners to improve information on safety and effectiveness of drugs and support decision making, and to the Canadian Institutes of Health Research for investments to advance rare disease research is also underway.

ISSUE

Rare diseases are often chronic, can be seriously debilitating and potentially life-threatening. With few or no treatment options, available treatments can be high-cost, which poses significant challenges to patients, caregivers, and the health care system, including the sustainability of public and private drug plans that pay for these drugs.

KEY FACTS

Rare diseases are life-threatening, seriously debilitating and sometimes chronic in nature.

Rare diseases are not rare as a group: it is estimated there are between 6,000 and 8,000 in the world. They are considered rare because they each affect small numbers of people, ranging from a handful of individuals to a few thousand but there are thousands of different rare diseases affecting people the country.

It is estimated that one out of twelve Canadians has a rare disease. They are often genetic conditions, with onset either at birth or early childhood.

Innovative treatments for rare disease can cost anywhere from \$100,000 to more than \$2 million per year. Sales of expensive drugs for rare diseases grew on average nearly 32% annually from 2011 to 2020, making this a key cost driver of pharmaceutical spending in Canada.

KEY MESSAGES

In March 2023, the Government of Canada announced the launch of the first-ever National Strategy for Drugs for Rare Diseases, with an investment of up to \$1.5 billion over three years.

We are now working with provinces and territories towards the development of bilateral agreements, starting with jointly determining a small set of new and emerging drugs that would be cost-shared and covered in a consistent way across the country.

This work will help increase access to, and affordability of, effective drugs for rare diseases to improve the health of patients across Canada.

IF PRESSED ON DETAILS OF THE IMPLEMENTATION, SUCH AS THE COMMON SET OF DRD, STAKEHOLDER CONSULTATION THROUGH THE IMPLEMENTATION ADVISORY GROUP, AND PROGRESS ON BILATERAL AGREEMENTS

Health Canada officials are now engaging with provinces and territories toward the development of bilateral agreements. Similarly, funding will go to Indigenous Services Canada to support eligible First Nations and Inuit patients living with rare diseases.

An Implementation Advisory Group will also be launched soon to ensure that patients and other stakeholders remain at the centre of the Strategy.

We are also working with our health system partners to advance various initiatives focused on collection and use of evidence to support decision making and the advancement of rare disease research.

IF PRESSED ON QUEBEC'S PARTICIPATION IN THE NATIONAL STRATEGY

Our Government is working with all provinces and territories to help increase access to, and affordability of, promising and effective drugs for rare diseases, while also providing flexibility for jurisdictions to address their own unique circumstances.

All provinces and territories have been invited to engage in the next critical step of jointly determining a small set of new and emerging drugs for rare diseases, and to share in the benefits of collaborative approaches to the collection and use of evidence in rare diseases, and innovation and research.

IF PRESSED ON FUNDING TO HEALTH SYSTEM PARTNERS

Our Government will be providing \$20M over three years to the Canadian Agency for Drugs and Technologies in Health (CADTH) and the Canadian Institute for Health Information (CIHI) to support the use of evidence in decision-making.

This work will improve the collection and use of real-world evidence to support decision-making, as well as patient registries.

An additional \$32 million over five years to the Canadian Institutes of Health Research will advance a rare disease research agenda, developing better diagnostic tools and establishing a robust Canadian rare disease clinical trials network.

IF PRESSED ON WHEN PATIENTS WILL SEE BENEFITS FROM THE STRATEGY

As a critical next step to advance the development of these bilateral agreements, the Government of Canada is engaging with provinces and territories to jointly determine a small set of new and emerging drugs that would be cost-shared and covered in a consistent way across the country, for the benefit of patients.

Our work with partners is also well underway; for example with the 32 million dollars provided to the Canadian Institutes of Health Research (CIHR) through the Strategy to advance rare disease research, CIHR has already launched four funding opportunities working to strengthen patient support services, including one to support clinical trial networks in pediatric rare disease.

BACKGROUND

DRUGS FOR RARE DISEASES

Patients with rare diseases generally have few treatment options, resulting in unmet clinical need. Accordingly, treatments are in high demand and can be high-cost. The pharmaceutical treatments for rare diseases are often referred to as orphan drugs, or expensive drugs for rare diseases, or drugs for rare diseases.

High prices are often attributed to factors such as the high cost of research, limited number of patients, small market size, and lack of competitors.

The Government of Canada is working with Provinces and Territories as an active member of the pan-Canadian Pharmaceutical Alliance (pCPA) to combine the governments' collective buying power to negotiate lower prices on brand name drugs for all public plans, including drugs for rare diseases.

ACCESS TO DRUGS FOR RARE DISEASES

Currently, Canadians with rare diseases can access the drugs they need through government drug plans, through private drug plans, or by paying out of pocket. Because these drugs are so expensive, patients generally cannot afford to pay by themselves.

Canadians have been able to gain access to drugs for rare diseases through participation in clinical trials, or as drugs are approved under Division 8 of the Food and Drug Regulations. In cases where criteria are met, Health Canada's Special Access Program (SAP) considers requests for access to drugs that are unavailable for sale in Canada. About 150 of the drugs accessed through the SAP are for the treatment of rare diseases.

LAUNCH OF THE FIRST PHASE OF THE NATIONAL STRATEGY FOR DRUGS FOR RARE DISEASES

The Minister of Health announced the launch of the first phase of the national strategy for drugs for rare diseases on March 22, 2023, at McGill University with an investment of up to \$1.5 billion over three years, to improve access to treatments for people living with a rare disease.

As part of this first phase, the Government of Canada will provide up to \$1.4 billion over three years to provinces and territories through bilateral agreements. This federal investment will increase access to safe and effective drugs for Canadians with rare diseases—many of whom are children. Provinces and territories will be able to add new drugs to their formularies and increase coverage of existing drugs. The new funding will also enable provinces and territories to improve screening and diagnostics so that patients with a rare disease have a better chance of getting access to effective treatments at the right time, which can mean significantly better health and overall quality of life for patients and their families.

In addition, the Government of Canada is providing up to \$33 million over three years to Indigenous Services Canada's Non-Insured Health Benefits Program to support eligible First Nations and Inuit clients with rare diseases.

The Government of Canada is also making key investments of up to \$69 million to support collaborative governance, data infrastructure, and research for drugs for rare diseases. \$20 million over three years will be provided to the Canadian Agency for Drugs and Technologies in Health and the Canadian Institute for Health Information to improve the collection and use of evidence to support decision-making. The Canadian Institutes of Health Research will receive \$32 million over five years to advance a rare disease research agenda with a focus on developing better diagnostic tools and establishing a robust Canadian rare disease clinical trials network. \$16 million over three years, starting in 2023, will be invested to support the establishment of national governance structures, such as a Health Canada secretariat and a stakeholder Implementation Advisory Group.

The Government of Canada will continue working with provinces and territories, health system partners, and stakeholders, including patients, families, and clinicians, to develop future actions based on lessons learned as part of these actions included in the first phase of the Strategy.

PATENTED MEDICINE PRICES REVIEW BOARD

ISSUE

The Patented Medicine Prices Review Board (PMPRB) is an independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

KEY FACTS

On July 1, 2022, Health Canada's amendments to the Patented Medicines Regulations (PMR) came into force. These amendments include a new basket of comparator countries and reduced reporting requirements for those medicines at lowest risk of excessive pricing (e.g., over-the-counter drugs and generic medicines).

The Board of the PMPRB may issue non-binding Guidelines to operationalize the PMR. Since the coming into force of the regulatory amendments, no new Guidelines have been put in place. Interim Guidance to inform stakeholders of the approach for conducting price reviews during this period was adopted in July 2022 and updated in September 2023.

The Board also indicated it will launch an iterative consultation process, conducted in stages, aiming to develop new guidelines in 2024.

The PMPRB is overseen by a Board, appointed by the Governor-in-Council. There are four current Board members: Chairperson Thomas Digby, Vice-Chairperson Anie Perrault, and members Carolyn Kobernick and Peter Moreland-Giraldeau.

On March 9, 2023, the Standing Committee on Health (HESA) adopted a motion to conduct a study on the Patented Medicine Prices Review Board and invite the following witnesses, in addition to any further witnesses the committee may consider relevant: the Honourable Jean-Yves Duclos, Minister of Health; Matthew Herder, former member of the PMPRB; Mélanie Bourassa Forcier, former acting chair, PMPRB; and Douglas Clark, former executive director, PMPRB.

The study took place on April 27 and May 2, 2023, with the requested witnesses making opening statements and answering questions.

On May 4, 2023, HESA passed a motion that witnesses produce correspondence they considered relevant to support their testimony to the committee, which have since been published on the committee website.

It is expected that the committee will report its findings and recommendations to the House and request that the government table a comprehensive response to the report.

KEY MESSAGES

Health Canada supports and respects the PMPRB's role as a strong, independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

IF PRESSED ON HOW SAVINGS WILL BE ACHIEVED AS A RESULT OF AMENDMENTS TO THE PATENTED MEDICINES REGULATIONS

In July 2022, amendments to the Patented Medicines Regulations came into force. These amendments were designed to provide the PMPRB with new tools to carry out its mandate of protecting Canadians from excessive prices for patented medicines and improve access for Canadians to quality medicines.

The new amendments include an 11-country basket of comparator countries, which removes the United States and Switzerland and includes countries that are more like Canada economically and from a consumer price protection standpoint.

The revised basket of comparator countries is estimated to have an impact on patented medicine expenditures by reducing spending by \$2.9 billion over 10 years. The way in which the PMPRB operationalizes the amendments through its Guidelines may impact projected benefits. The new basket is expected to result in lower drug prices for Canadians.

IF PRESSED ON THE HEALTH CANADA SUBMISSION OR QUESTIONS ABOUT ANY POTENTIAL INTERFERENCE IN THE BOARD'S DECISION

PMPRB is an independent quasi-judicial body and is responsible for the development and implementation of its Guidelines. As stated in section 96(5) of the Patent Act, the PMPRB must consult with various parties, including the Minister of Health, before the issuance of any guidelines. It is in that context that former Minister of Health, Minister Duclos wrote to the chair of the PMPRB to share his views with respect to the proposed Guidelines.

As part of the PMPRB's consultation process, Health Canada sent a submission to the Board on December 5, 2022, asking it to consider pausing the consultation process, to allow time to work collaboratively with health system partners and stakeholders, including provinces and territories, to understand fully the short and long-term impacts of the proposed new Guidelines.

IF PRESSED ON LEADERSHIP CHANGES AT PMPRB

On February 1, 2023, following an open, transparent and merit-based selection process, Thomas J. Digby was appointed as the Chairperson of the PMPRB for a term of five years.

On August 10, 2023, the Government of Canada announced the appointment of Anie Perrault as the vice-chairperson of the Board for a five-year term.

On October 12, 2023, the Government of Canada announced the appointment of Peter Moreland-Giraldeau to the Board for a five-year term

The Government of Canada is committed to appointing highly qualified candidates to best serve the interests of Canadians.

Health Canada would like to thank Mélanie Bourassa Forcier and Matthew Herder for their work as members of the Board during their terms.

Members of the PMPRB are Governor-in-Council appointments.

IF PRESSED ON IMPACT OF THE RESIGNATION OF PMPRB OFFICIAL

Officials working as staff within the PMPRB are public servants, and the PMPRB is responsible for its own staffing. Questions about human resources and staffing at the PMPRB should be directed to PMPRB.

IF PRESSED ON PMPRB'S CURRENT CAPACITY TO PROTECT CANADIANS FROM EXCESSIVE PRICES OF PATENT MEDICINES

The PMPRB was established under the Patent Act and reports into Parliament through the Minister of Health. It does and will continue to play an important role in exercising its authority as an independent body to oversee the prices of patented medicines in Canada and ensure that Canadians are not paying excessive prices.

The PMPRB and its legal framework are an important part of the pharmaceutical landscape, and the Government of Canada is committed to the mandate of the PMPRB and its role in protecting consumers against excessive prices of patented medicines.

IF PRESSED ON GUIDELINES

Health Canada supports and respects the PMPRB's role as a strong, independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

Specific questions regarding next steps with respect to the Guidelines should be directed to PMPRB.

IF PRESSED ON THE PMPRB

As an arm's-length organization of the government, the PMPRB reviews the prices patentees charge for patented drug products in the Canadian market. The PMPRB can work with patentees to achieve voluntary price reductions, or the board can hold public hearings to determine whether a price is excessive, and (if so) order price reductions or the offset of excess revenues.

Health Canada supports and respects the PMPRB's role as a strong, independent quasi-judicial body that protects the interests of Canadian consumers by ensuring that the prices of patented medicines sold in Canada are not excessive.

IF PRESSED ON CONCERNS WITH IMPACTS ON REVENUE TO INDUSTRY AND DRUG ACCESS

The Government of Canada understands the importance of the pharmaceutical sector and in supporting research and development in Canada. A balance between supporting innovation and improving the affordability and accessibility of patented drugs for Canadians is essential.

Even with lower prices, revenues from patented drug sales are expected to continue growing over the next ten years in Canada.

IF PRESSED ON IMPACT OF PHARMACEUTICAL INVESTMENTS IN CANADA

Our Government recognizes the importance of the life sciences sector to the Canadian economy, innovation, and quality of life. We remain committed to strengthening the innovation ecosystem in Canada.

Budget 2021 announced significant investments to grow Canada's life sciences and bio-manufacturing sector, providing a total of \$2.2 billion over seven years towards growing a vibrant domestic life sciences sector.

BACKGROUND

The Patented Medicine Prices Review Board (PMPRB), an arm's-length organization of the government, reviews the prices patentees charge for patented medicines available in the Canadian market to ensure that they are not being sold at a price that the PMPRB finds to be "excessive". The PMPRB can work with

patentees to achieve voluntary price reductions or hold public hearings to determine whether a price is excessive, and (if so) order price reductions or the offset of excess revenues.

The Minister of Health has the authority under the Patent Act to refer matters to the PMPRB, which in turn is required to inquire into the matter and report its findings back to the Minister. Additionally, the Minister is responsible for making recommendations to Cabinet on changes to the Patented Medicines Regulations (PMR), which form part of the PMPRB's legislative framework.

On July 1, 2022, Health Canada's amendments to the Patented Medicines Regulations (PMR) came into force. These amendments, including a new basket of comparator countries and reduced reporting requirements for those medicines at lowest risk of excessive pricing (e.g., over-the-counter drugs and generic medicines), provide the PMPRB with more updated tools to prevent excessive pricing for patented medicines. The price reporting requirements for the new basket of countries have been in force since July 1, 2022. The PMPRB has therefore received from regulated parties the new pricing information respecting the new basket of comparator countries for all of 2022.

The new basket of comparator countries removes the United States and Switzerland and includes countries with similar consumer protection priorities, economic wealth and marketed medicines as Canada. The basket now comprises of Australia, Belgium, Japan, Netherlands, Norway and Spain, along with France, Germany, Italy, Sweden and United Kingdom, which have always been included.

The total quantified benefit of the revised basket, calculated through a cost-benefit analysis conducted in 2017, estimated the impact of the regulatory amendment on patented medicine prices to be \$2.9 billion over 10 years (according to the June 2022 Regulatory Impact Analysis Statement). While the estimated impact for the cost-benefit analysis was conducted in a comprehensive manner using reasonable assumptions, some differences in the benefits and costs relating to the amendments that came into force can be expected.

In addition, the PMPRB's upcoming Guidelines that operationalize the regulatory amendments, the extent to which rights holders voluntarily comply with the Guidelines, and, the extent to which the Guidelines are an appropriate application of the Act and Regulations, may all have an impact on the projected benefits.

On June 30, 2022, in anticipation of the coming into force of the amendments to the PMR on July 1, 2022, the PMPRB published Interim Guidelines for establishing non-excessive prices for drugs launched during the period of time between the coming into force of the PMR and the publication of the Final Guidelines.

Subsequently, on October 6, 2022, Draft Guidelines were published with a 60-day Notice and Comment Period ending December 5, 2022. The PMPRB expressed the intention to issue Final Guidelines by the end of the year and have the Final Guidelines come into effect on January 1, 2023. In addition to the new Schedule of 11 comparator countries, the Draft Guidelines contained a number of substantive changes as part of the Board's modernization efforts.

On November 28, 2022, the Minister of Health wrote to the Acting Chairperson of the PMPRB asking that the Board consider pausing the consultation process to allow time to fully understand the short and long-term impacts of the proposed guidelines. This letter was written in context of section 96(5) of the Patent Act, which states that the PMPRB must consult with various parties, including the Minister of Health, before the issuance of any guidelines.

In December 2022, the PMPRB announced that it would not implement the proposed new Guidelines on January 1, 2023, as they had previously indicated. PMPRB communicated that the Interim Guidelines would remain in place until further notice. On June 20, 2023, the PMPRB published a proposed Amendment to the Interim Guidance regarding new medicines for a 60-day notice and comment period ending August 21, 2023. On September 27, 2023 the Board announced its decision to adopt the proposed Amended Interim Guidance, effective immediately. The Board also indicated its intention to launch an iterative consultation process, conducted in stages with stakeholders with an aim to develop new guidelines in 2024.

In December 2022, Mélanie Bourassa Forcier, Vice-Chairperson and Acting Chairperson of PMPRB, confirmed her resignation and in February 2023, Matthew Herder confirmed his resignation from the Board and published his resignation letter online. Douglas Clark, Executive Director (a public servant who reports to the Chairperson) announced that he would remain as a special advisor for a specified period, but resigned from his Executive Director position in February 2023.

In February 2023, the Government of Canada announced the appointment of Thomas J. Digby as the chairperson of the PMPRB and on August 10, 2023 Anie Perrault was appointed as the vice-chairperson of the Board. On October 12, 2023, the Government of Canada announced the appointment of Peter Moreland-Girardeau to the Board. All terms are for five years, following an open, merit-based and transparent selection processes.

On March 9, 2023, the Standing Committee on Health (HESA) adopted a motion to conduct a study on the PMPRB and invited the following witnesses, in addition to any further witnesses the committee may consider relevant: the Honourable Jean-Yves Duclos, Minister of Health; Matthew Herder, former member of the PMPRB; Mélanie Bourassa Forcier, former acting chair, PMPRB; and Douglas Clark, former executive director, PMPRB.

On April 27, 2023, HESA commenced its study on the PMPRB. Minister Jean-Yves Duclos made a statement and, along with Deputy Stephen Lucas, Eric Belair and T. Nessim Abu-Zahra, answered questions. Melanie Bourassa Forcier, former acting chairperson of the Board also made a statement and answered questions. The study continued on May 2, 2023, with Matthew Herder, former Board member, and Douglas Clark, outgoing executive director, PMPRB, each making opening statements and answering questions. On May 4, HESA passed a motion that witnesses produce correspondence they consider relevant to support their testimony to the committee. These documents have been published online.

It is expected that the committee will report its findings and recommendations to the House and request that the government table a comprehensive response to the report.

HEALTHY ENVIRONMENTS AND CONSUMERS – GENERAL

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is working to build resiliency to the impacts of climate change on health and the health system. In June 2023, the Government of Canada released Canada's first National Adaptation Strategy and the Government of Canada released the Government of Canada Adaptation Action Plan.

In May 2023, the Government published a draft State of PFAS report that proposes that the class of PFAS may cause harm to both human health and the environment.

Amendments to the Canadian Environmental Protection Act, 1999 (CEPA) were introduced in the Senate on February 9, 2022, as Bill S-5. Following extensive study in both Houses, S-5 received royal assent on June 13, 2023.

In June 2023, Royal Assent was received for legislative amendments to the Food and Drugs Act (FDA) to ban cosmetic animal testing and to the Canadian Environmental Protection Act, 1999 (CEPA) to address the use of animal testing. Work now is focusing on developing a strategy to promote the development and timely incorporation of scientifically justified alternative methods in the testing and assessment of substances to replace, reduce or refine the use of vertebrate animals.

ISSUE

Mandate letters issued to both the Minister of Health and the Minister of Environment and Climate Change reaffirm the Government's commitment to a suite of measure to protect Canadians from unsafe consumer products and chemicals.

KEY FACTS

National Framework on Cancers linked to Firefighting Act

On June 22, 2023, the National Framework on Cancers linked to Firefighting Act received Royal Assent.

The Act calls on you, as Minister of Health, to develop a National Framework designed to raise awareness of cancers linked to firefighting and to support improved access for firefighters to cancer prevention and treatment.

Climate Change and Health

Canada's climate is warming two times faster than the global average, and three times faster in the North. Climate change is already having a serious impact on the health and well-being of people living in Canada and is also increasing stress on and costs to the health system.

Perfluoroalkylated and Polyfluoroalkylated Substances (PFAS)

The Government of Canada has published a draft State of PFAS report. This draft report proposes that PFAS as a class may cause harm to both human health and the environment. There is a considerable amount of public interest in this very large group of substances.

Canadian Environmental Protection Act (CEPA)

CEPA is Canada's key statute to prevent pollution and protect the environment and human health.

Bill S-5, which introduced updates to the Act, received royal assent June 13, 2023. Bill S-5 delivers on the direction to strengthen CEPA and protect Canadians from harmful chemicals as set out in the mandate letters issued to the Minister of Health and the Minister of Environment and Climate Change.

Animal Testing

Non-governmental organizations, members of Parliament and concerned Canadians have pressed Health Canada to end the use of animals in research and testing

KEY MESSAGES

Our Government is committed to protecting the health and safety of Canadians from the dangers posed by unsafe consumer products and chemicals.

The Government of Canada has some of the most stringent regulations for consumer products and chemicals in the world.

The Government of Canada is also committed to taking action to protect the health of Canadians from the impacts of climate change.

The Government of Canada is working with key partners to develop Canada's first National Adaptation Strategy, which will include a focus on protecting Canadians' health and well-being.

IF PRESSED ON PROVINCIAL/TERRITORIAL JURISDICTION FOR THE NATIONAL FRAMEWORK ON CANCERS LINKED TO FIREFIGHTING ACT

In Canada, protecting firefighters from occupational cancers is a shared responsibility across federal, provincial and territorial governments.

Provincial and territorial governments have a mandate for health care delivery and occupational health and safety and Health Canada will work to convene these partners to share information and raise awareness to ensure that firefighters in Canada receive the care and cancer prevention they deserve.

IF PRESSED ON GOALS OF THE NATIONAL FRAMEWORK

The Government will raise awareness of cancers linked to firefighting with the goal of improved access to information on cancer prevention and treatment for firefighters throughout Canada and to create equity between firefighters regardless of place of work or residence, and volunteer or career firefighter status.

Health Canada will convene stakeholders across the firefighting community, healthcare system, academia, and with industry partners to facilitate knowledge transfer and to identify opportunities for action.

The Government will look to find opportunities in which federal leadership would benefit firefighters in Canada, regardless of where they may work or live.

IF PRESSED ON INDIGENOUS ENGAGEMENT ON THE NATIONAL FRAMEWORK

The Government is working with Indigenous governing bodies to inform the development of the National Framework, ensuring to capture the unique challenges and needs of Indigenous firefighters throughout Canada.

IF PRESSED ON GOVERNMENT ACTIONS TO ADDRESS PFAS

While science has been evolving regarding the risks of PFAS, the Government of Canada has not waited to act and has prohibited three subgroups of PFAS.

The Government of Canada has also proposed a new objective for PFAS in drinking water, led a nomination of a subset of these substances for global action under the Stockholm Convention and is

developing an approach to consider the risk posed by biosolids contaminated with PFAS and to protect the safety of Canadian agriculture.

IF PRESSED ON GOVERNMENT ACTIONS TO PROTECT PEOPLE IN SAGUAY FROM PFAS

The Government of Canada has proposed a new draft objective for PFAS in drinking water with the aim to reduce potential exposure to multiple PFAS considering them as a group instead of individual chemicals.

The Government of Canada supports provinces, territories and other federal departments through guidance on health effects, testing protocols and water treatment strategies for contaminants in drinking water.

Questions about specific contaminated sites should be addressed to the responsible federal authority.

IF PRESSED ON HOW THE STRENGTHENED CEPA WILL PROTECT CANADIANS

The modernized Act strengthens how chemicals and other substances are assessed and managed, and ensures that we have the best possible tools to protect the health of Canadians and their environment.

The strengthened CEPA will assess exposures based on the cumulative effects of a substance in combination with exposure to other substances, where feasible.

The updated Act will create a stronger regime for controlling certain toxic substances that pose the highest risk to human health or the environment.

The Strengthened CEPA now recognizes a right to a healthy environment as provided under the Act for every individual in Canada and the government is now able to better protect people living in Canada who are more exposed to harmful substances or more susceptible to their effects.

IF PRESSED ON WHETHER THESE UPDATES TO CEPA WILL AFFECT THE PESTICIDES REGIME IN CANADA

CEPA and the Pest Control Products Act (PCPA) are complementary pieces of legislation that contribute to federal management of toxic substances to protect human health and the environment.

While recent amendments to CEPA have no direct legal implications for the PCPA, the Government strives for policy, science and regulatory alignment in these complementary Acts.

On June 20, 2023, the Government of Canada announced next steps toward a sustainable approach to pesticides management, including consulting on proposed amendments to the Pest Control Products Regulations (PCPR). The proposed amendments would strengthen alignment with CEPA in the areas of environmental risk assessment of pesticides and increased transparency.

BACKGROUND

National Framework on Cancers linked to Firefighting Act

Bill C-224

Private Member's Bill C-224, An Act to establish a National Framework for the prevention and treatment of cancers linked to firefighting, was introduced in the House of Commons in January 2022 by Member of Parliament Sherry Romanado (Longueuil-Charles-LeMoyne) and was unanimously passed by Parliament. The Act received Royal Assent on June 22, 2023.

Developing a National Framework on Cancers linked to Firefighting

The new National Framework on Cancers Linked to Firefighting Act requires that the Minister of Health:

develop a National Framework that raises awareness of cancers linked to firefighting with the goal of improving access to cancer prevention and treatment;

consult with P/T governments responsible for health, municipal governments, Indigenous governing bodies, health care professionals, scientists, and stakeholders in the firefighting community in developing the National Framework;

designate January to be known as "Firefighter Cancer Awareness Month" throughout Canada each year.

As outlined in the Act, the resulting National Framework may include measures regarding:

- research on the link between firefighting and cancer;

training and education needs of health care and other professionals;
recommendations respecting regular screenings for cancers linked to firefighting;
research, data collection, and information/knowledge sharing; and,
standards that recognize cancers linked to firefighting as occupational diseases.

The new National Framework will build on existing government efforts, such as the Government of Canada Action Plan to protect Firefighters (described below) and aim to provide a common policy direction across all levels of governments and stakeholders to better protect firefighters against occupational cancers.

To inform the development of the Framework, Health Canada has launched an engagement strategy to ensure all relevant stakeholders are included in this work. The engagement approaches include key informant interviews, bilateral engagements, a Government of Canada Advisory Group and dedicated workshops.

Health Canada will host a workshop with the IAFF in October 2023 to identify best practices and research priorities to reduce firefighters' occupational exposures. Health Canada will also host a consultative workshop on the Framework with the CAFC in December 2023 to sensitize stakeholders on this topic and inform potential next steps. Once consultations are completed, a "What We Heard" Report will be published online to inform the development of the National Framework.

Health Canada is also developing a communications strategy for the inaugural Firefighter Cancer Awareness Month in January 2024.

Climate Change and Health

Climate change impacts on health are complex and cascading. They include extreme heat, reductions in air quality, impacts on food and water safety and security, harm and displacement from extreme weather events, spread of infectious disease, and impacts on mental health. These impacts can cause unnecessary injury, illness and death. Populations at greater risk from the negative health impacts of climate change include older adults, children and youth, people with underlying medical conditions, racialized populations, First Nations, Inuit and Métis, as well as coastal, rural and Northern communities, among others.

The health system, including healthcare infrastructure and the delivery of public health services, is vulnerable to extreme weather events, such as floods, wildfires, extreme heat and humidity, and ice storms, which have damaged and impaired health facilities, affecting patient care and increasing healthcare and public health costs.

Federal health organizations including Health Canada, the Public Health Agency of Canada, the Canadian Institutes of Health Research, the Canadian Food Inspection Agency, and Indigenous Services Canada work together, in collaboration with other levels of government and stakeholders, to address key impacts of climate change on health and the health system.

Perfluoroalkylated and Polyfluoroalkylated Substances (PFAS)

In April 2021, the Government of Canada published a Notice of Intent to move forward with activities to address the broad class of PFAS. The notice indicated that substance-specific information is lacking for many PFAS that are currently used and, while risk management measures are already in place for a number of PFAS, the scientific evidence to date indicates that other PFAS may also have associated environmental and/or human health effects. Considering PFAS as a class of chemicals better addresses situations where exposure occurs to multiple PFAS, and allows the Government to consider cumulative effects and to prevent substituting a regulated PFAS with an unregulated PFAS (i.e., regrettable substitution). Stakeholders were invited to provide initial feedback or indicate their interest in engaging in further discussions.

Canadian Environmental Protection Act (CEPA)

Mandate Letter Objectives:

Mandate letters issued to the Minister of Health and to the Minister of Environment and Climate Change instructed both Ministers to enact a strengthened CEPA to protect everyone, including people most vulnerable to harm from toxic substances.

Minister Guilbeault was further instructed in his mandate letter to recognize a “right to a healthy environment” in federal law and introduce legislation to require the development of an environmental justice strategy and the examination of the link between race, socio-economic status and exposure to environmental risk.

Amendments to CEPA also recognize the need to replace, reduce or refine the use of vertebrate animal testing when assessing the risks that substances may pose to human health and the environment.

Consumer Product Labelling and Safety

Health Canada’s Consumer Product Safety Program administers the Canada Consumer Product Safety Act and its regulations, and the Food and Drugs Act and its Cosmetic Regulations, which set out responsibilities for suppliers of consumer products and cosmetics, namely manufacturers, importers, sellers, and advertisers, including entities that operate in these capacities online. Consumer products and cosmetics are regulated through a post-market approach whereby labelling requirements for both product lines focus on managing risks to Canadians that are associated with the intended use of a product and include information that helps consumers make informed choices.

Animal Testing

Health Canada currently uses data generated from animal toxicity testing to inform regulatory risk assessments or to comply with regulatory requirements under the Canadian Environmental Protection Act (CEPA), the Food and Drugs Act (FDA), the Canada Consumer Product Safety Act (CCPSA) and the Pest Control Products Act (PCPA), as well as to inform hazard assessments under the Hazardous Products Act (HPA). In some cases, the requirement for industry to generate such data is prescribed in regulations. In other cases, there are no regulatory requirements and available data, including that generated from animal toxicity testing methods, are used to fill knowledge gaps when conducting assessments.

Scientists at Health Canada also conduct animal toxicity testing when alternatives do not exist to generate data to understand the potential impacts of substances on the health of people living in Canada or for the development of methods to support the transition toward non-animal test methods that are protective of human health.

While there have been some key advancements in the development and implementation of non-animal testing methods, science has not yet progressed to the point where alternative methods can completely replace all animal testing. There are several complex health endpoints relating to cancer, reproductive toxicity, and the way the body processes toxic chemicals, for example, that are lacking validated alternative methods.

PESTICIDES – GENERAL

ISSUE

In general, pesticides are toxic chemicals intentionally released into the environment to control pests, including in agriculture and forestry, in homes and workplaces, and in industrial processes. They can also include personal insect repellents, wood preservatives, pool sanitizers and products to control invasive species.

There are more than 8000 registered pesticide products in Canada.

Pesticides are stringently regulated in Canada to ensure they pose minimal risk to human health and the environment. Under authority of the Pest Control Products Act (PCPA), Health Canada:

registers pesticides after a science-based evaluation that ensures any risks are acceptable;

re-evaluates the pesticides currently on the market on a 15-year cycle to ensure the products meet current scientific standards; and

promotes, monitors and enforces compliance with the PCPA.

In 2021, the Federal Government announced a \$42 million investment in Health Canada’s Pest Management Regulatory Agency (PMRA) to further strengthen pesticide monitoring and protection of human health and the environment and increase transparency.

On June 20, 2023, the Government of Canada announced additional concrete actions towards a more sustainable approach to pesticide management. The announcement included various measures intended to protect biodiversity while making sure that Canadian farmers have the pest management tools they need to respond to growing demands for healthy and affordable food to Canadians and abroad.

KEY FACTS

Before a pesticide is allowed to be used or sold in Canada, it must undergo a rigorous scientific assessment that provides reasonable certainty that no harm to human health and the environment (including wildlife) will occur when it is used according to label directions and that it has value (e.g., is efficacious).

In response to the August 4, 2021 federal commitments, the PMRA has established a Transformation Agenda, which focuses on four major areas: strengthen human and environmental health and safety oversight and protection through modernized business processes, improve transparency to increase the public's participation in the decision-making process for pesticides, increase use of real-world independent data and independent advice to better inform regulatory decision making, and a targeted review of the PCPA.

On June 20, 2023, the Government of Canada announced next steps toward a sustainable approach to pesticides management, including:

Consulting on proposed amendments to the Pest Control Products Regulations;

Restarting the science-based process of evaluating proposed increases to pesticide residue limits, in line with international guidelines; and

Eliminating the use of pesticides for cosmetic purposes on federal lands through amendments to the Greening Government Strategy led by Treasury Board of Canada.

These steps will advance Canada's commitment to implementing the 2022 Kunming-Montreal Global Biodiversity Framework (GBF), which aims to halt and reverse biodiversity loss. The Framework includes a focus on reducing the overall risk from pesticides by at least half by 2030.

KEY MESSAGES

The Government of Canada takes pesticide safety very seriously.

To be used in Canada, a pesticide must undergo a rigorous, science-based risk assessment to ensure that it meets Health Canada's human health and environment protection requirements and has value.

In June 2023, the Government of Canada announced a number of actions leading towards a sustainable approach to pesticide management.

These actions will result in increased transparency, consideration of cumulative environmental effects and species at risk during pesticide reviews, and contribute to Canada's commitment to implementing the 2022 Kunming-Montreal Global Biodiversity Framework (GBF), which aims to halt and reverse biodiversity loss.

IF PRESSED ON THE CONTINUED USE OF GLYPHOSATE IN CANADA

Health Canada scientists have conducted an extensive review of this chemical and have concluded that there are no health risks of concern when label directions are followed.

Health Canada's finding is consistent with that of other major international regulatory partners (US, EU, Australia).

Health Canada continually monitors science information and scientific literature related to glyphosate and will take necessary actions to protect health and environment.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO MONITOR GLYPHOSATE IN THE ENVIRONMENT

Health Canada is establishing a national water monitoring framework with provinces, territories, Indigenous communities, academics and other key stakeholders to inform the collection of real-world data on the presence of pesticides, including glyphosate, in surface and groundwater in Canada.

This framework will provide guidance for a water monitoring program across Canada, including the design and implementation of a long-term collaborative national-scale water monitoring for pesticides.

To support this work, a pilot water monitoring program was established to inform a long-term program. Sampling began in the summer of 2022 and the first results were published in Fall 2022 and Winter 2023.

As announced on June 20, 2023, Environment and Climate Change Canada will generate real-world data to make progress on this sustainable approach to pesticides management in Canada and to better understand the impacts of pesticides on the environment.

The collaboration between Health Canada and Environment and Climate Change Canada supports efforts to improve data that can inform pesticides decisions.

IF PRESSED ON GLYPHOSATE FOUND IN FOOD

Recent testing by the Canadian Food Inspection Agency (CFIA) shows levels found are compliant with the maximum residue limits (MRLs) allowed to be in or on food.

The MRLs for each pesticide-crop combination are set at levels well below the amount that could pose a health concern. As such, the levels detected by the CFIA are not a cause for health concern for Canadians.

IF PRESSED ON THE DETECTION OF GLYPHOSATE IN BLOOD/URINE

Health Canada has assessed the low level detected in Canadians and has not identified any health concerns.

IF PRESSED ON GLYPHOSATE FOUND IN DRINKING WATER

Health Canada has assessed potential human health risk of glyphosate from drinking water. Dietary (food and drinking water) exposure associated with use of glyphosate was found not to be of concern.

IF PRESSED ON WHETHER HEALTH CANADA – WHO IN 2018 PROPOSED TO CANCEL ALL USES OF NEONICOTINOIDS – IS TAKING A SOFTER STANCE DUE TO PRESSURE FROM THE AGRICULTURAL SECTOR

As part of the public consultation on its proposed decisions on neonicotinoids, Health Canada received more than 47,000 comments from the public, pesticide registrants, non-governmental organizations and provinces. A significant amount of new water monitoring data and scientific studies and papers from various sources such as registrants, provinces, academia and other regulatory authorities were reviewed.

The Department considered these new scientific papers, data and comments to make sound, science-based, final decisions regarding the risks to the environment from the use of these neonicotinoid insecticides in Canada.

IF PRESSED ON HEALTH CANADA'S DECISION TO CANCEL THE USE OF STRYCHNINE FOR RICHARDSONS'S GROUND SQUIRREL CONTROL IN SASKATCHEWAN AND ALBERTA DESPITE A STUDY SUBMITTED FROM SASKATCHEWAN

Health Canada's scientists reviewed all pertinent information, including the study from Saskatchewan, before concluding that no practical mitigation measures could be implemented to protect the environment adequately. Therefore the registration was cancelled.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO ADDRESS THE USAGE OF THE INSECTICIDE LAMBDA CYHALOTHRIN FOR FEED USE IN CANADA

As a result of the 2021 re-evaluation of lambda cyhalothrin, a number of uses were cancelled due to dietary risks of concern, including potential risks to children and nursing mothers.

The risk assessment considered the prioritization of uses provided by the manufacturer.

A number of alternative insecticides are currently registered for feed crops.

Health Canada is actively reviewing a request by the manufacturer to reinstate feed uses.

IF PRESSED ON HEALTH CANADA'S DECISION TO PHASE-OUT THE WOOD PRESERVATIVE PENTACHLOROPHENOL

In July 2020, Health Canada published a proposed special review decision for pentachlorophenol, which proposed cancellation of all uses due to risks to human health and the environment.

The last date of authorized use of pentachlorophenol in the treatment of wood is October 4, 2023.

Following a scientific review and public consultation in June, Health Canada has published its decision in September to allow the sale and use of utility poles already treated with pentachlorophenol for an additional 3 years.

IF PRESSED ON WHAT HEALTH CANADA IS DOING TO MEET THE TARGETS OF THE GLOBAL BIODIVERSITY FRAMEWORK, INCLUDING THE REDUCTION OF RISKS FROM PESTICIDES

ECCC is developing a comprehensive national biodiversity strategy to 2030 and working with Health Canada and AAFC to identify science-based approaches to meet the pesticide risk reduction commitment while supporting data collection and research.

The Government of Canada is working with partners to identify mechanisms and tools to reduce risk.

IF PRESSED ON THE ARTICLE PUBLISHED BY RADIO-CANADA "OTTAWA TO ONCE AGAIN ALLOW MORE PESTICIDES IN CERTAIN FOODS"

The Canadian government takes pesticide safety very seriously.

Since the pause on MRL increases, Health Canada has taken steps to address key stakeholder concerns related to the pesticide regulatory process to improve communication and transparency around MRLs.

Lifting the pause on MRLs increases, where PMRA's robust scientific assessment reveals that it is safe to do so for Canadians is important to allow people in Canada to maintain reliable access to affordable and nutritious food, provide predictability for farmers to access the required tools to fight against new pests, and facilitate trade, which is central to food security.

MRLs will only be increased if Health Canada scientists determine that the proposed increase is safe.

No decision on Glyphosate will be released before 2024.

IF PRESSED ON THE RESIGNATION OF THE CO-CHAIR FOR THE SCIENCE ADVISORY COMMITTEE ON PEST CONTROL PRODUCTS

The Government of Canada is ensuring responsible pesticide management across the country and has taken numerous steps in the last year to increase transparency and accessibility of decisions, including the launch of the external Scientific Advisory Committee for Pest Control Products (SAC-PCP).

On July 18, 2023, Health Canada announced the appointment of a new co-chair to the SAC-PCP.

Health Canada is working collaboratively with the SAC-PCP membership to establish common goals for the coming year.

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

IF PRESSED ON WHETHER THE PROPOSED CHANGES UNDER THE CANADIAN ENVIRONMENTAL PROTECTION ACT (CEPA) WILL AFFECT THE PESTICIDES REGIME IN CANADA

The CEPA and the PCPA are complementary pieces of legislation that contribute to federal management of toxic substances to protect human health and the environment.

While amendments to CEPA have no direct legal implications for the PCPA, CEPA partners strive for policy, science and regulatory alignment.

The regulatory regime for pesticides is sufficiently flexible to make changes through policy and regulatory amendments in order to further improve transparency, consider cumulative environmental effects and better address species at risk in pesticide reviews.

IF PRESSED ON WHETHER HEALTH CANADA'S PMRA WORKS TOO CLOSELY WITH THE REGULATED PEST CONTROL PRODUCT INDUSTRY

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

As part of its Transformation Agenda the PMRA is taking bold steps to improve public participation in its pesticide decision making, including increased access to reports and data used in the decision process.

The PMRA is also working with federal, provincial, indigenous and academic partners to increase the generation of independent water monitoring and pesticide use data to better inform its decisions.

These actions complement the requirement in the Pest Control Products Act, for PMRA to consult extensively with the public and all affected stakeholders on all proposed decisions.

Health Canada also seeks independent scientific advice from its independent Science Advisory Committee on Pest Control Products, as well as input on policies and issues relating to the pest management regulatory system from its broad multi-stakeholder Pest Management Advisory Council.

While taking into consideration the advice it receives from both advisory committees, Health Canada maintains the responsibility and the sole authority to make decisions on pesticide and pest management regulation.

BACKGROUND

Pesticides are toxic chemicals intentionally released into the environment to control pests, including in agriculture and forestry, in homes and workplaces, and in industrial processes. These can also include personal insect repellents, wood preservatives, pool sanitizers, and products to control invasive species. Pesticides also include biologicals (derived from natural sources such as bacteria, fungi, viruses, plants, animals and minerals) and devices (e.g., “bug zappers”, ultraviolet light emitting devices to kill bacteria). There are more than 650 registered active ingredients in more than 8000 registered pesticide products in Canada.

Before a pesticide is allowed to be used or sold in Canada, it must undergo a rigorous scientific assessment that provides reasonable certainty that no harm to human health and the environment (including wildlife) will occur when it is used according to label directions. Depending on the type of pesticide being evaluated, results from up to 200 scientific studies (or more in some cases) may be required to determine whether the pesticide would have any negative effect on people (e.g., chronic effects such as cancer), animals or plants, including organisms in the soil and water. This assessment also takes into consideration sensitive populations, such as pregnant and nursing women, infants, children and seniors.

Health Canada’s PMRA must also periodically re-evaluate pesticides that are on the market to determine whether they continue to meet the Department’s health and environmental standards and hence, whether they should continue to be permitted for use in Canada. The PCPA also requires Health Canada to initiate a special review of a registered pest control product when there are reasonable grounds to believe that the health or environmental risks of the product are, or its value is, unacceptable, or when an OECD member country prohibits all uses of an active ingredient for health or environmental reasons.

On August 4, 2021, the Federal Government announced a \$50 million investment in Health Canada’s Pest Management Regulatory Agency (PMRA) and Agriculture and Agri-Food Canada (AAFC)’s pest management research, to be supported by Environment and Climate Change Canada (ECCC). To deliver on this commitment, the PMRA established a Transformation Agenda, focused on four major areas: strengthening its oversight and protection of human health and the environment through modernized business processes; increasing the availability of independent data and independent advice to better inform regulatory decision making; improving transparency to increase the public’s understanding of the decision-making process for pesticides; and conducting a targeted review of the PCPA.

In Spring 2022, PMRA launched consultations on a targeted review of the PCPA. Throughout these consultations, PMRA heard from a variety of groups – pesticide manufacturer associations, agricultural and non-agricultural pesticide users, non-governmental organizations (NGOs), academia, Indigenous organizations, the provinces and territories, foreign jurisdictions, including the United States, Australia and the European Union, and the general public. A ‘What We Heard’ report, published on November 1, 2022, provides an overview of what PMRA heard through the consultation.

Health Canada has made considerable progress in building public trust, improving the availability of independent data and advice, and modernizing business processes supporting regulatory decisions, including: launching the external and independent Scientific Advisory Committee for pest control products (SAC-PCP) that provides independent scientific and technical advice to support PMRA’s evidence-based decision-making on pesticides; improving transparency through a revamped Public

Registry, decision and consultation webpages, and release of plain language communication products related to pesticide decisions; conducting water sampling at over 80 sites across Canada to better inform pesticide risk assessments and publishing data on the Government of Canada Open data portal; and pursuing research on alternative pest management solutions for growers (including funding 25 projects, led by AAFC).

On June 20, 2023, the Ministers of Health, Environment and Climate Change Canada, and Agriculture and Agri-Food, announced next steps toward a sustainable approach to pesticides management, including:

a consultation on proposed regulatory amendments to the Pest Control Products Regulations (written comments on the Notice Of Intent were accepted until Sept 8, 2023 (80 days from its publication). Feedback is being analysed and will inform the proposed regulatory amendments elimination of the cosmetic use of pesticides on federal lands through an amendment to the Greening Government Strategy, which is led by the Treasury Board of Canada Secretariat;

working with partners to characterize the current pesticide risk environment and develop concrete strategies and actions to reduce the risk of pesticides in Canada, in alignment with the Global Biodiversity Framework;

the unpausing of increases to MRLs for pesticides in Canada; and,

continued progress on transformation of the pesticide regulatory system.

PESTICIDE PROGRAM TRANSFORMATION AND TARGETED REVIEW OF THE PEST CONTROL PRODUCTS ACT

UPDATE ON MANDATE COMMITMENTS

In Spring 2022, Health Canada (HC) launched consultations on a targeted review of the Pest Control Products Act (PCPA).

A 'What We Heard' report, published on November 1, 2022, provides an overview of what HC heard through the consultation.

On June 20, 2023, the Government of Canada announced additional concrete actions to advance a more sustainable approach to pesticide management. The announcement included measures intended to protect biodiversity while making sure that Canadian farmers have the pest management tools they need to respond to growing demands for healthy and affordable food to Canadians and abroad.

These actions are increasing transparency, advancing the consideration of cumulative environmental effects and species at risk during pesticide reviews, and contributing to Canada's commitment to implementing the 2022 Kunming-Montreal Global Biodiversity Framework (GBF), which aims to halt and reverse biodiversity loss.

ISSUE

On June 20, 2023, the Government of Canada announced next steps toward a sustainable approach to pesticides management, including: consulting on proposed amendments to the Pest Control Products Regulations (PCPR); restarting the science-based process of evaluating proposed increases to pesticide residue limits, and eliminating the use of pesticides for cosmetic purposes on federal lands through amendments to the Treasury Board Secretariat's Greening Government Strategy.

KEY FACTS

The Government of Canada is committed to protecting the health of humans and the environment, including wildlife.

In August 2021, the Government of Canada announced a review of specific provisions of the Pest Control Products Act (PCPA) to consider ways to strengthen PMRA's oversight and protection of human health and the environment and increase transparency in the regulation of pesticides, and an investment of \$50 million over three years for Health Canada, Agriculture and Agri-Food Canada (AAFC) and Environment and Climate Change Canada (ECCC) to carry out this work.

The June 2023 announcement included next steps related to sustainable pesticide management including:

The publication of a Notice of Intent (NOI) proposing changes to the PCPR in order to address key stakeholder concerns related to transparency, and the consideration of cumulative environmental effects and species at risk during pesticide reviews.

Health Canada (HC)'s restart of the science-based process of evaluating proposed increases to pesticide maximum residue limits (MRLs), in line with international guidelines, with the health and safety of Canadians remaining at the forefront of the regulatory review process.

A commitment to eliminate the cosmetic use of pesticides on federal lands through amendments to the Greening Government Strategy, led by the Treasury Board Secretariat and;

ECCC's increased focus on real-world data to help make progress on this approach and to better understand the impacts of pesticides on the environment.

The June announcement also laid out steps to contribute to the Kunming-Montreal Global Biodiversity Framework (KMGBF), which included a target to reduce the risk from pesticides (and other hazardous chemicals) by at least 50% by 2030, including through integrated pest management (IPM), based on science, and taking food security and livelihoods into account.

KEY MESSAGES

The Government of Canada takes pesticide safety very seriously and is taking concrete action through regulatory and policy measures to further strengthen sustainable pesticide management in Canada.

Building on the outcomes from the 2021 review of the Pest Control Products Act, Health Canada is currently analyzing feedback on proposed regulatory amendments to strengthen protection of human health and the environment, including wildlife, from risks posed by pesticides.

Health Canada is continuing work with our partners on advancing sustainable pesticide management in Canada, including collaboration to advance Canada's commitments to implementing the Kunming-Montreal Global Biodiversity Framework, which includes a focus on reducing the risk of pesticides by half by 2030.

As we continue to implement the pesticide transformation agenda, there are several upcoming consultations on policies and frameworks and we welcome feedback from Canadians to inform next steps.

IF PRESSED ON THE RESIGNATION OF THE CO-CHAIR FOR THE SCIENCE ADVISORY COMMITTEE ON PEST CONTROL PRODUCTS

The Government of Canada is responsible for pesticide management across the country and has taken numerous steps in the last year to increase transparency and accessibility of decisions, including the launch of the external Scientific Advisory Committee for Pest Control Products (SAC-PCP).

On July 18, 2023, Health Canada announced the appointment of a new co-chair to the SAC-PCP

Health Canada is working collaboratively with the SAC-PCP membership to establish common goals for the coming year.

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

IF PRESSED ON THE GREENING GOVERNMENT STRATEGY...

The Government of Canada has committed to eliminating the cosmetic use of pesticides on federal lands through amendments to the Greening Government Strategy (GGS), led by the Treasury Board Secretariat.

Health Canada does not have the jurisdictional authority to ban the cosmetic use of pesticides across Canada. However, through the GGS Canada is demonstrating leadership and reducing the amount of pesticides going into the environment.

ECCC is leading engagement with provinces, territories and municipalities, who are to impose restrictions on the sale or use of pesticides within their jurisdictions.

IF PRESSED ON WHETHER HEALTH CANADA'S PMRA WORKS TOO CLOSELY WITH THE REGULATED PEST CONTROL PRODUCT INDUSTRY

The PMRA takes its role as a regulator seriously and the pesticide review process used by the PMRA remains fully rooted in science.

As part of its Transformation Agenda the PMRA is taking bold steps to improve public participation in its pesticide decision making, including increased access to reports and data used in the decision process.

The PMRA is also working with federal, provincial, indigenous and academic partners to increase the generation of independent water monitoring and pesticide use data to better inform its decisions.

These actions complement the requirement in the Pest Control Products Act, for PMRA to consult extensively with the public and all affected stakeholders on all proposed decisions.

Health Canada also seeks independent scientific advice from its independent Science Advisory Committee on Pest Control Products, as well as input on policies and issues relating to the pest management regulatory system from its broad multi-stakeholder Pest Management Advisory Council.

While taking into consideration the advice it receives from both advisory committees, Health Canada maintains the responsibility and the sole authority to make decisions on pesticide and pest management regulation.

BACKGROUND

In Canada, all pesticides are subject to the federal PCPA administered by Health Canada. Under the Act, pesticide products must be registered, or otherwise authorized, before they may be sold or used in Canada.

Before pesticides are approved, they must undergo a rigorous scientific assessment process, that provides reasonable certainty that no harm to human health and the environment will occur when it is used according to label directions.

On August 4, 2021, the Federal Government announced a \$50 million investment in Health Canada's Pest Management Regulatory Agency (PMRA) and Agriculture and Agri-Food Canada (AAFC)'s pest management research, to be supported by Environment and Climate Change Canada (ECCC). To deliver on this commitment, the PMRA established a Transformation Agenda, focused on four major areas: strengthening its oversight and protection of human health and the environment through modernized business processes; increasing the availability of independent data and independent advice to better inform regulatory decision making, including by striking an independent Scientific Advisory Committee; improving transparency to increase the public's understanding of the decision-making process for pesticides; and conducting a targeted review of the PCPA.

In Spring 2022, PMRA launched consultations on a targeted review of the PCPA. A 'What We Heard' report, published on November 1, 2022, provides an overview of what PMRA heard through the consultation, including polarized feedback from a variety of groups (including industry, non governmental organizations, academia, Indigenous organizations, provinces, territories and foreign jurisdictions).

On June 20, 2023, the Ministers of Health, Environment and Climate Change Canada, and Agriculture and Agri-Food, announced next steps toward a sustainable approach to pesticides management. Health Canada is continuing to advance our efforts, and is currently analyzing feedback from a Notice of Intent to amend regulations in order to further strengthen protection of human health and the environment. Later this fall, Health Canada will also be consulting on proposed amendments to modernize the fee regime to better reflect current program costs and align with international regulators.

HEALTHY EATING STRATEGY

UPDATE ON MANDATE COMMITMENTS

In December 2020, Health Canada released revised voluntary sodium targets for processed foods. Health Canada is currently conducting interim monitoring to measure progress towards meeting those targets.

On July 20, 2022, Health Canada published new front-of-package (FOP) nutrition labelling regulations. Regulated parties have until January 1, 2026, to make changes to their labels.

ISSUE

In October 2016, Health Canada launched the multi-year Healthy Eating Strategy, which consists of a suite of initiatives that aim to improve the food environment and help make the healthier choice the easier choice for all Canadians. Recognizing that a healthy population is key to reducing vulnerability to health events, the 2021 Minister of Health mandate letter included a commitment to promote healthy eating by advancing the Healthy Eating Strategy. This included finalizing front-of-package (FOP) nutrition labelling and supporting restrictions on the commercial marketing of foods to children.

KEY FACTS

Diet-related chronic disease is a critical issue for Canadians and the Canadian health care system.

There is a strong body of evidence showing that healthy eating patterns can reduce the risk of chronic diseases, such as cardiovascular disease, certain cancers and type 2 diabetes, and associated conditions including obesity and high blood pressure.

Since 2016, our Government has taken a number of steps to help make it easier to choose healthier foods.

Significant progress has been made in recent years on healthy eating initiatives by improving nutrition labelling, eliminating partially hydrogenated oils (the main source of industrially produced trans fats) from the food supply, releasing a new Canada's food guide, publishing revised voluntary sodium reduction targets for processed foods and introducing front-of-package nutrition labelling regulations.

The 2019 Canada's food guide provides Canadians with easier access to information about healthy eating.

Health Canada also continues to advance work on restricting food advertising to children.

KEY MESSAGES

Our Government is committed to protecting the health of Canadians and creating conditions to make the healthier choice easier for all.

Significant progress has been made on healthy eating initiatives by improving nutrition labelling, eliminating industrially produced trans fats from the food supply, releasing a new Canada food guide, publishing revised sodium reduction targets for processed food and introducing front-of-package nutrition labelling regulations.

Earlier this year, Health Canada consulted on an approach focusing restrictions on television and digital media, areas where children are highly exposed to food advertising, which will inform a future regulatory proposal.

IF PRESSED ON FRONT-OF-PACKAGE NUTRITION LABELLING

Front-of-package nutrition labelling aims to help reduce risks to health by providing consumers with quick and easy-to-use information on foods high in saturated fat, sugars and/or sodium.

Average intakes of these nutrients remain above recommended limits in the Canadian population. Unhealthy diets with high levels of these nutrients are risk factors for diet-related chronic diseases.

The front-of-package nutrition symbol complements existing food labelling and other initiatives, such as Canada's food guide.

Some products on the market have already updated their labels to include the front-of-package nutrition labelling symbol.

IF PRESSED ON EXEMPTIONS FOR DAIRY PRODUCTS

To ensure front-of-package nutrition labelling is effective, exemptions are only provided in specific circumstances.

Due to inadequate calcium intakes among Canadians, cheese, yogurt, kefir and buttermilk meeting a certain calcium threshold are eligible for an exemption.

In July 2023, Health Canada proposed to expand the exemption eligibility for foods that are important sources of calcium. The Department aims to publish final regulations by next spring.

Health Canada will continue to include unsweetened, lower fat and lower sodium dairy products as examples of nutritious protein foods in our food guide tools and resources.

IF PRESSED ON THE TRANSITION PERIOD

In alignment with the Food Labelling Coordination Policy, regulated parties have been given a transition period ending on December 31, 2025, for the front-of-package nutrition labelling requirements.

Health Canada considers that the compliance date of January 1, 2026, provides sufficient time to make necessary label changes, while ensuring that the benefits of the initiative are not delayed. In fact, some products on the market have already updated their labels to include the front-of-package nutrition labelling symbol.

IF PRESSED ON CANADA'S FOOD GUIDE

The food guide provides Canadians with easier access to information about healthy eating. It provides advice on what to eat and recognizes that healthy eating is more than food choices, by encouraging healthy eating habits.

Health Canada continues to develop new resources for various audiences to increase reach, integration, and use of the food guide.

IF PRESSED ON EVIDENCE

Health Canada follows a rigorous scientific process in reviewing pertinent evidence when developing policies related to the Healthy Eating Strategy.

·Health Canada focuses on the strongest evidence, where there is a well-established evidence base on public health need, and where the evidence is unlikely to change in the foreseeable future.

BACKGROUND

Health Portfolio Initiatives

Unhealthy diet is a major risk factor for many chronic diseases, such as obesity, diabetes and heart disease, which are becoming more and more common in Canada. This places a significant burden on the health of Canadians and our healthcare system. Health Portfolio's healthy eating initiatives aim to improve the food environment and help make the healthier choice the easier choice for all Canadians.

Improve nutrition information and literacy

Canada's food guide

Canada's food guide is based on a rigorous scientific process using the best available evidence and extensive consultation.

The 2019 Canada's food guide provides Canadians with easier access to dietary guidance.

The revision strengthens healthy eating recommendations and communicates guidance in ways that better meet the needs of different users, such as the public, policy makers and health professionals.

The food guide snapshot provides a summary of the dietary guidelines and healthy eating recommendations, and is available in 31 languages, including nine Indigenous languages, making it more accessible for Canadians.

Health Canada continues to work and engage with interested parties and the public to make sure that guidance and resources are relevant and useful. This includes integrating a diversity and inclusion lens into food guide content and supporting Indigenous partners in the development of Indigenous-led healthy eating tools.

Improve the Nutrition Facts table and list of ingredients

In December 2016, Health Canada published final amendments to the Food and Drug Regulations on nutrition labelling and food colours, to make the Nutrition Facts table (NFt) and list of ingredients (LOI) on packaged foods easier for Canadians to use and understand.

The food industry was given until December 2021 to comply with these changes, however in recognition of challenges caused by the COVID-19 pandemic, those with a compliance plan in place will have until December 2023.

Front-of-package (FOP) nutrition labelling

On July 20, 2022, Health Canada published FOP nutrition labelling regulations in the Canada Gazette, Part II.

FOP nutrition labelling aims to help reduce risks to health by providing consumers with quick and easy-to-use information on foods high in saturated fat, sugars and/or sodium.

Regulated parties have been given a transition period for the FOP nutrition labelling requirements, ending on December 31, 2025. However, regulated parties can implement the FOP label changes prior to that date.

Facilitate healthier food options

Reduce sodium in processed foods

In 2012, Health Canada established voluntary sodium reduction targets for processed foods and encouraged the food industry to achieve these targets by the end of 2016.

In 2018, Health Canada released a progress report that showed that Canadians daily sodium intake was reduced from 3400 to 2760 mg which remain above the goal of 2300 mg per day.

In December 2020, Health Canada released revised voluntary sodium targets for several processed food categories to encourage the food industry to further reduce sodium in foods by 2025.

Eliminating industrially produced trans fats in the food supply

On September 17, 2018, Health Canada prohibited the use of partially hydrogenated oils (PHOs), the main source of industrial trans fat, in Canada. The prohibition included a two year phase-in period; therefore, as of September 2020 no foods sold in Canada are permitted to contain PHO.

Health Canada's prohibition will help maintain total trans fat intake by the great majority of Canadians at less than 1% of total energy intake, as recommended by the World Health Organization to reduce the risk of coronary heart disease.

RESTRICTIONS ON FOOD ADVERTISING TO CHILDREN

UPDATE ON MANDATE COMMITMENTS

Between April and June 2023, Health Canada consulted Canadians on a policy update regarding its proposed approach to restricting the advertising of foods to children (known as M2K).

Restrictions intend to focus on television and digital media, areas where children spend much of their time and are highly exposed to advertising of foods.

Officials are considering feedback received from the consultation which will help inform a regulatory proposal.

Health Canada is targeting Spring 2024 for the publication of draft regulations in Canada Gazette, Part I. Stakeholders will be provided an opportunity to provide feedback through a formal consultation process.

ISSUE

Between April and June 2023, Health Canada consulted Canadians on a policy update regarding its proposed approach to restricting the advertising of foods to children (known as M2K). The policy will form the basis of draft regulations that will be published in Spring 2024 for public consultation (CGI). The proposed restrictions are more targeted than what was proposed in 2018 and will apply to TV and digital media only. Generally, the Department received support to restrict advertising of certain foods to children, but views on mechanism and scope remain polarized. Health stakeholders are supportive of federal action but are critical that other sources of exposure will not be restricted as they have long advocated for broad restrictions (e.g., packaging, brand advertising, restaurants and other physical settings). Industry is critical of the government advancing regulations as they recently introduced their updated self-regulatory advertising code with advertisers expected to comply as of June 28, 2023.

KEY FACTS

Diet-related chronic disease is a critical issue for Canadians and the entire Canadian health care system.

There is a strong body of evidence showing that healthy eating patterns can reduce the risk of chronic diseases, such as cardiovascular disease, certain cancers, type 2 diabetes, and associated conditions such as obesity and high blood pressure.

Almost one in three children in Canada (two in three Indigenous children) lives with overweight or obesity. These children are at a higher risk of developing health problems and chronic diseases now, and later in life.

Evidence shows that food advertising influences children's food attitudes, preferences, purchase requests, consumption patterns, and ultimately, overall health. The more children are exposed to food advertising, the more likely they are to request or consume advertised foods.

In Canada, children are exposed to food advertising throughout their day in a variety of settings, including in their homes (e.g., while watching TV or browsing the internet), recreation centers, outdoors, in restaurants, and in grocery stores.

The evolution of digital media and the popularity of smart phones, tablets, computers, and other devices have made it easier for advertisers to reach children, subjecting them to further advertising of foods that contribute to an unhealthy diet.

Health Canada continues to advance work on restricting food advertising to children and published a policy update regarding its proposed approach to restricting the advertising of food to children.

KEY MESSAGES

Our Government supports restrictions on food advertising to children, to protect them from the risks of chronic diseases caused by an unhealthy diet.

Health Canada recently consulted on an approach, focussing restrictions on television and digital media, areas where children are highly exposed to food advertising.

The Department has reviewed the feedback, which will help inform draft regulations for public consultation early in 2024.

Health Canada will continue to monitor food advertising to children in Canada to ensure it has the best available evidence.

IF PRESSED ON BILL C-252 AND REGULATORY ALIGNMENT

We continue to support MP Lattanzio's Private Member's Bill (C-252 – Child Health Protection Act) to help protect children from the influence of advertising of certain foods, which is continuing through the legislative process.

Earlier in 2023, in parallel to consideration of Bill C-252, Health Canada also consulted on an updated regulatory approach to restrict food advertising to children, which could be implemented under existing authorities.

Bill C-252 seeks to introduce an advertising prohibition at the level of the Food and Drugs Act and is complementary to Health Canada's regulatory work.

Health Canada is monitoring food advertising to children and teens, including in areas where restrictions would not apply.

IF PRESSED ON INDUSTRY'S SELF-REGULATORY ADVERTISING CODE

We appreciate industry's efforts to update their self-regulatory code but international evidence demonstrates that industry self-regulation is not enough to protect children.

That is why this government remains committed to implementing mandatory restrictions on the advertising of certain foods to children to protect this vulnerable population.

BACKGROUND

Almost one in three children in Canada (two in three Indigenous children) lives with overweight or obesity. There is an increasingly urgent public health concern associated with excess weight because

children who are overweight or obese are at an increased risk of developing chronic conditions and illnesses such as high cholesterol, high blood pressure, type 2 diabetes, heart disease, and stroke – conditions that were once almost exclusively seen in adults.

Research shows that unhealthy diets with excess intakes of sodium, sugars and/or saturated fat are a key modifiable risk factor linked to obesity, high blood pressure, and diabetes, among other chronic diseases. People with diet-related conditions and chronic diseases are also much more vulnerable to severe COVID-19 outcomes.

Many children in Canada are consuming excess amounts of these nutrients of public health concern. For example, 81% of children between the ages of 1 and 3 and 99% of children between the ages of 4 and 13 years exceed recommended limits of sodium intake. As for sugars, 78% of children aged 1-8 years and 86% of children aged 9-13 years exceed the WHO recommendation.

Key Evidence

Children are particularly vulnerable to advertising. Research in this area suggest that children under 8 years of age do not possess the cognitive abilities to understand the purpose of advertising. Only from the age of 10 or 11 is a child's level of advertising recognition comparable to an adult's. By the age of twelve, most children have an understanding of the selling and persuasive intent of advertising but have still not acquired an adult-like understanding.

Evidence shows that food advertising influences children's food attitudes, preferences, purchase requests, consumption patterns, and ultimately, overall health.

In 2019, children aged 2 to 11 were exposed to an average of 1,733 food advertisements on television, which translates to 33 food ads/week and close to 5 foods ads per day for the average child. The majority of these ads were for foods that contribute to excess intakes of sodium, sugars and/or saturated fat.

A Canadian study published in 2019 estimated that children aged 7-11 are exposed to approximately 30 foods ads per week, and youth aged 13-16 an average of 189 ads per week, on social media apps alone. More than 90% of ads were for foods that contribute to excess intakes of sodium, sugars and/or saturated fat.

Studies have shown that advertisers typically employ strategies that strongly appeal to children. For example, they feature striking graphics and visual design, including cartoons, use child humour and fun themes, link the promotion of their products to incentives such as free toys and feature movie and sports celebrities popular with children. In addition, behavioural tracking and targeted advertising allows companies to reach children with more precision in digital media.

Health Canada's Initiatives

Restricting the advertising of certain foods to children is a foundational initiative of Health Canada's Healthy Eating Strategy, which was launched in 2016, and has been a Minister of Health mandate letter commitment since 2015.

Through the Healthy Eating Strategy, the Government has undertaken a robust set of initiatives to improve the food environment in Canada and help Canadians make healthier food choices.

Significant progress has been made by improving nutrition labelling, eliminating industrial trans fats in the food supply, releasing a new Canada's Food Guide, publishing new sodium reduction targets for processed foods, and publishing front-of-package nutrition labelling regulations. The Government remains committed to implement mandatory restrictions on the advertising of certain foods to children to protect this vulnerable population.

Parliamentary Initiatives Related to Food Advertising to Children

In February 2022, Ms. Patricia Lattanzio, M.P. (Liberal) introduced a Private Member's Bill (Bill C-252 – Child Health Protection Act) to prohibit food and beverage marketing directed at children. On September 28, 2022, it passed Second Reading and was referred to Committee (HESA) for further review. The Bill was adopted by the Committee on April 18, 2023, and began third reading in the House on June 12, 2023.

In 2022, the Parliamentary Secretary of Health and Sport was mandated by the Minister of Health to work across government departments and with relevant stakeholders to encourage and support

Canadians to adopt healthier lifestyles. The main objective of this work is to help address and reduce risk factors for chronic diseases primarily caused by physical inactivity and poor diet. A Healthy Living Task Force was struck to support this mandate and includes representatives from Health Canada, Public Health Agency of Canada, and Sport Canada.

Other legislative attempts have been made to restrict food advertising by Parliamentarians. For example, Senate Public Bill S-228, The Child Health Protection Act, introduced by former Conservative Senator Nancy Greene Raine in September 2016, aimed to reduce the influence of food advertising on children. An amended version of the Bill received strong support from national health groups, including Dietitians of Canada, Heart and Stroke Foundation, Coalition Poids, Diabetes Canada, and the Childhood Obesity Foundation. The Bill was also strongly opposed and heavily lobbied by major industry stakeholders. This included the Canadian Beverage Association, Food, Health & Consumer Products of Canada, Restaurants Canada, the Retail Council of Canada and the Association of Canadian Advertisers. Bill S-228 did not come to a final vote before the end of the Parliamentary session in the fall of 2019.

In 2012, Member of Parliament Peter Julian (NDP) introduced Bill C-430, An Act to amend the Competition Act and the Food and Drugs Act (child protection against advertising exploitation), and then again in October 2013 in the subsequent session. The Bill would have prohibited “advertising and promotion, for commercial purposes, of products, food, drugs, cosmetics or devices directly to children under 13 years of age.” The same MP also proposed Bill C-313, An Act concerning the development of a national strategy respecting advertising to children and amending the Broadcasting Act in order to clarify the Canadian Radio-television and Telecommunications Commission’s regulatory power under the Act, in October 2016. However, these Bills did not advance during the course of their respective Parliamentary sessions.

Industry Code

Industry in Canada has self-regulated food advertising to children since 2007 through its Children’s Food and Beverage Advertising Initiative (CAI). In response to Bill S-228 and Health Canada’s previous efforts to advance restrictions on the advertising of certain foods to children, an updated industry-led, self-regulatory advertising code was launched in June 2021, with advertisers expected to comply starting June 28, 2023. While industry anticipates the new code is expected to result in some improvements compared with the CAI, such as applying to a broader range of food and advertising companies and raising the age of children protected from under 12 to under 13, Health Canada knows that significant gaps remain that will continue to leave children much exposed to food advertising. These gaps are due to weak nutrient criteria and exemptions, and limited consequences for non-compliance given the voluntary nature of the code (i.e., not regulatory).

Quebec experience with restrictions on advertising

Québec’s 1980 Consumer Protection Act (QCPA) restricts the commercial advertising to children of all goods and services. The restrictions apply to most forms of advertising and media, including mascots and logos (i.e., brand advertising) and sponsorship. Subject to conditions, the QCPA exempts advertising in children’s magazines, advertising for children’s entertainment events and advertising via store windows, displays, containers, packaging and labels.

The scope and policy intent of Health Canada’s approach differs from that of Québec.

Health Canada’s proposal is aimed at protecting children’s health and so it focusses uniquely on advertising to children of certain foods. The QCPA, on the other hand, has a broader consumer protection objective and targets the advertising of all goods and services, including food, to children.

Health Canada’s M2K proposal considered the QCPA, among other things, and aligns with it in a few ways:

Under both frameworks, advertising restrictions apply to children under the age of 13.

Both Health Canada’s proposed policy and the QCPA take into consideration similar factors to determine whether an ad is primarily directed at children (i.e., where the ad is communicated and design/appeal of the ad).

However, the QCPA also considers the appeal of the good/service, which is not relevant for Health Canada’s proposed policy given that M2K restrictions are concerned only with food advertising.

Monitoring

As part of its comprehensive monitoring of the food advertising environment, Health Canada is monitoring advertising of foods to children and teenagers.

Health Canada will continue to monitor and report publicly on food advertising to children and teens, across a variety of settings, media and techniques, including in settings and media where regulations would not apply, to help inform potential future regulatory changes.

ADDRESSING DIABETES IN CANADA

ISSUE

Diabetes is a serious chronic disease, and one of the most common chronic diseases affecting people in Canada. Diabetes poses many challenges for those living with the disease, their families, and communities, and has various implications for health systems. It is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation.

KEY FACTS

Diabetes is a serious, lifelong condition characterized by the body's inability to produce enough insulin or when the body cannot effectively use the insulin it produces.

Over 3.5 million people in Canada are living with the disease and more than 200,000 new cases are diagnosed each year.

There are three main types of diabetes: type 1, type 2, and gestational diabetes. Other types are uncommon. Type 2 diabetes accounts for approximately 90% of diabetes cases in adults in Canada. A variety of factors influence the development of type 2 diabetes, including age, genetics, modifiable lifestyle risk factors, and intersecting social, economic, and environmental determinants of health.

The onset of type 2 diabetes can be prevented or delayed by reducing the major modifiable risk factors, such as unhealthy diets and physical inactivity, as well as addressing the determinants of health that influence one's ability to take action on these modifiable risk factors.

Some people in Canada, such as First Nations and Métis people, people of African descent, and South and East Asian descent, and people with lower income and education levels have higher rates of type 2 diabetes compared to the general population.

KEY MESSAGES

The Government recognizes the importance of helping people in Canada reduce their risk of developing chronic diseases, including diabetes.

In October 2022, the Framework for Diabetes in Canada was tabled in Parliament. This Framework marks an important milestone in our efforts to better support and collaborate with those impacted by diabetes in Canada.

We continue to advance activities to address diabetes. We are investing in community-based initiatives that help prevent chronic diseases, including diabetes, by promoting physical activity, healthy eating, and tobacco prevention and cessation. We are also supporting research to address causes, prevention, screening, diagnosis, and treatment of all types of diabetes.

Diabetes is a complex disease, and there is still significant work ahead to ensure better health outcomes for people living with diabetes in Canada. As we mark Diabetes Awareness month in Canada, we will continue to work closely with the wide range of partners active in this area to promote awareness and to advance our collective efforts.

IF PRESSED ON GOVERNMENT OF CANADA INVESTMENTS FOR DIABETES PREVENTION IN CANADA

The Government of Canada is actively investing in addressing diabetes in Canada.

Through Budget 2021, we are investing \$25 million over five years in research, surveillance and prevention and have launched the Framework for Diabetes in Canada.

These investments include up to \$15 million through the Canadian Institute for Health Research, and a matching \$15 million from the diabetes research foundation JDRF Canada and its donors, to better understand the causes of type 1 diabetes.

In November 2022, we launched the Type 2 Diabetes Prevention Challenge to propose and develop innovative concepts that address the barriers to prevention.

We are also investing close to \$20 million annually in community-based projects that promote healthy behaviours and which create environments that can help prevent diabetes and are known to support better health.

In June 2023, we announced close to \$1 million in funding over three years for Diabetes Canada to implement activities, such as convening partners and stakeholders and sharing innovative and best practices, to help address diabetes in Canada.

BACKGROUND

Healthy behaviours (e.g., healthy eating and physical activity) and addressing the determinants of health that influence one's ability to implement healthy behaviours can reduce the risk of type 2 diabetes and prevent negative diabetes-related health outcomes.

Evidence demonstrates that there is an increased risk of severe outcomes from COVID-19 (both hospitalization and mortality) among people in Canada with type 2 diabetes and those who are obese. COVID-19 has also resulted in a disproportionate impact on specific sub-groups of the population, many of whom are at greater risk of suffering from the health, social and economic effects of the pandemic.

Government of Canada

The Public Health Agency of Canada (PHAC) undertakes data collection and analysis of chronic diseases and their risk and protective factors, strengthens collaborations to better track disease trends and risks, and supports the development of policy and program interventions and prevention guidelines for primary care.

PHAC also supports community-based initiatives to improve healthy behaviours and address health inequalities among priority populations at greater risk of developing chronic diseases. In particular, PHAC's Healthy Canadians and Communities Fund invests approximately \$20 million annually and leverages additional funding from partners to support projects that focus on behavioural risk factors, including physical inactivity, less nutritious patterns of eating and tobacco use that are associated with chronic diseases including diabetes, cardiovascular disease and cancer. It also supports projects that create physical and social environments that are known to support better health among people in Canada.

To help people in Canada identify their risk of type 2 diabetes and how they can reduce it, PHAC developed CANRISK, the Canadian diabetes risk questionnaire. CANRISK is accessible through partnerships with Diabetes Canada, health authorities in provinces and territories across Canada, major drug stores such as Loblaws, Shoppers Drug Mart (under the Pharmaprix banner in Quebec), Rexall and Pharmasave, and others.

Through Budget 2021, the Government of Canada is investing \$25 million over five years, starting in 2021-22, in diabetes research (including type 1 diabetes), surveillance and prevention, and launched the Framework for Diabetes in Canada. This investment included recommitting to JDRF Canada (formerly Juvenile Diabetes Research Foundation) - CIHR (Canadian Institute for Health Research) Partnership to Defeat Diabetes, which is jointly investing \$30 million in research targeting type 1 diabetes.

Also through a Budget 2021 investment of \$10 million over five years, PHAC, in partnership with Impact Canada (Privy Council Office), launched the Type 2 Diabetes Prevention Challenge in November 2022. This Challenge seeks to attract innovators to develop and implement community-designed approaches that can address the determinants of health and social barriers that can lead to an elevated risk of developing type 2 diabetes.

In June 2023, PHAC announced \$998,450 in funding over three years for Diabetes Canada to work with key partners to develop an inventory of successful diabetes programs, interventions, and projects to support the subsequent dissemination, adoption, and customization of these initiatives across the country. Diabetes Canada will advance the Framework for Diabetes in Canada by convening individuals living with diabetes, key leaders in public health, diabetes care and education, as well as cultural leaders and organizations, to share innovative and best practices to identify, prevent, and manage diabetes.

Parliament

The National Framework for Diabetes Act received Royal Assent on June 29, 2021. Following extensive engagement with key stakeholders and Indigenous partners, the Framework for Diabetes in Canada (Framework) was tabled by the Minister of Health on October 5, 2022.

The Framework provides a common policy direction to address diabetes in Canada, including for populations at elevated risk of developing diabetes, people living with diabetes and their caregivers, Indigenous populations, non-governmental organizations, health care professionals, researchers, and all levels of government. It lays the foundation for collaborative and complementary action by all sectors of society to improve access to diabetes prevention and treatment and ensure better health outcomes for people living in Canada.

An Indigenous-led engagement process that will help identify priorities and ways forward to address diabetes among Indigenous Peoples is underway with Indigenous organizations. The process is being coordinated by the National Indigenous Diabetes Association.

ADVANCING RECONCILIATION IN CANADA'S HEALTH SYSTEM

ISSUE

Systemic racism has no place in Canada. Unfortunately, Indigenous Peoples continue to experience racism, discrimination, stigma and bias in many facets, including when interacting with the health systems, which has been well documented in a number of reports. There are ongoing domestic and international calls for Canada to implement measures that address racism and discrimination in the health systems and to demonstrate timely and meaningful progress.

KEY FACTS

Budget 2021 announced \$126.7 million over three years, beginning in 2021-22, for Health Canada and Indigenous Services Canada to take action to foster health systems free from racism and discrimination where Indigenous peoples are respected and safe.

On February 7, 2023, the Government announced that it will be working with Indigenous partners to distribute an additional \$2 billion over 10 years on a distinctions basis to ensure that Indigenous peoples have fair and equitable access to quality and culturally safe health care services.

KEY MESSAGES

The federal government is committed to take action to foster health systems free from barriers, including racism and discrimination. This is also a key commitment under the United Nations Declaration on the Rights of Indigenous Peoples Act Action Plan.

The Government's Addressing Racism and Discrimination in Canada's Health Systems Program is funding Indigenous community programs focused on ensuring access to appropriate, effective, and culturally sensitive health services, including projects that integrate culturally safe care into acute care settings and traditional approaches to health.

On February 7, 2023, the Government also announced that it will be working with Indigenous partners to distribute an additional \$2 billion over 10 years on a distinctions basis to address the challenges faced by Indigenous Peoples in accessing quality and culturally safe health care services.

The Government of Canada acknowledges that Indigenous Peoples are best placed to determine and address their health-related needs. These investments will ensure that First Nations, Inuit and Métis Peoples are engaged in actions to provide fair and equitable access to quality and culturally safe health care services.

IF PRESSED ON INDIGENOUS HEALTH EQUITY FUND

The Minister of Indigenous Services, the Minister of Crown-Indigenous Relations, and the Minister of Northern Affairs are working with Indigenous partners to prioritize investments through the new Indigenous Health Equity Fund. Discussions with Indigenous organizations are underway at both the Ministerial and officials' levels to inform the development of the Fund.

BACKGROUND

In September 2020, the death of Joyce Echaquan, an Atikamekw woman from Manawan, Quebec, sparked widespread indignation, media attention, a public coroner's inquest, and a lawsuit from Echaquan's family against the hospital where she suffered racist insults from hospital staff before she died in Joliette, QC. On November 16th, 2020, the Manawan Atikamekw Council and the Council of the Atikamekw Nation submitted Joyce's Principle to the Prime Minister, as well as federal, provincial, and territorial ministers. Joyce's Principle demands that all Indigenous Peoples have an equal right to the highest standard of physical and mental health, with a right to traditional medicines, in line with the United Nations Declaration on the Rights of Indigenous Peoples.

In response to Joyce Echaquan's death, the Government has held four National Dialogues on October 16th, 2020, January 27-28th, 2021, June 28-29th, 2021, and January 24-26, 2023 to listen to Indigenous patients and health service providers regarding their lived experiences with racism, to provide federal, provincial, and territorial governments and health system partners a platform to present their past, ongoing, and planned actions to address anti-Indigenous racism in the health systems, and to hear recommendations from Indigenous representatives and health system partners.

At the January 2021 Dialogue, Minister Hajdu announced \$4M in funding to a National Consortium of Indigenous Medical Education to work on improving the experiences of Indigenous Peoples in medical school/practices. Minister Miller also announced plans to begin co-developing distinctions-based Indigenous health legislation and funding of \$2M to the Atikamekw Nation and Manawan First Nation to implement Joyce's Principle.

Following the January 2021 National Dialogue, FPT leaders released a joint statement to express a collective commitment to working with Indigenous communities, organizations, and leadership to address Indigenous-specific racism in the health systems.

The June 2021 National Dialogue included breakout sessions where recommendations were heard from Indigenous representatives and health system partners on the following thematic areas: increasing Indigenous representation in postsecondary health education, cultural safety and humility, traditional approaches to health, and safe patient navigation. During the meeting, the Government of Canada publicly announced funding for specific initiatives to address anti-Indigenous racism in Canada's health systems, including Budget 2021 funding for Health Canada's new Addressing Racism and Discrimination in Canada's Health Systems Program. Early findings from the January and June 2021 National Dialogues demonstrate the importance of ensuring accountability and distinctions-based approaches.

In January 2023, the fourth National Dialogue focused entirely on data, with the objective of initiating collaborative efforts to create a national strategy on data to enable action against anti-Indigenous racism and racist outcomes in health systems. There was no clear consensus from the attendees on what a national data strategy could look like, but there were specific criteria that were widely discussed among Indigenous partners. There was a consensus that a national data strategy would need to be Indigenous-led, distinctions-based, and adaptive.

The Government has also committed to respond to various high-profile reports and recommendations aimed at addressing anti-racism, cultural safety, and safe and equitable care, including the Truth and Reconciliation Commission's Calls to Action and the Inquiry into Missing and Murdered Indigenous Women and Girls' Calls for Justice. In addition, there are proposed class action lawsuits on forced and coerced sterilization of Indigenous women in multiple jurisdictions, and both the House of Commons Standing Committee on Health (HESA) and the Standing Senate Committee on Human Rights (RIDR) have tabled their studies between 2019 and 2022. The latest Senate report provides various recommendations to the Government to further advance reconciliation. The Government's response to the 2022 report was tabled in the Senate on March 3, 2023.

The Government of Canada is also committed to the co-development of distinctions-based health legislation informed by the spirit and elements of Joyce's Principle, led by Indigenous Services Canada. Indigenous Services Canada launched an engagement process, which included First Nations, Inuit, Métis, and intersectional Indigenous Peoples, with the goal of hearing perspectives on how to improve access to high-quality and culturally relevant health services, in health systems that are free from racism.

Addressing Racism and Discrimination in Canada's Health Systems Program

Through Budget 2021, Health Canada received \$14.9 million over three years to establish the new Addressing Racism and Discrimination in Canada's Health Systems Program, which provides contribution funding for projects that address systemic racism and discrimination in Canada's health systems in a way

that is informed by the lived experiences of Indigenous, racialized, and marginalized communities. The Program has two distinct streams of funding: (1) the Project Stream, which provides funding for projects that address systemic racism and discrimination in Canada's health systems in a way that is informed by the lived experiences of Indigenous, racialized, and marginalized communities; and (2) the Engagement Stream, which supports capacity development for Indigenous organizations to meaningfully engage on their health priorities.

The Project Stream's inaugural open Call for Proposals, for \$13M in project funding, closed on May 25, 2022. The Call for Proposals targeted proposals addressing anti-Indigenous racism, with priority given to projects that develop and implement cultural safety training and/or accreditation requirements and/or that integrate culturally-safe care, including traditional approaches to health, into acute care settings. As of March 2023, 15 successful applicants were selected to receive \$10.9 million over two years, starting in 2022-23.

The Engagement Stream launched a targeted Call for Proposals in August 2022 and selected five National Indigenous Organizations to receive \$900,000 over two years, starting in 2022-23, to enhance their capacity to engage on the following health priorities: mental health and substance use; long-term care and supportive care; health human resources; and dental care. Funding has been distributed to these five recipients.

On February 7, 2023, the Government announced that it will work with Indigenous partners to distribute an additional \$2 billion over 10 years on a distinctions basis to address the challenges faced by Indigenous Peoples in accessing quality and culturally safe health care services. The Indigenous-specific funding stream will be distributed on a distinctions basis through a new Indigenous Health Equity Fund. Ministerial and departmental officials from Indigenous Services, Crown-Indigenous Relations, and the Northern Affairs are working with Indigenous partners to prioritize investments as well as to inform the development of the Fund.

ABORIGINAL HEAD START IN URBAN AND NORTHERN COMMUNITIES PROGRAM (AHSUNC)

ISSUE

Socio-economic disparities negatively affect healthy child development. In particular, significant inequalities persist for Indigenous children and families in urban and northern communities. Evidence indicates that early childhood provides the greatest opportunity to positively influence health and decrease health and social costs throughout life.

KEY FACTS

Aboriginal Head Start in Urban and Northern Communities (AHSUNC) currently provides \$32.1 million in annual funding to Indigenous community-based organizations to deliver early intervention programs for Indigenous children and their families living off-reserve. AHSUNC serves approximately 4,300 Indigenous children in 133 sites across Canada each year.

Program evaluations indicate the AHSUNC program is having a positive effect on school readiness, specifically improving children's language, social, motor and academic skills. Results also indicate program effectiveness in improving cultural literacy and health promoting behaviours, and improving access to health services for Indigenous children and their families.

KEY MESSAGES

The Government of Canada is committed to improving the health and well-being of Indigenous children and their families.

Budget 2017 and Budget 2021 provided transformational investments in quality early learning and childcare for Indigenous families, including support for those living in urban and northern communities.

From a public health perspective, funding increases to the AHSUNC program will better address a number of key social determinants of health, reduce health inequalities, and support the long-term development of Indigenous children and youth. Program evaluations indicate that the Aboriginal Head Start program has been effective in improving cultural literacy and health promoting behaviours, and improving access to health services for Indigenous children and their families.

BACKGROUND

Indigenous Early Learning and Child Care (IELCC)

The Government of Canada is providing up to \$1.7 billion over 10 years, starting in 2018-19, to strengthen early learning and child care programs and services for Indigenous children and families. This funding will contribute to a comprehensive and coordinated system that is anchored in self-determination, centred on children and grounded in culture. Employment and Social Development Canada is leading this horizontal initiative, which includes \$34 million in pan-Indigenous funding over ten years for AHSUNC, with \$2.5 million annually for the first four years and \$4 million annually in the following six years.

Through Budget 2021 IELCC funding, AHSUNC is receiving an additional \$122.9 million over five years (2022-23 to 2026-27), with \$23.2 million ongoing annually and a 3% escalator beginning in 2027-28. This funding will support improvements in program delivery at AHSUNC project sites (\$80.3 million), as well as investments to support urgent repairs and renovations at existing sites (\$42.6 million). IELCC Emergency Funding

In support of IELCC programs, the Government announced one time emergency funding of \$120 million in 2020-21 to support the evolving needs of IELCC in response to the COVID-19 pandemic. This included \$8.21 million for AHSUNC sites.

The aim of this funding was to preserve the continued availability of AHSUNC programs and services that many children and families rely on, and to ensure new public health measures can be implemented to keep children and families safe.

Fall Economic Statement 2020 and Budget 2021

The Fall Economic Statement 2020 committed \$2.4 million in program funding and \$4 million in ongoing funding beginning in 2028-29.

DEMENTIA

ISSUE

Dementia is a set of symptoms affecting brain function. It is often characterized by changes in memory, mood, judgment, and other cognitive functions. Alzheimer's disease is the most common form. In 2020–2021, almost 477,000 Canadians aged 65 and older were living with diagnosed dementia. This number is expected to increase with Canada's growing and aging population.

KEY FACTS

In June 2019, Canada's first national strategy on dementia, A Dementia Strategy for Canada: Together We Aspire, was released. Federal investments in dementia research, surveillance, awareness initiatives, community-based projects, and guidance are supporting the implementation of the strategy. The 2022 annual report to Parliament on the strategy was tabled on December 12, 2022.

KEY MESSAGES

Federal investments are supporting the implementation of Canada's national dementia strategy.

Through Budget 2022, an additional \$50 million is being invested to advance research and innovation efforts in dementia and brain health. This includes \$30 million over three years for the Centre for Aging and Brain Health Innovation.

This funding builds on over \$227 million invested between 2017 and 2022 to advance research on dementia, and over \$70 million since 2018 to support dementia awareness raising, surveillance, guidance, and community-based projects.

BACKGROUND

On June 22, 2017, the National Strategy for Alzheimer's Disease and Other Dementias Act came into force. A Dementia Strategy for Canada: Together We Aspire was released in June 2019, with three national objectives: prevent dementia; advance therapies and find a cure; and improve the quality of life of people living with dementia and caregivers. An annual report to Parliament is required by legislation. Since 2015, the Government of Canada has invested more than \$400M in initiatives that align with the objectives of the national dementia strategy, including investments made prior to the strategy's release. Examples of these investments include:

Budget 2018 announced an investment of \$20 million over five years, and \$4 million per year ongoing for the Dementia Community Investment (DCI). The DCI funds community-based projects that seek to improve the wellbeing of people living with dementia and family/friend caregivers; and increase knowledge about dementia and its risk and protective factors. The DCI has funded 31 projects to date. This includes the Canadian Dementia Learning and Resources Network (CDLRN), which is a knowledge hub that facilitates a community of practice for all DCI-funded projects.

Budget 2019 announced \$50 million over five years to support the strategy, including a national public education campaign, awareness-raising projects, dementia guidance, and enhanced dementia surveillance. The Dementia Strategic Fund has funded 39 projects (25 awareness-raising projects, 11 dementia guidance projects, and 3 provincial / territorial projects to improve online information resources). The Enhanced Dementia Surveillance Initiative has funded 15 projects to better understand how dementia affects Canadians. Several provinces, in collaboration with the Public Health Agency of Canada (PHAC), are implementing projects to enhance surveillance through the Canadian Chronic Disease Surveillance System.

A total of \$74 million in federal investments has been made from 2015-2025 for the Centre for Aging and Brain Health Innovation (CABHI). CABHI supports promising innovations across the country that help meet the needs of older adults and people living with brain health issues, including dementia.

Budget 2022 also provided \$20 million over five years for the Canadian Institutes of Health Research (CIHR) to ramp up efforts to learn more about dementia and brain health, to improve treatment and outcomes for persons living with dementia, and to evaluate and address mental health consequences for caregivers and different models of care. Between 2017-2018 and 2021-2022, CIHR invested over \$227 million in dementia research. This includes contributions through the Canadian Consortium on Neurodegeneration in Aging, which is Canada's research hub on neurodegenerative diseases that affect cognition in aging. This hub was renewed in 2019 for five years with \$31.6 million in federal funding and an additional \$14 million from partners.

Internationally, Canada has endorsed the World Health Organization's (WHO) Global Action Plan on a Public Health Response to Dementia (2017-2025) and is a member of the World Dementia Council.

SENIORS AND HEALTHY AGING

UPDATE ON MANDATE COMMITMENTS

On October 6, 2022, the Minister of Health and the Minister of Seniors announced that the National Seniors Council would serve as an expert panel to review and provide recommendations on measures, including a potential new benefit, to further support older persons aging at home. The National Seniors Council has undertaken several activities to support this work, including an environmental scan, an online survey, and consultations with experts and stakeholders. The National Seniors Council submitted their final report to Ministers at the end of September 2023.

ISSUE

The Health Portfolio works with a wide range of partners on health promotion, disease prevention and research to support healthy aging as a public health priority.

KEY FACTS

Seniors are one of the fastest growing and increasingly diverse age groups in Canada.

The Government of Canada is providing \$6 billion in federal funding over 10 years, starting in 2017, to support better home and community care, including palliative care.

The Public Health Agency of Canada (PHAC) provides leadership and financial support to implement Canada's national dementia strategy, launched in 2019. Federal investments in dementia research, surveillance, awareness initiatives, community-based projects, and guidance are supporting the implementation of the strategy.

PHAC invested \$75 million in New Brunswick's Healthy Seniors Pilot Project (2018-2025) to test innovative solutions to support healthy aging.

KEY MESSAGES

The Government of Canada is committed to keeping seniors healthy and helping them maintain their independence and remain in their homes as long as possible.

Last October, my predecessors announced that the National Seniors Council (NSC) would serve as the expert panel to examine measures to support Canadians who wish to age in their own homes. The NSC submitted their report to Minister O'Regan and I at the end of September 2023. We look forward to reviewing this report in detail.

IF PRESSED ON THE NATIONAL SENIORS COUNCIL'S FINAL REPORT RECOMMENDATIONS

The NSC was tasked with reviewing and providing recommendations on measures, including a potential new benefit, to further support older persons aging at home. The NSC has undertaken several activities to support this work, including an environmental scan, an online survey, and consultations with experts and stakeholders. The NSC submitted their final report to Minister O'Regan and I at the end of September. I look forward to reading the final report and having fulsome discussions with Minister O'Regan on the recommendations.

BACKGROUND

Background

Acknowledging the UN Decade of Healthy Ageing (2021-2030), in December 2021, the Prime Minister mandated the Minister of Health to promote seniors' physical and mental health to enable older adults to live longer at home.

Aging at Home

Budget 2022 announced the Government's intention to establish an expert panel, which was announced on October 6, 2022 by Ministers Duclos and Khera. The National Seniors Council is serving as an expert panel to examine measures, including a potential aging at home benefit, to support Canadians who wish to age in their own homes. The National Seniors Council submitted their report to Ministers at the end of September.

PHAC Initiatives

PHAC monitors and reports on the health of older Canadians, and promotes their health and wellbeing. Key areas of work include:

promoting age-friendly communities, where older adults and community leaders work to create supportive physical and social environments;

leading Canada's contribution to the United Nations Decade of Healthy Ageing with a focus on improving the lives of older people, their families and the communities in which they live;

promoting fall prevention approaches by increasing public awareness, and improving the availability of data to inform public health decision-making; and

raising awareness of seniors' mental health, including substance use, and working with partners to develop resources for seniors, families and health professionals.

Healthy aging initiatives can prevent illness and injury, reduce the impact of existing health conditions, help people recover from ill health and frailty, increase independence, and improve quality of life.

In Budget 2018, the Government of Canada announced \$75 million to support the Healthy Seniors Pilot Project (HSPP) in New Brunswick, which is testing innovative solutions that support healthy aging. Results of these projects are being shared with jurisdictions across Canada.

AUTISM

UPDATE ON MANDATE COMMITMENTS

The Government of Canada is committed to finalizing both a strategy and framework for autism in Canada in the coming months.

The strategy and framework will be informed by the 2022 National Autism Conference, the findings of the Canadian Academy of Health Sciences' engagement activities and scientific review, and engagement with federal partners, provinces, territories, Indigenous Peoples, and other stakeholders.

The Public Health Agency of Canada is exploring mechanisms to support the implementation of both the strategy and framework, which could include the creation of a national autism network.

ISSUE

The Government is committed to working collaboratively with provinces, territories, families, Autistic people in Canada, Indigenous Peoples, and stakeholders toward the creation of a strategy and framework for autism in Canada.

KEY FACTS

Autism (also known as autism spectrum disorder or ASD) is a lifelong neurodevelopmental condition. Every Autistic person has a unique combination of symptoms and symptom intensity, and many individuals may also have co-occurring conditions. Since everyone experiences the condition differently, supports should match individual needs.

KEY MESSAGES

The Government is committed to helping and supporting the needs of all Autistic Canadians, their families, supporters, and caregivers.

The Public Health Agency of Canada is working towards the creation of both a strategy and framework for autism in Canada to inform future actions and supports.

The framework and strategy will be informed by the discussions that took place at the 2022 National Autism Conference, the findings of the Canadian Academy of Health Sciences' engagement activities and scientific review, and engagement with federal partners, provinces, territories, Indigenous Peoples, families, and other stakeholders.

IF PRESSED ON THE FEDERAL FRAMEWORK ON AUTISM SPECTRUM DISORDER

The Federal Framework on Autism Spectrum Disorder Act outlines a commitment for the development of a framework designed to support Autistic people in Canada, their families, supporters, and caregivers. The Framework will set broad, high-level guiding principles and best practices, and will guide national autism activities.

BACKGROUND

Government of Canada Initiatives: The Public Health Agency of Canada (PHAC) is leading the development of an autism strategy for Canada and provided \$1.67 million to the Canadian Academy of Health Sciences (CAHS) to undertake a neutral, arms-length assessment on autism. The CAHS conducted a broad and inclusive public engagement, open to all people in Canada, and a thorough evidence and scientific review through a social determinants of health lens, to inform the Government of Canada's work to develop an autism strategy for Canada. The CAHS Autism Assessment Report was published on May 10, 2022.

Budget 2021 announced \$15.4 million for PHAC (\$8.4 million in existing and \$7 million in new funding) to support strategy development (\$4.1 million), address gaps in autism surveillance (\$2.2 million), and assist with the development of IT infrastructure to support data collection (\$0.7 million).

Federal Framework: The Federal Framework on Autism Spectrum Disorder Act (former Bill S-203) came into force on March 30, 2023. The Act requires the development of a framework to support Autistic people in Canada, their families, supporters and caregivers. Measures to be provided include financial support for Autistic persons, support for caregivers, online resources and best practices, a national research network and a national awareness campaign, requirements for consultation, a national conference, and regular reporting to Parliament on implementation of the federal framework.

The framework sets broad, high-level guiding principles related to autism policy and programs, aligned with other disability-related activities, and will guide ongoing and future national autism activities. Specific short and medium-term deliverables will be set out in more detail in a multi-year strategic plan (an autism strategy for Canada) focused on key priority areas.

National Autism Network: Since March 2023, PHAC has been working with three key stakeholders (Autism Alliance of Canada, Pacific Autism Family Network, Autism Speaks Canada) to explore the elements required for a potential National Autism Network (NAN) that could support the implementation of Canada's Autism Strategy.

The final report from the Partnership is expected in Fall 2023. It will outline the requirements to design, develop, implement, and evaluate a potential NAN as well as the estimated resources to establish it. PHAC will examine the findings in the report, scope an approach for implementing the Network, and initiate an open competitive process.

COVID-19 RESPONSE HIGHLIGHTS

UPDATE ON COVID-19 RESPONSE HIGHLIGHTS

The successful early procurement and equitable distribution of over 174.4M vaccine doses have contributed to the health and well-being of people in Canada, allowing for widespread protection against severe COVID-19 outcomes and the safe re-opening of our economy and society.

We have strengthened key surveillance programs, behavioural science and risk assessment capacity both to be better able to detect, understand, and act on public health threats in collaboration with provinces and territories, and to better understand the wider impacts of the COVID-19 pandemic on Canadians.

We also continue to work to ensure systems are in place to rapidly generate and access the science and evidence that are necessarily at the core of any pandemic response, while enhancing how this information and all public health risks are communicated to Canadians.

ISSUE

The COVID-19 pandemic was a watershed moment for Canada and the Canadian Government addressed this unprecedented situation with an equally unprecedented response.

For the Public Health Agency of Canada, the COVID-19 pandemic pointed to the need to build upon pandemic-related successes and address longstanding gaps and criticisms of the Agency since its inception in 2004.

While PHAC adapted in real time and assumed many new or enhanced functions to help protect Canadians, there is continued public concern about the Government of Canada's readiness for the next pandemic.

KEY FACTS

Within the Health Portfolio, the Public Health Agency of Canada (PHAC) leads on 16 Mandate Letter Commitments, 12 of which are under the leadership of the Minister of Health, and 4 of which fall under the Minister of Mental Health and Addictions and Associate Minister of Health, or the Minister of Public Safety.

Of these 16 commitments, half (8) are linked to Canada's response to the COVID-19 pandemic.

KEY MESSAGES

The COVID-19 pandemic was a watershed moment for PHAC, pointing to the need to build upon pandemic-related successes and address longstanding gaps and criticisms.

Together, we:

Launched Canada's largest and most complex mass immunization campaign, with more than 99 million doses administered as of September 10, 2023;

Developed and progressively implemented a comprehensive border strategy with layers of precautionary measures, including establishment of a compliance and enforcement regime; and,

Strengthened emergency surge support capabilities to our provincial and territorial partners.

We continue to monitor and respond to COVID-19 while integrating lessons learned to maintain and enhance preparedness, including areas such as data, monitoring, stockpiling, as well as ensuring access to vaccines and therapeutics.

IF PRESSED ON VACCINE ROLLOUT

Vaccine Distribution and Administration

The Public Health Agency of Canada led Canada's largest mass immunization program in history. With significant collaboration between the federal government, provinces, territories, Indigenous partners, health professional associations, the private sector and a diverse range of community partners, Canada was able to secure over 174.4 million doses of the latest formulations of vaccines for distribution in Canada, and administer over 99 million doses as of September 10, 2023.

IF PRESSED ON VACCINE GUIDANCE

Since 2020, the National Advisory Committee on Immunization (NACI) has developed and released 56 COVID-19 vaccine guidance products.

Canada and NACI were leaders on vaccine safety, sharing important data with the world about how to reduce the risk of rare events through longer intervals between doses, now adopted by WHO and others.

PHAC most recently issued NACI's Addendum to the guidance on the use of COVID-19 vaccines in the fall of 2023 on September 12, 2023.

IF PRESSED ON DOMESTIC SUPPLY OF THERAPEUTICS AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

National Emergency Strategic Stockpile (NESS)

The Government of Canada proactively distributed incoming medical supplies and equipment, such as personal protective equipment and vaccine supplies, to provinces and territories to support Canada's COVID-19 response.

Over the course of the pandemic:

Procured and distributed, free of charge, over 2.1 million treatment courses of safe and effective therapeutics.

Purchased 4.1 billion units of medical equipment and supplies (e.g., PPE, vaccine ancillary supplies, biomedical equipment and test kits).

Distributed over 2 billion units of medical equipment and supplies (e.g. personal protective equipment, biomedical equipment and vaccine ancillary supplies).

IF PRESSED ON CANADA'S BORDER POSTURE

During the pandemic, the Government of Canada put in place emergency border measures, in order to reduce the risk of the importation and transmission of COVID-19 and new variants in Canada related to international travel. The measures included entry restrictions, testing and quarantine requirements.

As epidemiological situation improved, the Government of Canada gradually lifted COVID-19 entry restrictions, as well as testing, quarantine, and isolation requirements for individuals entering Canada. The elimination of border measures was facilitated by several factors, including surveillance and modelling that indicated Canada had largely passed a peak of infections, high vaccination coverage, lower hospitalization and death rates, as well as the availability and use of additional vaccine doses, rapid tests, and treatments for COVID-19.

The Agency implemented enhanced border measures in collaboration with federal partners, industry, provinces/territories and Indigenous leaders, which included:

providing over 18 million handouts detailing entry requirements to travellers at ports of entry; conducting health screenings for over 400,000 travelers at ports of entry (March 20, 2020 to September 20, 2022); and admitting over 22,000 travelers to quarantine facilities (February 2020-September 30, 2022).

IF PRESSED ON PROOF OF VACCINATION CREDENTIALS

The Government of Canada collaborated with the provinces and territories to develop a Canadian COVID-19 proof of vaccination. The document is issued by provinces and territories and provides people vaccinated in Canada with a simple, consistent, and secure record of their COVID-19 vaccination history.

The Government of Canada also established a \$300M COVID-19 Proof of Vaccination Fund to support provinces and territories for costs to implement a COVID-19 proof of vaccination credential program.

To date, 11 provinces and territories have received their allocation under the Fund.

IF PRESSED ON INTERNATIONAL EFFORTS

International Collaboration

COVID-19 has demonstrated the need to take bold action through international collaboration to ensure we are better prepared for the next pandemic.

Since the beginning of the COVID-19 pandemic, Canada has engaged with international partners bilaterally and multilaterally, through the G7, the G20, the World Health Organization (WHO), and the Pan American Health Organization (PAHO) to help inform our domestic response and to contribute to global efforts on fighting COVID-19. Canada is committed to working with the broader global community to strengthen global health security.

Vaccine Donations

Canada has supported equitable access to COVID-19 vaccines by:

donating our surplus doses

supporting the delivery and distribution of vaccines

investing in the COVID-19 Vaccine Global Access (COVAX) Facility

strengthening health systems, regional production capacity and pandemic preparedness

We exceeded our commitment by donating over 201 million doses by the end of 2022. This donation included 46.6 million doses deemed surplus from Canada's domestic supply and donated to COVAX, as well as more than 3.7 million doses donated directly to countries through bilateral agreements.

IF PRESSED ON FPT RELATIONS

FPT Surge Support

PHAC provided an unprecedented level of surge capacity and provided a critical backstop to PT public health systems including:

PT infrastructure and the human talent and expertise (including the NESS, laboratory capacity, public health and epidemiological support);

Procuring and funding broad population vaccination; and

Funding safe voluntary isolation sites for individuals who could not safely isolate due to crowded accommodations and/or resource constraints.

FPT and Indigenous Collaboration

Canadians benefit from a long-standing and positive intergovernmental environment that supports information-sharing, collaboration, cooperation, and joint action across governments to address public health event readiness.

IF PRESSED ON DATA AND SURVEILLANCE

Wastewater Surveillance

The Public Health Agency of Canada worked in collaboration with other federal departments, and provincial, territorial, and municipal governments to establish a pan-Canadian wastewater surveillance network for timely detection and monitoring of emerging COVID-19 variants of interest and concern.

The Agency and its partners also established a pilot project to monitor wastewater from airports and a short-term aircraft wastewater testing program to assess the COVID-19 variants coming into Canada from various regions of the world.

Pan-Canadian Health Data Strategy

Building off lessons learned from the pandemic and recognizing the critical importance of timely access to health data, FPT governments collaborated on the development of a Pan-Canadian Health Data Strategy (PCHDS).

Global Public Health Intelligence Network (GPHIN)

In response to findings from the Independent Review of GPHIN, the Public Health Agency of Canada is taking a number of actions to enhance the systems' technical aspects and decision-making processes including:

improved Alerts;

upgraded information technology platform; and

established a Centre for Integrated Risk Assessment.

Sero Surveillance

In April 2020, the Government of Canada (GoC) announced the establishment of the COVID-19 Immunity Task Force (CITF) with an investment of up to \$300M to rapidly mobilize a series of serological, immune, and vaccine surveillance studies aimed at better understanding the extent of SARS-CoV-2 infection and immune response in the Canadian population and priority sub-populations.

Covid-19 Vaccine Surveillance

As part of the Government's continued commitment to openness and transparency, Health Canada and the Public Health Agency of Canada provide Canadians with monthly online updates on reported adverse events following immunization (AEFI) on Canada.ca.

57.4K AEFIs reported – 0.058% of all COVID vaccines administered (September 2023).

11.2K of these AEFIs were serious representing 0.011% of all COVID vaccines administered. (September 2023).

PHAC established a new surveillance system for monitoring of COVID-19 vaccination coverage and doses administered with F/P/T partners.

IF PRESSED ON LONG-TERM HEALTH IMPACTS OF COVID-19

The Government invested \$20 million into Long COVID Web – a Canadian Post COVID-19 Condition Research Network – that will work to understand and address the biological, clinical, mental health, and health system and population health impacts of the condition.

The Government of Canada also invested \$9 million to support the development, dissemination, and evaluation of evidence-based guidelines and tools on post COVID condition focusing on the Canadian context.

IF PRESSED ON MENTAL HEALTH INTERVENTIONS AND SUPPORTS FOR PEOPLE DISPROPORTIONATELY IMPACTED BY COVID-19

The Government of Canada is committed to addressing these disparities and promoting positive mental health for everyone, particularly those who face social and health inequities, or have been uniquely impacted by the pandemic.

That is why the Government Canada provided \$100 million through Budget 2021, to support projects that promote mental health and prevent mental illness in populations disproportionately impacted by the COVID-19 pandemic.

BACKGROUND

Globally, the COVID-19 death rate has slowed from a peak of more than 100,000 people per week in January 2021 to under 750 in the week of August 21, 2023, according to WHO data. These numbers reflect global efforts of widespread vaccination and treatments available, along with population immunity from prior infections.

The Government of Canada's top priority is the health and safety of Canadians. Collective actions made by all Canadians and efforts by all levels of Government were estimated as of April 2022 to have saved nearly 800,000 lives and prevented up to 1.85 million hospitalizations during the pandemic.

The SARS-CoV-2 virus will continue to circulate and evolve worldwide for the foreseeable future. While overall COVID-19 activity remains low globally, some countries continue to report increased activity, including newly reported cases, hospitalizations and deaths.

Since early July, COVID-19 activity has continued to increase in Canada, but hospitalizations are at moderate levels and are highest among older populations, and deaths remain low. Our models are

forecasting that infections and hospital admissions are at peak and will likely decline in the coming months. Of note, we are not yet seeing a clear seasonal pattern of COVID-19.

Provinces and territories have shifted public health priorities to focus on a more sustainable response for the long-term management of COVID-19 in Canada that includes integrating COVID-19 activities into the overall management of respiratory viral infections and continued efforts to build pandemic preparedness capacity and resilience for any future emergencies.

Fall 2023 Preparations

At the same time, all provinces and territories are ensuring the availability of preventative measures like running and promoting their vaccine programs and public health messaging and will continue to monitor changes to COVID-19's epidemiology.

PHAC's efforts campaign began in September and will include media outreach, advertising, webinars with health care professionals, social media, web content and stakeholder engagement.

PANDEMIC INSTRUMENT

ISSUE

Through an Intergovernmental Negotiating Body (INB), Member States of the World Health Organization (WHO) are developing a new WHO instrument (i.e., a convention, treaty, accord, agreement or other international instrument) on pandemic prevention, preparedness, response and recovery.

KEY FACTS

In December 2021, Canada and other WHO Member States agreed to launch the INB, a Member State-led process to develop a Pandemic Instrument.

INB Negotiations began in February 2023 following the release of the Zero Draft. A progress report was presented at the 76th World Health Assembly (WHA) in May 2023, and a final outcome (i.e., a finalized instrument) is expected to be presented for consideration at the 77th WHA in May 2024.

KEY MESSAGES

COVID-19 has demonstrated the need to take bold action to ensure we are better prepared for the next pandemic. Canada is working closely with international partners, including the World Health Organization (WHO) and the Pan American Health Organization (PAHO), and the broader global community to strengthen global health security.

With respect to global health threats that cross borders, such as pandemics, we can best advance and protect Canadian interests through effective rules-based international systems, which help structure and advance our cooperation.

Canada supports the development and negotiation of a WHO international instrument to improve multilateral cooperation on pandemic prevention, preparedness, response and recovery.

As the development of a "First Draft" is still underway, it is too early to predict the exact provisions of the instrument and how they might be implemented in Canada.

IF PRESSED ON CANADA'S POSITION ON THE PANDEMIC INSTRUMENT OR SOVEREIGNTY CONSIDERATIONS

Canada's overarching objectives are to address recognized gaps in pandemic prevention, preparedness, response and recovery while strengthening the global health architecture and, in particular, the WHO's existing core international legal instrument, the International Health Regulations (2005).

Canada believes the Pandemic Instrument should be based on science and evidence, aim to enhance health equity and gender equality, respect national contexts, and be complementary and coherent with existing tools. It should advance a One Health approach, strengthen health systems, data and information sharing, and enhance accountability for pandemic prevention, preparedness and response.

Canada is taking a whole-of-government, whole-of-society approach in the development of the Pandemic Instrument to ensure that Canadian priorities and values are reflected.

When negotiating a new international instrument, the Government of Canada will always carefully consider:

its potential impact on our existing domestic laws and policies; and

if there is a need for domestic legislation to implement our international obligations.

While the Government of Canada supports the development of a Pandemic Instrument and participates in the negotiations, it is too early to determine whether Canada would sign and ratify the yet to be finalized Instrument.

If Canada decides to ratify the Pandemic Instrument, the Government of Canada will remain responsible for and in control of any future domestic decisions about national restrictions or other measures related to pandemics. The WHO is an international organization and as such it does not and will not have jurisdiction in Canada.

IF PRESSED – ENGAGEMENT WITH PROVINCES, TERRITORIES, INDIGENOUS ORGANIZATIONS AND OTHER PARTNERS AND STAKEHOLDERS ON THE INSTRUMENT

Canada is taking a whole-of-government, whole-of-society approach in the development of the Pandemic Instrument to ensure that Canadian priorities and values are reflected.

Our Partner and Stakeholder Engagement Strategy aims to facilitate meaningful and inclusive engagement from provinces and territories, Indigenous organizations, academics and experts, civil society organizations, private sector, and youth, while promoting transparency of negotiation processes.

The Government of Canada hosted a Pandemic Instrument Partner and Stakeholder Engagement Forum in March 2023 to discuss key thematic issues with Canadian academia; federal, provincial and territorial representatives; Indigenous partners; youth; private sector; and non-governmental organizations. Input from this forum will help to inform Canada's priorities and objectives for the development and negotiation of the Pandemic Instrument.

As the development of the Instrument progresses, with the release of a "First Draft" being expected later this year, Canada will continue to provide opportunities for partner and stakeholder engagement (including via future meetings and written input).

IF PRESSED – HEALTH, SOCIAL AND ECONOMIC IMPACTS OF THE INSTRUMENT

Global efforts to enhance pandemic prevention, preparedness, response and recovery are expected to yield significant health, social and economic benefits for Canadians and the broader global community.

BACKGROUND

In December 2021, at the World Health Assembly (WHA), the 194 WHO Member States, including Canada, agreed to develop a new WHO instrument (i.e., a convention, treaty, accord, agreement, or other international instrument) on pandemic prevention, preparedness, and response through an Intergovernmental Negotiating Body (INB).

The first INB meetings established a process to develop the Pandemic Instrument, including timelines, milestones and modalities for stakeholder engagement. Member States identified that a finalized instrument will be considered as a legally binding treaty, convention or agreement, without excluding the option to adopt the instrument as binding regulations.

Member States themselves are fully leading the process to develop a Pandemic Instrument and will decide on its content, with the WHO supporting the INB by offering technical, scientific and legal guidance. Member States submitted a progress report to the 76th WHA in May 2023, and a final outcome is targeting the 77th WHA in May 2024.

Potential substantive elements of the Pandemic Instrument could include: health equity, One Health, antimicrobial resistance, leadership and governance issues, surveillance, access and benefit sharing related to genetic resources, health system strengthening, access to medical countermeasures, trade and related topics, vaccine confidence and misinformation/ disinformation, travel and border measures and global rapid response mechanisms for pandemics.

Canada is actively engaged in the Pandemic Instrument process and is committed to a whole-of-government and whole-of society approach. Canada's stakeholder engagement strategy is based on principles of transparency, accountability, and inclusivity, and outlines Canada's guiding principles in the

development of the instrument. These guiding principles include evidence informed decision making and respect for national contexts, as well as key multi-sectoral issues such as One Health and health equity.

The Health Portfolio is working with Global Affairs Canada to engage relevant federal government departments, provincial and territorial governments, National Indigenous Organizations, and other partners and stakeholders in the development of the Instrument. Negotiations began on February 27, 2023, based on a principles and objectives-based negotiating mandate.

RAPID TESTS

UPDATE ON MANDATE COMMITMENTS

The Government continues to make rapid tests available to provinces and territories for distribution to Canadians. Throughout the pandemic, the Government of Canada ordered over 811M rapid tests, at a cost of \$5B.

The Government shipped 682M tests to provinces and territories based on their demand projections, enabling them to build their reserves. The Government also created a federal reserve in case of emergency.

Thanks to federal leadership in sound inventory management, Canada is meeting rapid testing needs, is well prepared for COVID-19 resurgence, and is minimizing rapid test waste.

ISSUE

Throughout the COVID-19 pandemic, the Government of Canada procured and distributed millions of rapid tests to support rapid testing programs across the country with the aim to limit the spread of the virus.

Health Canada (HC) built substantial federal reserves of rapid tests in the event of a future potential resurgence and, given diminishing demand, is now donating the excess tests to fulfil domestic and international demand and minimize the risk of tests going unused prior to their expiration.

KEY FACTS

Since the beginning of the pandemic, the Government of Canada has ordered over 811M rapid tests, at a total cost of \$5B.

During this period, the Government shipped 682M rapid tests to provinces and territories (PTs) based on their demand projections.

There are currently 92M rapid test in the federal inventory, of which up to 39M have been declared as surplus to be donated domestically and internationally, and the remaining have been identified as emergency support, if needed.

Approximately 534,000 tests have been donated through the GCDonate platform to charities, non-profits and public institutions.

The majority of tests in the federal inventory do not expire until late 2024.

KEY MESSAGES

Since 2020, HC provided PTs with free rapid test supply to sustain testing programming and foster PT reserves, while also building a federal inventory for emergency use.

Given large PT inventories, demand for tests from the federal inventory will likely remain low.

Health Canada is exploring options for test donations domestically and internationally (World Health Organisation).

IF PRESSED ON THE SIZE OF THE FEDERAL RAPID TEST INVENTORY

In response to the Omicron wave, PT demand for rapid tests increased dramatically.

Canada used its buying power to secure extremely limited global supply and proactively built reserves, in close collaboration with PTs, in the event of future Omicron-like waves.

As public health measures and requirements for testing diminished, Canada finds itself with substantial inventories to manage.

Subsequent waves of COVID-19 have been relatively mild and demand for rapid tests remained low.

As a result of federal stewardship, Canada remains well-positioned for COVID-19 response.

IF PRESSED ON HEALTH CANADA'S TEST DIVESTMENT STRATEGY

Health Canada continues to explore deployment, donation and divestment opportunities to mitigate against wastage prior to asset expiry.

Despite divestment efforts, it is possible that a significant number of rapid tests will not be deployed before expiring.

Canada is strategically managing the supply of rapid tests by:

working with manufacturers for direct delivery where appropriate;

reviewing and validating expiry dates periodically and as required;

working with manufacturers to extend shelf life; and

shipping inventory with the shortest shelf life first.

BACKGROUND

The Government of Canada has been a leader in funding, procuring, and distributing rapid tests through multiple channels across Canada, and has been providing rapid tests to provinces and territories since October 2020. In total, since the beginning of the pandemic, the Government of Canada has ordered over 811M rapid tests, at a total cost of \$5B

Of this total, the federal government has shipped 682M rapid tests directly to PTs. These rapid tests have supported the broader testing strategies that PTs have implemented including for screening in hospitals and other health care settings, as well as for expanded school based testing, workplace screening, and community and general population testing.

As a result of federal action in procurement and distribution of rapid tests, in working with PTs, Canada is now well positioned to address potential resurgence, with large inventories of rapid tests across the country. Demand for rapid tests has since fallen and there is a risk some tests will go unused prior to their expiration.

The Government of Canada has made surplus tests available via Public Services and Procurement Canada's GCSurplus platform through GCTransfer, allowing federal organizations to access rapid tests for their employee testing programs, and through GCDonate providing access to charities, non-profits and public institutions to access rapid tests for their staff and the communities they serve. Canada is also exploring international donation of surplus tests.

NATIONAL EMERGENCY STRATEGIC STOCKPILE MANAGEMENT

UPDATE ON MANDATE COMMITMENTS

The Public Health Agency of Canada (PHAC) supports the whole of government emergency response under the leadership and coordination of Public Safety Canada.

PHAC works with its partners, including provinces and territories, to improve pan-Canadian readiness for future public health emergencies or events.

Through the National Emergency Strategic Stockpile (NESS), PHAC facilitates access to medical assets required for emergency response when provincial and territorial resources are exhausted or not immediately available.

From the onset of the COVID-19 pandemic to the end of March 2023, PHAC spent

\$5 billion on the procurement of over 4 billion units of medical supplies and equipment (e.g., personal protective equipment, vaccine ancillary supplies, biomedical equipment, sanitizers, and disinfectant) to stock the NESS to support the needs of provinces and territories.

PHAC is advancing the development of a comprehensive management plan for the NESS to improve readiness to respond to public health emergencies as recommended by the Office of the Auditor General and we continue to address additional recommendations from the OAG as per the set deadlines on the Management Response Action Plan.

PHAC supports Government of Canada efforts, including work in international fora to monitor supply chain vulnerabilities to inform preparedness and planning for future public health events.

PHAC has developed a modern warehouse management system to support tracking of inventory and established agile processes to support the FPT bulk procurement of key medical countermeasures that were in short supply during the COVID-19 pandemic.

ISSUE

The Public Health Agency of Canada (PHAC) manages the National Emergency Strategic Stockpile (NESS) which supports provinces and territories as a surge capacity when their own resources are insufficient. The NESS continuously works with provincial and territorial governments to assess the ongoing needs for priority medical assets to proactively identify and mitigate gaps as required.

KEY FACTS

The NESS contains supplies that provinces and territories can request in emergencies, such as infectious disease outbreaks, natural disasters, and other public health events, when their own resources are exhausted or not immediately available. The NESS facilitates access to a variety of assets such as personal protective equipment (PPE); biomedical equipment (e.g. ventilators); niche pharmaceuticals; and social service supplies, such as beds and blankets.

KEY MESSAGES

PHAC remains committed to supporting Canadians facing public health emergencies and events through timely and equitable access to safe, effective, and quality medical assets.

Assets managed by the NESS are deployed in response to urgent requests for assistance from provinces and territories.

PHAC works closely with federal, provincial, and territorial partners along with industry to assess ongoing surge requirements and to proactively identify and mitigate gaps, as required, including the monitoring of key commodities that may be vulnerable to supply chain issues.

IF PRESSED ON THE DEVELOPMENT OF A COMPREHENSIVE MANAGEMENT PLAN FOR THE FUTURE OF THE NESS

PHAC is advancing the development of a comprehensive management plan for the NESS as recommended by the Office of the Auditor General.

PHAC has initiated engagement with its provincial and territorial partners and has begun development of the plan, which will provide a roadmap for systemic and agile transformation of the NESS with overall objectives of improving readiness to respond to future pandemics and other emergencies and driving continuous improvement in the management of the NESS.

In parallel, NESS continues to identify and implement incremental improvements stemming from lessons learned in response to COVID-19, mpox and other public health emergencies, such as the development of a modern Warehouse Management System to track and manage NESS assets through their lifecycle, and a NESS portal to facilitate information sharing on NESS assets, including upcoming deployments of supplies with provinces, territories, and other Government departments.

IF PRESSED ON ACTIONS TO ADDRESS GLOBAL SUPPLY CHAIN CHALLENGES

PHAC is committed to working with federal, provincial, and territorial partners, along with industry to monitor global supply chains, including exploring opportunities to mitigate supply vulnerabilities and diversify supply through a strategic and sustainable made-in-Canada market.

To support security of supply for N95 respirators and medical masks, the NESS maintains two multi-year domestic contracts with 3M Canada and AMD Medicom.

Innovation, Science and Economic Development Canada (ISED) is the lead for advancing Canada's Biomanufacturing and Life Sciences Strategy. The Strategy aims to rebuild Canada's domestic biomanufacturing sector by focusing on both quick strategic actions and a long-term vision.

PHAC is working closely with ISED on considerations related to public health priorities to inform investments and further implementation of the Strategy.

BACKGROUND

NESS Mandate

The fundamental basis underpinning federal emergency management and the NESS is that provincial, territorial and local governments are prepared to respond in a reasonable manner to the most common emergencies in their jurisdictions.

As such, the federal government's role in facilitating access to emergency health assets is twofold:

To provide surge capacity support to provinces and territories at their request when their own resources are not sufficient

As the sole provider of certain niche assets, for example, to provide costly and rarely used vaccines or antidotes, required for rare public health emergencies

NESS Funding

Prior to 2020-21, the NESS had a budget of approximately \$4.7M per year.

From the onset of the COVID-19 pandemic to end of March 2023, PHAC spent \$5 billion on the procurement of over 4 billion units of medical supplies and equipment (e.g., personal protective equipment, vaccine ancillary supplies, biomedical equipment, sanitizers, and disinfectants) to stock the NESS to support the needs of provinces and territories.

Budget 2020: \$64.9M per year for the procurement of niche medical countermeasures for chemical, biological, radiological, and nuclear (CBRN) threats.

Budget 2023: \$80 million over two years starting in 2024-25 (\$60 million in 2024-25; \$20 million in 2025-26) to help sustain core capacities implemented during the COVID-19 pandemic that are needed to support day-to-day operations, and advancement of the work required to define long-term needs and resources.

Global Supply Challenges – COVID-19

The COVID-19 pandemic resulted in severe shortages of key medical equipment and supplies required to support Canada's domestic response efforts. To manage Canada's response, the collective buying power of the Government of Canada was leveraged on behalf of provinces and territories. This included NESS bulk procurement of personal protective equipment, biomedical equipment such as ventilators, as well as vaccine ancillary supplies.

The COVID-19 pandemic exposed significant supply chain risks across all levels of government and a lack of domestic self-sufficiency. Building strategic and sustainable domestic manufacturing capacity is a key lesson learned as articulated in Government of Canada initiatives such as the Biomanufacturing and Life Sciences Strategy as led by Innovation, Science and Economic Development Canada.

OAG Audit

The Office of the Auditor General (OAG) undertook a performance audit on the Government of Canada's ability to meet the needs of provinces and territories, and the healthcare sector, for PPE and medical devices to respond to the COVID-19 pandemic. The audit period covered January 2020 through August 31, 2020, and implicated the PHAC, PSPC, and HC.

Overall, the OAG found that PHAC, PSPC, and HC helped to meet the needs of provincial and territorial governments for PPE and medical devices during the pandemic. The report does however highlight that as a result of long-standing unaddressed problems with the systems and practices in place to manage the NESS, PHAC was not as prepared as it could have been to respond to the needs of provinces and territories for PPE and medical devices.

PHAC and HC have both committed to addressing the recommendations from the OAG as per the set deadlines on the Management Response Action Plan.