House of Commons
CANADA

Standing Committee on Health

HESA • NUMBER 002 • 3rd SESSION • 40th PARLIAMENT

EVIDENCE

Tuesday, March 16, 2010

Chair

Mrs. Joy Smith

Standing Committee on Health

Tuesday, March 16, 2010

● (0910)

[*English*]

The Chair (Mrs. Joy Smith (Kildonan—St. Paul, CPC)): Good morning, ladies and gentlemen, and welcome to the health committee.

I must say a special welcome to the Honourable Leona Aglukkaq. We're so pleased to have the minister with us today.

The orders of the day, pursuant to Standing Order 81(5), are the supplementary estimates (C) 2009-2010, votes 1c, 5c, 10c, 25c, 40c and 50c under health, referred to the committee on Wednesday, March 3, 2010. We will have appearing before us the Honourable Leona Aglukkaq.

As well, pursuant to Standing Order 81(4), we have before us main estimates 2010-2011, votes 1, 5, 10, 15, 20, 25, 30, 35, 40, 45, and 50 under health, referred to the committee on Wednesday, March 3, 2010.

As I said, we welcome the Honourable Leona Aglukkaq. As well, with us today we have Dr. David Butler-Jones, chief public health officer.

Welcome, Dr. Jones. We see you a lot these days and we're very happy to have you back.

We have James Libbey, chief financial officer. Welcome, Mr. Libbey.

We have Morris Rosenberg, of course, deputy minister. We see you a lot, and we're very happy to have you back again.

With him is Alfred Tsang, chief financial officer as well. Welcome.

We will begin this morning with a presentation from Minister Aglukkaq.

Thank you.

Hon. Leona Aglukkaq (Minister of Health): Good morning and thank you, Madam Chair, and members of the committee. It's a pleasure for me to be here with you once again. I see there are new faces around the table. It's nice to be here with you.

I won't go into the introductions of the staff with me today, as you've already covered that, Madam Chair, so I'll go right into my opening remarks.

I'm here to address both supplementary estimates (C) for fiscal year 2009-10 and the main estimates for the health portfolio for the next fiscal year, 2010-11.

With reference to supplementary estimates (C) for Health Canada, there is a net increase of roughly $38 million. For the Public Health Agency, there is an increase of $54 million. As you would expect, a large portion of those increases were due to expenses related to the second wave of the H1N1 pandemic. For the Canadian Institutes of Health Research, there was an increase of roughly $600,000.

With reference to the main estimates for 2010-11, there is an increase of $50.7 million over last year's budget for Health Canada, with $56.5 million for CIHR and roughly $30 million for the Public Health Agency.

The significant increases for Health Canada's main estimates are primarily going to first nations and Inuit health services at $304 million; the official languages health contribution program at $14.8 million; and the food and consumer safety action plan at $12.9 million. Because there are significant decreases from other programs that are coming to an end, the balance is $50.7 million.

Our priorities for the coming year are to continue making investments that will improve the health of Canadians. We have also identified areas for investments in first nations and Inuit health programs.

My last appearance before this committee was in December. At that time we were still in the midst of a national H1N1 vaccination campaign; that campaign has come to a conclusion.

By the end of the campaign, 15 million Canadians—nearly half of this country's population—had been immunized against the H1N1 flu virus. It was the biggest national immunization campaign ever undertaken in Canada. Nowhere was the campaign more successful than in first nations communities: more than 99% of on-reserve first nations communities held vaccination clinics. That success was thanks to the dedication of community volunteers who also helped organize those clinics and who took the lead in other preparations for the second wave of the pandemic.

Health Canada and first nations worked together in many ways to fight H1N1. In September I signed a joint communication protocol on H1N1 with Shawn Atleo, the national chief of the Assembly of First Nations, and Indian and Northern Affairs Minister Chuck Strahl. As part of that joint protocol, Chief Atleo and I co-hosted the virtual summit on H1N1 in first nations communities, which was broadcast live on the Internet in November.

From a national perspective, we have continued to monitor reports of people with flu-like symptoms and at the moment those levels remain very low. One of the characteristics of the H1N1 virus is that it is easily transmitted from one person to another, but with almost half of all Canadians now immunized, the pathways to transmissions are blocked.

There are countless other valuable contributions from across the health portfolio. For example, CIHR mobilized the research community to support our response to H1N1. That research helped us understand the virus. CIHR also worked with PHA to establish a national network to evaluate the vaccine.

Now is the time to learn from our experience in responding to the H1N1 pandemic. Looking back and fully assessing how we managed this public health event will help to inform and improve future responses.

There is no greater priority for our government than the health and safety of all Canadians. It was our motivation for introducing consumer product safety legislation. We know that stronger product safety is what Canadians want. Our government made a commitment in the Speech from the Throne to reintroduce this important legislation in its original form. When passed, the safety of toys and hundreds of other consumer products available in the Canadian marketplace will be greatly improved.

We continue to work to help improve the health of Canadian aboriginal people. Budget 2010 committed $285 million over the next two years for the continuation of aboriginal health programs.

Those programs have proven to have a very positive effect on the lives of thousands of Canada's aboriginal people. For example, the aboriginal diabetes initiative has funded prevention programs on 600 reserves and trained 300 community workers who can now teach others about how to prevent this disease.

The national aboriginal youth suicide prevention strategy has already funded 200 community-based programs. The maternal child health program has served 2,500 families and trained 250 workers who can keep on helping new mothers. The aboriginal head start program helps aboriginal children with their school work. It has helped 9,000 children in first nations communities and another 4,500 living in urban centres.

The aboriginal health human resources initiative is designed to get young aboriginal Canadians to become doctors or nurses or to pursue careers in the health care field. So far it has supported 62 aboriginal medical students, 436 nursing students, and nearly 2,000 others in a long list of careers in health care.

It is worth noting that our commitment to improving health in Inuit communities and first nations will also be supported through budget initiatives funded by other departments. For example, budget 2010 commits $45 million towards making healthy foods more affordable and more accessible to people living in northern and remote communities. We know that healthier food can lead to better overall health, and we have to make the healthy foods available if we want to see better results.

Budget 2010 has also extended funding for a program that was due to come to an end. Another $60 million has been allocated to fund the territorial health system sustainability initiative for another two years. By continuing on, we will be able to consolidate the progress made in reducing reliance on outside health care systems and medical travel.

Our work in improving health is always guided by the understanding of the positive and negative influences on the human body. That understanding is based on science, and in order to make greater improvements, we must continue to fund scientific health research. In the year ahead, the Canadian Institutes of Health Research will receive an additional $16 million in funding. It will expand the CIHR base budget and build in flexibilities to respond to the new and emerging health priorities. Investments in health research will pay dividends in many ways. A better understanding of the factors that affect health will help guide our policy in the years to come.

A health priority for the Government of Canada is to accelerate the development of a safe, effective, accessible, and affordable HIV vaccine. It is a goal we hope to achieve in part through collaboration with the Bill and Melinda Gates Foundation. An essential element of that development is to have facilities to test new vaccines. A study to evaluate vaccine manufacturing capacity was commissioned by the Gates Foundation. The results of this study demonstrated that there is now sufficient vaccine manufacturing capacity in North America and Europe to meet research needs.

With that knowledge, the Government of Canada and the Gates Foundation jointly decided not to proceed with construction of a new vaccine manufacturing facility, because it is no longer needed. However—and I want to be absolutely clear on this—the money that was earmarked for the new facility is still committed to the cause of preventing HIV and developing an HIV vaccine. Given the importance of our objective, we are examining all options and will take the time needed to ensure the direction we take and the activities we choose to support yields of the best possible results.

Addressing the global disruption in the supply of medical isotopes will continue to be a priority for Health Canada, its portfolio partners, and other departments. This commitment is reflected in budget 2010. In the last year, we have seen incredible resourcefulness and creativity in managing the existing supply. It is a credit to Canada's health professionals, provinces, and territories that supply disruptions have not had a greater impact on our health system. For our part, Health Canada will continue to work with stakeholders to optimize the use of medical isotopes in the health care system.

● (0915)

The Canadian Institutes of Health Research will fund a clinical trial network to help get research on isotopes and imaging technologies into clinical practice. Health Canada has expedited the review of alternate sources of supplies to mitigate the impact of the shutdown of the reactor at Chalk River. Most recently, Health Canada authorized a new source of medical isotopes from the Maria reactor in Poland. While this is a small source of isotopes, it will also bring additional supplies to Canada.

In the year ahead, we must continue the work that is already under way. We are in the process of making the improvements with regard to food safety recommended in the Weatherill report. To accomplish those goals, we are working with stakeholders in the provinces and the territories so that all of the recommendations become reality as quickly as possible. Budget 2010 renewed our commitment to invest $500 million in Canada Health Infoway. We know that modernizing our health records system by bringing it into the electronic age will reduce a number of burdens on the health system.

As members of the committee know all too well, 2009 was an important year in terms of health legislation. We moved to remove flavouring from tobacco that would entice young people to smoke. We passed a bill to promote safety and security with respect to human pathogens and toxins. And of course, as I have already mentioned, we drafted new consumer protection legislation that we will reintroduce in its original form in the weeks to come.

In the year ahead we will stay focused on our long-term health goal while being ready to address any emerging issues. I know that all members of this committee and all members of the House share a common vision of a healthier nation. We must continue to make improvements wherever they are needed in order to continue to be one of the healthiest countries in the world.

Thank you. I look forward to your questions this morning.

● (0920)

The Chair: Thank you, Minister, for that very insightful presentation.

We're now going into the first round of the questions. As you know, the time limits are a little different when a minister joins us. We will have the Liberals with a 15-minute question-and-answer period, and then the Bloc with 10, the NDP with 10, and the Conservatives with 10 in the first round.

I will begin with Dr. Bennett.

Hon. Carolyn Bennett (St. Paul's, Lib.): Thank you very much.

Madam Chair, I want to confirm that the minister will be with us for the full two hours.

The Chair: The understanding is that the minister will be here for, I think, 90 minutes.

That is the time that you have, Minister? Is that not correct?

Hon. Leona Aglukkaq: As far as I know, that's—

The Chair: How long are you able to be at committee? We understand it's for 90 minutes today, right?

Yes, it's 90 minutes, Dr. Bennett.

Hon. Carolyn Bennett: That is disappointing. I would ask, seeing that we are doing both the main estimates and the supplementary estimates, that we request that the minister come back, if we're not finished with the kind of scrutiny that this committee needs to do.

The Chair: Let me just say that we're having two days for the estimates. We have the minister and the officials as well. I just want to put on record, Dr. Bennett, that this minister has been at this committee more often than any other health minister has on record, and in a very short time. Her schedule is very busy. She's very accessible. We can look at other times, but for the purposes of the estimates, it's 90 minutes for this week.

Hon. Carolyn Bennett: Okay. Well, we will reserve, I think, the ability to recall her, as we did in the summer, which is the reason that she has been as often as she's been: it's because this committee was recalled a number of times to hear from the minister.

After what happened last summer, when she left after an hour, we are very much part of.... After the prorogation, we want to tell you that this committee has a responsibility to actually oversee the work of the government—that means the work of the ministers in their departments—and we aren't going to be persuaded that a minister's busy schedule.... Nothing is more important than appearing before a committee, and from now on, we hope that when the minister is called before a committee, it means that for those two hours the minister must be here. I rest it there.

The Chair: Dr. Bennett, could we go to the questions?

Hon. Carolyn Bennett: Yes. It is my 15 minutes, I think.

Firstly, I wanted to thank the minister....

Minister, I'm talking to you.

● (0925)

Hon. Leona Aglukkaq: Yes, I'm well aware of that.

Hon. Carolyn Bennett: It didn't look like it.

I wanted to thank you for the excellent conference that you held last Thursday, Friday, and Saturday in Edmonton with the Native Women's Association. I think that it is the role of the federal government to be trying to get more aboriginal physicians, and to see those 100 young women from across the country willing to be persuaded to be health professionals was truly admirable. I thank you for your support of that conference.

To begin, I am surprised and astounded that one of the few increases in your estimates was for your motor car allowance. I just want to know why on earth you would leave that red flag there of a $1,000 increase in your motor car allowance when the rest of the country is putting up with compressions and reductions. It just seems ridiculous that you would allow that to stand as the estimates went to Treasury Board, on page 13-2. I just will put you on notice that it may be necessary for this committee to reduce that travel allowance by the $1,000 at the end of this meeting, which you won't be here for, it sounds like.

In terms of top of mind, we are extraordinarily concerned about what is happening with tuberculosis in Canada. I'm having trouble finding out where the commitment is to reduce this unacceptable difference between non-aboriginal and aboriginal people in terms of it being 31 times higher in aboriginal people and 186 times higher in Inuit people. I don't see where that's reflected in the budget other than in reducing contributions for first nations and Inuit community programs: $70 million out of there, $50 million out of contributions for first nations and Inuit primary health care. How does the minister reconcile that?

And in this draft program for TB, the Canadian tuberculosis prevention and control strategy, your draft for winter of 2009, I want to know why first nations and Inuit health branch gets $4,134,000 while CIC is getting $7,397,000 in terms of immigration when it's very clear from the data that foreign-acquired TB is not a contagion risk. In fact, it says in your plan, “Very little TB in the foreign born is acquired in Canada. Most disease in these populations is acquired abroad....”

So why is almost twice the money for TB going to Citizenship and Immigration than to your department?

Hon. Leona Aglukkaq: Thank you.

As it relates to TB, there are a number of investments that we have made in the area of tuberculosis, health transfers being one of them, to provinces and territories. Provinces and territories, as the member is well aware, allocate their funding to programs they see as appropriate, depending on their population makeup.

Of course, improving the health of first nations is one of the most important ways of preventing disease, including TB. We have invested significantly over the last three years to support the better health outcomes, and it's not just in areas of treatment of tuberculosis. As the member is well aware, there are many other factors that contribute to tuberculosis.

I have a press release here from one of the jurisdictions basically saying that the significant difference between other parts of Canada in the prevalence is related to overcrowding in housing, poverty, smoking, and limited access to affordable, healthy food. As the member is well aware, we've made significant investments in infrastructure, social housing, in first nations communities and Inuit communities. We're trying to address the issue of poverty by healthy foods, as the member is well aware.

The other introduction is the tobacco legislation to reduce the number of smokers among our Canadian population, and so on. So a huge number of investments have been made by this government to try to address the underlying causes of tuberculosis. In addition to that, we've continued to increase health transfers to monitor the situation and to treat individuals with tuberculosis.

Thank you.

Hon. Carolyn Bennett: Minister, the numbers say that in the aboriginal population it's 31 times the non-aboriginal population, and for Inuit it's 186 times. These are the responsibilities of the federal government.

I can't see that there's a plan or that it's costed out. What is your personal plan to reduce this unacceptable gap in the health status of our aboriginal and Inuit people with respect to TB? How much will it cost? What, by when, and how? Where is the money in the estimates?

● (0930)

Hon. Leona Aglukkaq: To clarify that, I think one needs to be well aware that the territories and provinces deliver health care to Inuit people. Health Canada does not deliver health care to Inuit people; we deliver health care to first nations reserves. The territories and the provinces with Inuit populations receive their funding through health transfers, which we've increased by 6% annually. Each jurisdiction will then allocate that funding, depending on the issues, programs, and priorities within their own respective jurisdictions, to address important health issues.

I'll use a quote from the government:

> The Government of Nunavut has a successful tuberculosis program in place that meets or exceeds the Canadian standards. “98% of tuberculosis patients in Nunavut complete treatment compared to [other jurisdictions]....”

There are initiatives undertaken by each jurisdiction, but I should note again that Health Canada will continue to transfer funding to provinces and territories. We have not cut health care transfers, as we saw in the 1990s.

We will continue to make the investments to ensure that there are better health outcomes, as I described earlier in my first response.

Hon. Carolyn Bennett: Could I ask the minister to table the Canadian tuberculosis prevention and control strategy, and then ask you to please put the money aside? I do not think that just handing the money to a province and territory is a strategy for the health minister for this country. Whether you're doing well in Nunavut, which is a very small percentage of our aboriginal population...we're almost a million in terms of aboriginal people in this country, and their results are an embarrassment to our country.

I would like the minister to table a strategy that's been costed out.

Hon. Leona Aglukkaq: The Government of Canada has invested $6.6 million in direct support of a whole range of tuberculosis prevention and control programs to first nations on reserve across the country. In addition to that, collaboration across other Health Canada communicable disease programming enabled the leverage of additional funds for emergency use. This year the total amount invested in TB on reserves is $9.6 million.

Thank you.

Hon. Carolyn Bennett: I would just refer the minister to table 7 of the TB prevention and control strategy, which still has almost twice the money going to Citizenship and Immigration than it does to the first nations and Inuit health branch. I would like that sorted out in terms of how you will go forward with a real strategy that is properly paid for in order to close this gap.

Will you table the strategy?

Hon. Leona Aglukkaq: I don't believe the table you're making reference to is part of the estimates.

Hon. Carolyn Bennett: It's part of the draft TB prevention and control strategy, winter 2009. It's okay, you can table it later.

Minister, on the issue of the isotopes, I think we are pretty concerned that it's been over a year now that the provinces and territories have been bearing the burden of the lack of a plan from the federal government on this. The provinces and territories have asked for help. We have asked you for help.

I understand that you have asked the provinces and territories to put together the numbers it has cost, in terms of the increased cost of the isotopes and the increased cost of health human resources and the overtime. I guess I would like to hear from you now if you are committed to reimbursing the provinces and territories for these increased costs in isotopes. If so, why isn't it in the estimates?

Hon. Leona Aglukkaq: Madam Chair, in speaking to the provinces and territories on this issue, I stated that I'm committed to having a discussion. I've asked for this information from the provinces and territories in terms of additional costs and so on. I have not received any information back from the provinces and territories to date.

Hon. Carolyn Bennett: Is there a deadline on this? The provinces and territories have significant increases in their costs, and I will personally endeavour to encourage the provinces and territories to get their numbers in. That being said, once you get the numbers from them, Minister, will you be able to reimburse them for the money they've had to spend in hospitals and clinics because there have been no isotopes?

● (0935)

Hon. Leona Aglukkaq: I won't speculate. I have asked the provinces and territories for that information and I will wait for that information. Once we are there, I said I was committed to speaking with them.

I also have to say that a lot of work has gone into dealing with this issue across the country and there has been great collaboration and cooperation with the medical community, provinces and territories. I believe every member at this table yesterday received a briefing on the status update as to how we're managing the medical isotopes issue across the country. A lot of work has gone into the whole area of contingency planning so that contingency measures that were established across provinces and territories have helped to mitigate the shortage we are dealing with.

I'll just go through, province by province and by jurisdictions, in terms of how they are coping.

Hon. Carolyn Bennett: No, I don't think.... We had a briefing.

Hon. Leona Aglukkaq: I think it's important to identify that. I think it's important to identify the success—

Hon. Carolyn Bennett: No, Minister, we had that briefing yesterday.

Hon. Leona Aglukkaq: —of the mitigation measures that have been taken. I want to go back and just identify, say in New Brunswick—

Hon. Carolyn Bennett: No, Minister—

Hon. Leona Aglukkaq: —that nuclear medical specialists are reporting—

Hon. Carolyn Bennett: Chair, this is not the question I asked.

Hon. Leona Aglukkaq: —that they have managed throughout the situation, through the work, adjusting schedules—

Hon. Carolyn Bennett: Come on.

Hon. Leona Aglukkaq: —prioritizing patients, and so on.

Hon. Carolyn Bennett: Minister—

The Chair: Order!

Hon. Leona Aglukkaq: What I'm saying here is that provinces continue to implement the contingency measures.

In terms of the resources that the member is asking me to table—

Hon. Carolyn Bennett: Minister—

Hon. Leona Aglukkaq: —once I have that information, I will be able to work with provinces and territories, but overall, managing the contingency has been working very well across the country.

If the member is interested, I can go by jurisdictions—

Hon. Carolyn Bennett: Maybe they could appoint Iacobucci to do this too.

Hon. Leona Aglukkaq: —and identify how they're doing.

The Chair: Thank you, Minister.

Monsieur Malo.

[*Translation*]

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Thank you, Madam Chair.

Good morning and welcome, Minister.

The government had given itself until the month of December 2009 to complete the licensing process for natural health products. You also appeared before this committee on February 10, 2009, and you were asked whether the government could meet that deadline. You responded "In terms of natural health products, this government is committed to eliminating the backlog of product applications by March 2010." You were even more specific in an answer to your colleague from Barrie when you said "Our government is committed to eliminating the backlog by March 2010." The month of March 2010 ends in 15 days.

In the supplementary estimates (B) from last fiscal year, you established a fund of slightly over $9 million to reduce the backlog. In the supplementary estimate (C) or the same overall budget for the year 2010-2011, there is no additional funding for this.

Does this mean, minister, that you can commend yourself for having reduced and eliminated the backlog while meeting the deadline you had set and referred to before this committee?

[*English*]

Hon. Leona Aglukkaq: Thank you for that question.

I'm going to start it off and pass it on to the official, Michelle Boudreau, to give you an outline as to the status.

By March 31, 2010, Health Canada will have addressed the backlog and is on target to complete all the applications in the backlog by December 31, 2010.

Could I have you elaborate just a bit on that?

● (0940)

Ms. Michelle Boudreau (Director General, Natural Health Products Directorate, Department of Health): Good morning.

[*Translation*]

We are always very conscious of timelines. To date, we have settled 99% of cases, in other words we only have 1% left to process. Within this backlog, there are only 193 product applications left to be completed. So, we are very confident that we will reach the stated objective by the end of March and within the timelines we had set. We expect to have completed everything that is outstanding, in other words 3,000 licensing requests by the end of December 2010.

Mr. Luc Malo: You are saying that there are 3,000 products yet to be approved by the end of the year. What happens to products that do not have a natural product number? As you know, retailers are already refusing or will refuse to sell products that do not have this natural product number.

How has your department made sure that the natural health care products industry in Quebec and in Canada will be respected under the new timelines you have set for the end of 2010?

Ms. Michelle Boudreau: We have established a number of initiatives that have helped us respond more swiftly to approval requests. Today, we have 150 monographs as well as 15 or so labelling standards. We have also set up a data base that is accessible to those who want to have their products licensed. We are using mainly internal resources. In fact, 55% of our staff are currently working on product licensing requests on a daily basis.

With respect to the recent situation for retailers, mainly in Quebec, we have tried to help people by asking them to tell us what their priorities are. The specific submissions they make for approval allow us to move ahead more quickly. The electronic approval submission process will shortly be accessible, which should also help us speed up the approval process.

Every day we continue to use procedures that allow us to more quickly complete the assessment process and we render our decisions. We receive approximately 45 applications per day. Yet, today, the number of decisions we make is higher than the number of applications we receive. We are moving swiftly. We also work specifically with retailers, some of whom are members of our external committees. Every day, we try to help these people so that they may move forward with the marketing of their products.

Mr. Luc Malo: I do not want to misinterpret your words. Are you saying that the retailers that you are working with through this process you have established are reassured and will be able to sell the products you are in the process of approving?

Ms. Michelle Boudreau: Certainly, for the projects that have been approved. As you may know, we have approved over 25,000 products to date. To put this figure into perspective, 25,000 products is a rather considerable number, given the fact that most retailers only carry about 6,000 products. We have approved 25,000 products that can be legally sold in Canada and are certainly accessible to retailers.

Mr. Luc Malo: Minister, in your opening statement, you commended yourself on having passed, in 2009, legislation to remove flavouring from tobacco that would entice young people to smoke. We had supported this decision because we were favourable to it. Yet, you must know that, today, the American Congress is asking some serious questions as to the legality of this bill.

What measures is your government taking to ensure that this legislation, in other words Bill C-32, will be enforceable and binding?

● (0945)

[*English*]

Hon. Leona Aglukkaq: As the member is well aware, cracking down on tobacco marketing aimed at youth has been one of our priorities and is an important public health measure that will help us reduce the likelihood of young people taking up smoking. We all know the industry needs new clients and tends to target the younger, vulnerable population of this country.

In terms of Canada's trade obligations, those were taken into account during the development of this legislation. The government is very serious about Canada's trade obligations and, for that reason, scrutinizes every bill it introduces for consistency with those obligations. The WTO and the WHO have said that countries have the right to take measures to restrict imports or exports of products when this is necessary to protect human health, and human health has been recognized by the WTO as being important in the highest degree.

The act we had introduced applies to cigarettes like little cigars, or the blunt wraps manufactured or sold in Canada, regardless of their origin. New sections 5.1 and 5.2 of the act do not apply to cigarettes, little cigars, and blunt wraps manufactured in Canada solely for the export market.

So concerning the manufacture and sale of American-style blended cigarettes, it's also important to note that the new legislation does not ban any tobacco products or any type of tobacco leaves used in their manufacture.

The Chair: Thank you, Minister.

Now we'll go to Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis (Winnipeg North, NDP): Thank you, Madam Chairperson.

Thank you, Minister, and members of your department and the Public Health Agency. I appreciate your being here.

I want to start with the reference in your speech pertaining to the HIV vaccine facility initiative. You have indicated there, as you did publicly, that in fact the proposal by your government, announced with some fanfare in 2007, abruptly came to an end this February with the cancellation of the bids and the cancellation of the program.

I would like to know very directly from you, and very specifically, at any time was a recommendation in the works pertaining to one of the four bids?

Hon. Leona Aglukkaq: No.

Ms. Judy Wasylycia-Leis: Could I ask one more time? Was there any recommendation at any point coming forward from anyone within your department or the Public Health Agency of Canada?

Hon. Leona Aglukkaq: The answer to that is no.

Ms. Judy Wasylycia-Leis: Could I ask the head of the Public Health Agency of Canada? At any time, was there a recommendation moving forward?

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): In the review of all the proposals, none of the proposals met the objectives, so there was no successful bid from the four that did bid. At the same time, there was a separate process involving the work of the Gates Foundation in reviewing international capacity.

Once it was clear that none of them were successful, we found out that in fact additional capacity has developed in the last few years that made this unnecessary. We will be working with the Gates Foundation in terms of where best to invest those resources.

Ms. Judy Wasylycia-Leis: So is it fair to say, based on that answer, that in fact the independent review committee that looked at the four bids actually did make a recommendation, and move it forward to the departmental review committee in Ottawa, but that it was then quashed at the departmental level or at the cabinet level?

Dr. David Butler-Jones: The whole process involved peer review as well as review within the agency in terms of meeting the criteria. The peer review was not in a position to assess all the factors in terms of scientific merit as opposed to sustainability and other factors that were necessary to have a successful bid. None of the applicants met all of the criteria.

Ms. Judy Wasylycia-Leis: What does it mean, then, when two officials from the Public Health Agency, Dr. Engelhardt and Steven Sternthal, say there was no recommendation made in the traditional sense? Could I get a clarification on what that might mean?

● (0950)

Dr. David Butler-Jones: Yes. Obviously, within the bids themselves, though none of them crossed the line in terms of being successful and having met all the measures, some were better than others. So if, for example, in the future there was a new call for proposals it's likely that some of them would have been more successful than others, but again, since that was not necessary, given that the capacity is now out there, there was no point in going to a new bid.

Ms. Judy Wasylycia-Leis: Could you give us the names of the individuals or the departments involved in reviewing the independent review committee's judgment of the four bids and who in the end made the final decision not to proceed?

Dr. David Butler-Jones: Again, it's a scientific review process externally and then a process internally, but whatever we can share I'd be happy to do so.

Ms. Judy Wasylycia-Leis: I guess I'm asking—

Dr. David Butler-Jones: At the end of the day, it was not a political decision; it was a decision in the agency as it relates to the merits of it. Most of us were arm's length to that. I accepted the official recommendation.

Ms. Judy Wasylycia-Leis: On what basis were the merits of the proposals judged? Was there a relationship between the final decision and this study that was done at the very last minute, in July of 2009, pertaining to vaccine production capacity globally?

Dr. David Butler-Jones: The two processes were separate, as it turns out. At the same time that it was recognized that none of the proposals met the full criteria...that this other study by Gates. So that came to our attention. The decision then was whether to proceed with additional work, and given the capacity out there, there was no need to proceed for new proposals or requests or modified requests.

Ms. Judy Wasylycia-Leis: Madam Minister, you put all your eggs in the basket of this study in the House and suggested that the project was ground to a halt because of this last-minute study in July 2009, and suggested in fact that the Gates Foundation was to blame, in effect, for this change of heart, even though it was only a tiny funder in the whole scheme of things.

Could you explain to us why you would put any weight on a study that was done in July of 2009, two years after your government announced its intentions, and a study indicating something that we knew all along, which is that there is capacity in the world, with vaccine production and drug production companies, to produce a vaccine...how you could consider this study to be of due diligence?

Hon. Leona Aglukkaq: As the member is well aware, a study was commissioned by the Gates Foundation that concluded there was sufficient current vaccine capacity in North America and Europe and there was no longer a need for a facility in Canada. That study itself is one piece of the work that we're undertaking. The Government of Canada remains committed to fighting HIV and AIDS, and we will be moving forward with the Gates Foundation to identify areas we'll work together on.

It's also about ensuring that we are spending Canadian taxpayers' money in the right areas. If there is no need for a facility in Canada, then we have to make decisions to ensure we are spending Canadian taxpayers' money wisely. At the same time it's a joint partnership with Gates Foundation, and we'll continue to collaborate with the organization in terms of next steps and how we can use the investments made by the Gates Foundation and the Government of Canada to address HIV in Canada.

Thank you.

Ms. Judy Wasylycia-Leis: Could you table for us how the $139 million, which is the sum total for this vaccine initiative, is going to be spent now that you've cancelled the vaccine production facility? It probably cost this country a couple of million dollars to develop these proposals. How will that $139 million be spent?

● (0955)

Hon. Leona Aglukkaq: We are in the process of assessing the options with the Gates Foundation. As soon as that is available, I would be happy to table that information. At the same time I've also offered to members in the House of Commons to make available the study that was conducted by the Gates Foundation as it relates to the decision around the manufacturing capacity. That information is available, and if requested, I'll make it available.

Ms. Judy Wasylycia-Leis: Thank you. We'd appreciate that. Actually, it's sort of ironic; three years ago we were sitting here, and the minister for health at the time was telling us how we had to deal with cutbacks to community prevention programs in the area of HIV and AIDS so that we could take that money and put it towards this production facility. And now we're told the production facility is not on, and we're not sure where that money's going to go. So I think Canadians are owed an explanation. We're all owed an explanation.

Let me ask a question on tuberculosis, because in fact, as you know, Madam Minister, I tried to get an emergency debate in the House. It is, as you know, the forgotten disease, and in your department it is also forgotten.

My colleague Carolyn Bennett already mentioned to you that your strategy for TB doesn't exist, so I don't know how you can table it. This is it. You go to your website, and it says “Draft”. There is no.... It says it's under construction.

So in fact we have a crisis in our first nations communities—

The Chair: You time is almost up, Ms. Wasylycia-Leis. Do you want an answer to this question?

Ms. Judy Wasylycia-Leis: Yes, so very quickly I'll ask my question.

Madam Minister, the rate of TB among Inuit is 185 times greater than among the rest of the population. In terms of first nations generally, it is at 51 times the rate for the general population. You have no strategy. There is nothing in your estimates. When are we going to see a plan of action, at least with respect to detection and then treatment?

Hon. Leona Aglukkaq: Again, I'll just start off by saying that health care is delivered to Inuit people by the provinces and territories. Health Canada does not deliver directly to the health populations—

Ms. Judy Wasylycia-Leis: Let's just address reserves then.

The Chair: Ms. Wasylycia-Leis, can we have the minister answer this, please?

Hon. Leona Aglukkaq: You asked me Inuit-specific, so I'm answering Inuit-specific. I can also say—

Ms. Judy Wasylycia-Leis: Could we have it for first nations on reserve then?

Hon. Leona Aglukkaq: —that there are a number of efforts being made to reduce that. One of the biggest challenges we have is overcrowding. We're made significant investments to housing. We've made significant investments to dealing with poverty, smoking, and so on. Those are plans in place by jurisdiction. As part of our investments, we'll continue to work with the provinces and territories to increase transfers, and not cut transfers as we saw happen in the 1990s. We will continue to work with the provinces to address the delivery of these programs.

Do you want to elaborate a bit more on that?

The Chair: Dr. Butler-Jones.

Ms. Judy Wasylycia-Leis: Could I have a point of order, Madam Chair?

The Chair: Our time is just about up.

Ms. Judy Wasylycia-Leis: It's a point of order.

The Chair: All right, Ms. Wasylycia-Leis, go ahead.

Ms. Judy Wasylycia-Leis: On a point of order, I thought the minister would have been concerned that the rates of TB among Inuit are 185 times greater than the rest of the population, and she wouldn't simply dump it on the provinces.

The Chair: That's not a point of order, Ms. Wasylycia-Leis. It's a matter of debate.

Ms. Judy Wasylycia-Leis: I asked a specific question about detection and treatment.

The Chair: It's not a point of order. Thank you.

Dr. Carrie, you're next.

Ms. Judy Wasylycia-Leis: I didn't ask about housing. I asked about detection and treatment.

The Chair: Dr. Carrie.

Mr. Colin Carrie (Oshawa, CPC): Thank you very much, Madam Chair.

Minister, it's been a very busy year, and I for one would like to thank you. I've been elected since 2004, and I've sat on numerous committees, and I don't think we've ever had a minister that was more open and more available to a committee. I'd like to thank you for the record number of updates, the information sessions, and the briefings. I think those allow us, as a committee and as parliamentarians, to do our job better. I know you've been very good at making these briefings available to everyone.

You mentioned the briefing yesterday about isotopes. I found it extremely interesting, and that's what I'd like to talk about. I know this is a worldwide issue. I know that you and Health Canada have taken international leadership to develop new lines of communication among the suppliers along the supply chain. But I also know that Canadians are really concerned about their government and patients and front-line workers putting patients first.

We have been faced with these supply disruptions for many months. We're hearing that the situation is going to get worse in the next few months or few weeks as another reactor is going to be shut down.

I know you were discussing it a little bit earlier and you got cut off, but I would like to hear from you what actions and measures have been undertaken by the government to respond to the supply disruption of medical isotopes. I think these are things that Canadian patients and doctors on the front line would like to know.

So, Minister, could you reply to that?

Hon. Leona Aglukkaq: Thank you for that question.

This is a global shortage. I think we forget that sometimes, that we're dealing with a global shortage of medical isotopes.

We have faced challenges for many months now, and it's also important to recognize the efforts of health care communities in the provinces and territories in responding to the disruption in the supply of medical isotopes. Thanks to their efforts, patients will be receiving the scans they require.

Health Canada continues to regularly interact with the provinces and the territories and the health community through bi-weekly calls where supply forecasts and best practices are shared. Through these calls and supply forecast messages, Health Canada has provided early notification of the week's supply period to these groups.

As well, Health Canada reissued a guidance document that was reviewed by my special advisor, Dr. Sandy McEwan, and the ad hoc group of medical experts and provincial and territorial officials. The guidance document captures the key strategies and measures that are well known and widely accepted, such as use of alternatives to free up TC-99, maximizing available TC-99 to avoid decay, and use of TC-99 on priorities where no other alternatives are available.

Health Canada is also using proactive measures to address regulatory requests, and we have expedited the reviews for submissions to increase the supply in Canada. As of last week, we have approved the supply from the Maria reactor in Poland to make TC-99 available in Canada as well. So Health Canada will continue to respond to applications received from other countries.

The special access program for emergency use, which will allow some products to be used at a physician's request, will be reviewed in 24 hours.

There are also clinical trials, which will undergo expedited review on a priority basis. The target is about seven days, which will respond to the use of products such as chloride, to be used at the Ottawa Heart Institute, as an example.

I also want to assure you that Health Canada will continue to support the provinces and the territories and the health community as they mobilize their strategies to respond to the lower period of the supply.

Thank you.

● (1000)

Mr. Colin Carrie: Thank you, Minister.

I want to shift gears a little bit and talk about Canada's pandemic plan and the H1N1. We have just gone through an experience that we've never gone through before. You mentioned in your speech, on page 6:

> Now is the time to learn from our experience in responding to the HINI pandemic. Looking back and fully assessing how we managed this public health event will help to inform and improve future responses.

I agree very much with that. I had the opportunity during the pandemic response to visit the United States, and I know that internationally we received accolades for the pandemic plan and the rollout. But I do know that as with anything, it can always be improved.

Here on committee we have questions about best practices—what worked with the communications, the dissemination of information. I wonder how you would rate the Government of Canada's performance in Canada's H1N1 pandemic plan, and if you could explain to the committee what you're looking at, as things roll forward.

Hon. Leona Aglukkaq: I would like to start off in responding to that by congratulating the provinces and territories and the medical community for doing a fantastic job in the rollout of the vaccine over the last 10 months and last year.

I'm very proud of the work Canada has done. In my view, it was an excellent job. This is the most successful immunization campaign, in my opinion, in the history of this country. I think we should all be proud of our health care system and our front line workers who make a difference in the lives of so many Canadians on a daily basis.

The outbreak of the H1N1 flu virus in Canada required a well-coordinated Government of Canada response in partnership with provinces and territories. To that end, the Government of Canada also worked with the provinces and territories to ensure that Canadians had the information they needed to make informed decisions and to protect themselves against H1N1.

As I mentioned before, it was the largest campaign in our history. Approximately 45% of Canadians received the vaccine, making our immunization rate, again, among the highest in the world. In addition, I'm very proud that rates were even higher among first nations communities, at 60%. In contrast, the United States had an overall vaccination rate of 20%, and Great Britain had a vaccination rate of 8%. Canada's successful strategy reflects a strong partnership between the provinces and territories and the federal government and our manufacturing companies.

The health and safety of Canadians was put at the forefront of our pandemic response. A secure domestic supply of vaccine made the vaccination rates among targeted groups even higher, including a 60% vaccination rate for first nations communities.

The Government of Canada will continue to respond to the needs and the broad effect. Efforts are being made to ensure optimal use of remaining vaccine, including contributing five million doses to WHO for global pandemic relief. We will take steps in Canada to manage the remaining vaccine supplies, including stockpiling for future contingencies.

In terms of provinces and territories working to look at how we can improve this plan, I continue to work with the provinces and territories to evaluate how we have done. I stated many times during the last 10 months, in responding to H1N1, that there will be lessons learned from this whole exercise. I have the full cooperation of the provinces and territories in examining areas where we could improve the rollout. Like any situation—we dealt with SARS before and with this plan and with implementing the 2006 pandemic plan—knowing where we can improve is the next step in dealing with this particular situation.

I have to say that the provinces and territories did a phenomenal job in their rollout. And they are committed to working with us to improve where we can to protect the health and safety of Canadians.

Thank you.

● (1005)

The Chair: Thank you, Minister Aglukkaq.

We're now going to go to the second round. The second round is five minutes for questions and answers. We have to be very tight with that.

We'll begin with Kirsty Duncan.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Thank you, Madam Chair.

Thank you to the minister and the officials for coming.

I'd like to pick up on the issue of CHVI. Could I begin by asking if the scientific review committee met in May 2009?

Dr. David Butler-Jones: I don't have the dates at hand. There was a long process in terms of both the scientific review and the internal review and the administrative review.

Ms. Kirsty Duncan: Is it possible to table the dates on which the scientific review committee met?

Dr. David Butler-Jones: I just don't have them.

Ms. Kirsty Duncan: Thank you.

I am going to ask the same thing: was there ever a recommendation made by the scientific committee, and if so, by whom?

Dr. David Butler-Jones: The scientific committee did the scientific review and then made their recommendations based on that. Then there was the internal review in terms of sustainability, administrative capacity, and so on that was also part of the criteria. Overall, when that was put together, none of them passed the bar.

Ms. Kirsty Duncan: Did the scientific expert review put forward any recommendations?

Dr. David Butler-Jones: Yes, they had a ranked order.

Ms. Kirsty Duncan: They did have a ranked order.

Dr. David Butler-Jones: That is, ranked in terms of “preferred”. But at the end of the day, no one passed the bar for the total proposal.

Ms. Kirsty Duncan: So was it the steering committee that made the decision that this not go forward?

Dr. David Butler-Jones: No, that ultimately is an agency decision and recommendation, based on the scientific factors. But also, there's more than scientific merit in actually building the facility and maintaining it.

Ms. Kirsty Duncan: As part of the criteria when they were submitting their bids, did those groups know that this was part of the requirements?

Dr. David Butler-Jones: Yes, it was all listed.

Ms. Kirsty Duncan: Okay.

In the Gates study, the focus appears to be on the quantity rather than the quality of facilities and GMP standards. How do you respond to that?

● (1010)

Dr. David Butler-Jones: Again, we're talking about a facility for doing trial lots, and there's been a dramatic.... Recognizing, as we did and as the Gates Foundation did a few years ago, that at the time there was not capacity for doing trial lots for research purposes, which is one of the steps in terms of developing a new vaccine.... Since that time, academic institutions and others have come to the fore, and this has made that requirement substantially less. There are many other things that require some investment to move this agenda forward, so we will apply it there.

Ms. Kirsty Duncan: Okay, thank you.

What was the publishing date of the Gates study?

Dr. David Butler-Jones: That I don't have handy, but we can....

Ms. Kirsty Duncan: When was it undertaken?

Dr. David Butler-Jones: I'm sorry, I don't recall. It was over a period of time in the past year, but I don't have the—

Ms. Kirsty Duncan: Could we table it? It's my understanding that it was published in July of 2009.

What I can't figure out, and perhaps you could explain it to me, is why, two years into the process, with millions of dollars invested—for example, ICID spent $750,000, and I know others spent $250,000—a due diligence study was undertaken, two years into the process.

Dr. David Butler-Jones: It's because there was a due diligence; capacity was looked at. The Gates Foundation, we ourselves, and others working in the field recognized when the process started that there was a capacity issue. The capacity issue was addressed.

That capacity issue was not addressed two years ago or three years ago; it was addressed in the past year and a half. You can only assess the capacity at the time, and the capacity at the time had changed. So that review identified that the capacity had changed.

In the meantime, we had found that none of the proposals crossed the bar. That then requires a decision: do we do another proposal? But given what the Gates Foundation review found, there was not much point in going to another proposal or expanding on the existing....

Ms. Kirsty Duncan: Okay.

Can you please tell me why, if the study was indeed published in July, cancellation of the facility did not occur until February?

Dr. David Butler-Jones: There are several things to look at. One is the proposals themselves and understanding the implications for them. The government obviously always wants to have the best investments possible, and to review its options with the Gates Foundation as a key partner in the facility and in the initiative moving forward, and all of that. Those discussions take time. That's where we are.

Ms. Kirsty Duncan: Okay. I'm going to now move to listeriosis, if I may.

Is it possible to get a tabled report of each of the 57 recommendations and what action has been taken to date on each of those?

Dr. David Butler-Jones: I can speak to that.

There are obviously the recommendations from the Weatherill report. There are also the recommendations that came from the joint committee, which many of the members here were part of. Those are all being worked on in terms of being addressed. Many have already been addressed, and others are being worked on. I think there's a process in place to make sure those responses are all clear. I'm just not sure what stage it has reached.

Ms. Kirsty Duncan: Thank you.

The Chair: Thank you, Dr. Butler-Jones.

We'll now go to Mrs. Davidson.

Mrs. Patricia Davidson (Sarnia—Lambton, CPC): Thank you, Minister, for appearing before us today, and thank you to the officials as well.

We know it has been proven that aboriginal people face significant health challenges. I go back in your presentation to where you say that the significant increases in the main estimates are primarily going to first nation and Inuit health services. Then you continue, talking about the diabetes initiative, the youth suicide prevention strategy, the aboriginal head start program, a human resources initiative, and the extension of funding for a program for the territorial health system sustainability initiative.

Could you tell us a little more about those and about how you think these programs and the renewal will help improve the health of the aboriginal people?

Hon. Leona Aglukkaq: Thank you for that question.

I'm proud to say that the Government of Canada has provided $285 million over the next two years for these programs. The funding for these programs was set to expire March 31 of this year. Through the renewed funding provided in budget 2010, the programs will continue to address the high rate of chronic disease amongst aboriginal people, particularly in areas such as diabetes.

We'll continue to support the health and well-being of aboriginal children and their families through the renewed investments in maternal and child health services as well as in youth suicide prevention. Renewed funding for aboriginal health human resources and the aboriginal health transition fund will improve the delivery and enhance access to health care in aboriginal communities. We'll continue to work with aboriginal leadership in the communities as we roll out the renewed programs building on the lessons learned to date.

I'm also confident that we'll continue to make progress in improving the health outcomes of aboriginal people over the next two years with the extension of these investments.

Thank you.

● (1015)

Mrs. Patricia Davidson: Thank you.

Just changing gears a little bit here, some other things this committee has certainly heard about over the past number of years and in some of the studies we've done have been healthy foods and physical activity for children and youth. Is there anything in this budget that is going to address the rising physical inactivity among children and youth, and what kind of programs, if there are any in there, are we looking at that are going to help improve the health of our young people?

Hon. Leona Aglukkaq: Our government has invested in and is proud of the work it is doing in the area, in collaboration with the provinces and territories, to improve the physical activity level of our children and our youth. In 2008 the Government of Canada made progress in setting the direction to meet Canada's first ever national physical activity targets for children and youth aged 5 to 19 under the federal leadership and in collaboration with the provinces and territorial governments.

For the very first time ever, federal, provincial, and territorial governments have set direct, measurable targets for physical activity for Canadian children and youth. The targets represent an important foundation to address childhood obesity by increasing the proportions of children and youth participating in daily activities. Also, the ministers of health and sports and recreation have signed on to a joint policy statement that will foster even greater intersectional action to contribute to improving the health and well-being and quality of life of Canadian children and young people by increasing their physical activity. I can say that the ministers are committed to working in partnership with non-governmental organizations to increase physical activity opportunities in and after school periods, a time identified in the research as being critical. As well, in May, federal, provincial, and territorial workshops on the promotion of physical activity in the after-school program will further explore knowledge and best practices to build capacity in collaboration on children's health.

I can say that the interest from the provinces and territories to start addressing the issue of keeping our young people healthy has been very positive, and we'll continue to work with the provinces and territories to move some of that forward.

As a backgrounder, in 2008 under the federal leadership and in collaboration with the provinces and territories, the ministers responsible for sport, physical activity, and recreation set Canada's first ever national physical activity targets for children. By 2015 they will increase by 7% the number of children and youth who participate in 90 minutes of moderate to very vigorous physical activity over and above daily living, increasing that from 11,000 steps to 14,000 steps per day.

Ministers affirmed their commitment to work together to increase physical activity levels among children and youth by establishing the agreements to explore ways to support the development of infrastructure and the capacity to foster greater intersectional action and collaboration with a focus on after-school programs. The federal government co-chairs the FPT working group to align and coordinate social marketing efforts targeting children, youth, families, and caregivers to endorse the use of a common physical activity message across jurisdictions.

This effort and the initiatives undertaken to start dealing with keeping our children healthy have been very positive and very well received. We recognize that in order to ensure we deal with the ever-increasing health indicators, we need to start focusing on keeping our children healthy in this country.

Thank you.

● (1020)

The Chair: Thank you very much, Minister Aglukkaq.

We'll now go to Monsieur Malo.

[*Translation*]

Mr. Luc Malo: Thank you, Madam Chair.

I would like to ask an additional question of Ms. Boudreau. My question has to do with the Patented Medicine Prices Review Board. I noticed that there has been a $704,000 increase over the year 2009-2010, in other words a little over 10%, raising the amount to $7.75 million for the current fiscal year.

What is the rationale behind this increase? What do you say to individuals and organizations that believe that the Patented Medicine Prices Review Board is exceeding its mandate?

Mr. Morris Rosenberg (Deputy Minister, Department of Health): Madam Chair, I will attempt to answer this question.

First off, I must say that the increase in resources allocated to this board is due to an increase in the workload. The workload has changed considerably over the last few years. For quite a long time, most regulations were not challenged, but recently we have noticed that there has been an increase in the number of investigations being challenged.

Last year, for instance, the board held four hearings. Today, there are nine hearings underway, three of which are at the decision-making state. There has been a significant change in the nature of the work and in the workload, justifying this increase.

The board's mandate, since its inception in 1986 or 1987, was to review the prices of patented medicines, as well as to provide information on the price of drugs. We believe the board is acting within its mandate.

Mr. Luc Malo: Ms. Boudreau, I would like to get back to the figure you quoted earlier on. There are slightly over 3,000 natural health products that have yet to be licensed.

How many of these are manufactured by Quebec or Canadian companies?

Ms. Michelle Boudreau: I'm not sure I can provide you with the exact figures with respect to manufacturers from Quebec. There are currently approximately 1,100 companies that have licensed products. Most are Canadian manufacturers or distributors. Approximately 25% are foreign, mainly from the United States. Conversely, it can be said that 75% of them are Canadian.

Mr. Luc Malo: You are referring to what has been approved, but what remains to be approved? You know this can have very serious effects on companies, on their viability, and on jobs which need to be maintained. Are you in a position to say how many of these 3,000 products are yet to be approved?

Ms. Michelle Boudreau: You are asking how many companies, mainly from Quebec, are waiting for their products to be approved. Is that correct?

Mr. Luc Malo: Of the 3,000 outstanding products, how many are produced here?

● (1025)

Ms. Michelle Boudreau: I cannot give you an exact figure, but I can provide you with the data. The figure I referred to earlier is quite relevant, because it is rather general. Most are Canadian. Out of the 3,000 products, I can say with some certainty that at least 75% to 80% of them are Canadian and 20% to 25% are probably from the U. S.

With respect to Quebec companies, I do not have the number here, but I could certainly find it.

Mr. Luc Malo: Minister, we are being told that 80% of products manufactured here are awaiting approval. Let's take the figure of 3,000 which has been given to us, even though it does not quite correspond to what our analysts have found.

Are you aware of the fact that this has a significant effect on jobs and on the viability of companies here?

[*English*]

The Chair: Who would like to answer the question—

[*Translation*]

Mr. Luc Malo: Your government boasts about wanting to put the economy front and centre, create jobs and maintain them.

Are you conscious of the fact that this has a direct impact on the economy, on employment and on companies?

[*English*]

The Chair: Thank you.

Minister Aglukkaq.

Hon. Leona Aglukkaq: Thank you, Madam Chair.

We are very conscious of the needs of the industry in trying to get products approved for distribution. We are working with the industry, as identified by Michelle, to prioritize some of the products they want, and so on.

We also need a balance to ensure that we are making health and safety for Canadians a priority, a balance between the industry needs and the safety of products that Canadians use. We'll continue to work with them, but we are very aware of the concerns that have been raised by the industry. The officials have worked to try to address some of these challenges and to get through the backlog of last year.

The Chair: Thank you, Minister.

Mr. Uppal.

Mr. Tim Uppal (Edmonton—Sherwood Park, CPC): Thank you, Madam Chair.

Thank you, Minister, for coming here today.

Minister, in the Speech from the Throne delivered on March 3, the government reiterated its commitment “to protect Canadian families from unsafe food, drug and consumer products”. Could you please elaborate on the action taken by the government on this issue?

Hon. Leona Aglukkaq: Thank you for the question.

First, with respect to the area of food safety, our government is committed to addressing the concerns identified in the report by Sheila Weatherill in order to minimize risks to food in the future. We are working to implement all the recommendations identified in the report.

Our government is working towards a strong, safe, and effective system through the modernization of food and drugs legislation. Former Bill C-51 was an important step. But given food safety issues such as the listeriosis outbreak, among others, it was imperative that we take a more critical look at the proposal in order to be confident that the legislative modernization this government is proposing is the best for Canadians. We'll continue to work to address that through the Public Health Agency and in partnership with the provinces and the territories.

With respect to drug safety, on various occasions, the committee has discussed a need for change to the Food and Drugs Act and has raised concerns such as the need for better control over clinical trials, including a drug approval process and implementing a life-cycle approach to licensing. These were addressed in former Bill C-51, and the government remains committed to these improvements.

The final point with respect to consumer product safety is that our government is committed to protecting Canadians, particularly our children, from unsafe consumer products. The Speech from the Throne recently reconfirmed the Government of Canada's intention to respect the wishes of Canadians by reintroducing the proposed Canada Consumer Product Safety Act in its original form, which was Bill C-6 at the time. If passed, the proposed act will modernize the government's approach to consumer product safety, with important powers such as the ability to order mandatory product recalls and to quickly remove unsafe products from our store shelves. The existing act has not been updated in over 40 years. The proposal is important in order to ensure that we keep pace with our major trading partners.

In closing, I would like to say this. The legislation is so outdated that Canada depends on another country for information on unsafe products that are sold and used in our population. It's unacceptable that we continue to rely on other jurisdictions in regard to the harm being caused by unsafe products in Canada to Canadian children. I'll use the crib as an example, or the unsafe stroller that amputated the fingers of children, and so on. We are determined to work through the reintroduction of this legislation so that we have legislation that will allow us to protect the health and safety of Canadians.

Thank you.

● (1030)

Mr. Tim Uppal: Thank you, Minister. I'm pleased to hear that this very much needed legislation will be reintroduced by the government.

Minister, we understand that the Auditor General of Canada carried out an audit of Canada Health Infoway in the past year. Can you provide us with an overview of their findings?

Hon. Leona Aglukkaq: We were very encouraged by the Auditor General's findings with respect to the Infoway in her 2009 report. The Auditor General recognized that Infoway has accomplished much since its creation, and that it has implemented the appropriate management controls for operational spending.

The Auditor General also offered constructive advice in certain areas where Infoway could refine its management and reporting practices. She provided the recommendations for enhancements to reporting on progress, the contracting of goods and services, and verifying conformance to the electronic health records system with Infoway standards. This government is pleased to note that Infoway has developed a detailed action plan to strengthen accountability in response to the Auditor General's report, and has already begun addressing each of the recommendations made by the Auditor General.

Thank you.

Mr. Tim Uppal: Thank you.

The Chair: Thank you very much.

We'll now go to Mr. Bagnell. He will be splitting his time with Dr. Bennett.

Mr. Bagnell.

Hon. Larry Bagnell (Yukon, Lib.): Thank you.

Thank you, Minister, for being here.

I just have one question. The territorial health system sustainability initiative announced in 2004 for $150 million was for five years, and as you know the northern premiers were lobbying for it to be reinstated. As you were in the Nunavut government, I'm sure you would like it reinstated for the five years. Obviously, things like medevac from the north are going to go on forever.

My question is why was it only reinstated for two years? Will the minister commit to reinstating it for the full five years, particularly because the minister comes from Nunavut? It's very important for northerners, so could she tell northerners that she's committed to continuing that program permanently, or at least for the five years that the people were asking for?

Hon. Leona Aglukkaq: Thank you.

This is one program the three territories have said has been very successful in addressing capacity building for training and so on. The other area is related to medical travel.

Within the sustainability initiatives for medical travel, the three territories have agreed to take measures to work towards sustaining their health care by investing in training of their own, as well as taking measures to provide care closer to home. The intent here is to reduce dependency on the travel piece of it. I'm committed to working with the territories to addressing those specific targets that would reduce the medical travel and build capacity in each of those jurisdictions. At this point in time, we've had commitment for renewal for two years, and within those two years we'll continue to address and target those specific areas we had started five years ago.

Thank you.

Hon. Larry Bagnell: Carolyn.

● (1035)

Hon. Carolyn Bennett: Minister, yesterday the Minister of Finance suggested that more competition in the system would be the answer to the health of Canadians. I wonder if you support that idea.

Secondly, when, in the Speech from the Throne, it says there will be a program for injury prevention, I wonder why there is no money in the budget for injury prevention.

Hon. Leona Aglukkaq: I would start off by saying the Minister of Finance also said that the Canadian health system is terrific, that it works very well, and that no one is left out.

We will continue to respect the Canada Health Act. We will continue to increase transfers to the provinces and territories by 6% again this year. We will not touch health care, as we saw happen in the 1990s. We have seen the results of that. I remain committed to working with the provincial and territorial health ministers.

In relation to the issue around injury prevention, we are committed to addressing injury issues, one of the leading causes of death of Canadian children. The Public Health Agency of Canada and non-governmental organizations are looking at developing a national strategy on childhood injury prevention. The work builds on 20 years of achievements in that area, including significant reduction of unintentional childhood injuries.

I will just use one example—

Hon. Carolyn Bennett: Show the money for it.

Hon. Leona Aglukkaq: I will just use one example that prevents injury. It is Bill C-6. Canada consumer product safety legislation would prevent harmful products that cause injury to children from being on the market. In December I believe we had a number of reports of children having their fingers amputated, but we don't have legislation to recall, so I would encourage my colleague to encourage her colleagues to support this very important legislation.

Other work related to injury prevention—

Hon. Carolyn Bennett: There is no money.

Hon. Leona Aglukkaq: —is the surveillance and monitoring through the Canadian hospital injury reporting and prevention program. The 2009 edition of "Child and Youth Injury in Review" again relates to consumer products, unsafe products, and the need to update the 40-year-old legislation. We will continue to work with the provinces and territories.

Hon. Carolyn Bennett: So there's no money. You're saying there is no new money for injury prevention. Where is the money for injury prevention?

Hon. Leona Aglukkaq: One example, again, is that the current Bill C-6 is outdated. We have a division within the department that deals with unsafe products in order to prevent injuries from happening. We need to modernize it. We need to modernize it and respond quickly to protect the health and safety of Canadian children. We are also—

Hon. Carolyn Bennett: Drowning, farm injuries—all of those.

Hon. Leona Aglukkaq: —seeking approval on this item, and once we have it we'll be seeking approval for that particular injury prevention item. Again, we are working with jurisdictions and non-governmental organizations to come up with a national strategy on this issue.

Hon. Carolyn Bennett: That would be without any money.

The Chair: Thank you, Minister.

Go ahead, Ms. McLeod.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Thank you, Madam Chair.

I'll pick up on some of the earlier comments from my colleagues. We talked about the Auditor General and the issue in terms of Health Infoway and the findings of the audit report. Of particular interest to this committee in some of the work we have done is the new money for Health Infoway support and the enhancements to the electronic health records.

Hon. Leona Aglukkaq: Canada has focused on first establishing the fundamentals, the foundational and overarching systems for Canadians to have electronic health records available to their health care professionals. The new funding under the economic action plan will stimulate continued implementation of electronic health records across Canada. The funding will also be used to implement electronic medical records in physicians' offices, as requested by the CMA, and in other clinical settings, and to connect points of service such as hospital information systems and patient portals with the electronic health records system. We will continue to implement that.

● (1040)

Mrs. Cathy McLeod: Thank you. We are all aware of the critical importance, so we are very appreciative to see that moving forward.

I'd like to share my time with my colleague Patrick Brown.

Mr. Patrick Brown (Barrie, CPC): Thank you.

One issue that unites a lot of us around this committee is the issue of neurological disorders. We actually have a subcommittee on neurological disorders.

Last year we saw a report from the Alzheimer Society of Canada that said there was a great tsunami before us. That report was called "Rising Tide: The Impact of Dementia on Canadian Society". I want to know if you can share with us some of your plans for how we're going to deal with the increasing rate at which Alzheimer's disease is going to affect Canadians over the next generation.

Hon. Leona Aglukkaq: Thank you.

Our government is very aware of the challenges presented by the rising rates of Alzheimer's disease. It's not just a challenge here in Canada, but it is also a global challenge. To help us meet this challenge head on we need to know more about Alzheimer's disease and some of the causes. We also need to develop tools that will allow us to diagnose the disease at the earliest stages and provide our best chance to slow or stop its progression. We need to also improve our capacity to care for people with the disease and to support the families.

Our government is also taking action in this direction. We are funding a national dementia knowledge translation network that will facilitate the sharing of important information with researchers and policy-makers, care providers, and people living with dementia. Through CIHR we are also leading an international collaboration on Alzheimer's disease with research agencies in France and the United Kingdom. In addition, we have also invested $30 million to support a Canadian study on aging. This groundbreaking study will follow 50,000 Canadians age 45 to 85 over the next 20 years. The work will provide valuable information on how we age, and on how we can live longer and lead healthier lives and protect ourselves from diseases such as Alzheimer's. Our government is very committed to this. It is a challenge, but we'll continue to work in collaboration with many sectors to address it.

Thank you.

Mr. Patrick Brown: Thank you.

The Chair: Mr. Brown, you have more time.

Mr. Patrick Brown: You mentioned that you are working with the U.K. and France. I know it's one of the things we talked about at the neurological disorders committee when we briefly started—that is, about how we can work with partners abroad more to learn from some of their research. One thing we heard was that some countries had positive studies on delaying onset. Can you tell us a little bit more about the partnership with France and the U.K. and the type of work Canada is doing with other countries? That sounds very interesting.

It's great to see that you put an emphasis on Alzheimer's. I know that in my own community, every January we have our Alzheimer's walk and every year it gets bigger and bigger because so many families are affected by it. It's a huge concern in Barrie, and I'm sure for all Canadians.

Hon. Leona Aglukkaq: Thank you.

CIHR has done a lot of great work in building those partnerships with the international communities to address the area of Alzheimer's. Recognizing that this is a global challenge, CIHR has worked to form partnerships with Paris and the United Kingdom to work collaboratively to address treatment, early interventions, diagnosis, and so on. It is in our interest to work in a global community because global communities are dealing with the same challenges that we're facing in Canada with our aging population. We'll continue to support CIHR in this very important research area. There is much work we can do collectively that would benefit Canadians as well. The collaboration with the international community established by CIHR and the leadership of that organization will benefit Canadians as we deal with CIHR priorities related to Alzheimer's.

● (1045)

The Chair: Thank you, Minister.

We'll now go to Ms. Wasylycia-Leis.

Ms. Judy Wasylycia-Leis: Thank you, Madam Chairperson.

When I asked the minister earlier whether or not at any time there was a recommendation moving forward with respect to the HIV vaccine production facility, she said no. I asked her twice. She said no a second time.

I then asked Dr. Butler-Jones with the Public Health Agency of Canada, and he did not answer this question specifically. When asked a little later on by my colleague from the Liberals, he said there was a recommendation going forward. There was a ranking. That is a recommendation.

He then indicated that when it went to the next step of departmental review—and we know that the departmental review included not just the Public Health Agency of Canada but also Health Canada, Industry Canada, and CIDA—the decision was made based on criteria that were not presented to the four bidders in the first place when they made their propositions. It was then rejected.

My question now is who is telling the truth?

Dr. David Butler-Jones: What I said is true. The advice from a committee that's providing technical advice on scientific merit is one piece of it. That is not a recommendation. That is advice coming forward. So we're talking semantics, perhaps, about what is a recommendation versus advice.

I don't know where to take that, because it comes forward and then we have to review it in terms of all of the merits of it, not simply the scientific merit of it. And the recommendation coming from that was that none of them passed the bar. That is what I know.

Ms. Judy Wasylycia-Leis: Right. But based on the initial criteria, which provided the guidelines for the bidders to make their proposals...which added up to a lot of money in the case of the Winnipeg consortium, $750,000 at least, if I'm not mistaken. As Kirsty and others have said, it could be up to $2 million for all the bidders. A lot of money went into putting in bids based on criteria that were then not included in the decision. So that's a highly questionable process to begin with.

My question is really back to the minister. I asked her if at any time there was a recommendation moving forward.

You said “no”, Madam Minister. There was a recommendation moving forward based on the original criteria and the process that was put in place. Why did you say there was no recommendation moving forward when there was? Who intervened, and when, to quash this process and in fact cancel a very important initiative that would have ensured the production of a vaccine on a not-for-profit basis?

I know you said earlier, Madam Minister, that we should look at our responsibilities vis-à-vis the taxpayer. It would seem to me that when we're talking about a made-in-Canada facility that would operate on a not-for-profit basis, that is so important to the world and to Canada that in fact the head of Canada's HIV researchers said it will now be difficult for them to test their work now that a non-profit facility to get potential HIV vaccines into clinical trials has been shelved....

I also want to reference the international AIDS vaccine initiative, which described, in a letter to the Prime Minister, unprecedented advances that have occurred in the AIDS vaccine field this year, and specifically the discovery of two new broadly neutralizing antibodies by a research consortium that are breakthroughs and important to be tested and produced in such a facility.

Minister, what are you hiding? Who's behind all of this? What is the real reason for cancelling a process that has been in the works for three years? Certainly you can't fall back on a study done in July of 2009 showing, in fact, that there's a capacity in the for-profit sector, which we knew all along, and certainly knew in 2007.

● (1050)

The Chair: Minister Aglukkaq.

Hon. Leona Aglukkaq: I'll just start off by saying that my answer is no different from Dr. Butler-Jones'. No one is hiding anything here. The four organizations did not meet the criteria of the terms for submissions to establish that. No one is hiding from the fact that this capacity issue is no longer an issue for Canada. We've been upfront about that. We have the report we've said we would table, and the organizations did not meet the criteria established for such a facility.

To balance the need issue as well as to make the best use of Canadian taxpayers' money, there was no need to proceed with such a facility in Canada when there was capacity. Most importantly, the four companies did not meet the criteria.

Ms. Judy Wasylycia-Leis: Which criteria, in terms of the initial proposal, did these bidders not meet?

Dr. David Butler-Jones: Sustainability was a key part of the proposals. They did not meet it.

Ms. Judy Wasylycia-Leis: Could you describe what sustainability means?

Dr. David Butler-Jones: Self-sustaining, and capacity to actually continue as opposed to build it. Once you build it, then you need to maintain it. None of them met that criteria—

Ms. Judy Wasylycia-Leis: Then why would your department—

Dr. David Butler-Jones: Can I just say, this is a proposal thing. I cannot get into the details of each of the proposals. That's inappropriate. The point is that there was a fair and open process, with appropriate evaluation, and you're suggesting that somehow I would alter that or somehow the minister altered that. We did not.

Ms. Judy Wasylycia-Leis: Why would Winnipeg, in fact, be told that it met all the criteria and then some?

The Chair: Thank you, Dr. Butler-Jones.

We'll now go to Ms. McLeod—

Dr. David Butler-Jones: I have no idea. I did not state that. I never heard that. I think that was an inappropriate statement by whoever made it, because it was untrue.

The Chair: Thank you Dr. Butler-Jones.

Ms. McLeod.

Mrs. Cathy McLeod: Thank you, Madam Chair.

I, like probably many others in this room and across the country, really enjoyed greeting the world with the Olympic Games, and we're currently, of course, now enjoying the Paralympic Games.

When I was in Vancouver I was incredibly impressed with how things flowed, but I know a lot of background work and a lot of things were happening to make it a success. I think it would be of interest, for the committee and many others, to understand how our health portfolio worked closely with health partners to ensure public health and safety before the 2010 winter games.

Thank you.

Hon. Leona Aglukkaq: Thank you for that question.

A lot of great work was done through the Public Health Agency of Canada as well as Health Canada to prepare for the Olympics, and I would like to offer my thank you to the group and acknowledge the successful program that they were able to establish.

The emergency preparedness and the safety and security of Canadians during the whole Olympics was a very high priority for the Government of Canada. The Public Health Agency of Canada contributed to the high level of preparedness for the Olympics through the provision of resources in several areas, such as quarantine services, the activation of the emergency operation centres, and sending members of the health emergency response team to Vancouver as well as to Whistler.

In particular, the Public Health Agency of Canada deployed the health emergency response team—trauma physicians and nurses and other medical professionals—to the mobile medical unit in Whistler to support the medical staffing requirement.

Finally, the Public Health Agency of Canada also deployed two microbiological emergency response teams to mobile labs in B.C. to support the 2010 games. As part of the RCMP-led task force, MERT was part of the overall health and safety protection systems that were set up in Vancouver 2010. The team also consisted of infectious disease lab experts with specialized lab equipment designed for easy transport, and they were equipped to provide on-site and rapid diagnostic testing to help respond to the threats of infectious agents, whether natural or man-made.

There was a lot of great work in this. I thought it was quite successful.

Dr. Butler-Jones may want to add more to that.

Dr. David Butler-Jones: “Go Canada Go” at the Paralympics.

The Chair: Mr. Brown.

Mr. Patrick Brown: If there's a little bit of time left, following on the theme of research into Alzheimer's, could you share with us, Madam Minister, any of the successes we've had with Canadian health research in the last year? I know that Canadians are particularly proud of the investment we have in health research.

● (1055)

Hon. Leona Aglukkaq: Thank you. That's a great question.

Our government is proud to support the work of the many outstanding health researchers we have in Canada. Our researchers are recognized as being at the leading edge of many fields of health research.

I'll take cancer stem cells as an example. Canadian researchers have pioneered this field of research, which is leading to new approaches to treating different types of cancer.

The success continues. As of last November, two Canadian-American research teams led by researchers at the Toronto Princess Margaret Hospital were awarded grants from the California Institute of Regenerative Medicine. Over the next five years, these teams will study the potential for stem cells to treat leukemia and eliminate solid tumours. Our government is contributing $40 million to support those projects through CIHR and Genome Canada.

As minister, I'm greatly encouraged by the research discoveries being reported almost daily in the media. Again, these discoveries are bringing us closer to better treatment for diseases that affect many Canadians.

Thank you.

Mr. Patrick Brown: Thank you.

The Chair: Thank you, Mr. Brown and Minister Aglukkaq.

We now have one last question, which will have to be extremely brief.

Dr. Duncan.

Ms. Kirsty Duncan: Thank you, Madam Chair.

I have just two things. I want to make sure that, one, we get tabled the recommendations for listeriosis and what has been accomplished and whether the whole recommendation was met for all 57, please. And also the chronology of what happened with CHVI. Where I struggle is that if this were something that was going to be undertaken, and there was this commitment to do it, and there was the ranking of the science, why didn't we go back and say “You haven't met the criteria for sustainability”? If they passed the science, why didn't we go back?

The Chair: Dr. Butler-Jones.

Dr. David Butler-Jones: Very quickly, in terms of the listeria recommendations, in the report there is a request to report back by July 2011. I know there are interim reports, and we'll continue to provide what we can. Progress is being made obviously on all of them. Many of them are completed.

In terms of the CHVI, at that point, once that was, because the capacity issue appears to have been addressed, there was no need to go back and then say, “Okay, resubmit, and you need to address these issues”.

The Chair: Minister Aglukkaq.

Hon. Leona Aglukkaq: In terms of that, once it's available I'll provide that information on the listeriosis recommendations.

The Chair: Okay, thank you very much.

I think we've had a very good committee meeting today, and I want to especially thank the Honourable Minister Aglukkaq for taking extra time and staying the extra time. I know that you listened to what the committee members said. They have concerns. They just had some more questions, and I know that you bumped something else up just to make sure that the committee had all its questions answered. The committee as a whole really appreciates that extra time and I hope that you can make up the following time at your next event. I know they're waiting for you. So thank you very much, Minister Aglukkaq.

Thank you, committee. It was an excellent committee today.

The meeting is adjourned.

Published under the authority of the Speaker of the House of Commons

SPEAKER'S PERMISSION

Additional copies may be obtained from: Publishing and Depository Services
Public Works and Government Services Canada
Ottawa, Ontario K1A 0S5
Telephone: 613-941-5995 or 1-800-635-7943
Fax: 613-954-5779 or 1-800-565-7757
publications@tpsgc-pwgsc.gc.ca
http://publications.gc.ca

Also available on the Parliament of Canada Web Site at the following address: http://www.parl.gc.ca

Publié en conformité de l'autorité du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

On peut obtenir des copies supplémentaires en écrivant à : Les Éditions et Services de dépôt
Travaux publics et Services gouvernementaux Canada
Ottawa (Ontario) K1A 0S5
Téléphone : 613-941-5995 ou 1-800-635-7943
Télécopieur : 613-954-5779 ou 1-800-565-7757
publications@tpsgc-pwgsc.gc.ca
http://publications.gc.ca

Aussi disponible sur le site Web du Parlement du Canada à l'adresse suivante : http://www.parl.gc.ca