HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

Standing Committee on Health

HESA • NUMBER 015 • 1st SESSION • 41st PARLIAMENT

EVIDENCE

Monday, November 21, 2011

Chair

Mrs. Joy Smith

Standing Committee on Health

Monday, November 21, 2011

● (1530)

[*English*]

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

I'm very pleased to have with us today the Honourable Leona Aglukkaq, Minister of Health. We will be doing the estimates today.

Joining us also, from the Public Health Agency of Canada, is Dr. David Butler-Jones and Mr. James Libbey, the CFO. Welcome.

From Health Canada, we have Glenda Yeates, the deputy minister, and Jamie Tibbetts, the chief financial officer. Welcome to the committee.

From the Canadian Institutes of Health Research, we have Dr. Beaudet, president, and James Roberge, CFO.

Our minister will give her presentation, following which we'll go into Qs and As. We will finish off the meeting with votes on the estimates.

Welcome, Minister Aglukkaq.

Hon. Leona Aglukkaq (Minister of Health): Thank you, Madam Chair. I'd like to thank you for introducing my officials.

Good afternoon, everyone. It's a pleasure to be back.

Today I am here to discuss supplementary estimates (B) for the health portfolio. For that reason, joining me are officials from Health Canada, the Public Health Agency of Canada, and the Canadian Institutes of Health Research. As well, each deputy head has brought along their financial officials. If you have any specific or detailed questions, they'll be able to answer them.

Madam Chair, I would like to give you a quick overview of the 2011-12 supplementary estimates (B) before we go into the discussions.

On the Health Canada side, supplementary (B) provides $330 million in new spending for 2011-12. That increase raises the total budget to $3.8 billion for the current fiscal year.

The major increases include $218 million to provide health benefits for pharmacy and dental services and to continue nursing services in remote and isolated first nations communities through the first nations and Inuit health branch; $64 million for the chemicals management plan; and $26 million for the clean air regulatory agenda.

With respect to the other parts of the portfolio, the Public Health Agency of Canada received a net increase of $31 million, increasing the Public Health Agency of Canada's total budget to $675 million for the current fiscal year.

The major increases include $16 million for the short-term replenishment of the national antiviral stockpile; $8 million to secure Canada's pandemic influenza vaccine supply; and $2 million to renew funding for the genomics research and development initiatives. These increases for various health portfolios programs all help to maintain and protect the health of Canadians.

Since my last appearance at this committee, I have had the opportunity to travel from coast to coast to coast, and to talk to Canadians about a broad range of health concerns. While I've been on the road making health announcements, I've also had the privilege of seeing first-hand some of the great work being done by medical professionals and researchers at labs, in hospitals, and at the community level.

Here are some of the main priority files that have been progressing over the past several months.

We are working to reduce the impact of non-communicable diseases, or chronic diseases. I was very pleased to attend the United Nations in September and sign off a political declaration on non-communicable diseases. I sat among health ministers and leaders in health care from all over the world. We acknowledged the direct impact of chronic diseases on social and economic development, and we made national and international commitments for their prevention and control.

Here at home, chronic diseases have been a priority for our government as well. Most of you will recall that last year Canada's ministers of health signed a declaration on prevention and health promotion. It sets out guiding principles, including the need for more emphasis to be placed on the promotion of health, with the aim of preventing or delaying chronic diseases, disabilities, and injuries.

I am particularly interested in the prevention aspect. There are many ways to encourage our population to be instrumental in their own healthy living lifestyles. That means getting back to basics of regular exercise, healthy eating, and making informed lifestyle changes.

I'd like to thank you, as the committee, for the important work you're doing for prevention. I think it's an essential part of making the health care system more effective and more sustainable in the long run. On behalf of Canadians, thank you again for your committee's hard work in this area.

When it comes to prevention, you can't get much more ahead of the game than by dealing with childhood obesity. That is one of our main priorities. Again, in September 2010, the federal, provincial, and territorial ministers of health agreed to a framework through which we could make childhood obesity a collective priority. It will allow us to coordinate our work with many sectors of Canadian society and support healthier weight among children and youth.

● (1535)

As a first step in implementing the framework, FPT partners brought together a diverse group of more than a thousand citizens and stakeholders to identify ways in which we can create the conditions that will help achieve healthy weights. I'll be discussing this further with my provincial and territorial counterparts when we meet in Halifax this Friday.

An all-too-common chronic disease is diabetes. Approximately two million Canadians have already been diagnosed with diabetes and many more are unaware that they have the disease. Type 2 diabetes is the most common type, accounting for between 90% to 95% of all cases.

With Type 2 diabetes, the sooner it is detected, the fewer the complications. Also, it can often be prevented or delayed by adopting a healthier lifestyle, but first, Canadians have to be aware of their risk of developing Type 2 diabetes.

Last week I was in Toronto, where I announced that Shoppers Drug Mart will be making our CANRISK survey available through pharmacies across the country. By putting this helpful tool in people's hands and having pharmacists on hand to discuss the results with them, I believe there is a huge potential to help people make informed decisions that will help them to avoid developing Type 2 diabetes.

We're also investing $6 million through the Canadian diabetes strategy to fund 37 new community-based projects across the country. This funding will address screening, early detection, and management of diabetes, as well as the prevention of secondary complications from the disease. By giving Canadians information they need, we can help them make healthier choices so they can live longer and healthier lives.

An ever-present health concern is the use of tobacco. It is still associated with the deaths of almost 37,000 Canadians every year. To get more people thinking about its negative health effects, we have changed tobacco labelling regulations so that in the coming months smokers will begin to see much bigger health warning labels on the tobacco packages.

We have unveiled new graphic images that will cover 75% of the package so they cannot be ignored. One of those images is of a dying Barb Tarbox, who wanted to discourage others from suffering like she did and offered her image for use in this context. It was a powerful experience for me to announce the new label with Barb's widower, Pat, and her daughter Mackenzie, who shared very honestly with students the pain she experienced by losing her mother to cancer. We are grateful for the work that was done with her family and for their support in this campaign.

We want to get the attention of smokers with those images and we also want to help them quit. That is why we worked with the provinces and the territories to create a quit line that all Canadians can access. The phone number and web address will be on the new packaging so that all Canadians can get help, no matter where they live.

In 2010 smoking among teens aged 15 years to 17 years was 9%. This is the lowest rate we've ever recorded for this age group, which is critical in our fight against smoking. We are encouraged to see overall smoking rates at historic lows, and we will keep up the fight.

A month ago, I was pleased to represent the Government of Canada in signing the B.C. Tripartite Framework Agreement on First Nation Health Governance, along with the Province of British Columbia, the B.C. First Nations Health Society, and the B.C. First Nations Health Council. This agreement is the first of its kind for first nations health in Canada. It promotes a more integrated model of health service delivery for British Columbia first nations, and it creates a health governance structure that will more effectively respond to first nations needs.

A British Columbia First Nations Health Authority is at the heart of the new structure. Through this authority, programs and services will be designed, delivered, and managed by first nations for first nations, and in ways that best meet first nations needs.

● (1540)

I am proud of the work we are doing in collaboration with first nations. We know that this hands-on approach will better meet the needs of first nations in British Columbia.

To have the best health care system in the world, the patients must always come first. We are working to make sure that it is also true when it comes to research. This summer, at the annual meeting of the Canadian Medical Association, I announced a new national strategy to better integrate health, research, and health care. We want to be sure that research doesn't just stop at the lab. We want it to translate into better treatments in clinics, hospitals, and doctors' offices throughout Canada. This new approach will foster research that will help health care providers compare the results of different treatment options and determine the best course of action for patients. Putting the needs of patients first will bring meaningful changes to our health care system.

One of the ways we can put patients first relates to making sure that there are safe drugs available on the market. One of the many duties of the health portfolio is to conduct a thorough review of drugs to ensure that they are safe before patients can use them.

Health Canada scientists can be asked to review more than 4,000 drug submissions in any given year. This obviously is a significant number of reviews, and it poses a challenge to the organization. Earlier this year we updated Health Canada's user fees. This has allowed the department to progress reviews more efficiently and effectively.

We also have taken action to address the global issue of drug shortages. This summer I wrote to drug companies and asked that they take action to develop a system that provides patients and health care providers with the information they need about possible drug shortages so that they can make informed decisions about treatment plans.

I told these companies that if they did not come up with an approach that accomplished this goal, then as minister I would be prepared to take action and regulate a solution.

I'm pleased to report that the response was positive. In the near future, Canadians will be able to log on to a public website to see if there are drug shortage issues that affect them. This is in addition to existing communication channels that industry and Health Canada have with the medical community.

In conclusion, as you can see, a great deal has been accomplished and work continues on several fronts. As I mentioned earlier, this week I will be meeting with my provincial and territorial counterparts, and we'll begin talking about what should replace the 2004 health accord.

As you know, our government has committed to increase total health transfers by 6% beyond 2014. Our government has committed to working with the provinces and the territories to reach a new agreement that provides accountability, meaning better results for patients.

I would like to thank the members of this committee for their time. I am prepared to answer any questions you may have.

Thank you.

● (1545)

The Chair: We thank you, Minister Aglukkaq, for coming. I know you're always so open to coming whenever we need you here. Thank you for that insightful presentation. We appreciate it.

We'll now go to our first round, seven minutes of Qs and As, and we'll begin with Ms. Davies.

Ms. Libby Davies (Vancouver East, NDP): Thank you very much, Chairperson.

To the minister, thank you for coming today and for your presentation. You've presented some information, but I have to say from hearing you and reading through your brief, I think there are several major issues facing our health care system that are not being addressed by the federal government. I'd like to focus on that by asking you some questions.

You've spoken a little about one of the issues, which is the shortage of drugs. I noted in the House today that you said you're very happy there's now a plan; you asked these drug companies to come up with something. I would point out that this was all done behind closed doors.

We wanted to study this at the health committee. There's been no discussion here. There's been no public disclosure. I think it's very obvious that a pledge to post information is just that: it's just providing information. It doesn't actually resolve the problem of the drug shortages themselves. As I'm sure you're aware, a number of medical journals, academics, and health professionals seriously question why these shortages exist. It's very interesting that the shortages seem to be mostly among the older generic drugs—some of which have been around for 50 years—forcing people to pay more.

I'm very perplexed that your government's response, your response, to this is basically to say, well, post the information. That's not resolving the question, Minister. We'd like to know what you intend to do to ensure that these shortages, which put people in jeopardy, don't continue to exist. I think this is very much related to the whole question of affordable drugs and accessibility.

As you know, in the 2004 health accord, a commitment was made for a universal prescription drug coverage plan. We can go as far back as 1964 to 1997 to 2002—the Romanow commission, the 2004 accord—and when we look at the reality of what's going on, we can see again that the federal government has taken no action in addressing this critical issue.

So these two things are related. I find it very problematic that we've seen nothing from you or the government to address what is now the biggest cost in our health care system, and that's the cost of prescription drugs, and now we've got shortages as well.

I'd like you to respond to that and say why nothing has been done and what is intended to be done, to address these two issues.

● (1550)

Hon. Leona Aglukkaq: Thank you.

Just on the issue of drug shortages, I said earlier that I was working with the industry over the summer months. It's a very complex area. It's not just going to the drug store and asking what the shortage is. It's a whole chain of organizations involved, from the users to the producers to the distributors to the agencies that dispense prescription drugs.

The response I received from the industry over the summer months is the first of its kind in Canada, pulling all the players together that provide prescription drugs to the front-line individuals who prescribe them. I'm very encouraged with the work they've done, and this information will be coming forward.

Ms. Libby Davies: But, Minister, could you—

Hon. Leona Aglukkaq: Of course, in terms of providing the best care for your patients, you need to understand what shortages are coming up. If you don't collaborate and bring the players together who actually produce, dispense, and distribute prescription drugs, how are you ever going to really know, unless you read it in an article? So that's one piece of the information.

Ms. Libby Davies: But, Minister, I'd really like you to answer the question about why the shortages—

Hon. Leona Aglukkaq: I listened to your question, so I can—

The Chair: Order.

Ms. Libby Davies: But why will you not say—

The Chair: I'm going to ask you—

Ms. Libby Davies: I just want my question addressed.

The Chair: I'm going to ask you—if you would just listen for a few minutes, Ms. Davies, I think you would get the answer.

Ms. Libby Davies: Not so far.

The Chair: Could you just listen for a few minutes? Thank you.

Minister, could you continue?

Ms. Libby Davies: Could the minister tell us whether she looked at the shortages themselves and why that has not been resolved? Information is one thing, but what about the shortages?

Hon. Leona Aglukkaq: How are you going to be aware that there's a shortage if there's no information?

Ms. Libby Davies: Well, that's what we expect the minister—

Hon. Leona Aglukkaq: In terms of bringing the players together to find out where the supply chain is in terms of production, what's coming off patent, what's going to generic, and all these things, that has to be a coordinated approach. The industry has gotten together for the very first time in this country to address this issue. Over the summer months they initiated this project, and you'll be receiving more information.

If you're on the front line giving out prescriptions and you don't have the information, how can you adequately provide a patient response plan for your patient without it?

The second point I want to raise is that the provinces and territories decide what they will cover for drug shortages through their formulary. Health Canada approves the drugs and then each jurisdiction will make the determination on whether they want that publicly covered or not. That is their responsibility within their jurisdictions.

The other side is that the provinces and territories have collaborated to deal with ways to better manage their pharmaceutical programs, by collective bulk purchases, as an example. Most jurisdictions, with the exception of two, have put in plans to deal with catastrophic drug plans, which was part of the accord, by the way. So there is progress in that work and they'll continue to do that.

In terms of moving forward, a lot of progress has been made since 2002 in this particular area.

Thank you.

Ms. Libby Davies: Madam Minister, are you not concerned that in asking the drug companies themselves about these shortages you're getting a very one-sided view? It seems to many people, including academics and health care professionals, that somehow there is a shortage of generics, which happen to be the cheapest drugs.

I really don't understand your answer in terms of a lack of responsibility to follow through on this question and determine for the public interest why these shortages actually occur.

And could you also answer my other question, which is why hasn't the federal government done anything in terms of its commitment in 2004 for a universal drug coverage plan? We've made no progress on this. This is an issue that has gone into the decades. What is your government intending to do about a universal program?

The Chair: I'm sorry, Ms. Davies, your time is up.

We'll now go to Ms. Block.

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Thank you very much, Madam Chair.

I would like to thank the minister for being here, along with her guests.

I want to thank you for your opening remarks and your leadership in this very important work. You've touched on a number of issues today in your opening remarks, and I'm interested in following up on a number of them. However, I only have seven minutes, so I'll try to pick the ones that stood out to me the most.

While you didn't raise this in your opening remarks, my first question is in regard to suicide prevention.

Suicide is a very tragic event that affects far too many Canadian families. I am one of those families, a survivor of suicide in my family 23 years ago. Each year several thousand Canadians lose their lives to suicide. The World Health Organization estimates that in Canada the rate of suicide is 15 people for every 100,000.

In the House of Commons last month we had an important debate on suicide prevention. Could you tell us what our government is doing to address this very important issue?

● (1555)

The Chair: Minister, go ahead.

Hon. Leona Aglukkaq: Thank you for that question.

As I've stated many times, as Minister of Health and someone from the north, I really appreciate the importance...on suicide prevention in the House. I was very pleased that members of the House also rose above partisanship to discuss this very important matter.

I will be meeting with the ministers of health later this week, on Friday, to discuss the many issues around health, including suicide prevention. I want to find out about the programs they currently have in place and to see if there's a better way to coordinate programs across the country on suicide prevention.

It's also very important to note that I will have the discussions with the provinces and the territories while keeping in mind and respecting the fact that the provinces and the territories are ultimately responsible for the delivery of health care. Our role here would be to work with the jurisdictions as well as collect any information that we have.

In terms of our initiatives in Budget 2010, we made significant investments to address the national aboriginal youth suicide prevention strategy and to support community-based projects. The strategy was developed in partnership with the first nations and Inuit, and it was based on statistics and review across the country in that area.

The other thing I will say is that our government has also established, for the first time in Canada, the Mental Health Commission of Canada. That commission is to develop a strategy to prevent and help reduce the number of suicides in our country. The commission will be releasing their recommendations earlier in the year.

For the information of the committee, I've also invited the Mental Health Commission to speak to the provincial health ministers this Friday to give them an update in terms of what will be going forward in the area of mental health that would also support jurisdictions in the area of suicide prevention.

Thank you.

Mrs. Kelly Block: Thank you very much, Minister.

As you mentioned, you will be meeting with the first ministers of health later this week. You also mentioned at the end of your opening remarks that our government is committed to working with the provinces and the territories to reach a new agreement.

Could you give us an update on the negotiations for the health accord?

Hon. Leona Aglukkaq: Before I respond, let me say that I'm also looking forward to the review that's being conducted by the Senate committee on the 10-year accord. There was a requirement under the 2004 accord that there would be an evaluation as to what had been achieved over the last 10 years, so we're looking forward to that. That will also be very helpful to the provinces and territories.

As I stated before, our government is committed to a universal and publicly funded health care system and the Canada Health Act, but the upcoming discussions with the provinces and territories will be about accountability and results for Canadians. I have already been in contact with some of my provincial and territorial counterparts for preliminary discussions as to what their priorities are in the future on a go-forward basis. As well, the meeting later this week is an opportunity to engage them in improving accountability as we move forward beyond 2014.

As we've done in the past with Quebec, our government will continue its dialogue with Quebec for the renewal of an agreement and accord. We're very mindful, again, in working with jurisdictions like B.C., that it is a provincial jurisdiction.

So we'll be following that example. I'm looking forward to my conversation with the provincial and territorial health ministers this week.

Thank you.

The Chair: You have another minute, Mrs. Block.

Mrs. Kelly Block: Okay.

I would like to follow up on the first question around drug shortages. I know there have been a number of news stories about drug shortages across Canada. In the U.S., President Obama has also ordered the Food and Drug Administration to deal with drug shortages in the U.S.

Can you define for us what our government is doing to address the problem in Canada? And I won't interrupt you.

● (1600)

Hon. Leona Aglukkaq: Thank you.

What I wanted to say is that in addressing the drug shortage issue, we can't as government do this alone, which is why we reached out to the industry, in terms of bringing them all together, having a conversation in terms of how we can address the area of drug shortages, because it does occur at different stages of the chain, from producing to dispensing it. Our government is playing a leadership role when it comes to that, and we are doing many of the things that President Obama has announced. We started this process in the spring. I have also taken action on the file last month, and the drug companies have met together. I'm very pleased with the response we have received from the companies. The information about drug shortages will soon be available, as I mentioned.

Over the long term, though, industry will be exploring the development of a national one-stop drug shortage monitoring system, and this is what it is collaborating on. Final details are still being worked out, but I'm very encouraged by how industry has responded on our call for action.

I'll also be raising this issue in the health ministers meetings this week, and I plan to update them on the actions I have taken. I will also call on the provinces and territories to take appropriate action on this file, as they are responsible for approving what falls within their formulary as publicly covered drugs.

My department has been in touch with international counterparts, the United States as well, on the issue of drug shortages, and we'll continue to monitor it. I'm looking forward to receiving the feedback from industry on that.

Thank you.

The Chair: Thank you, Minister. I want to make sure we stick to time as closely as we can.

Dr. Fry.

Hon. Hedy Fry (Vancouver Centre, Lib.): Thank you very much, Madam Chair.

Everybody seems to be on the issue of drugs, so I'm going to stick with that at the moment, because that's of very great importance to me. As you well know, in the 2003 first ministers meeting, one of the priorities was that drugs are safe, effective, and accessible to patients in a timely and cost-effective manner. I want to deal with some of these.

First I want to deal with the safety and effectiveness of drugs. I think that talks about post-market surveillance or what we call pharmaco-vigilance. When a drug is out there and people are using it, we need to look at what the adverse reactions are. Is it effective? Is it doing what it says it would do?

I would like the minister to answer the question based on that, in terms of her own report, which says in some instances this is not happening. The Health Council of Canada says it's not happening because the Department of Health lacks the regulatory mechanisms and it needs funding for research into effectiveness of drugs, etc. There's a funding issue here, and there is a regulatory issue, which the Department of Health doesn't have the ability to do. I'd like her comment on that, which is what the Health Council talked about.

Second, a part of the accessibility of drugs within the 2004 accord was about getting a task force together of all levels of government, with the federal government and a province co-chairing it, to be able to look at accessibility and affordability of drugs. I'd like the minister to tell me what exactly happened to that task force because I'm told it no longer exists. Yet it was a priority for the 2004 health accord and had funding in it for that.

The third piece, of course, that I wanted to ask about is what everyone is asking about, which is the shortage of drugs. It is an international issue. We know that it goes deep. It's raw materials that are not available in some instances. Certain companies are not producing the drugs. Why aren't they? Ms. Block asked the question of whether or not President Obama asked the FDA to look into this. He also asked his justice department to do an investigation of the industry itself to see whether there was anything going on in the industry that may or may not be leading to the shortages. I notice that the minister said she has an agreement with the industry—and I've read her website. This agreement is interesting in that it is actually a voluntary agreement. It just talks about informing people if there's going to be a drug that, after 20 days, is not going to be available. That doesn't tell us if the drug will be there. People need it. What are we going to do about getting the actual drug to people who need it? It's not about telling us it's not there. We know it's not there. How do we get the drug?

Those are the three questions I'd like the minister to answer.

● (1605)

Hon. Leona Aglukkaq: Starting with the last question, I think I answered that earlier.

Hon. Hedy Fry: I think that's why I'm asking it, Minister. I don't think you did.

Hon. Leona Aglukkaq: The working group of the industry that we brought together is coming forward with dealing with the drug shortage issue. We can't do this alone; we have to work with the industry that produces and distributes to determine at what chain, at what step along the way, we have to start dealing with drug shortages. We can't do that just by dispensing. So it's important to bring all the partners together to have a conversation in terms of how we move forward now.

On the second point, on the pharmaceutical—

Hon. Hedy Fry: Madam Chair, with your permission, I've heard this answer and I'm asking the minister a different question.

Hon. Leona Aglukkaq: On the second point, on the pharmaceutical—

Hon. Hedy Fry: I really don't want to hear it again—

The Chair: Excuse me. Just let the minister finish.

Hon. Hedy Fry: I'm sorry, but the minister has given the same answer twice. I'm really not—

Hon. Leona Aglukkaq: That's the answer. I'm sorry you don't like it, but that's the answer.

Hon. Hedy Fry: But I've asked her about the voluntary nature of it, because I don't see the voluntary nature—

The Chair: Dr. Fry—

Hon. Hedy Fry: —and how do we get there?

The Chair: Dr. Fry, if you would just give her a few more minutes, she'll answer your question. She's trying to get—

Hon. Hedy Fry: No, she hasn't. She has been asked the question twice and the minister has not answered it. That's why I'm asking.

The Chair: Dr. Fry, we're going to let the minister proceed.

Minister.

Hon. Hedy Fry: Yes, Minister, can you answer me about the voluntary nature of your agreement?

The Chair: Minister, would you proceed, please?

Hon. Leona Aglukkaq: This is quite funny. It's really nice, actually, to get some questions for a change, because it has been pretty quiet in the House of late.

In terms of the response to the drug, I said to the industry this spring that I would regulate if necessary, but you don't approach everything with an iron fist. You go forward and you try to work through the process of getting the people and the parties involved to resolve the matter.

If I'm not satisfied and if we have to regulate, then that's always an option, but you don't go from a problem to regulation; you work through the process of identifying where the problem is occurring. That's exactly what we're doing.

I'm very pleased with the response from the industry. For the very first time in this country, the industry has come together to resolve a matter, and we should be proud of that as Canadians, in that we're moving forward and working with the partners that are involved and that are an integral part of the health care system delivery.

On the second point, on the issue of the national pharmaceutical plan, I was the health minister for Nunavut when that agreement was struck. I was also finance minister when health transfers were cut. In terms of the committee that was established, the problem with coming up with a national plan is that jurisdictions all have to agree on what that plan is. If you don't have an agreement, you can't have a plan, so it fell apart.

Jurisdictions themselves have worked to determine how they can better manage their pharmaceutical programs. And they have. They've done great work in terms of dealing with catastrophic drugs. The transfers to the jurisdictions continue to grow every year, and each jurisdiction will make the determination of how they will spend that money based on their population's health care needs.

Our role here is to support them and work with them, which we've done. On this recent issue on drug shortages, I'm again going to sit down with the provincial and territorial ministers on Friday and discuss how we can move forward in ensuring that it doesn't occur in Canada.

Thank you.

The Chair: Dr. Fry.

Hon. Hedy Fry: The minister still hasn't answered one of the questions I asked her, and that is on post-market surveillance of drugs. There is funding needed for research into drugs, their interactions, their reactions, and their effectiveness, which I think requires funding. The Health Council of Canada suggested that recently in their report.

Secondly, the fact is that the Ministry of Health lacks a regulatory ability to deal with post-market surveillance in an appropriate manner. I didn't talk about regulation for drug shortages, Minister. I think you got my question wrong. This is post-market surveillance I'm speaking about, which is a different thing entirely.

The Chair: Minister.

Hon. Leona Aglukkaq: Thank you.

Our government announced significant funding for that very issue. I believe it was an announcement that I made in Toronto to the Canadian Institutes of Health Research, where we have invested $32 million to establish the drug safety and effectiveness network. We have established the new and easier-to-use website called MedEffect, a one-stop online resource for the latest public health information and for easy-to-access dealing with adverse reactions for reporting.

Dr. Beaudet, do you want to elaborate on that important work...?

The Chair: Dr. Beaudet, I'm sorry, but we just have a few minutes. Could you do it very briefly?

Dr. Alain Beaudet (President, Canadian Institutes of Health Research): The drug safety and effectiveness network has been launched and is very successful. It has several collaborative centres we've set up that collaborate through the country.

One of the major successes is that, respectively, they've managed not only to access data banks from the different provinces, but also, for research purposes, to merge the results. That will give us, for once, a true national figure through merging the different data.

● (1610)

The Chair: Thank you.

Mr. Strahl.

Mr. Mark Strahl (Chilliwack—Fraser Canyon, CPC): Thank you, Madam Chair.

Thank you, Madam Minister, for being here.

I want to switch gears a little bit and talk about first nations health, which is a big issue in my riding and certainly in the province of British Columbia. While much of our health care system is delivered and administered by the provinces, Health Canada is responsible for first nations health.

I think we could agree that it has been difficult to make measurable progress in the area of first nations health. First nations don't tend to have much control over their health services, and federal and provincial health systems seem to work almost in complete isolation from each other.

You mentioned that you recently signed a tripartite agreement with the Province of British Columbia, so is the tripartite agreement a sign of a new way of doing business? As well, how will it make a difference for first nations in British Columbia?

Hon. Leona Aglukkaq: Thank you. That is a very good question and I'd like to thank you for asking that question.

With the British Columbia government and British Columbia first nations, we signed the framework agreement in October 2011. This agreement makes it possible for us to move forward in new and promising ways in partnership with the first nations and the British Columbia health authority. The tripartite sets up a first nations health authority in British Columbia and gives the British Columbia first nations a real voice in their health services. They're at the table; they're involved.

To do its job, the first nations authority will work very closely with the British Columbia regional health authorities so there is better integration, as opposed to providing services in silos for first nations and the rest of the citizens.

Our government will support the health authority with long-term funding, and that will be money we currently spend to provide services to B.C., but it also includes escalators to address the normal cost growth factor. With this agreement, we will have accountability in place for the first nations health authority. At the same time, as I said in my comments earlier, it's a health authority for first nations people by first nations people, on better ways to deliver programs more acceptable to first nations, but in partnership with the provincial government.

It's the first of its kind; it's taken over five years to get here, and it is a new way of doing business. It's about better integration of services in B.C. I commend the British Columbia provincial health authority, again, for their leadership and interest in working at better ways of delivering programs. This is historic. It's innovative, and it shows that the federal government can work with the provinces and first nations to deal with better outcomes for Canadians.

Thank you.

Mr. Mark Strahl: Sticking with the tripartite agreement, you mentioned accountability for tax dollars. Does the framework have an accountability mechanism built into it? How are we ensuring that there is accountability for the federal dollars and federal investments in first nations health?

Hon. Leona Aglukkaq: Thank you for that question.

That agreement does include accountability measures, not only financially, in the area of annual audit functions, but also in terms of accountability measures on what population health indicators we're dealing with and targeted investments related to the challenges in population health. The accountability goes beyond just the dollars, but rather how we improve better health outcomes based on the health of first nations in that jurisdiction.

Through the signing of the agreement, we're promoting a better model of health services to integrate that. It integrates with provinces collectively for before hospital care and hospital care, because the provinces deliver provincial hospital care. So it's a better integration of that.

When we signed the agreement in October, we agreed to provide resources. As I said, the first nations health authority will organize a governance structure with principles that are legally binding. There are a number of provisions, again, for accountability of the board—they will need to meet, health outcomes, financial pieces. So the accountability measure is quite broad. But again, it's the first of its kind in health, not just this agreement but with any agreement in Canada. This is the most focused in all aspects of delivering health, not just the financial piece of it.

Thank you.

● (1615)

Mr. Mark Strahl: Chair, how much time do I have?

The Chair: We have about another minute and a half.

Mr. Mark Strahl: I was just going to switch again to a different topic that our committee has been studying: chronic disease and aging.

We've heard that our government has taken action to prevent chronic disease by filling knowledge gaps and developing tools that support and strengthen prevention.

Could you give us some specifics on what our government is doing to address chronic disease and aging in Canada?

Hon. Leona Aglukkaq: Thank you.

Our government understands the burden that chronic diseases place on the health care system in Canada. It is committed to reducing that impact. We are striving to create conditions for healthier aging by preventing or delaying the onset of chronic diseases and preventing complications when they occur.

This is really achieved through a number of investments in a number of areas, such as research, surveillance, and better understanding of the factors associated with aging. We launched the population health study on neurological disease, which looks at neurological diseases such as Alzheimer's disease, dementia, and Parkinson's—again in partnership with the Canadian Institutes of Health Research. They have taken it a step further and are collaborating with the international community, which is doing similar research activity, again, to deal with providing better support to our aging population.

In addition to filling that gap, our government has been working with a range of partners to provide information for healthy aging initiatives with seniors' ministries in the provinces and territories. As well, in September 2010, the provinces and territories endorsed a declaration on prevention and promotion. Again, that's a collaboration with the jurisdictions.

In addition to that, in September of this year, I attended a conference on non-communicable diseases at the UN in New York, and I signed the UN declaration on preventing and controlling chronic diseases. This important declaration addresses the growing threat of chronic diseases around the world, and the countries have agreed that they must take effective action to reduce that. That's why we have taken the action to reduce tobacco use, promote healthy living, and to deal with obesity as well as a number of initiatives. It fits right under that umbrella declaration.

We have taken significant steps in that. The UN agreement basically complements what we have signed in Canada—the declaration with health ministries on prevention and dealing with preventable illnesses before they come into our health care system.

The Chair: Thank you, Minister.

We're now going to our five-minute question and answer period.

Madame Quach.

[*Translation*]

Ms. Anne Minh-Thu Quach (Beauharnois—Salaberry, NDP): Thank you, Madam Chair.

I want to thank our Minister of Health, who was kind enough to make a presentation and answer our questions.

One issue is causing me great concern. I am talking about the comprehensive economic trade agreement that the European Union and Canada are currently negotiating. We are now at the ninth—and probably final—round of negotiations. It is of the utmost importance for us to know whether this agreement may have an impact on the price of medication, given that Europe is asking for a five-year extension on drug patents. That may increase the cost of medication by almost $3 billion. It may also delay generic drugs entering the market. That kind of medication is used by many sick people, especially those with cancer who, for the most part, no longer work and don't necessarily have enough money for patented medication.

Since 1985, the cost of prescription drugs has risen by 10% a year. If our government grants the Europeans' requests, access to medications will be compromised. That goes against the principle of accessibility set out in the Canada Health Act and against the commitment the Government of Canada has made to Canadians.

One of the 2004 health accord targets was to provide better coverage for expensive medication. If Canada grants Europe the patent extension in the economic agreement, all that will be jeopardized.

Do you promise to leave the issue involving patents out of the agreement?

● (1620)

[*English*]

Hon. Leona Aglukkaq: Thank you for that question.

In terms of the trade agreement that my colleague, Minister Fast, is leading, those discussions continue. I can't really comment other than that it is a conversation that is occurring at the moment. I'm not the lead minister on the trade agreement discussions.

What I can say, though, just on the issue of the drugs is that he is well aware of our position in Canada. Again, it's too early to say what the outcomes of those conversations or discussions will be.

I'll leave it at that. Thank you.

[*Translation*]

Ms. Anne Minh-Thu Quach: If you cannot participate in the negotiations, can you at least promise to defend public health care? Those proposals go against the Canada Health Act's principle of accessibility. We are talking about access to medication for patients who are suffering from serious or less serious diseases and need affordable medication. As a minister, you do have some power.

[*English*]

Hon. Leona Aglukkaq: Thank you.

In terms of your question, our government has stated time and time again that we would not cut transfers to provinces and the territories. That continues to provide support to the jurisdictions on health at 6%. It is up to each jurisdiction to deliver their health care. So under the Canada Health Act we've committed to do that.

In terms of the issue you raised around the negotiations, that is a separate process. It's a Canada-international agreement, but in terms of our government's commitment to provide support to jurisdictions, I think that's clear. We were dealing with the issue of the Liberal government cutting transfers to health and education. I was the finance minister for the north and health minister when that all transpired. Some of the things we're seeing right now in terms of health...when we cut funding to prevention, we're dealing with all the chronic diseases now, and we need to play a bit of catch-up. That's the work of provinces and territories around looking at prevention as a prescription, as opposed to dealing with drugs and treatment when you fall ill.

How can we shift some of the work we're doing so that it is more balanced, in that we look at prevention as a means to dealing with the challenges we face in the health care system today? We cannot continue to just focus on the "when you fall ill" system. Equally important to that, we need to look at a system to keep you from getting ill in the first place to mitigate the long-term impacts on a health care system.

The conversation we're having now across the country is very encouraging. The obesity initiative, the declaration from the UN, the conversations with provinces and territories who deliver health care are very encouraging. It's refreshing to hear the shift in some of the work we're doing to try to deal with the challenge that we will see in the health care system.

The Chair: Thank you, Minister.

Now we'll go to Mr. Williamson.

Mr. John Williamson (New Brunswick Southwest, CPC): Thank you, Madam Chair.

Minister, it's good to see you again today. I'm going to try to tie in some of my questions with some of the issues we've been studying on the health committee. One of the things I noticed over the last number of weeks is that folks are asking government to step in and do more, particularly when it comes to dealing with chronic illnesses. I heard you say it several times, and I believe there's a story to be told about what the government's done.

One of the points you've made is that it's important for individuals to take their health into their own hands. I tend to view the obesity epidemic, for example, as more of a challenge than a crisis. I believe it means eating well and staying fit, physically active. Could you tell us what our government has done to improve physical activity rates among young Canadians, or Canadians at large? What programs have been put in place to give people incentives to live healthier lives?

● (1625)

Hon. Leona Aglukkaq: Thank you for that question.

Dr. Chan was in the House today. A year or two ago she said that the next global epidemic would be obesity. I think some of the illnesses we're seeing in our system today directly relate to the lack of activity and obesity. When you're dealing with diabetes, heart disease, and knee and hip replacement surgery, they all relate to obesity.

Canada has made important gains in how we can encourage Canadians to be more physically active, particularly our young people. Our government believes that physical activity is a shared responsibility with the provinces and territories and a number of stakeholders, such as municipalities, with parks and walking trails; the school systems; and parents. What can we do to provide information to parents so they can make informed decisions on the importance of physical activity or eating healthy food?

Our government also said we would invest in the fitness tax credit for Canadians to promote physical activity, recognizing that we need to start with this generation. All the statistics today indicate that our children will not live to be our age—and it's this generation—based on obesity. We need to start tackling that issue.

I believe our government has made significant investments. The commitment in the declaration we signed in Newfoundland last year with the Public Health Agency of Canada is the first agreement in Canada on keeping our people healthy. As opposed to saying, "Here's more money for when you fall ill", it shifts the thinking to, "Here's what we can do to keep our children healthy".

I am very encouraged when I hear someone say, "It's not up to you as my doctor to keep me healthy; it's up to me as an individual, but here's what you can do to help me"—shifting some of that kind of conversation. So how do we support that? I believe the commitments made by the provinces and territories in the initiatives they're now undertaking within their own jurisdictions are very encouraging.

On the second part, I told you we signed a declaration at the UN with global health ministers on what we need to do to deal with chronic diseases, and many of them stem from obesity, as an example.

I think we can be proud of our record in working to shift that thinking, and working with jurisdictions that are doing things to keep you out of the hospital in the first place. So it's quite encouraging.

This week in Halifax we'll be able to update Canadians on where we're heading with the work we did over the summer.

Thank you.

Mr. John Williamson: I think you've hit it, in that it's a matter of providing people with the tools to live healthier lifestyles, as opposed to trying to mandate that they do so.

This next question is something I'm interested in, and again it follows through.... What has the government done to provide information on healthy eating for consumers? One of the challenges I find, for example, is that when you go into any store and lift things off the shelves, the information doesn't seem to be consistent. Yet to me it just comes down to informed consent. A Big Mac every now and then is not going to kill you—in fact it's all right—but you want to weigh it off against other things that are healthy. But if you can't find that information, it makes things difficult, particularly when people have busy, active lives today.

Hon. Leona Aglukkaq: Thank you for that.

The more I'm involved in this conversation around childhood obesity, the more I become aware, as the mother of a three-year-old child, of some of the food that's marketed to my child. Whether it's healthier or not is another question. Ultimately, at the end of the day, as parents we make those purchasing decisions, not the three-year-old. So we've been trying to provide information to parents on the nutritional value of the products sold in stores—we've updated that—so they can make informed decisions. We have updated our food guide. We have commercials to provide information to Canadians that too much sugar can lead to obesity. The Nutrition North Canada program provides affordable food to Canadians who live in remote, isolated communities. We provide information on tax breaks for physical activity, and what have you.

Our government has done a lot to support healthy living. At the same time we've made significant investments in injury prevention. My former colleague, Minister Lunn, made the announcement that we would focus on head injuries and a number of other injuries related to that.

● (1630)

The Chair: Thank you so much, Minister.

We'll now go to Dr. Sellah.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Thank you, Madam Chair.

Thank you for being here, Madam Minister.

As you know, health care is a priority for Canadians. During the last election campaign, the constituents of the Saint-Bruno—Saint-Hubert riding that I represent told me about the problems in our health care system, as did health care professionals.

Our citizens want to have access to a family doctor. They want to go to the emergency room and not spend the whole day waiting there. They want to obtain treatment within a reasonable timeframe.

That's currently still not the case. However, many groups are asking the federal government to be more proactive. Last Thursday, during a presentation by the C.D. Howe Institute, Don Drummond, former chief economist at TD Bank, criticized the federal government's lack of leadership in health care.

[*English*]

The Chair: Dr. Sellah, the officials have reminded me that the time is up.

I'll give you time, but it's past 4:30 now. We'll pause for a moment. The minister does have to go to another event and the officials can take over.

[*Translation*]

Mrs. Djaouida Sellah: Madam Chair, may I finish my question for the minister, please?

[*English*]

Ms. Libby Davies: Could we ask the minister if she would stay a few extra minutes to respond to this question, since it was started?

The Chair: Very briefly, Minister, could you take a minute to respond?

Hon. Leona Aglukkaq: I can respond to the issue of health human resources. I believe that's the direction in which the individual was going.

We have made significant investments to deal with the issue of health human resources in Canada, again, recognizing that our government supports the provinces and the territories. The provincial governments deliver health care—we transfer the funding—and each jurisdiction decides how they will spend that money within their own jurisdictions, whether that means more doctors, nurses, midwives, and whatnot. That is in their prerogative and they do that.

In addition to that, our government has made significant investments in the pan-Canadian health human resource strategy, which we announced, and the internationally educated health professionals initiative. We've also made investments in aboriginal health human resources, to train more nurses and doctors in Canada and to help establish the nursing innovation strategy for remote, isolated communities. We have made a number of investments in that area.

We've also introduced a loan forgiveness program for doctors as well as nurses. If you agree to work in a community for over five years, we will forgive the debt on your student loan. There are a number of initiatives we have done to support the provinces and territories in recruiting more nurses and doctors.

Thank you.

The Chair: Thank you, Minister, and thank you for taking some extra time.

My apologies. I'm on another time zone right now, and I was reminded that you had to go to another meeting.

Thank you so much for your time.

We're going to suspend for two minutes and then the officials will continue.

Dr. Sellah, I've stopped the clock so you can continue and have your time.

We'll suspend.

● (1630)

(Pause)

● (1635)

The Chair: We'll resume our meeting.

We're going to begin with the seven-minute rounds again, and Dr. Sellah, please.

[*Translation*]

Mrs. Djaouida Sellah: Thank you, Madam Chair.

I did not finish my question for the minister. We understand that she's very busy. So, my question is for the officials.

In the 2004 health accord, there were some indicators—about 60 of them, I think—on which the governments, including the Government of Quebec, had agreed. The objective was to make it possible to gauge the progress made. However, since this government has been in power, no data has been provided that would make it possible to take stock of the progress made by our health care system and to determine which areas are in need of improvement. The only available barometer is whether or not people have access to a family doctor and how much time they spend in the waiting room before finally being seen.

What does the government plan to do, especially as part of the 2014 accord, the next agreement on health care? How can you know what tools we need if you don't even know what has and has not worked in the past?

Unless I'm mistaken, the provinces were supposed to be accountable to taxpayers for the duration of the accord, but they didn't follow through. I want to know what the government has done or will do when it comes to this principle, this kind of accountability.

● (1640)

[*English*]

The Chair: Who would like to answer that?

Please go ahead, Ms. Yeates.

[*Translation*]

Ms. Glenda Yeates (Deputy Minister, Department of Health): Thank you, Madam Chair.

Thank you for the question.

[*English*]

The value of indicators and information is critical.

[*Translation*]

Those things are very important if we want to have an idea of the progress made since the 2004 accord.

[*English*]

Tremendous importance has been placed on data. Both the Canadian Institute for Health Information and the Health Council of Canada put out information from time to time about progress that's been made on the accord, and about progress in the health system generally.

It was mentioned by the honourable member that we have made considerable progress in some focused areas, for example, wait times. I think the data is much better than it was. It was a big focus area under the accord. It's very difficult and it has been very difficult to get comparable data. But the last report from CIHI commented on the fact that we are now getting much more comparable data, and we can actually see the progress that's been made.

Health human resources was mentioned by the honourable member. Again, CIHI most recently put out—and regularly puts out—the progress we're making on numbers of physicians, for example, and the nursing workforce. We've expanded the number of health professions that we are tracking to other critical professions, such as physiotherapists, occupational therapists, and pharmacists, for example. So we are continuing to expand the role of information that we have.

We have data on some areas of the accord, for example, home care. We have some information about how much home care is available across the country, but it's not an area where, at the moment, we have comparable indicators.

Individual jurisdictions, as was mentioned, report to their citizens. I would say that, relative to the past, we have much better data, but it continues to be an area where we would like to do better. As the minister mentioned, it's one of the reasons accountability is a discussion for this week's meeting, but it will be a discussion on an ongoing basis.

As I talk to my colleagues across the country, there's certainly an understanding that we need to have more data and better data. I would like to say I think we're making significant progress, but we would certainly want to continue that progress and have increasingly better data to manage and to measure, and be transparent to Canadians about the system.

The Chair: Do you have a question, Dr. Sellah?

[*Translation*]

Mrs. Djaouida Sellah: How many minutes do I have left, Madam Chair?

[*English*]

The Chair: You have about a minute and a half.

[*Translation*]

Mrs. Djaouida Sellah: Thank you.

I don't hide the fact that I am a medical doctor and that I earned my degree outside Canada and the United States. I fought long and hard to obtain recognition and be accepted into a Quebec university.

The recognition process is extremely complicated, especially for physicians. Improvements must be made in that area.

What about this program's outcome? How many agreements have been signed and with how many provinces?

● (1645)

Ms. Glenda Yeates: I want to thank the member for her question.

This question is very important and very complicated.

[*English*]

This is an area where, particularly for physicians, there has been a lot of complexity. We've been working with provinces and territories, medical schools, and regulatory bodies across the country to try to smooth the pathways for internationally educated medical practitioners or other health care practitioners, with a view to helping them to establish their credentials here in Canada. In fact, we've had about $18 million in ongoing annual funding to work through this process.

We've been working on providing people with information about paths to licensure, even before they immigrate. We've been working with Citizenship and Immigration Canada to provide additional information overseas, so that before people get to Canada they have a basic understanding of what they need.

We've been working with—

The Chair: Your time is just about up. Maybe you could wrap that up a little bit.

Ms. Glenda Yeates: I think we're making good progress. We've characterized health professions into various categories, and we are working with the licensing bodies and with physicians to increase the capacity to assess, train, and get—

The Chair: Thank you.

Now we'll go to Mr. Brown.

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

Dr. Butler-Jones, one of the successes in Canada has been tobacco reduction, and I think the Public Health Agency has had a lot to do with that. I remember seeing government ads in movie theatres in Barrie talking about the harms of youth using tobacco. I understand there's been evidence that the reduction of smoking in Canada puts Canada well ahead of many other industrialized countries.

Could you update us on how that battle has been going and what currently is being invested in the reduction of smoking in Canada?

Dr. David Butler-Jones (Chief Public Health Officer, Public Health Agency of Canada): This is one of those areas in the portfolio where we have tobacco as it relates to chronic disease prevention and Health Canada is the regulator. So I'll just start and then I'll turn it over to Glenda to respond on behalf of the regulator.

We've seen dramatic progress, with fewer individuals smoking, better access to smoke-free spaces, and the recognition that second-hand smoke carries a risk not only for the smoker but also for the smoker's family and others. We've seen a dramatic change in Canada, which has also reinforced and supported smokers who wish to quit.

I can't count how many of my friends over the years quit smoking and then went out to a bar and thought they'd have just one. Before you knew it, they were back smoking again. It's very mutually reinforcing. With the new labelling provisions and the focus on removing flavours that attract children, there's been some tremendous work.

Glenda.

Ms. Glenda Yeates: I think we have made significant progress in Canada. The overall smoking rate is down to 17%, 9% for youth. These are very low numbers.

Internationally, Canada's a real leader. When Dr. Chan was here today and we were meeting with her, she was very supportive. I think it's the efforts we made in regulation. The packaging, the flavoured cigarettes—we've tackled all of those issues.

We've worked with the provinces and territories on enforcement and compliance. We've worked on denormalizing tobacco use, and we can see the effect of the tobacco control strategy. It's been significant, so we're pleased. We continue to measure and we continue to see decreases. Obviously, we would like to continue to move forward, but we see progress and we are continuing our work.

Mr. Patrick Brown: Thank you.

Every year when we study supplementary estimates, I always have a question for Mr. Beaudet as well.

Could you share with the committee what types of investments we're seeing for neurological disorders? I know that CIHR has had a heavy emphasis on that, which is tremendously reassuring, but maybe you could share with us some of the work that's being undertaken now.

● (1650)

Dr. Alain Beaudet: As you know, Canada is extremely successful in the area of neurosciences, mental health, and addiction. Actually we're talking about tobacco. We also have researchers known internationally for their work on the control of tobacco use.

Broadly, for the year 2009-10, if I remember properly, we've spent over $106 million in research in that field alone, and that's really covering all areas. As you know, we have a major focus on the dementias, particularly Alzheimer's-related dementia. We have major international strategies on that, whereby we're leveraging Canadian investments with those from various countries from Europe, as well as the U.S. and China. As you know, this government created with Brain Canada last year a special investment fund for neuroscience, which provides over a span of ten years a sum of $100 million, to be matched by $100 million of charity investments. That money will be invested for neurological disorders and the basis of neurological disorders.

Our intent obviously is to collaborate closely with Brain Canada to ensure that research in neuroscience and mental health continues to thrive in this country.

Mr. Patrick Brown: Are you finding there's buy-in from the neurological charities to be that matching partner for the Brain Canada research?

Dr. Alain Beaudet: As far as I understand it, there is.

Mr. Patrick Brown: I remember last year there was a chair on autism as well.

Dr. Alain Beaudet: This is correct. You are very well informed. We will indeed be funding a $1 million endowed chair on autism, most specifically to look at the clinical treatment of autism.

Mr. Patrick Brown: Has there been any financial allocation to the international partnerships on dementia yet, or is that still in the elementary stages?

Dr. Alain Beaudet: Actually there have been several financial allocations. In fact, there's a provision for a roughly $25 million investment from CIHR to be matched by different countries. We're talking about several MOUs. There's one with the U.K. and Germany; there's one with France; there's one with the U.S. The most recent one is with China. The focus of these international collaborative studies is the early diagnosis and early treatment of the disease. We believe if we haven't been successful in our treatment of Alzheimer's, to a large extent it is because we've started treating too late and at a time when the degeneration was probably too advanced. Our goal is truly to devise means of diagnosing the disorders much earlier so that we can treat them more effectively.

The Chair: Thank you very much, Dr. Beaudet.

We'll now go Dr. Fry.

Hon. Hedy Fry: Thank you very much, Madam Chair.

I wanted to go back to drug safety and efficacy. I think the recall of Vioxx has a whole lot of us concerned about that drug.

The Chair: Excuse me, Dr. Fry. It seems that Ms. Davies had a point of order.

My apologies.

Ms. Libby Davies: I'm sorry to interrupt you, Dr. Fry.

In terms of the timing, I know we're doing a seven-minute round, but maybe we could kind of squeeze it down a bit, because otherwise not everybody is going to get on. I know we have to go to the votes at the end. Normally we would do a five-minute round, so maybe we can...otherwise I don't think every member that normally would get on will get on. We'll run a little bit short.

The Chair: We'll finish our first round.

Ms. Libby Davies: But usually we go to the second round, which is five minutes.

The Chair: We've decided on seven minutes, and the second round will be five minutes, but we'll finish with Dr. Fry and Dr. Carrie, and then what time we have will go to Mr. Morin.

Ms. Libby Davies: Okay. I just want to make sure he gets on.

The Chair: Dr. Fry.

● (1655)

Hon. Hedy Fry: Going back to the safety and efficacy of drugs, I notice that your own departmental report shows that in the regulatory reviews of pharmaceuticals, biologics, radiopharmaceuticals, etc., in fact only 18% of them actually did meet the regulatory standards, and I want to know why.

I also note, going back to the Health Council of Canada report, that in terms of safety and efficacy, Health Canada cannot do a good job even if it wanted to; it doesn't have the regulatory mechanism to do anything other than a passive kind of monitoring. That passive monitoring, as we know, according to the Health Council, only reaches about 1% to 10% of adverse drug reactions. It's not a good batting average when you get only 10% of adverse drug reactions being reported because it's voluntary.

So do you see room...or do you believe regulations will help you to do a more active surveillance in terms of efficacy and safety?

Secondly, why do you think there was such a poor performance in terms of the monitoring or the regulating of drugs that came in before post-market surveillance, when you were just looking at new drugs?

Ms. Glenda Yeates: I'm very pleased to address this issue, because it is of critical importance to Canadians.

I would want to stress that I'm not sure of the 18% figure. It's not one that I have here in front of me. But I guess I would want to reassure Canadians that in fact, as drugs go to market, we are very thorough in our reviews. We have very strong reviews of drugs as they go to market. We would want to reassure Canadians on the safety reviews that are done and on the efficacy reviews that are done as drugs come on the market.

But as was noted—

Hon. Hedy Fry: It's from page 26—excuse me, Ms. Yeates—of your performance review.

Ms. Glenda Yeates: I'll get that document and obviously respond to that question, perhaps in a follow-up.

What I would want to flag is that we recognize that so much occurs with the drugs as they interact in the real world, as they are used, and we are very committed to having the kind of mechanisms to get the kind of information that helps us and providers—and industry, for that matter—understand that.

That's why we've been working on making it easier for consumers to report. We've added resources significantly in this area. We have a new consumer side effect reporting form, again to try to make it easier. We've strengthened our post-market surveillance capability. We've launched a new website, a new place where people can go and see what has been reported. We have mandatory reporting for industry so that when they become aware of any adverse event or problem, they must report those to us.

In addition, we are working with providers, hospitals, consumers to get their reports. Right now we're working with Accreditation Canada. I'm quite pleased to say that we're working with them to develop standards for their facilities, to in fact incorporate them into the accreditation standards to report to us.

So we are making good progress, and I'm pleased about that.

Hon. Hedy Fry: But the Health Council of Canada has made some really clear recommendations to improve this post-market surveillance. I am just thinking that one of them, obviously, is regulations, and increased funding for research into that as well as regulatory mechanisms.

I just wanted to go to one quick thing. You talked about tobacco smoking, and the target for the department actually was to go under 12% smoking prevalence within the Canadian population. Actually, you have achieved 18% at the moment, so you have really fallen short of what you required.

The National Lung Health Framework comes up for renewal in 2012. Does it mean, because you need them, that they will be refunded? Does it mean that their funding will not be cut?

Ms. Glenda Yeates: I appreciate the comment about the importance, Madam Chair, of the smoking rates, and as was noted, we are striving...Canada's had a very ambitious goal of 12%. Since that document was published, we've now gone from 18% to 17%, which is very statistically significant.

We are right now working with partners. We're doing a consultation on the next set of strategies. What we know is that—

Hon. Hedy Fry: Will you refund?

Ms. Glenda Yeates: That is something that is under consideration, obviously, for the next budget cycle.

Hon. Hedy Fry: Thank you.

I have one more question, if I may. I don't know how much time I have left.

The Chair: You have one minute.

Hon. Hedy Fry: All right.

To Dr. Butler-Jones, there is more than rumour that in fact the HIV/AIDS federal initiative will be disbanded on March 31, 2012. True or false?

● (1700)

Dr. David Butler-Jones: False.

Hon. Hedy Fry: Good. I'm glad to hear that. Thank you.

Dr. David Butler-Jones: There are rumours and there are rumours, and I can't keep up with the rumours, but the reality for this government is that HIV/AIDS support and addressing it in the context of the many factors, from the social determinants on, is absolutely key.

Hon. Hedy Fry: Good. Thank you.

The Chair: Thank you, Dr. Fry.

We'll now go to Dr. Carrie.

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

One of the things the minister said when she was here...her speech on page 2 mentions an increase of $64 million for the chemical management plan. I know it is a comprehensive strategy to protect Canadians and the environment from the harmful chemicals we see in the environment. The budget provided renewed funding for the plan.

I wonder if you could take us back and tell us a little bit about the importance of the plan and how it is safeguarding the health of Canadians from harmful chemicals.

Ms. Glenda Yeates: Thank you very much for the question.

Madam Chair, I am pleased to be able to speak with the committee about the chemicals management plan. It has been a real success story for the department. We have been working in a very collaborative way with the Department of the Environment to assess these chemicals both from a human health and an environmental impact point of view.

In the first phase of the chemicals management plan, which we began in 2006, we have met our targets. We have looked at all of the priority chemicals and have addressed, to this point, more than 1,100 priority chemicals; we have categorized them and done the follow-up where necessary in terms of protecting both human health and the environment.

That plan has been renewed as we go forward, so we are now on target for addressing the remaining 3,200 priority chemicals by 2020. That was part of the initial plan. As we go through that, we are very pleased with the progress we have been making. We think we are getting even better as we define the processes, which are getting more refined, and we are on track to meet the targets.

Mr. Colin Carrie: Excellent. Thank you.

Looking through the paperwork here, I see that some of the appropriations being sought by Health Canada are for the non-insured health benefits program and for nursing services for first nations communities.

I was wondering if you could please outline what this money is going to be spent on.

Ms. Glenda Yeates: Again, Madam Chair, I'm pleased to be able to deal with such an important program.

Obviously, first nations programming is about two-thirds of the expenditure of the Department of Health. It is about 65% or 66% of our budget, and when we run a large program like the non-insured health benefits, which is for dental and pharmacy and medical transportation, we typically have to refine our estimates. So often when we are here with the committee speaking about what's in the main budget, it doesn't reflect the full amount. And when we come for supplementary estimates, then we get the full picture, so we actually see that we do have the amounts we need to continue offering the programs that support first nations, particularly the non-insured health benefits, the areas that fall under provincial jurisdiction—the hospital and physician insurance, which, as the minister mentioned, are provided to first nations people by the provinces and territories—and the supplementary benefits such as dental care and medical transportation. A number of first nations communities are in very remote areas and they need fly-in transportation, for example, for specialist appointments or for emergency care certainly. These are the remaining funds for that program to support the needs we have for that program.

As well, there is money, as was mentioned, for the primary care services. So, again, these are estimates that we refine as we go forward, and we have additional funding in these supplementary estimates to support the primary care services we offer to the remote first nations communities on the ground.

Mr. Colin Carrie: Thank you very much.

I wonder if we could do a follow-up with Dr. Butler-Jones, because you are here with us today. I wonder if you could outline what the Government of Canada is doing to improve public health in the north.

● (1705)

Dr. David Butler-Jones: There are a number of things. As you know, there are particular challenges in the north, most notably in Nunavut, in terms of everything from infectious disease to social determinants to the increasing burden of chronic disease. There is actually a range of things that will all have an impact, all of which are key—the government's initiatives around housing and around Nutrition North, as well as providing the expertise we provide based in the territories to support public health programming. As well, there have been a number of issues such as the burden of methicillin-resistant Staph aureus in communities, so epidemiologists—and the same on tuberculosis—work with the territories around the most appropriate ways to respond.

It's a tremendous challenge. Quite honestly, I'm very pleased that the government and the Prime Minister are so focused and interested in the north. There is a lot more we can do, and we'll continue to work with the territories. Ultimately, it is their jurisdiction, but we have some capacities and abilities that can facilitate their work.

Mr. Colin Carrie: How am I doing for time?

The Chair: You have a couple of minutes.

Mr. Colin Carrie: Awesome. Thank you very much.

I noticed that in the minister's speech she talked about $26 million for the clean air regulatory agenda. I was wondering if you could explain to the committee what this program is all about and how these further investments will be used.

Ms. Glenda Yeates: Thank you. This is another part of our supplementary estimates that I'm very pleased to speak about with the committee.

This is a renewal of the clean air agenda for Health Canada. It is a five-year program. This is a government-wide crosscutting initiative, but the Health Canada role involves, in particular, looking at heat and air pollution. We are looking at, for example, the expansion of our heat alert and response system. We've been piloting, with four areas across the country, the ability to work with health facilities and health providers to help them understand what might be the thresholds whereby we might alert health providers to different kinds of heat effects they might see in the population. Those four pilots have been in Winnipeg, in the Assiniboine region of Manitoba, in Windsor, and in Fredericton.

We're now at the next stage. We think we can take the lessons learned from those pilots, which were quite successful, and roll out those tools across the country to help health professionals, whether in emergency rooms or elsewhere, to understand what might be the signs and what might be the responses the health system should have in a heat wave, for example, that might have the kinds of health effects that we've seen in other parts of the world.

We're actually very pleased that we can focus on that. We also have some research money as part of this that helps us to continue to focus on the science behind clean air issues, air pollution, and other things to make sure that our scientists continue to be on top of the latest scientific thinking across the world so that we understand the health impacts.

The Chair: Thank you, Ms. Yeates.

Now we'll go into our five-minute rounds. We'll begin with Mr. Morin.

[*Translation*]

Mr. Dany Morin (Chicoutimi—Le Fjord, NDP): Thank you, Madam Chair.

First of all, I would have liked to put most of my questions to the health minister. Unfortunately, I cannot do that. I do hope that you will be able to provide me with the right answers.

There are two things that really worry me. I'm talking about what has happened at the Department of Health in the past year and the decisions made by the Minister of Health.

First, let's go back to what happened a few weeks ago, or even a few months ago, regarding the Canadian government and the regulation of energy drinks. We know that Health Canada recommends that young people under the age of 18 stay away from energy drinks for a number of reasons. Studies have shown that they adversely affect the health and development of these young people. The drinks can even lead to addiction. Yet, the Minister of Health did not see fit to regulate the sector. She preferred to let young people choose, and leave it up to their parents to educate themselves when deciding whether to buy drinks that stimulate the nervous system.

As an expert, do you still feel that young people under the age of 18 should not consume those products? How can you explain the minister's decision to leave the responsibility for that matter to free enterprise and to trust in people's individual choice? These days, I see that as a problem. In fact, regardless of what type of question we ask the Minister of Health or the government, we are always told that the Department of Health simply lets people choose. The authorities seem convinced that people will make the right decision and that the government need not get involved any further.

● (1710)

[*English*]

The Chair: Who would like to answer that question?

Ms. Yeates, go ahead, please.

[*Translation*]

Ms. Glenda Yeates: Thank you, Madam Chair.

This is a very important topic for Canadians and the committee. We are very concerned about the effectiveness of regulations. We are especially concerned about health.

[*English*]

I would just like to reassure the committee that it is not the case that we are proposing not to regulate energy drinks. We have a variety of regulatory regimes and mechanisms in the department.

Previously energy drinks fell under the natural health products category. What was announced by the government in October was that we would be proposing that energy drinks move over and be classified as foods. Foods are also regulated, so there are maximum caffeine levels that will apply in these drinks. There will be labelling requirements. There will be a number of regulatory measures. So we are very much intending to regulate energy drinks as foods.

I would point out that we believe this is how they're consumed—as food—and in fact when we look, as we do, across the world at our international partners, this is how our international colleagues are also dealing with energy drinks.

[*Translation*]

Mr. Dany Morin: I don't mean to interrupt you, but your own expert panel studied the issue and wanted those products to be designated as

[*English*]

stimulant drug-containing drinks

[*Translation*]

and not as food.

Yet, the Minister of Health used her right of veto to go against the advice of her own expert panel. I think it's absurd that the minister thinks she is more of an expert in this area than they are.

What do you think about that?

[*English*]

Ms. Glenda Yeates: It's an important question. We did have a panel look at this question. They provided us with very helpful advice on a number of matters, and it was one of the things we took into consideration as we moved forward, about what kind of labelling, for example, labelling indicating "not recommended for children", "not recommended for pregnant or breast-feeding women" or "...for individuals who are sensitive to caffeine". As well, I think we indicate that energy drinks should not be mixed with alcohol. These are all very important things. It was one of the sources of our information.

But also, as we always do in regulatory matters, we had extensive consultations with our international colleagues as well, and we looked to see how these were being handled across the world. What we have concluded is that we think these can be effectively regulated as foods. We think they are consumed as foods. We think that, in a sense, is how Canadians think of it.

Foods have certain labelling requirements, for example, that currently don't apply.

The Chair: Okay, thank you. Our time is up now. Thank you very much, Ms. Yeates.

We're now going to go into the voting portion of the supplementary estimates.

I want to thank our witnesses so much for coming today, and for your very insightful and useful comments. I'm going to ask that you leave the room.

I'm not going to suspend the committee. I'm just going to go straight into the votes.

HEALTH

Department

Vote 1b—Operating expenditures.....$279,992,776

Vote 5b—Capital expenditures.....$3,600,000

Vote 10b—The grants listed in the Estimates and contributions.....$38,252,373

Canadian Institutes of Health Research

Vote 20b—Operating expenditures.....$909,250

Vote 25b—The grants listed in the Estimates.....$24,040,000

Public Health Agency of Canada

Vote 40b—Operating expenditures.....$27,276,580

Vote 45b—Capital expenditures.....$1,597,412

Vote 50b—The grants listed in the Estimates and contributions.....$1,000,000

(Votes 1b, 5b, 10b, 20b, 25b, 40b, 45b, and 50b agreed to)

The Chair: Shall I report the supplementary estimates (B) to the House?

Some hon. members: Agreed.

The Chair: I will do that tomorrow morning at 10 o'clock.

Dr. Carrie, please go ahead.

● (1715)

Mr. Colin Carrie: Madam Chair, before we suspend the meeting today, I do want to make a point of order. It was something I was very disappointed about in question period. I'd like to bring to the attention of the chair a question asked by Dr. Fry today during question period in the House of Commons.

She referred to a discussion that was held at an in camera committee meeting. I'm sure the honourable member does know that this is a breach of the Standing Orders governing the House of Commons and it's a clear and blatant disrespect of the rules governing the House of Commons.

I would respectfully ask the member to apologize, not only to the members of this committee but also to the members of the House of Commons.

The Chair: May we have your comments, Dr. Fry?

Hon. Hedy Fry: Madam Chair, this was not meant to be a breach of anything. I just said that the Liberals have continued to bring this to see that the Standing Committee on Health studies it, and that it's been blocked by the government. I didn't mention that it was done at a meeting of the health committee. I just said that we asked for this to be studied at the health committee, and it continues to be blocked by the government. It was a general statement about generally asking repeatedly, including in the House.

The Chair: Go ahead, Dr. Carrie.

Mr. Colin Carrie: Madam Chair, certainly there will be different ways committee members remember that particular meeting, but the point is that we do have the option of doing our meetings in camera. I know it's been something that we respect; that when people say something in camera, and make decisions in camera, they aren't going to be brought up in the House of Commons. That's something that is respect for all members on all different topics. It's been something we've always respected, and I would respectfully ask her to apologize, because there is a certain amount of trust that we have as members in these in camera committee meetings.

The Chair: Mrs. Block.

Mrs. Kelly Block: Thank you, Madam Chair.

I would just like to add to my colleague's comments. We can go back to the Hansard and see what was said, but I do believe that Ms. Fry referred to it as being blocked by the members of the committee. So we can, as I said, go and check the Hansard to make sure, but I know that as soon as the statement was made, it was a concern to us on the government side.

Thank you.

The Chair: First, Ms. Davies.

Ms. Libby Davies: I was also going to suggest that maybe we should check the Hansard. I remember the question generally, and I didn't think at the time that it pertained specifically to committee business. Is it something we could put over? I'd actually like to go look at the Hansard and see what it says, see what the actual question was.

The Chair: Dr. Fry.

Hon. Hedy Fry: Madam Chair, I've been around this place since 1993. I'm very well aware of in camera requirements and what one can and cannot do. I specifically phrased my question so that it did not refer to this committee or this committee's decisions or any in camera meetings. I also publicly have put out press releases—and it was picked up by many media well before I even brought this up—asking the government, calling on the government, to ensure that they look at the issue of drug shortages. This had been done well before it came here.

I referred generally to the issue of looking at drug shortages and the government not wanting to do this. Sure, look at Hansard, because I didn't refer to it.

The Chair: Committee members, I'm going to make a suggestion. We do have some choices here. We could spend a lot of time on this and take up time in another meeting. It could become a question of privilege. There are a lot of things that could happen.

I would suggest, and just remind everybody, that we have to be extremely careful that anything discussed in camera stays in camera. So I would ask the committee that we just remind each other of that, very clearly.

Dr. Fry, would you please be very, very careful in the future so that we don't have these kinds of discussions around our committee? I pride myself in making sure we try to be very mindful of each other and very polite to each other on all sides of the House here. I think we can agree, hopefully, today as a committee, as a reminder, that all of us will be very mindful in the future. Otherwise, we go to plan B, and I don't think any one of us wants to do that.

Is that okay with you, Dr. Fry?

● (1720)

Hon. Hedy Fry: That's fine with me, Madam Chair, because as I said, for 18 years I have never breached in camera meetings in this House, so this was not an intent to breach anything in camera at all.

The Chair: Okay, Dr. Fry, you make your point, but also Dr. Carrie has made his point.

Dr. Carrie, do you want to say anything else on this?

Mr. Colin Carrie: Madam Chair, I will be looking at the Hansard. As I said, what's really important I think is that we do respect each other. We have differences of opinion. Quite often we do. There are certain rules we abide by, and I would just like all members to be aware of them.

So I'll check the Hansard and see what was said and I'll get back to you.

The Chair: Just again as a reminder, everybody be very, very careful: in camera is in camera.

With that, I will dismiss the committee.

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