



Brief to the  
House of Commons' Standing Committee on Finance

**Bill C-43, Part 4, Division 20:  
Amendments to the *Public Health Agency of Canada Act***

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**Position Statement**

In the wake of the 2003 outbreak of severe acute respiratory syndrome (SARS), the Canadian Public Health Association (CPHA) was a strong and vocal advocate for the creation of both the Public Health Agency of Canada (the Agency) and the position of Chief Public Health Officer (CPHO).

It was our position then, and continues to be today, that it is essential that the CPHO be Deputy Head of the Agency and operate at the Deputy Minister level for the following reasons:

1. The Agency is tasked with promoting and protecting the health of all Canadians. It is therefore essential that a public health professional be the accountable decision-maker for the organization.
2. The country's public health priorities must take precedence over administrative priorities. This relation in no way precludes day-to-day operational and administrative responsibilities falling to an Executive Vice-President and Chief Operating Officer.
3. Under the current legislation, the CPHO, as Deputy Head of the Agency, reports directly to the Minister of Health. This streamlines the flow of scientific advice, timely communications and evidence-based decision-making. This structure was intentionally created to eliminate the weaknesses identified during the 2003 SARS outbreak.
4. The Deputy Head of the Agency works closely with fellow Deputy Ministers at the federal and the provincial/territorial levels. It is essential that the CPHO be able to directly work with and advise fellow Deputy Ministers with the best available evidence-based advice on health issues and on the need for legislation, policies and practices respecting those issues.

CPHA is concerned that the amendments to the *Public Health Agency of Canada Act* proposed in Bill C-43, Part 4, Division 20 have the potential to reduce the effectiveness of the Agency in fulfilling its mission to promote and protect the health of Canadians.

**Recommendations**

CPHA recommends that:

1. The amendments to the *Public Health Agency of Canada Act* proposed in Bill C-43, Part 4, Division 20 be withdrawn.
2. The consequential amendment to the *Financial Administration Act* proposed in Bill C-43, Part 4, Division 20 also be withdrawn.

## Background

In 2003, there were 438 cases of severe acute respiratory syndrome (SARS) recorded in Canada, including 44 deaths. This outbreak placed an unprecedented demand on public health systems in every jurisdiction of the country and challenged the nation's capacity for outbreak containment, surveillance, information management, and infection control, and had a significant negative effect on the economy.

In that same year, the Government of Canada established the National Advisory Committee on SARS and Public Health with the mandate to provide a "third party assessment of current public health efforts and lessons learned for ongoing and future infectious disease control." The Committee was composed of experts from a wide range of disciplines, many of whom had been directly involved in the SARS outbreak.

In response to the many systemic deficiencies identified by the Committee, the latter made a number of recommendations, including the following:

- The Government of Canada should move promptly to establish a Canadian Agency for Public Health [sic], a legislated service agency, and give it the appropriate and consolidated authorities necessary to provide leadership and action on public health matters, such as national disease outbreaks and emergencies, with or without additional authorities regarding national disease surveillance capacity.
- The Government of Canada should create the position of Chief Public Health Officer of Canada. The Canadian Agency for Public Health [sic] **should be headed by the Chief Public Health Officer of Canada** who would **report directly to the federal Minister of Health** and serve as the leading national voice for public health, particularly in outbreaks and other health emergencies [emphasis added].

The Committee was specific in its recommendation that the new Agency should be headed by the CPHO and that the CPHO report directly to the federal Minister of Health. In 2010, the position of Executive Vice-President and Chief Operating Officer was created to provide administrative support to the CPHO. The Agency has recently marked its tenth anniversary and the structure of the Agency – with the CPHO at its helm supported by an Executive Vice-President and Chief Operating Officer – has worked well; it is CPHA's position that these administrative arrangements ought not to be changed.

## Policy Implications beyond Public Health

During a public health emergency such as pandemic H1N1 or Ebola, the importance of evidence-based advice from the CPHO is clear. This advice, however, is important at all times as Canadians are increasingly concerned about the sustainability of the publicly-funded health care system. Public health has at its foundation the protection and improvement of the health and well-being of Canadians and, as such, its policies, programs and initiatives are focussed on keeping people out hospitals and doctors' offices. It also supports Canada's economic underpinnings by supporting a healthy, effective workforce to drive that engine. The preventive nature of public health interventions result in an excellent return on investment. For example:

- Every \$1 spent on immunizing children with the measles-mumps-rubella vaccine saves \$16 in health care costs: ROI = 1500%
- Every \$1 invested in tobacco prevention programs saves up to \$20 in future health care costs: ROI = 1900%
- Every \$1 invested in fluoridated drinking water results in \$38 saved in dental care: ROI = 3700%
- Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 dollars in lost productivity and social costs: ROI = 3600%

Without the direct connection between the CPHO, other senior federal, provincial and territorial policy makers, and the Minister, this important contribution to Canada's economic well-being will be lost.

## **About CPHA**

Founded in 1910, the Canadian Public Health Association (CPHA) is the independent voice for public health in Canada with links to the international community. As the only Canadian non-governmental organization focused exclusively on public health, CPHA is uniquely positioned to advise decision-makers about public health system reform and to guide initiatives to help safeguard the health and well-being of Canadians and people around the world.

*Our Vision: A healthy and just world*

*CPHA's mission is to enhance the health of people in Canada and to contribute to a healthier and more equitable world.*

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