



## **What is the Health Accord?**

A Health Accord is an agreement between the provinces, territories and federal government. It provides the provinces with stable funding and sets national standards. The current Health Accord expires March 31<sup>st</sup>, 2014 and the federal government is refusing to renegotiate it.

## **Why do we need a Health Accord?**

The Accord was important in promoting national standards and providing stable funding after deep cuts in the 1990s. The First Ministers recommitted to the Canada Health Act and its requirements: public administration, universal access, comprehensive coverage, accessibility without extra charges or discrimination, and portability across provinces. The Accord also a set of common goals around wait times, home care, prescription drugs, and team-based primary care.

On wait times, the accord has been successful: eight out of 10 Canadians are getting treatment within the timelines set in 2005 for the five chosen procedures. We need to do more, but progress has been made. In other areas (home care, drugs, and primary care) progress has been poor because the governments set only loose goals, with no financial strings attached.

## **What is the problem?**

The Harper government said the 2004 Health Accord would not be renewed when it expires next March. This lack of federal leadership in health care will lead to 14 different health care systems. Access will depend on where you live and your ability to pay.

In December 2011, the Harper government announced a major cut to the Canada Health Transfer (CHT) of \$36 billion over 10 years beginning in 2017. In addition, the equalization portion of the CHT will be eliminated in 2014, which will reduce transfers by another \$16.5 billion over the next five years. We have an aging population and an increasing demand for health care services at present. Unless federal funding is stable and adequate, our cherished public health care system is in danger.

Further elements of the Harper government's plan to dismantle national Medicare include the abandonment of the National Pharmaceutical Strategy in the 2004 Accord. According to the Health Council of Canada, the pharmaceutical strategy was integral to the renewal and sustainability of the entire health care system. Instead of insisting on value for money for prescription drugs, the Harper government agreed to extend patent protection for brand-name drugs and increase drug costs to Canadians by between \$850 million and \$1.6 billion a year.

## **What are we doing?**

We are organizing a National Day of Action March 31<sup>st</sup> to alert Canadians to the end of federal leadership in health care and cuts of \$36 billion to health transfers over 10 years. There is a need for federal leadership to negotiate a new 10-year Health Accord with provincial and territorial governments to secure the health care needs of citizens in all regions and into the future.

This accord would include:

- A Continuing Care Plan that integrates home, facility-based long-term, respite & palliative care;
- A universal public drug plan that provides equitable access to safe and appropriate medication; and
- Adequate and stable federal funding including a 6 per cent escalator.