

The Health Accord

What is the Health Accord?

The Health Accord provides provinces and territories with stable health funding and sets national standards. Following the 2002 Romanow Report on the future of Canada's health care system, the Health Accord was a 10-year negotiated plan running from 2004 until expiry on **MARCH 31, 2014**. The federal Harper government is refusing to re-negotiate the Accord.

Why is the Health Accord important?

Stable funding

The Accord provided stable funding after deep cuts by the federal government in the 1990s. It brought the federal government's cash share of provincial health spending up to 20 per cent, and while this is short of the 50 per cent covered at the start of Medicare, it is certainly better than the low of 10 per cent reached in 1998, before the first 2004 Health Accord. Payments increased six per cent annually.

National standards

The prime minister and premiers 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. They also committed to a set of common goals around wait times, home care, prescription drugs, and team-based primary care.

Health care improvement

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. There is room for improvement, but progress has been made. In the other areas progress has been poor because the governments set only loose goals, with no financial strings attached.

What is Harper's plan for health care?

Prime Minister Stephen Harper doesn't want even loose goals — in fact, he's refusing to negotiate another Accord. This abandonment of federal leadership in health will lead to 14 different and weaker health care systems.

Access to quality public health services will depend on your postal code and credit card balance.



Without notice and without discussion, the federal government announced a *take it or leave it* health care funding plan. In December 2011, Harper announced a major cut to the Canada Health Transfer (CHT) of \$36 billion over 10 years beginning in 2017. The plan will keep federal health care funding on its current track until 2017, at which point cuts will kick in. Instead of increasing at six per cent a year, the health transfer will be tied to economic growth, with a three per cent floor.

The federal government is also changing how it divides the health transfer between provinces, leaving some worse off and creating winners and losers among provinces. Together, these two changes to the Canada Health Transfer mean \$36 billion (8.3 per cent) less in federal funding for health care over 10 years.

Already, the federal government is ignoring violations of the Canada Health Act, allowing for-profit health care to grow and doing next to nothing about user fees, extra billing and other violations of Medicare rights.

What is Unifor doing?

We are working with our local, provincial, and national health coalition partners to alert Canadians to the end of federal leadership in health care and cuts of \$36 billion to health transfers over 10 years. We are contacting members of parliament to demand their support for re-negotiating another Health Accord and will continue to pressure federal politicians into the 2015 election.

A new Accord must 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 six per cent escalator.

To order Unifor postcards that can be sent to federal leaders, or copies of this pamphlet, please contact healthcare@unifor.org. For information on events and actions across the country, visit the Canadian Health Coalition web site at www.healthcoalition.ca.

