



OVERVIEW OF THE HEALTH CARE AND SOCIAL WELFARE SYSTEM

Canadians are justly proud of the accessibility and quality of the health-care services they enjoy. This century has witnessed steady progress in the evolution of Canadian public-health programs, and today the system ranks among the finest in the world. More particularly, in the period following World War II, great strides were made toward the establishment of the current system, under which Canadians benefit from universal access to publicly funded insurance, which covers the cost of all necessary hospital and medical treatment.

The same era saw a dramatic increase in measures directed to income maintenance and other social services. These include notably an old-age security program providing a flat rate pension to all people aged 65 and over, the Canada Pension Plan introduced in 1966, which is compulsory for all employed Canadians and protects them and their families against loss of income in the event of retirement, disability and death; child benefit programs designed to assist lower-income families; and the Unemployment Insurance Program.

Constitutionally, the provinces have primary responsibility for delivering health and welfare services. However, the federal government plays a central role in establishing national standards and, through its spending power, in participating in the funding of the system through transfer payments administered under federal-provincial agreements. An important function of these arrangements is to ensure the application of national standards. Federal health legislation, for example, sets out basic principles and conditions for payment of federal contributions to the

operation of the provincial plans. These include criteria stipulating that provincial plans must be administered on a non-profit basis; that they must be comprehensive in their coverage; that they extend to all legal residents of each province; and that they must be portable. It should be noted that within this framework the provinces and territories have often taken the initiative in developing and implementing innovative policies and programs which reflect their particular priorities. The federal government also funds national income-security and health-protection programs. It provides sustaining grants to voluntary organizations, which work in partnership with all levels of government to play a vital role in assisting families, youth, seniors, disabled persons and native people.

In addition, the federal government ensures the provision of community health services to Indian people living on reserves, and to Inuit. Although there has been a substantial improvement over the last twenty years, a wide gap continues to exist between the health status of Indians and Inuit and that of other Canadians. This problem is being tackled through a variety of special initiatives addressing such issues as solvent, alcohol and drug abuse, AIDS, and mental health problems. In consultation with Indians and Inuit, work is proceeding toward the transfer of control of the management and delivery of health services to Indian and Inuit communities. The transfer process serves as an important element of the federal government's commitment to enhancing Indian and Inuit control over their own affairs. Discussions among aboriginal groups, provincial, territorial and federal governments are ongoing about aboriginal self-government. At the provincial and territorial level, the