

Government of the Northwest Territories has adopted and is vigorously pursuing the Primary Health Care approach advocated by The World Health Organization (WHO). Government policies have emphasized the development and incorporation of additional health workers into the health system as providers of care and the empowerment of communities in the management of their health services through the creation of regional health boards. In the case of the Province of Ontario, it is working in partnership with Aboriginal organizations to develop strategies to address family violence and health issues through a comprehensive, holistic framework for dealing with the physical, mental, emotional and spiritual health of Aboriginal people in Ontario. The Province of Quebec has noted that, in terms of health, living conditions are clearly improving, thanks to the establishment of health facilities in each community, and to better housing conditions and sanitary infrastructures. However, many communities in all parts of Canada are still facing high rates of mortality, infection, suicide and drug and alcohol consumption. Economically, natives are turning increasingly toward development focused on the surrounding economic markets and networks.

As a percentage of gross domestic product (GDP), health care accounted for about 10 percent in 1991, or roughly US\$57 billion annually. Spending on health absorbs up to one third of provincial budgets. To put these substantial figures in perspective, Canada's nearest neighbour, the United States, has been devoting some 13 percent of GDP to health care, or over \$2800 per capita. Organizational simplicity resulting in lower administrative costs is a major factor in controlling overall expenditures within the Canadian system. For patients, this simplicity translates principally into a single source of insurance and funding — the public purse; for physicians, into a single negotiated fee schedule and relief from billing problems.

In Canada, there is currently about one doctor for every 450 people. The ratio of hospital beds to population stands at an average of seven beds per 1000. Although this ratio has remained fairly constant over the last decade, a shift has occurred in the mix of short-stay versus long-stay beds; an increase in the latter has been caused by the need to care for the growing number of elderly patients. The human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) remains a major public health concern in Canada, and the National AIDS Strategy

provides a framework for action in AIDS prevention and control.

The National AIDS Strategy was announced in June 1990, with funding for the first phase totalling \$112 million over three years. This phase has resulted in the creation of the basic infrastructure required to address HIV/AIDS issues, including: a better definition of the epidemiology of HIV transmission; a national capacity to facilitate the testing of new drugs entitled the Canadian HIV Trials Network; an improved capacity for international co-operation; and a cross-Canada, community-based network to deliver prevention education, health promotion, community care and support initiatives more effectively and efficiently than could be done by governments alone.

The Strategy was renewed in March 1993, with a financial commitment of \$203.5 million over five years. This phase reflects the evolving nature of AIDS, and emphasizes the need to strengthen and enhance existing partnerships — between governments, non-governmental organizations (NGOs), the private sector and the community.

Canada has been involved in the development of multilateral HIV/AIDS prevention and control policies since the establishment of the World Health Organization Special Program on AIDS, and continues to contribute to international efforts to combat the disease. Canada has consistently advocated an integrated intersectoral approach to AIDS issues, the adoption of non-discriminatory measures against people with HIV infection and AIDS, and a greater inter-agency co-ordination on AIDS matters within the United Nations (UN) system.

A cardinal principle that has shaped Canada's health-care system, which continues to inform the approach to policy, is one of partnership among levels of government, NGOs, and volunteer organizations. Recent initiatives, corresponding to a shift in focus toward disease prevention and the promotion of healthier lifestyles, have all depended on utilizing this approach to the fullest advantage. They include strategies to combat substance abuse and smoking, to promote health and the environment, and to prevent HIV/AIDS. To implement these initiatives, partnerships were developed among federal, provincial and territorial authorities, NGOs, health providers and research organizations.