Submission to the Human Rights Council
On the Occasion of the 3rd Universal Periodic Review of Canada

Submitted by Canadian Health Coalition

5 October 2017

I. Introduction

The Canadian Health Coalition (CHC) submits this brief to the Human Rights Council on the Occasion of the 3rd Universal Periodic Review (UPR) of Canada.

II. Overview of Health Care in Canada

Universal coverage of hospital and physician services has been available to all residents of Canada for over 50 years. Medically necessary services which fall outside hospital and physician services are not guaranteed to be covered across the country leaving many people unable to enjoy the highest attainable standards of health.[1] This includes a lack of access to affordable medication, mental health, dental care, and seniors care.

1. **Many people lack access to affordable medication**

1. **One in 10 Canadians cannot adhere to their prescription medication due to its cost.** People in poor health, lower incomes, or without drug insurance are more likely to experience cost related non-adherence.[2]

2. **One in 12 Canadian elders (over age 65) cannot afford to take their prescription medication as directed.**[3]

3. **Working age** people 55-64 years old are not old enough to qualify for public drug benefit plans which begin at age 65, **yet 1 in 8 of them cannot afford prescription costs.**[4]

4. Of 11 developed countries, **Canada has the second highest rate of cost-related prescription non-adherence.**[5]

5. Disparities exist between have and have not regions in Canada. Medication is largely a provincial jurisdiction and access to medication depends on the wealth of your region. Canada does not have a common drug formulary leaving each province and territory to establish their own.

2. Public health care coverage leaves out medically necessary services: mental, dental and seniors care

1. **Only one in four children in Canada are able to get appropriate mental health treatment**. **3,500 Canadians die by suicide each year. This includes almost 800 young people**. Mental health care in Canada is largely privatized, leaving services unaffordable for many. Access to public mental health care can take years with long and growing wait lists.

2. **First Nations, Inuit, and Métis (FN-I-M) people face high rates of mental health problems, addictions and suicide.** Canada's assimilation policies and legacy of colonization and residential schools have caused intergenerational harm. Yet large gaps in health care services including mental health care for FN-I-M remain.

3. **Six million Canadians are unable to afford dental services. Only 5% of dental services in Canada are paid for publicly.** Those with the greatest need are the least able to afford access.[6]

4. **Seniors are falling through gaps in the system and do not have access to appropriate care.** Hospitals are discharging seniors from care too early.[7] Those who are able to stay (7,550 people on any given day in Canada) are waiting in a hospital bed for alternative level of care- like long-term residential care or rehabilitation.[8] There is no national strategy on seniors' care despite an aging population who will increasingly need access to care.

5. **Vulnerable populations do not have access to care**

1. Refugee and refugee claimants experience difficulty accessing public health care. Health care providers are reluctant to provide care to newcomer communities including refugees because they are uncertain of the complex reimbursement system with the federal government.[9]

2. Canada's reliance on temporary foreign workers continues to grow, however, health care services are often not provided to these communities. And when it is, translation and transportation needs are often unmet.[10]

3. Newcomers face up to a 3-month waiting period to be given access to public health care. Many newcomers are unable to afford private insurance during this time and go without access to needed medical services.

4. The State Party has compromised the safety and security of the public plasma supply and voluntary donor system

1. Canada relies on paid US plasma donors to meet 75 per cent of its need for plasma used in medications. **There are only 7 voluntary donation plasma collection centres in all regions outside the province of Quebec.[11]**

2. Private, for-profit plasma collection centres have opened and are purchasing plasma by giving donors pre-paid credit cards. **For-profit clinics are targeting vulnerable populations by establishing themselves in neighbourhoods with high poverty and advertising at universities.**

3. Private plasma clinics are taking the most desirable donors out of the public donor pool. This threatens the ability of the public collector to increase self-sufficiency in donor plasma.[12]

4. Plasma collected at private, for-profit collection centres will be sold on the international market.[13] This will decrease the supply of plasma in Canada and due to international trade agreements, it will threaten Canada's ability to stockpile a plasma supply in the event of a new blood borne disease which could cause a plasma shortage.

4. The World Health Organization, European Blood Alliance, Red Cross and Red Crescent Society, among many others recommend that plasma only be collected from unpaid voluntary donors.[14]

III. Financial capacity and federal jurisdiction on health care

1. **The State Party has recently signed a series of bilateral deals which will decrease their once 50/50 share of health care expenses to 20.4 per cent.**[15] [16] With less financial support from the federal government, provinces and territories in Canada are struggling to keep offering high quality public health care services to all residents.

2. The Federal government of Canada is responsible for contributing financially to public health care, delivering services for refugees, inmates, First Nations, RCMP and veterans, and also for enforcing the Canada Health Act. The Canada Health Act provides the principles and criteria for health care in Canada. It states that health care must be: accessible, publicly administered, universal, comprehensive, portable and delivered without user fees or extra billing for medically necessary services. The federal government is directly responsible for the enforcement of the Canada Health Act. The mechanism by which the Act is enforced is through the withholding of federal health care transfer payments. This makes the federal share of public health care expenses especially important. Without a significant stake in public health care financing, the federal government does not have the ability to properly enforce the Canada Health Act and ensure health care remains public, comprehensive and accessible to all.

3. Independent assessments of financial need to keep Canada's current health care system functioning amidst an aging and growing population have shown that the federal government must offer a transfer payment of 5.2 per cent.[17] The current bilateral deal was signed at Gross Domestic Product (GDP) with a floor of 3 per cent for 10 years. This will leave a predicted shortfall of $30 billion. The tying of health care to GDP will mean that when Canada's economy is down and health care needs increase, there will be fewer resources for those in need.

IV. What the UN Human Rights Council recommended to Canada in its Second UPR

1. 128.73. Continue its efforts to improve access to health services for indigenous peoples (Burundi);

2. 2. 128.74. Ensure the right to health, and an adequate standard of living for the First Nations, Metis and Inuit (Namibia);

3. 128.127. Reinforce policies and programmes developed to address poverty, homelessness, food insecurity as well as access to quality health-care services and education, with special focus on the most disadvantaged groups, such as Aboriginal peoples (Slovakia);

4. 4. 128.129. Take steps to ensure that all Canadian children have equal access to government services, such as health, education and welfare, and address the disparities in access to these services for indigenous children in particular, as recommended by the Committee on the CRC (Norway);

V. What has the Government of Canada done since UPR2 to address health care issues in Canada?

1. Canada has re-instated health care access for refugees. However, gaps in access remain with many refugees and newcomers unable to access services even with government insurance coverage.

2. Canada has created a new Ministry of Indigenous Services tasked with improving health care delivery for First Nations and Inuit. We are hopeful this will create an opportunity for First Nations and Inuit communities to be meaningfully engaged and build a public health care system that meets the needs of their communities.

VI. Recommendations

We call on States to make the following recommendations to the Governments of Canada:

1. **THAT THE GOVERNMENT OF CANADA DEVELOP A COMPREHENSIVE NATIONAL PUBLIC DRUG PLAN WHICH ENSURES PRESCRIBED MEDICATIONS ARE AVAILABLE TO EVERYONE IN CANADA.**

2. **RETURN TO THE NEGOTIATING TABLE WITH PROVINCES, TERRITORIES, FIRST NATIONS, INUIT, AND METIS TO ESTABLISH A 10-YEAR HEALTH ACCORD WHICH WILL PROTECT, STRENGTHEN AND EXPAND PUBLIC HEALTH CARE IN CANADA FOR ALL.**

3. **ENSURE HEALTH CARE REMAINS PUBLIC AND ACCESSIBLE THROUGH A HEALTH ACCORD THAT COMMITS TO AT LEAST A 5.2% CANADA HEALTH TRANSFER. MONEY FOR PUBLIC HEALTH CARE MUST BE TIED TO SPENDING ON PUBLIC HEALTH CARE. TO MEET THE NEEDS OF THE PEOPLE OF CANADA, THE STATE**

PARTY WITH THE SUBNAITONAL GOVERNMENTS (PROVINCES AND TERRITORIES) AND FIRST NATIONS, INUIT, AND METIS, MUST CREATE A COMPREHENSIVE NATIONAL PUBLIC DRUG PROGRAM, AND A SENIORS CARE STRATEGY.

4. **WITH THE SUBNATIONAL GOVERNMENTS AND FIRST NATIONS, INUIT, AND METIS, THE STATE PARTY MUST IMPLEMENT A NATIONAL MENTAL HEALTH STRATEGY.**

5. **FEDERAL, PROVINCIAL AND TERRITORIAL GOVERNMENT RECOMMIT TO THE CANADA HEALTH ACT ENSURING ALL PEOPLE IN CANADA CAN ACCESS PUBLIC HEALTH CARE. THE STATE PARTY MUST ENFORCE THAT ACT TO ENSURE ALL PEOPLE HAVE ACCESS NO MATTER WHERE IN CANADA THEY LIVE OR THEIR INCOME.**

6. **THE STATE PARTY TAKE STEPS TO ADDRESS HEALTH CARE DISPARITIES AMONG MARGINALIZED GROUPS INCLUDING NEWCOMERS, TEMPORARY FOREIGN WORKERS, AND REFUGEES.**

7. **THE STATE PARTY ABIDE BY THE RECOMMENDATIONS OF THE INTERNATIONAL HEALTH AND BLOOD COMMUNITY AND COLLECT BLOOD AND BLOOD PRODUCTS FROM ONLY UNPAID, VOLUNTARY DONORS. CANADIAN BLOOD SERVICES (NON-PROFIT, PUBLIC COLLECTOR) SHOULD BE SUPPORTED IN THEIR EFFORTS TO EXPAND VOLUNTARY DONOR COLLECTION.**

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[1] Article 12 of the International Covenant on Economic, Social and Cultural Rights states: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

[2] Michael Law, et al. "The effect of cost adherence to prescription medications in Canada." *CMAJ* January 16, 2012

[3] "Many older Canadians can't afford their prescribed medications." *The Globe and Mail.* February 1, 2017. Accessed at: https://beta.theglobeandmail.com/life/health-and-fitness/health/many-older-canadians-cant-afford-their-prescribed-medications/article33858680/?ref=http://www.theglobeandmail.com&

[4] Ibid.

[5] Steve Morgan. "Cost-related non-adherence to prescribed medicines among older adults: a cross-sectional analysis of a survey in 11 developed countries." *BMJ Journals*. Volume 7, Issue 1. Accessed at: http://bmjopen.bmj.com/content/7/1/e014287

[6] "Improving access to oral health care for vulnerable people living in Canada." *Canadian Academy of Health Sciences*. 2014. Accessed at: http://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_Executive_Summary_*and_Recommendations_EN.pdf*

[7] *Silversides, Ann. "Long-Term Care in Canada: Status Quo No Option." Canadian* Federation of Nurses. 2010. Page 27.

[8] Ibid. page 23.

[9] Y.Y. Brandon Chen and Vanessa Gruben. "Canada's refugee health care program still falls short." *The Record.* May 17, 2017. Accessed at: https://www.therecord.com/opinion-story/7318236-canada-s-refugee-health-care-program-still-falls-short/

[10] McLaughlin, J. "Policy Points." *International Migration Research Centre*. Issue 1. December 1, 2010. https://legacy.wlu.ca/documents/44258/IMRC_Policy_Points_Issue_I_-_Migrant_Farmworker_Health.pdf

[11] "Canadian Blood Services does not, and will not, pay donors." Canadian Blood Services. May 5, 2016. https://blood.ca/en/media/canadian-blood-services-does-not-and-will-not-pay-donors

[12] "Saskatoon Performance and CPR Impacts." *Canadian Blood Services.* Letter to Honourable Jim Reiter. April 20, 2017.

[13] "Blood money: controversial Moncton blood business offers donors up to $100." *CBC News.* May 1, 2017.

[14] "Towards 100% Voluntary Blood Donation: A Global Framework for Action." *World Health Organization.* 2010. Accessed at: http://www.who.int/bloodsafety/publications/9789241599696_eng.pdf

[15] Romanow, Roy *Building on Values: The Future of Health Care in Canada* Commission on the Future of Health Care in Canada, 2002, page 36.

[16] "The Québec Economic Plan. Health Funding: For a Fair Share of Federal Health Funding." *Budget 2017-2018. Government of Québec.* Page 21.

[17] The 5.2% projected annual increase needed for national public health care costs was published by the Conference Board of Canada (Beckman, Fields & Stewart, 2014). Canada's Parliamentary Budget Officer (Bartlett, Cameron, Lao & Matier, 2012) Ontario's Financial Accountability Officer (Financial Accountability Office of Ontario, Novak & Ngo, 2017) have also stated similar figures.