

**Premier Gordon Campbell's Closing Comments**  
**Premiers' Health Conference – Vancouver**  
**January 25, 2002**

*Check Against Delivery*

Last August at the annual premiers' conference, we reiterated that the primary concern for Canadians is an excellent public health-care system. The public health-care system in Canada is the responsibility of the provincial governments, and we felt it was important for us to examine ways we could improve cost-effectiveness, improve service to patients and meet the challenge we face in every one of our provinces.

Our health-care system is on life support – and it's fading. Our obligation and our responsibility is to bring it not just back to life, but to renew it and reinvigorate it across this country. This has been an ongoing effort of the premiers over the last six months, and it will carry on into the future.

The financial pressures in the health-care system remain the same. The federal government has reduced its financial commitment to health services to Canadians, regardless of the fact that it is the Number 1 priority of Canadians in every single province and territory.

In view of the financial pressures we face, it is imperative we look for reforms to the system that ensure patients' needs are taken into account and dealt with. Today we are announcing that the premiers have decided to establish a Premiers' Council on Canadian Health Awareness to ensure Canadians are included in the debate on health care.

The Premiers' Council on Canadian Health Awareness will share fundamental information with Canadians. Each province will contribute, and each province will be sure Canadians understand the challenges we face in health care-funding, in health-care services, in innovation and in best practices, in human resource planning and management, in drug effectiveness and assessment and in statistical comparisons provided by the provinces and the territories.

We will be establishing a multi-media Web site that will provide all Canadians with this information – because at the end of the day, we are going to solve the health-care problem in Canada by including Canadians, and looking for solutions, and helping to carry them out.

A critical point as we establish the innovative response to restore health care is a dispute-resolution mechanism that was part of the fundamental Social Union Framework Agreement two years ago. That dispute-resolution mechanism must be put in place, and the premiers have asked Premier Klein of Alberta to take the lead on this – to resolve this matter once and for all with the federal minister of health, Anne McLellan.

We agreed that should this not be resolved by the 30<sup>th</sup> of April of this year, the federal government will have essentially abandoned the Social Union Framework. Without the dispute-resolution mechanism, the Social Union Framework Agreement has not been completed by the federal government.

The premiers also reiterated our concerns about the federal responsibility for the delivery of aboriginal health care across the country. Even though in the recent budget additional funding was identified for aboriginal health issues such as fetal alcohol syndrome, the allocated funds are restricted to aboriginal children living on reserves. We believe it's critical that aboriginal health care be properly funded and properly delivered by the federal government in each of our provinces.

Each of us faces increasing costs, increasing demands and changing technologies. One of the most important areas where costs have been rising at an unsustainable rate is in pharmaceuticals and pharmaceutical management.

Building on the experience of the Atlantic premiers, the premiers have agreed we will establish a common process to establish cost-effectiveness of drugs, and a common approval process prior to a new drug being put on any of our provincial formularies. The implementation plans will be led by Premier Hamm of Nova Scotia and will be in place by August of this year. This is a critical step for us to have a plan that works for all provinces and all patients in a cost-sustainable and manageable way.

We have also agreed we will work on streamlining the approval processes for generic drugs. That will be due for a report in December of 2002. We have agreed we will work together to recognize best practices, to share common technologies and common human resources, and to focus our attention and develop sites of excellence for low-volume surgeries across the country.

We agreed to share human resources and equipment in developing those sites of excellence in various fields such as pediatric cardiac surgery and gamma knife neurosurgery. The premiers have also agreed that following their October 2000 report with regard to a nursing strategy in Canada, which called for provincial and territorial health ministers to increase by 10 per cent the nursing positions in the country, we have been making significant progress. We will continue to develop the tools to have a common human-resource planning strategy across the country.

We are committed to working with the Canadian Institute of Health Information to institute a pan-Canadian database on human resources and human resource needs, on training requirements and on scope of practice. This is a critical challenge that must be addressed through common strategies to meet each province and territory's unique needs and geographic challenges as well as their fiscal capacities.

Home care and long-term care have been a critical part of all of our provincial strategies to reform the health-care system. We note that while there is increasing investment in continuing care and long-term care and there are clearly quality of health benefits, the

federal government has been sadly absent from meeting its commitment to fund long-term-care programs.

Premiers will be developing a long-term-care response that will be presented at the premiers' conference in August of this year in Nova Scotia.

Our health-care system is not sustainable under the current framework, either in terms of the delivery of services or the costs that each province is facing.

In August the premiers said we would come together and we would work as provincial leaders responsible for delivering health care to patients. We have taken significant steps over the last months to bring together the resources, the innovations and the commitment of our provincial ministries to ensure we learn from one another so our patients get the care they need. That process will be ongoing.