A COMMENTARY ON

The National Pharmaceuticals Strategy: *A Prescription Unfilled*

January 2009



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FOREWORD FROM THE CHAIR

The National Pharmaceuticals Strategy was established in 2004 to develop nationwide solutions to some of the concerns about the safety and affordability of prescription medications in Canada. Individual governments have various programs to improve the accessibility, safety, and affordability of prescription medications, but there are limits to what they can do on their own.

This patchwork of different initiatives across the country also means that not all Canadians have the same advantages. The intent of the National Pharmaceuticals Strategy is to level the playing field for all Canadians, regardless of where they live.

The strategy was part of the 2004 First Ministers' *10-Year Plan to Strengthen Health Care,* in which participating* provinces and territories agreed to make a variety of improvements to their health care systems, accompanied by additional annual payments from the federal government.

In the 2004 accord, the prime minister and premiers (First Ministers) gave the federal, provincial, and territorial ministers of health the job of collectively addressing a number of priority areas in pharmaceutical reform (see *The nine elements of the National Pharmaceuticals Strategy,* page 7).

In lay terms, the strategy was intended to:

- develop options for catastrophic drug coverage to ensure that Canadians don't face undue financial hardship to pay for prescription medications they need, regardless of where they live (*catastrophic* refers to the impact on a person's finances, not to his or her medical condition);
- find ways to reduce the costs of prescription medications to governments and individual Canadians;
- improve patient safety by helping health care professionals provide the most appropriate and safest prescriptions for their patients, and by implementing electronic prescribing to reduce medication errors;
- improve the way medications are monitored after they are released onto the Canadian market to protect patients from unanticipated side effects;
- ensure that all Canadians have access to the same prescription drugs through their government drug plans, based on a common national drug formulary; and
- provide faster access to new emerging drugs for unmet health needs.

This commentary offers the Health Council of Canada's perspective on selected key elements of the National Pharmaceuticals Strategy:

- **catastrophic drug coverage** (lifting the burden of devastating drug costs from individual Canadians);
- **affordability** (bringing down the current cost of medications to offset increasing expenses);
- **patient safety** (helping health care professionals to provide safe and effective prescriptions); and
- **common national drug formulary** (allowing Canadians to move anywhere in Canada and obtain coverage for the same medication).

A more detailed portrait of the development and progress of the National Pharmaceuticals Strategy, along with compelling statistics about the use and cost of pharmaceuticals in Canada, can be found in a companion document, *A Status Report on the National Pharmaceuticals Strategy: A Prescription Unfilled,* available at *www.healthcouncilcanada.ca.*

By all accounts, there was significant commitment to the strategy when it was launched in 2004 and an unprecedented level of cooperation and agreement between the provincial and territorial governments and the federal government in the first few years. But then governments changed, and progress began to slow.

On behalf of Canadians, we ask: What happened? And more importantly: When will Canadians see the improvements they were promised?

* Quebec has its own pharmacare program and is not part of the development of the National Pharmaceuticals Strategy, but the province shares information and best practices.



IN THE CURRENT ECONOMIC CLIMATE, THE NATIONAL PHARMACEUTICALS STRATEGY IS MORE IMPORTANT THAN EVER. MORE CANADIANS WILL NEED HELP WITH THEIR PRESCRIPTION DRUG COSTS AS A RESULT OF LOSING THEIR JOBS AND ASSOCIATED BENEFITS.

In the current economic climate, the work of the National Pharmaceuticals Strategy is more important than ever. An increasing number of Canadians are likely to need help with their prescription drug costs as a result of losing their jobs and associated employee health insurance, the decline in their savings, and other factors.

Catastrophic drug coverage is costly, but the expenses can be offset, at least in part, by other initiatives that save money, such as negotiating better prices for medications. And working to ensure that patients have safe and appropriate prescriptions is not only good for their health – it helps to prevent the costs associated with unnecessary visits to emergency departments and hospitalizations that result from receiving a medication that isn't right for a particular patient, is the wrong dose, or reacts badly with other prescription drugs or treatments.

Pharmaceutical reform can contribute significantly to the overall financial sustainability of the health care system, an issue that is top of mind for all governments.

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INTRODUCTION

Prescription drugs are an important part of the lives of many Canadians. Half of Canadian adults take at least one medication, and approximately 15% take four or more.[1,2] In fact, the number of prescriptions filled each year in Canada nearly doubled over a recent 10-year period, from approximately 234 million in 1996 to more than 422 million in 2006.[3]

For the most part, this is good news. Prescription medications are often the best and most cost-effective treatment for many conditions, and are increasingly used in place of other interventions. But as the use of prescription drugs has grown, so have issues and concerns, particularly about the safe and appropriate use of medications and the financial burden of rising drug costs on individual Canadians, employers, insurers, and governments. Drug expenditures are the fastest-growing segment of health care budgets.[4]

The National Pharmaceuticals Strategy was intended to look at nationwide solutions to some of these issues. Over the last year, the Health Council of Canada conducted a review of the strategy to determine how it has progressed in the four years since its inception.

After the first few years of action and commitment, progress began to slow. However, there have been some notable achievements:

ACHIEVEMENTS TO DATE

› A **Common Drug Review** process established in 2003 was expanded, saving each jurisdiction the time and expense of conducting its own scientific analysis of medications.[5,6,7] Although there have been growing pains, and some resulting criticisms of both process and effectiveness,[8] the Common Drug Review is a good example of interjurisdictional collaboration, encouraging us to believe that other nationwide efforts are also possible.


AS THE USE OF PRESCRIPTION DRUGS HAS GROWN, SO HAVE ISSUES AND CONCERNS ABOUT SAFE AND APPROPRIATE USE AND RISING COSTS.

Many provinces and territories have moved ahead with their own pharmaceutical reforms. Some initiatives have required significant commitment and political will to move them forward.

› The federal government announced the establishment of a **Drug Safety and Effectiveness Network** and recently committed to support it with long-term funding.[9] The network will link research centres of excellence and coordinate a common research agenda to increase knowledge about the safety and effectiveness of prescription drugs based on their use in the real world, after they have passed through the controlled experimental environments of clinical trials.

› The issue of **expensive drugs for rare diseases** was added to the National Pharmaceuticals Strategy by ministers of health.[10] This decision shows how well governments can work together to identify common challenges and nationwide solutions (see *Expensive drugs for rare diseases,* page 12). However, there is still no nationwide resolution to this issue, and jurisdictions are beginning to move on their own. In December 2008, Alberta announced its intention to fund expensive medications for people with rare genetic conditions if they have lived in the province for at least five years.[11] And Ontario has developed a framework to assess how these drugs could be funded for certain patients.[12]

Many other provinces and territories have moved ahead with their own pharmaceutical reforms. Some initiatives have required significant commitment and political will to move them forward. Governments deserve praise for their efforts.

At the same time, however, when we learn of improvements in individual jurisdictions, we would like to see those same benefits available to all Canadians. That is the point of having and committing to the National Pharmaceuticals Strategy.

It's important to note that while we highlight some of these jurisdictional initiatives in our companion status report on the National Pharmaceuticals Strategy, a comprehensive review of these efforts or what is happening in each province or territory is beyond the scope of the report. The National Pharmaceuticals Strategy brought ministers of health together to work on nine areas that would improve access, safety, and affordability of medications for **all** Canadians. Our information and commentary are focused on whether the National Pharmaceuticals Strategy is achieving that intent.

WHERE ARE WE NOW?

Work has continued on various elements by both the federal government and provincial/territorial governments, although not necessarily collectively under the auspices of the National Pharmaceuticals Strategy ministerial task force.

In September 2008, the provinces and territories indicated their intent to negotiate a number of elements of the National Pharmaceuticals Strategy with the federal government – particularly

THE NINE ELEMENTS OF THE NATIONAL PHARMACEUTICALS STRATEGY

The National Pharmaceuticals Strategy is part of the *10-Year Plan to Strengthen Health Care*. The federal, provincial, and territorial ministers of health were directed by their premiers and the prime minister (First Ministers) to accomplish the following:

- **Develop, assess and cost options for catastrophic drug coverage;**
- **Establish a common National Drug Formulary for participating jurisdictions based on safety and cost effectiveness;**
- **Accelerate access to breakthrough drugs for unmet health needs through improvements to the drug approval process;**
- **Strengthen evaluation of real-world drug safety and effectiveness;**
- **Pursue purchasing strategies to obtain best prices for Canadians for drugs and vaccines;**
- **Enhance action to influence the prescribing behaviour of health care professionals so that drugs are used only when needed and the right drug is used for the right problem;**
- **Broaden the practice of e-prescribing through accelerated development and deployment of the Electronic Health Record;**
- **Accelerate access to non-patented drugs and achieve international parity on prices of non-patented drugs; and**
- **Enhance analysis of cost drivers and cost-effectiveness, including best practices in drug plan policies.[13]**

In 2005, health ministers added another item to the strategy:

- **Undertake research on expensive medications for rare diseases.[10]**

funding for catastrophic drug coverage and expensive drugs for rare diseases. All governments have acknowledged that these are costly initiatives, but it's not clear who should pay. The provinces and territories have proposed a 50/50 cost-sharing arrangement with the federal government. From the provincial/territorial perspective, the inability to resolve funding issues is the primary factor that is holding up progress.[14]

This impasse needs to be resolved as soon as possible. Canadians have a right to expect that all partners in the National Pharmaceuticals Strategy – federal, provincial, and territorial governments – will come to the table to discuss and resolve obstacles. Without this collaboration, the National Pharmaceuticals Strategy will remain largely a prescription unfilled.



Catastrophic drug coverage: Lifting the burden of devastating drug costs from individual Canadians

Picture yourself as a 50-year-old who has just been laid off from your job after 10 years with the same employer. A few months later, after your settlement package and employer's health benefits have run out, you are diagnosed with a serious health condition. You are still out of work.

No one else in your family has an extended health benefit plan that includes some coverage of prescription medications. You are already drawing on your savings to get through these tough times. Your doctor has recommended a promising but extremely expensive medication that will cost thousands of dollars. You and your family are comforted by a belief that publicly funded health care is available – or so you think. That's when you learn that although the province where you live offers financial assistance for high drug costs for some people, you don't meet the criteria.

Will paying for the drugs you need to battle this disease cost you everything you have saved for your family? Will you have to move to another province – away from all those who can help informally with your care – just to try to get on a government drug plan? The gaps in Canada's health care system suddenly look like deep canyons.

"No one should suffer undue hardship to pay for their prescription medications."

10-Year Plan to Strengthen Health Care

Expensive prescription medications are to some Canadians what hospital stays were to their grandparents: a potentially overwhelming and catastrophic expense that can hit when they are most vulnerable. In the days before medicare, Canadians often paid for doctors and hospitalization out of their own pockets – if they could. With the advent of medicare, governments are now required to pay for medically necessary physician and hospital services, which includes medications administered in hospitals, but not outside them.

Many people are now discharged from hospitals earlier than ever before because they can be treated at home with drug therapy. And effective and appropriate prescriptions can help to maintain people's health and keep them out of the hospital. But the costs of these medications are borne by patients and their families.

If they are eligible, patients turn to their employee health benefits or a government drug plan for coverage. But these plans vary widely in eligibility criteria, co-payments, deductibles, and annual or lifetime plan limits. These can leave people with hefty out-of-pocket costs for their medications. In a 2008 survey, 11% of Canadian adults who had suffered some health challenges in the past two years said that their families had spent more than $1,000 in the past year out of their own pockets. People with chronic conditions such as diabetes or arthritis were hit even harder: 21% of Canadians who have two or more chronic health conditions said they had paid at least that much.[15]

When out-of-pocket medication costs become too high to manage, some people cut corners in ways that can compromise their health. In a 2007 survey, one in 12 (8%) of Canadian respondents said they had skipped a dose or not filled a prescription because of cost.[2] This also has an impact on health care budgets: think of the doctors appointments, emergency department visits, and hospitalizations that result when patients don't take medication they need because they can't afford it.

The most vulnerable Canadians have no private coverage for drug costs. They lack private health insurance through an employer or personal plan, and their jurisdiction may not cover them. Atlantic Canada in particular has struggled with the affordability of catastrophic drug coverage.

The role of the National Pharmaceuticals Strategy is to reach common criteria for catastrophic drug coverage across the country, and to determine how to implement a national approach.

As stated in the ministerial task force's 2006 progress report on the National Pharmaceuticals Strategy, all governments were looking at consistent nationwide criteria, such as a percentage of income that Canadians would need to pay for their medications before they could be eligible for catastrophic coverage.[7,10] Then, in September 2008, provincial and territorial health ministers said they held a common view that catastrophic drug coverage "is as essential to Canadians as physician and hospital coverage" and called on the federal government to share financial responsibility 50/50 for catastrophic drug coverage with the provinces and territories.[14]

The provincial and territorial ministers of health added that they hoped to introduce and / or maintain a program designed to meet the needs of their residents, but would use a common fixed threshold where, on average, prescription drug costs would not exceed 5% of the net income base for their respective populations. The provinces and territories indicated their intent to pursue this issue with the federal government.[14]

WHERE YOU LIVE MAKES A DIFFERENCE

In February 2008, the *Canadian Medical Association Journal (CMAJ)* published a study comparing provincial prescription drug plans, and the impact on patients' annual out-of-pocket drug expenses. The study vividly illustrates the disparity in out-of-pocket costs paid by Canadians, depending on where they live. Some highlights:

- **A patient with congestive heart failure with prescription costs of $1,283 would pay an out-of-pocket amount ranging between $74 and $1,332, depending on the province in which he or she lives.**
- **Seniors pay 35% or less of their prescription costs in two provinces, but elsewhere they could pay as much as 100%.**
- **With few exceptions, people who are not seniors pay more than 35% of their prescription costs in every province.**
- **Most social assistance recipients pay 35% or less of their prescription costs in five provinces, and pay no costs in the other five.**[16]

The role of the National Pharmaceuticals Strategy is to reach common criteria for catastrophic drug coverage across the country, and to determine how to implement a national approach.

All governments have acknowledged there is a significant cost to catastrophic drug coverage. It's unclear, however, who should pay for it. This impasse needs to be resolved. From the perspective of the provinces and territories, this is the fundamental issue that is holding up progress.[14]

Canadians without coverage have been waiting a long time. Catastrophic drug coverage was identified as a top priority when the National Pharmaceuticals Strategy was launched in 2004, and the need for catastrophic drug coverage across the country has been flagged for years by various government reports and commissions.

In the current economic climate, even more people are going to need help from their governments to cover prescription drug costs. We hope that the discussions among the federal, provincial, and territorial ministers will move forward rapidly so that all Canadians will soon have consistent coverage for catastrophic drug costs, regardless of where they live.



Affordability: Bringing down the current cost of medications to offset increasing expenses

Pharmaceuticals are consuming an increasing size and proportion of health care dollars, and the costs are escalating faster than the rate of inflation. Spending on prescription medications in Canada by governments, private insurers, and individual Canadians grew at an average annual rate of 10.6% between 1985 and 2005, compared with total health spending, which grew at an average annual rate of 6.5%.[4]

In 2006, total drug expenditures were $25.3 billion. (This includes both prescription and non-prescription drugs, but does not include drugs used in hospitals.) This amount was expected to reach $29.8 billion in 2008. Governments pay close to 40% of these costs through government drug plans, with private insurers and individual Canadians paying the remaining 60%.[17]

It's clear that this situation cannot be sustained over the long term. Provinces and territories say that they are increasingly being forced to reallocate resources from other health spending to cover drug costs – even from other areas such as education and public infrastructure – to meet the growth in health budgets. Prescription drug costs are seen as crowding out other public sector spending priorities.[14]

There are ways to find savings; some costs are higher than they should be. As one example, Canadians and their governments pay more than people in many other Western countries for non-patented prescription medications. (This refers to both generic drugs and non-patented brand names.) In 2005 alone, we could have saved $1.47 billion if our spending on non-patented drugs had been kept in check with international median prices.[7] And a recent report by the Competition Bureau states that Canadian

EXPENSIVE DRUGS FOR RARE DISEASES

Governments struggle with complicated issues of ethics and funding that surround the use of new, exceedingly expensive drugs to treat rare genetic diseases. The price of medications for rare diseases is extremely high, because the market for them is so small. Costs can run in the hundreds of thousands of dollars a year for each patient, for life.

There is little evidence about the effectiveness or harm associated with these medications, because so few people have used them. But provinces and territories face increasing public pressure to provide these medications, with significant impact on their health care budgets. Deciding whether to fund these medications raises difficult ethical questions: Is the treatment worth the money? And should governments fund these drugs at the expense of other items that would benefit more people?

In 2005, ministers of health flagged this as a critical issue to resolve, and added *expensive drugs for rare diseases* to the list of priorities for the National Pharmaceuticals Strategy.[10] This is an excellent example of governments identifying a common challenge and working together to find a solution. They are collaborating on a three-year study to look at the effectiveness of medication for one of these diseases.

In September 2008, health ministers said that they plan to approach the federal government to establish a Canadian Access Program for Drugs for Rare Diseases, and to split the drug costs 50/50 between the federal government and the provinces or territories.[14] There has not been any further news on this proposal.

In December 2008, Alberta announced it was introducing a plan to cover catastrophic drug costs for Albertans with extremely rare diseases resulting from genetic disorders. The program will require that patients have lived in Alberta for at least five years.[11] Ontario has also moved forward with a framework to assess how these drugs could be funded for certain patients.[12]

taxpayers, consumers, and businesses could save up to $800 million a year if changes are made to the way private plans and provinces pay for generic drugs.[18]

In 2006, the National Pharmaceuticals Strategy task force said that health ministers were looking at options for a comprehensive national pricing and purchasing framework.[7] But in September 2008, provincial and territorial health ministers stated that from their perspective, a national approach to pricing and purchasing isn't realistic at this time, "given the economic development and legislative/policy considerations within individual jurisdictions". They recommended that the provinces and territories look at cost reductions on their own, or through interprovincial collaborations.[14]

There has been no response to this proposed change to the National Pharmaceuticals Strategy. Given the current state of the economy and the need to find funds to go towards catastrophic drug coverage, governments may simply need to move ahead to pursue price reductions from manufacturers as quickly and efficiently as possible. Jurisdictions are looking at options such as harnessing joint purchasing power (as British Columbia and Alberta are exploring together)[19] and provincial or territorial legislation (as Ontario,[20] Quebec,[21] and Newfoundland and Labrador[22] have done). These are just a few examples; we encourage jurisdictions to continue to collaborate and share what they learn.



Patient safety: Helping health care professionals to provide safe and effective prescriptions

While most Canadians take their medications without incident, some people receive a prescription that isn't right for them or their condition, is the wrong dose, or reacts badly with their other medications. And sometimes people don't receive a prescription when they need one, or they're given a prescription that isn't necessary. Any of these examples of inappropriate prescribing can have a negative effect on someone's health.

Research has recently begun to highlight the extent of medication-related problems in Canada. In a 2007 survey, 6% of Canadian respondents said that they had experienced a medication error in the past two years, meaning that they had been given either the wrong medication or the wrong dose.[2] Another 2007 study showed that 8% to 12% of seniors had a long-term prescription for a medication that was known to be high-risk for that age group.[23] And a 2008 study of a busy Vancouver hospital showed that 12% of the emergency department visits by adults were related to problems with medication.[24]

One of the action items of the National Pharmaceuticals Strategy is to help health care professionals to prescribe appropriately: to prescribe medication only when needed and to use the right drug for the right medical problem. People who prescribe and dispense prescription drugs need easily accessible, evidence-based information about the proper use and risks of each medication, as well as education about the most cost-effective options for patients.

Better information may also improve communication with patients. A lack of appropriate

and clear information for patients – about side-effects, drug interactions, and how to take a medication – can have very serious consequences. Yet two independent 2007 surveys indicate that Canadians are not getting the information they need about their medications.

In the 2007 Canadian Survey of Experiences with Primary Health Care, 39% of Canadian adult respondents said that their doctor or pharmacist had rarely or never reviewed and discussed all their different medications in the last 12 months.[1] And in the Commonwealth Fund 2007 survey, 15% of Canadian adult respondents who were hospitalized in the past two years said they did not receive counselling about their prescription medications before they were discharged.[2]

Another action item of the National Pharmaceuticals Strategy was to speed up the implementation of electronic health records and electronic prescribing (e-prescribing). Writing prescriptions on a computer and sending them electronically to a pharmacy reduces delays and, more importantly, the risk of medication errors due to misinterpreted handwriting.[25]

In 2006, the ministerial task force decided that some action items would take priority over others, and chose not to include two patient safety items on the priority list (influencing prescribing behaviour and broadening e-prescribing).[7] Consequently, there is currently no nationwide coordination of efforts towards improved prescribing.

Although governments are investing substantial money to put electronic health records and drug information databases in place – both key for better prescribing – these initiatives are moving at different paces across jurisdictions. And although national databases have tremendous potential for both helping with appropriate prescribing and tracking prescription drug use, they will require comprehensive and priority support from all jurisdictions in order to be widely used across Canada. (Two national databases are in development, through the Canadian Optimal Medication Prescribing and Utilization Service, or COMPUS, and the National Prescription Drug Utilization Information System, or NPDUIS.)

Other strategies can also help to improve appropriate prescribing, particularly the use of academic detailers, publicly employed experts who visit physicians' offices to provide objective and current information on medications. This helps to counterbalance information that physicians may have received from pharmaceutical companies.[26]

Improving patient safety through better prescribing is both the right thing to do and a smart financial move. Inappropriate prescribing is one of the top three causes of preventable problems with medication, causing many unnecessary hospitalizations and visits to doctors' offices and emergency departments. In a review of studies conducted worldwide, health problems related to medication accounted for an estimated 3% to 9% of hospital admissions. Half of these were estimated to be preventable.[27,28]

As the National Pharmaceuticals Strategy moves forward, we encourage governments to expand their mandates on patient safety related to medication. Canadians would benefit tremendously from a common nationwide strategy that commits all health care professionals to achieving measurable reductions in preventable medication-related errors and deaths through the adoption and implementation of proven standards and methods.



A common national drug formulary: Allowing Canadians to move anywhere in Canada and obtain coverage for the same medication

Each province and territory, as well as the federal government, currently has its own drug formulary, which is a list of prescription drugs that a government covers through its various public drug plans.

The purpose of establishing a common national drug formulary is to ensure that the same list of prescription medications is available (i.e. paid for) through each jurisdiction's public drug plan.

Historically, governments conducted their own assessments of medications, which partially explains the vast differences among public formularies. They also made different assessments of new medications coming onto the market. Since 2003, governments (except in Quebec) have been using one central drug review process called the Common Drug Review to help make scientific assessments about the value of prescription medications. Each jurisdiction still decides whether or not to fund a drug.

The intent of a common national formulary is to ensure that Canadians who receive government funding for their prescriptions could move anywhere in Canada and receive the same medications. This is in keeping with one of the important principles of medicare: the ability to move within Canada and be covered for medically necessary physician and hospital services.

In September 2008, the provincial and territorial ministers of health indicated that from their perspective, the intent of a common national formulary had been met through the Common Drug Review process. They said there is more than 90% commonality among jurisdictional drug plans,[14] although some experts say this number is much lower.[29] Still, this leaves 10% of the medications – which may include newer and/or more expensive medications – not offered consistently across the country. Canadians need to know what these medications are, as well as the governments' plans to close that 10% gap. We urge governments to look at these details more closely and share them with Canadians before concluding that a common national drug formulary is no longer necessary.

CONCLUDING COMMENTS

This year marks the midpoint of the 2004 *10-Year Plan to Strengthen Health Care* that launched the National Pharmaceuticals Strategy. Yet the goal of a nationwide approach to pharmaceutical reform is still largely a prescription unfilled.

The Health Council of Canada urges all ministers of health, with the support of their First Ministers (the prime minister and premiers), to re-engage in the National Pharmaceuticals Strategy and accomplish the following:

- **Catastrophic drug coverage for all Canadians, regardless of where they live.** Canadians have been expecting this program for years, and more are going to need it given the current economic conditions.
- **Lower prices on prescription drugs.** This is how governments can save money to help afford other initiatives, particularly catastrophic drug coverage. It will also lower the costs of medications for individual Canadians and private insurers.
- **More appropriate prescribing and e-prescribing.** Improvements in these areas will make a significant difference to patient safety and will reduce the health care costs from medication errors (e.g. hospitalizations and visits to doctors and emergency departments).
- **A common national drug formulary.** It's important to ensure that the intent of a common national formulary will be fully met – that Canadians will be able to move anywhere in the country and receive coverage for the same medications funded by their governments. Ministers should consider more analysis on this issue before concluding that a common drug formulary is no longer needed.

We all know the importance of these issues. Whether or not to move forward is a political choice. At the Health Council of Canada, we believe that a well-developed and evolving National Pharmaceuticals Strategy is required to ensure that every Canadian has access to safe, appropriate, and affordable medication as part of their overall health care for years to come. Moving forward on the National Pharmaceuticals Strategy will build Canadians' confidence in the publicly funded health care system, as they see that governments are committed to addressing real issues of concern to them.

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ABOUT THE HEALTH COUNCIL OF CANADA

Canada's First Ministers established the Health Council of Canada in the 2003 Accord on Health Care Renewal and enhanced our role in the 2004 *10-Year Plan to Strengthen Health Care.* We report on the progress of health care renewal, on the health status of Canadians, and on the health outcomes of our system. Our goal is to provide a system-wide perspective on health care reform for the Canadian public, with particular attention to accountability and transparency.

The participating jurisdictions have named Councillors representing each of their governments and also Councillors with expertise and broad experience in areas such as community care, Aboriginal health, nursing, health education and administration, finance, medicine and pharmacy. Participating jurisdictions include British Columbia, Saskatchewan, Manitoba, Ontario, Prince Edward Island, Nova Scotia, New Brunswick, Newfoundland and Labrador, Yukon, the Northwest Territories, Nunavut and the federal government. Funded by Health Canada, the Health Council operates as an independent non-profit agency, with members of the corporation being the ministers of health of the participating jurisdictions.

The Council's vision

An informed and healthy Canadian public, confident in the effectiveness, sustainability and capacity of the Canadian health care system to promote their health and meet their health care needs.

The Council's mission

The Health Council of Canada fosters accountability and transparency by assessing progress in improving the quality, effectiveness and sustainability of the health care system. Through insightful monitoring, public reporting and facilitating informed discussion, the Council shines a light on what helps or hinders health care renewal and the well-being of Canadians.

Councillors *

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*as of January 2009