Can Canada move the world’s progressive needle using trade agreements?

If quitting smoking isn’t an option is vaping?

Progress report on Canada’s health file

USING TRADE TO PROMOTE PROGRESSIVE INTERNATIONALISM
As Canada navigates the fraught re-negotiation of the North American Free Trade Agreement (NAFTA) with the Trump administration, the reanimation of the Trans-Pacific Partnership as the Comprehensive and Progressive Agreement for Trans-Pacific Partnership (CPTPP) and a possible free trade deal with China, Justin Trudeau’s policy of “progressive internationalism” is being tested.

During a Sixth Estate Before the Bell panel, International Trade Minister François-Philippe Champagne defended the progressive trade policy in light of challenges and possible further trade deals with other nations.

“Our progressive trade agenda is about making sure that trade works for people,” said Champagne.

Progressive internationalism is a policy that incorporates into trade agreements progressive standards and practices with respect to labour, the environment, gender and indigenous rights.

The policy has been greeted with derision in some quarters, particularly by China, which sees the proposed provisions as an infringement on its sovereignty, and by the U.S., which has reportedly cited Trudeau’s progressive agenda as a deal-breaker.

In a poll of Before the Bell audience participants, 58 per cent said Canada’s tough stance on progressive internationalism is helping Canada while 42 per cent indicated it was hurting.

In discussing the question, the Before the Bell pundits’ panel added their opinions.

When asked directly if it was helping or hurting, former U.S. diplomat Sarah Goldberg, a principal with Earnscliffe Strategy Group, said it was both. “Depending on the agreement. In Europe I think it is going to be helpful and in TPP I think it is going to be a real challenge in getting to a deal.”

Nik Nanos, chairman of Nanos Research, predicted that in 20 years, progressive trade would be the norm. “The problem for Canada is when you are the first, no else is in that frame…and it makes it very difficult.”

Amy Karam, president of Karam Consulting added, “We are ahead of the wave on this and pulling in our allies is going to be really important. Strength in numbers.”

The government believes that a progressive internationalism agenda is a reflection of Canadian values. “You cannot do trade today like you did a few decades ago. You’re leaving too many people behind,” said Champagne.

Champagne says that Canada won’t be doing more trade by encouraging partners to lower standards, and that thanks to the Comprehensive Economic and Trade Agreement with Europe (CETA), more countries are looking to replicate its progressive elements in other trade deals. “That’s how you move...”
Advancing Nursing. Improving Health.

The Canadian Nurses Association represents the country’s largest health-care profession. Our passion is excellence in nursing and health care.

We provide professional development programs for nurses and accredit continuing education programs. We bring nursing expertise to government leaders and shape healthy public policy.

Learn more at cna-aiic.ca
In the latest trade salvo against Canada unleashed by the Trump administration, the U.S. Department of Commerce has slapped preliminary countervailing duties on newsprint, one of Canada’s legacy forest-product exports to the U.S. This follows a pattern of similar unjustified rulings based on fabricated accusations by U.S. industry about alleged dumping and “unfair subsidization” of Canadian products.

The U.S. and Canada have been partners in trade since before both countries were actual countries. Both nations have worked together throughout the years, and solidified their relationship in 1987 with the Canada-United States Free Trade Agreement and then again with Mexico in 1994 when they signed the North American Free Trade Agreement (NAFTA). As with any good neighbours, there have been disputes and issues raised and later resolved, but the partnership has been significantly strengthened and correspondingly grown in the past 30-plus years.

However, all this is being jeopardized in the new, confrontational era in trade between Canada and the U.S. under President Donald Trump. In the last year alone, the U.S. Department of Commerce has initiated 82 anti-dumping and countervailing duty investigations — a 58 per cent increase from the previous year.

While not alone in being targeted, the Canadian forest products industry has been on the receiving end of much of this unwarranted degradation of the two countries’ open trading relationship.

In 2015, the U.S. imposed duties of as much as 20 per cent on Canadian-produced glossy paper based on allegations that Canadian companies were receiving “subsidies”. Canadian exports to the U.S. of this product have decreased by 26 per cent from 2015 to 2016. Last year, based on a complaint by the U.S. Lumber Coalition alleging, “dumping” and “subsidizing” by the Canadian industry, the U.S. set new duties for Canadian softwood lumber.

These duties have had a negative impact not only here in Canada but also on U.S. consumers. Currently, American demand for lumber far exceeds what the American industry is able to produce. They need Canada’s softwood lumber.

Now, the latest case involving newsprint has the potential to cause significant damage in Canada, which ships $2.4 billion worth of this product annually to the U.S. from mills located mainly in Ontario and Quebec. In a joint statement, Foreign Affairs Minister Chrystia Freeland and Natural Resources Minister Jim Carr called the duty rates an “unjustified” decision that will have a negative impact on both sides of the border.

But if the U.S. administration is aware that Americans as well as Canadians are being hurt by these baseless protectionist measures, there is no sign of it from the White House.

Canada has recently opened a wide-ranging WTO trade dispute against the United States, challenging Washington’s use of anti-dumping and anti-subsidy duties. This effort by the federal government to stand up for fair and open trade deserves Canadians’ wholehearted support.

The world is facing a rise in protectionist sentiment that threatens to upend decades of efforts to promote peace, development and economic growth going back to the Second World War.

While it is normal for neighbours to have disagreements, the flagrant abuse of commerce regulations by the U.S. has reached an intolerable dimension, and it’s time for the countries around the world to step up and impress upon Washington that their trade remedies are wholly unacceptable and as a much of a detriment to the well-being of Americans as anyone else.
Wake up and Smell the Tea. China is Everywhere: Advice for Canada

With the Prime Minister and his team’s visit to China late last year, Canada would be wise to look more deeply at the China factor and address both its opportunity and apprehension. The one certainty is that China is everywhere and our business community needs to get smart about what’s ahead.

With 75 per cent of Canadian exports going to the US, we’re good at selling to our next-door neighbor, but it’s not clear we have a truly ‘global’ strategy. And while the government has ambitions for a diversified trade strategy, it’s not yet clear that Canadian entrepreneurs do. Even those who are bought-in on expanding to China (which represents only 4 per cent of current exports) they need support to execute in a complex, billion-dollar potential market. We also need to wake up to the scope and scale of the influx of investment from China.

All the more reason why the Canadian Government needs to be more involved in ensuring the success of those Canadian businesses looking to trade with China. There are some lessons from the model that China itself has used.

1. More hand-holding
   - The government of Canada needs to do more hand-holding with Canadian businesses, walking them through the education and execution process of doing business with China. If we’re going to deliver an FTA that works for Canada’s interests, there needs to be more active participation between governments and the business community.
   - We need to become more practical and focused on execution and commercialization — on getting the intellectual analysis out to the front lines, getting the knowledge to entrepreneurs who need it to take action, execute and succeed. This partnership between government and its businesses is just as important as the partnership being established between Canada and China.

2. More cross-departmental collaboration
   - There are too many parallel programs in different federal departments and not enough entrepreneurs know about them. How about redistributing some funds from program creation to program coordination or a single window or hub?
   - To bridge this gap, Canada needs a CMO — Chief Marketing Officer — to consolidate and coordinate its resources and programs for entrepreneurs; create a roadmap to guide entrepreneurs through the plethora of resources and phases in going global; and establish more interaction and ‘reach’ to get entrepreneurs on board.

3. Create Democracy 2.0.
   - Despite the incongruences between China’s boldly stated socialism-capitalism philosophy and the West’s democratic principles, perhaps China can be a teacher of the power of politics – and government – in business. And how the strength of government and private sector alliances can breed economic success.
   - Maybe it’s time for Canada to define Democracy 2.0 — a closer public-private sector relationship where government becomes more involved in enabling and guiding entrepreneurship and global expansion.
   - One might argue that they are already doing this in a limited way — but this is not yet happening to the same degree as in China, and this creates a competitive disadvantage. If we’re going to benefit from a China FTA the way we have from NAFTA, we need to understand our partner. It’s also important for Canadian entrepreneurs to take more control of their destiny as well.
   - We’re in the early stages of a Canada-China FTA. It’s an inevitable part of our future. If we’re going to get there, we have to realize it’s a new playing field.
   - It’s time to assess Canadian businesses’ position, tap into information and resources and establish strategies and partnerships to start to advantage Canadian interests. The government and our business leaders need to be more proactive in evolving and dealing with this new global paradigm. Canadian entrepreneurs need to form strong alliances with their government more than ever. Public-private collaboration has never been more important in protecting and growing the economy.
If Quitting is not an Option, is Vaping?

BY DALE SMITH

The legalization of cannabis isn’t the only pending policy issue involving what people are smoking. The question of how many people smoke cigarettes and what, exactly, they’re doing to their bodies and minds while they’re doing it is also a serious public health question. At a Sixth Estate Spotlight panel in Ottawa during National Non-smoking Week, experts explored the effectiveness of vaping as a harm-reduction tool for people trying to quit smoking cigarettes.

“IT would be rather naïve to think that all smokers want to stop smoking, and that all smokers are able to stop smoking,” said Dr. Gaston Ostiguy, past director of the Smoking Cessation Clinic at the Montreal Chest Institute. “Even the best clinical studies have a success rate of less than thirty percent abstinence of one year.”

The conversation comes at a time when countries around the world are wrestling with the issue of how to regulate vaping, the practice of inhaling vapour through an electronic cigarette. United Kingdom is moving to embrace vaping as a harm-reduction tool to help adult smokers quit.

Ostiguy said that while smoking kills, nicotine itself does not, even while it creates dependence and addiction. He also added that Sweden has the lowest lung cancer rate in the world because of the use of the traditional smokeless tobacco product “snus” — a type of wet snuff.

“Despite the controversy, it is clear that e-cigarettes are far less hazardous than tobacco — 95 per cent less, says the public health [unit] of the Royal College of Physicians in London,” said Ostiguy. “E-cigarettes can save many thousands of lives.”

David Sweanor, Chair of the advisory board for the Centre for Health Law, Policy and Ethics at the University of Ottawa, said that while the protocols and standards contained in Bill S-5 are long overdue, the coming regulations could be cost-prohibitive for the industry.

“Since 2011, when this industry started to grow and flourish, we heard a lot of fear-mongering and propaganda,” said Edwards. “When we’re looking at regulations, now that the positive science is coming through very rapidly, we should be looking to the European market and the United Kingdom for guidance.”

Edwards said Bill S-5 is looking to the American Food and Drug Administration template rather than our Commonwealth partners.

“Here in Canada, we’re going the wrong way — we’re scaring people and stigmatizing the smoker,” he said. “To classify it within the Tobacco Act is just wrong.”

Sweanor cautioned against any effort to over-regulate. “We need to move away from that abstinence-only [model],” he said. “It didn’t work for us very well with sex. It didn’t work for us very well with alcohol. It didn’t work for us very well with illicit drugs. It doesn’t work for us with nicotine.”

Vaping opponents were invited to participate, but were not available.

She is also concerned about the restriction of flavours, as she doesn’t feel that there has been enough evidence to show that vaping would be a gateway to smoking for youth.

A study released in the United States by the National Academies of Sciences, Engineering and Medicine the same day the panel met found “conclusive evidence” that most e-cigarettes contain numerous chemicals that can be toxic, but at the same time, vaping is far less dangerous than smoking cigarettes. The survey, the most comprehensive analysis of data on vaping to date, also found “substantial” evidence that young people who vape are more likely to try cigarettes, and that there is limited evidence that vaping was an effective tool to help adult smokers quit.

Ostiguy said that while smoking kills, nicotine itself does not, even while it creates dependence and addiction. He also added that Sweden has the lowest lung cancer rate in the world because of the use of the traditional smokeless tobacco product “snus” — a type of wet snuff.

“Despite the controversy, it is clear that e-cigarettes are far less hazardous than tobacco — 95 per cent less, says the public health [unit] of the Royal College of Physicians in London,” said Ostiguy. “E-cigarettes can save many thousands of lives.”

David Sweanor, Chair of the advisory board for the Centre for Health Law, Policy and Ethics at the University of Ottawa, said that while the protocols and standards contained in Bill S-5 are long overdue, the coming regulations could be cost-prohibitive for the industry.

“Since 2011, when this industry started to grow and flourish, we heard a lot of fear-mongering and propaganda,” said Edwards. “When we’re looking at regulations, now that the positive science is coming through very rapidly, we should be looking to the European market and the United Kingdom for guidance.”

Edwards said Bill S-5 is looking to the American Food and Drug Administration template rather than our Commonwealth partners.

“Here in Canada, we’re going the wrong way — we’re scaring people and stigmatizing the smoker,” he said. “To classify it within the Tobacco Act is just wrong.”

Sweanor cautioned against any effort to over-regulate. “We need to move away from that abstinence-only [model],” he said. “It didn’t work for us very well with sex. It didn’t work for us very well with alcohol. It didn’t work for us very well with illicit drugs. It doesn’t work for us with nicotine.”

Vaping opponents were invited to participate, but were not available.
Progress Report on Health

BY DALE SMITH

With Parliament back and so many issues — from opioids to mental health to cannabis legalization — on the federal policy radar, a Before the Bell panel did a health check-up on how the Trudeau Liberals are doing. The government has been giving itself good marks in its mandate tracker, particularly for the new health accords with the provinces.

But some stakeholders had mixed reviews. Bill Tholl, former HealthCareCan CEO and now a senior consultant in health policy and leadership development, said the new bilateral agreements with provinces are not the accord that the government promised.

“This is more of an example of bon cop/bad cop, with the minister of finance defending the till and the minister of health doing a good job of buying change instead of buying peace with the provinces,” said Tholl.

Peter Cleary, Senior Consultant with Santis Health, noted that these accords came at a different time than the previous one was signed in 2004, when the six per cent escalator clause was dealing with a system in crisis.

“There will always be questions if it was enough money, but it sets a template for how the government can provide funding to provinces based on priorities,” Cleary said of the new accords.

The shuffling of ministers, and moving the First Nations and Inuit Health Branch to the new Indigenous Services Canada has been seen as a positive, but only a first step. Dr. Geneviève Moineau, President & CEO of the Association of Faculties of Medicine of Canada, is glad to see Minister Jane Philpott at the head.

“Her focus on the social determinants of health as a first step is crucial,” said Moineau.

While Cleary noted that the amount of movement that the government has done in such a short period of time is incredible in and of itself, Tholl said that it’s not possible to do enough to address the health inequities facing Indigenous Canadians given the staggering numbers.

As for whether the shuffle will affect the priorities of Health Minister Ginette Petitpas Taylor, there is optimism that the move of Indigenous health services to its own ministry will make room for other issues such as mental health and addictions, as well as the need for more research funding.

“Pharmacare is going to start taking up a lot of the time of the government,” said Cleary, citing a committee report and moves from Ontario.

“It’s a logical big policy that the new minister will have to take on.”

News that the Pan-Canadian Pharmaceutical Alliance came up with a five-year agreement with the provinces to reduce generic drug prices

CONTINUES ON PAGE 7

See life-changing stories, from life-changing people.
Add your story to a new digital collection of remarkable patient treatments and technological advancements.
SeeThePossibilities.ca/share-your-story

Voir des histoires qui changent la vie, par des personnes qui changent la vie.
Ajoutez votre histoire à une nouvelle collection numérique de traitements remarquables pour les patients et de progrès technologiques.
VoirLesPossibilites.ca/partagez-votre-histoire
by up to forty percent was seen as a positive development.

“Anything that we can do in terms of bring prices down for the cost containment issue and the sustainability of the health system is a good thing,” said Pamela Fralick, President of Innovative Medicines Canada. “Frankly, we know that generic prices in Canada were higher than in most countries and there was room for movement.”

Fralick emphasized that the deal came about through dialogue, which she says has been lacking to date.

“We get it that prices are a concern,” said Fralick. “There’s no question that we want to be part of that solution. In my time with this industry, we’ve worked very hard to come up with creative ways to help governments deal with this very sustainability issue.”

Aging demographics leading to an “epidemic” of Alzheimer’s sufferers is another key concern for governments.

“It’s not a surprise that the population of baby boomers is aging,” said Pauline Tardif, CEO of the Alzheimer Society of Canada. “Suddenly there’s a sense of urgency to be able to react to that, and to adapt the healthcare system to support people living with dementia and their caregivers.”

Tardif said that many people aren’t getting diagnosed out of fear, when early detection would help them to address the symptoms of dementia. Combatting that fear will mean education.

“The stigma associated with it is the unknown,” said Tardif. “When we think of someone living with dementia, we skip to end-of-life, and we forget that the person has many years to live, often in great quality of life.”

Nursing resources are a key issue in healthcare provision around the country, and deploying them in the most effective way is going to be an ongoing challenge.

“If you look at the way the healthcare system is structured, you’d be hard-pressed to see that much has changed since the 1980s,” said Mike Villeneuve, CEO of the Canadian Nurses Association. “We [have] the best educated nursing workforce in the history of this country. You would not know that if you saw how nurses are deployed to work.”

Villeneuve pointed to the 5,000 nurse practitioners around the country, able to do the primary care that a GP physician would otherwise do. He also mentioned nurse-led clinics in the UK as being efficient examples of how to better deploy resources. Part of the problem with making change, however, is institutional inertia.

“We have to understand nobody owns a competency – many people can learn it,” said Villeneuve. “The idea that nurses want to be docs or mini-docs is wrong. We want to expand nursing practice to provide more primary care.”

Conservative health critic Marilyn Gladu (Sarnia-Lambton, ON) has successfully sponsored a private member’s bill on palliative care, and noted that soon, one in every four Canadians will be a senior citizen.

“Seventy per cent of Canadians today have nothing – no access to palliative care,” said Gladu. “We certainly need more hospice infrastructure – we have less than 100 in Canada,” she added. “We are short of the service providers at all levels – we’re missing at least 400 palliative care specialists. Many nurses and doctors receive no training in palliative care.” She noted that while the government has pledged $9 billion to home and palliative care, only about $200 million has been spent so far.
We depend on our eyesight for virtually every activity we do, yet we rarely give thought to the implications of losing vision. However, this is the reality for the approximately 500,000 Canadians who live daily with vision loss that impacts their quality of life. Another 50,000 Canadians develop vision loss every year.

Population aging is the major single factor driving the surge in vision loss in Canada, since the major blinding diseases are strongly age-related (e.g. cataract, glaucoma, age-related macular degeneration). In the next 25 years, aging “baby boomers” (those born between 1945 and 1965) will more than double the number of Canadians over age 64, from 4.3 million in 2006 to 9.1 million in 2031. Low vision increases the risk of falling and of becoming depressed (x3) and doubles the risk of dying. The annual financial cost of vision loss in Canada is estimated to be $15.8 billion and this number will almost double by the year 2032. Fortunately, three quarters of vision loss can be prevented or reversed with appropriate treatment.

To ensure that Canada can meet the eye-health needs of our aging population, it will be important that Canadians have access to ophthalmologists — physicians and surgeons of the eye — who can work collaboratively with other physicians and non-medical professionals involved in eye health in the delivery of safe, high quality, cost-effective patient care. To ensure that Canadians have continued access to ophthalmological care and expertise into the future, it will be necessary that we continue to train sufficient numbers of new ophthalmologists and ensure that they have access to operating-room resources in communities across the country.

Given the very long training cycle of an ophthalmologist — which is in excess of 13 years — and the rapid rate of population aging, it is important to examine how we will provide public operating room access for these new practitioners. This will ensure that each new ophthalmologist is able to function to the fullest of their abilities and training to provide the eye care Canadians need. To date, coordinated planning to develop these opportunities has been rare, with the result that full use of our ophthalmologist physician workforce is not occurring. This needs to change to ensure that therapies to preserve and restore vision are available to Canadians in need now and in the future.

As the national association representing eye physicians and surgeons, the Canadian Ophthalmological Society (COS) believes that through continued dialogue and collaboration with governments at all levels, we can work together to ensure the most effective use of the continuum of eye care professionals and the appropriate utilization of resources in the best interests of patients.

Phil Hooper, MD, FRCSC is the chair, Council on Advocacy with the Canadian Ophthalmological Society.
Breakthroughs in any discipline are always the result of a long, slow, quiet march towards a goal. The journey is often characterized by perseverance: failures and setbacks; surprises and serendipity. This is very much the case in pharmaceutical innovation. The innovators behind medical breakthroughs are extraordinarily passionate, knowledgeable and skilled and they take a very disciplined and methodical approach their work. Overnight successes rarely happen in drug discovery.

The member companies of Innovative Medicines Canada have a strong history of success in helping cure the incurable, saving countless lives in the process. We have, over time and as a country, prioritized health research within the healthcare system, with the effect of creating an environment that allows our best and brightest to do their unimaginably complex and important work.

Historically, Canada has been the home of critical discoveries in diabetes, heart disease, HIV/AIDS, Alzheimer’s, stroke, asthma and many other conditions. Today we are doing world-class research applying stem-cell technology, personalized medicine techniques, big data and artificial intelligence to contribute to new possibilities.

Innovative Medicines Canada has been working with governments, public institutions, and all stakeholders involved in the pursuit of medical discovery for over a century. Our collaboration and partnership with governments and the broader medical community have resulted in a vibrant Canadian industry, employing thousands of Canadians and, most importantly, had drug discovery successes for which we can all be proud. EY estimates the industry’s current contribution to the Canadian economy and healthcare system at $19.2 billion ($1.2 billion on research and development) in 2016 alone. It supports over 30,000 jobs, including scientists, researchers and clinicians. We want to maintain and grow our investments in Canada.

Collaboration and partnerships remain the foundation of the innovative pharmaceutical industry’s success in Canada. Our commitment to working together with universities, researchers, other companies, and importantly with governments remains steadfast. The work of keeping Canada at the forefront of medical breakthroughs, while challenging, is incredibly rewarding.

We hope that all levels of government will continue to support life sciences research in Canada through effective and thoughtful public policy.

Pamela Fralick
PRESIDENT AND CEO, INNOVATIVE MEDICINES CANADA

The power of pharmaceutical innovation

Knock here. To get your business there.

Export Development Canada can help you open doors to global opportunities.
edc.ca/knockhere

For more than a decade, the right care, right provider, right time mantra has been an entrenched, guiding principle driving the quadruple aims of better health, better care, better engagement of providers and better value for Canadians. But despite noble intentions, we are confronted with a lack of reliable access to primary care for Canadians, packed walk-in clinics, gridlock in emergency rooms, overcrowded hospitals, and long waits for care. Access to long-term care and home care is problematic, and most Canadians die with no palliative or specialized end-of-life care. And despite 15 years of unprecedented focus on quality, safety and patient satisfaction, the improved outcomes for care and health we have been aiming for continue to elude us.

Hundreds of thousands of healthcare providers are working at full pace across Canada to deliver care that is a poor match for today’s population health needs. Health systems focus on acute treatment, rescue and cure in a world clamouring for management of chronic diseases, support for healthy aging, and access to palliative and end-of-life care.

One fundamental solution is to move away from the tired notion that doctors do one list of tasks, nurses do another and so on. If we want our healthcare professionals delivering the same scope of practice and models of care that they did 30 years ago, then why have we spent those years building the best-educated generation of nurses and doctors in the world? It is not difficult to determine the health needs and the kinds of competencies required in different populations, nor is it difficult to identify the sorts of competencies prevalent and available among providers. It’s the demand/supply competency gap between the two that scientists like Gail Tomblin-Murphy urge us to think about as we plan and deploy health human resources. When we do, it quickly becomes clear that, with the right education and training, a range of providers can safely deliver any given competency, in satisfying ways to patients and at costs they can bear. Where would we be if we still didn’t allow nurses to give injections?

Changing population health patterns demand a modern health workforce that is deployed in new ways to achieve the quadruple aims. But the potentially transformative power of our huge and bright health workforce has a darker counterpart in the inertia and digging-in that are holding us back. The real issue is whether we—all of us in healthcare—have the courage, wisdom and political will to abandon our fierce turf protection, face forward, and focus on what is best for patients and their wallets.

Doctors, nurses and other providers can bring tested solutions to policy tables and are ready to work in strong collaboration with governments. To borrow from business guru Jim Collins’ thinking, moving health systems from good to great requires the discipline not just to do the right thing, but to confront reality and stop doing the wrong thing. That serious conversation is long overdue; let’s have it and get moving on real policy and practice changes.
The good news for Canadian Medicare enthusiasts is that Ottawa now has a pulse. Following more than a decade of disentanglement or laissez faire federal health policies, we have a federal government and a minister that care about Medicare. The federal government has committed to a minimum 3 per cent growth in the Canada Health Transfer (CHT) and, as per the October 2015 federal election platform, we have a health accord, of sorts.

A series of bilateral agreements have been struck with provinces and territories that provide for an additional $11.5 billion in net new federal health dollars spread over the next ten years to address two areas of real concern: mental health and addictions plus home and community care services. There is also agreement on three overarching core principles to guide joint action: collaboration, innovation and, importantly, accountability. Canadians need to see their federal tax dollars making a difference. We have also seen federal leadership under former health minister Jane Philpott on many other fronts, including: funding a national opioid action plan, a plan to deal with superbugs or antimicrobial resistance, passing medical assistance in dying legislation and leading stepped-up efforts to address health inequalities among Indigenous peoples.

That said, it is still far too early to declare “mission accomplished” as the federal government’s Mandate Tracker seems to suggest: “Completed. Fully Met”. The reality is that the health accord was born more out of the spirit of Bon Cop, Bad Cop than the Sunny Ways of Sir Wilfred Laurier. Finance Minister Bill Morneau guarding the federal purse strings against a full court press by premiers while Philpott worked behind the scenes to buy change, not just peace, this time around. The first year of funding under the Accord is secured for all provinces and territories but only two provinces (New Brunswick and Newfoundland) have agreed to a standard set of indicators as a precondition to receiving funds going forward.

It’s also too early to declare success because Canada continues to languish at the back of the bus in terms of international comparisons of health system performance, managing to still outperform our neighbours to the south and just nosing out France for second-last spot in the most recent Commonwealth Fund comparisons. Canadians also continue to register some very real concerns about access to healthcare, especially primary care. Ipsos recently reported that healthcare still tops the list of concerns (at 35 per cent, ahead of poverty and unemployment (28 per cent), and with twice as many Canadians worried about access to healthcare than worried about terrorism (18 per cent).

Looking ahead, with new Health Minister Ginette Petitpas Taylor now at the helm, and looking toward the next federal election, healthcare is unlikely to disappear as a political preoccupation. A just-released C.D. Howe study underscores the need to do a better job of scaling up and spreading healthcare innovations across Canada. We also expect shortly the recommendations of an external review of pan-Canadian healthcare organizations to provide better pathways for innovation. Provinces and territories will quite legitimately argue for the one-off federal investments to be folded into the CHT and escalated over time. The Canadian health research community continues to fall behind with a freeze in 2017 in the Canadian Institutes of Health Research. And, as the only country to have universal health insurance but no coherent pharmacare program, we are all looking forward to the next report of the Standing Committee on Health on the need for a pan-Canadian pharmacare strategy.

So, while the Medicare pulse is stronger than in recent memory, it will require ongoing monitoring, attention and remediation going forward. Above all, it will take more of the kind of open, authentic leadership on display over the first half of this electoral cycle by the new health minister.

Bill Tholl is a former CEO of Heart and Stroke, Canadian Medical Association and HealthCareCAN. He is now a national commentator and adviser and thought leader on health policy.