

Canada lies at the northern extreme of North America. Its territory measures 9,984,670 km². It stretches from the Atlantic Ocean in the east, to the Pacific Ocean to the west, and to the Arctic Ocean to the north; it shares a border to its south and northwest with the United States. The country has a federal parliamentary government and is member state of the Commonwealth of Nations. The British monarch is the head of state and is represented by the Governor General; Canada's Prime Minister is the country's head of government. Canada is made up of 3 northern territories and 10 provinces in its western, central, eastern, and Atlantic regions. The capital is Ottawa.

During 2006–2010, the health conditions of Canada's population continued to improve. For example, the country's survival rates for breast and colorectal cancer are among the highest among Organization for Economic Co-operation and Development (OECD) countries. Canada also has made good progress in reducing high-cost hospital admissions for chronic conditions such as asthma and uncontrolled diabetes. This improvement is an indicator that adequate health care and treatment are being provided at the primary health care level.

Canada also has been successful in enacting important legislation to promote healthy lifestyles, including nutrition and anti-tobacco policies.

Canada is fully committed to closing its persistent equity gaps, and continues to work relentlessly to overcome these challenges.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Canada has persistently established policies aimed at reducing health inequalities among the indigenous population. Although the health status of First Nations and Inuit populations has improved steadily, health inequalities affecting these groups persist when compared to the overall population. Life expectancy among First Nations peoples is 72.9 years and 66.9 years for the Inuit (compared to 80.7 for the overall Canadian population). The Aboriginal Health Human Resources Initiative (AHHRI) was introduced in 2004 to provide training to First Nations health managers and other health professionals. In 2011, some 2,200 indigenous students received financial support to pursue health careers, resulting in a 246% increase in the number of indigenous health professionals between 1996 and 2006.

The Canadian Reference Group on the Social Determinants of Health (CSDH), an intersectoral body established to help reduce health inequalities in Canada, has directly contributed to global knowledge and action on many areas, including the need to develop a distinct approach to health determinants for indigenous populations.

THE ENVIRONMENT AND HUMAN SECURITY

Climate change and its potential effect on health has led Canada to attempt, among other issues, to mitigate risks

Selected basic indicators, Canada, 2007–2010.

Indicator	Value
Population 2010 (millions)	31.6
Poverty rate (%)	...
Literacy rate (%)	...
Life expectancy at birth (years) (2009)	80.7
General mortality rate (per 1,000 population) (2007)	6.9
Infant mortality rate (per 1,000 live births) (2007)	5.1
Maternal mortality rate (per 100,000 live births) (2007)	6.5
Physicians per 1,000 population (2009)	2.0
Hospital beds per 1,000 population (2009)	3.2
DPT3 immunization coverage (%) (2010)	92.0
Births attended by trained personnel (%) (2009)	100.0

associated with extreme heat conditions and the climate-related spread of infectious diseases. These efforts have led to the adoption of guidelines and the development of specific programs to address these threats.

Between 2006 and 2010, Canada enacted legislation to protect human safety, including the Canadian Consumer Product Safety Act (CCPSA), which regulates and bans consumer products that threaten human health and safety; Canada's Chemicals Management Plan, which conducts tests on nearly 4,300 substances classified as potentially harmful to the environment or human health; and the country's Human Pathogens and Toxins Act, which works to safeguard public health and address the risks associated with human pathogens and toxins.

HEALTH SITUATION AND TRENDS

In 2006, life expectancy for men was 78.3 years and 83 years for women. Self-perception of health status was "excellent" or "very good" among 62.2% of the population age 12 years and older, representing a 59.7% increase with respect to 2003.

In 2007, infant mortality was 5.1 deaths per 1,000 live births; the most frequent causes of death for this group were birth defects.

Early in 2010, all Canadian jurisdictions successfully introduced the vaccine for human papillomavirus vaccine (HPV) into their vaccination schedules for the female population in the 9–26-year age group.

The country has made good progress in curbing tobacco use, even among the key demographic of young people between 15 and 17 years of age. Accordingly,

Pan-Canadian Public Health Network: A Forum for Strategic Coordination

Canada's provincial and territorial governments are largely responsible for the administration and delivery of their populations' health care services. The various jurisdictions must work closely with one another to address health issues in a coordinated manner.

To that end, the Pan-Canadian Public Health Network (PCPHN) was established in 2005. The PCPHN is a key intergovernmental mechanism designed to strengthen the country's public health capacity to anticipate, prepare for, and respond to Canadian public health emergencies and to deal with chronic health issues.

Through its work, the PCPHN has helped to overcome inequities in health, to promote health policies to curb childhood obesity, and to respond to emergencies.

In December 2010, the Government of Canada approved a reorganization of the PCPHN to ensure better operation of the network.

Canada has one of the world's lowest tobacco use rates. While it was estimated that 25% of the population smoked in 1999, this figure dropped to 17% by 2010.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

The country's total health expenditure accounted for 10.8% of the gross domestic product (GDP) in 2008 and 11.9% in 2009.

Adopted in 2004, Canada's 10-year Plan to Strengthen Health Care set a number of different public health priorities. It included a commitment to provide

public coverage for short-term acute home care, acute community mental health home care, and end-of-life care, which has improved home care for older adults and also provided alternatives to extended hospital stays. In addition, the Plan also contemplated reducing wait times for non-urgent procedures and making access to health care more timely in five treatment areas.

During the period, Canada has worked to formulate regulations governing food policy. In 2005, nutrition labeling was made mandatory for most packaged food products and public awareness campaigns were launched to help the general public use this labeling to make informed choices about food.

Thanks to the country's policies aimed at discouraging tobacco use, practically all Canadians are protected from the risks of second-hand smoke in public indoor spaces. In addition, sales of tobacco products to minors have been significantly limited, and the sale of flavored cigarettes—which are especially attractive to young people—has been banned.

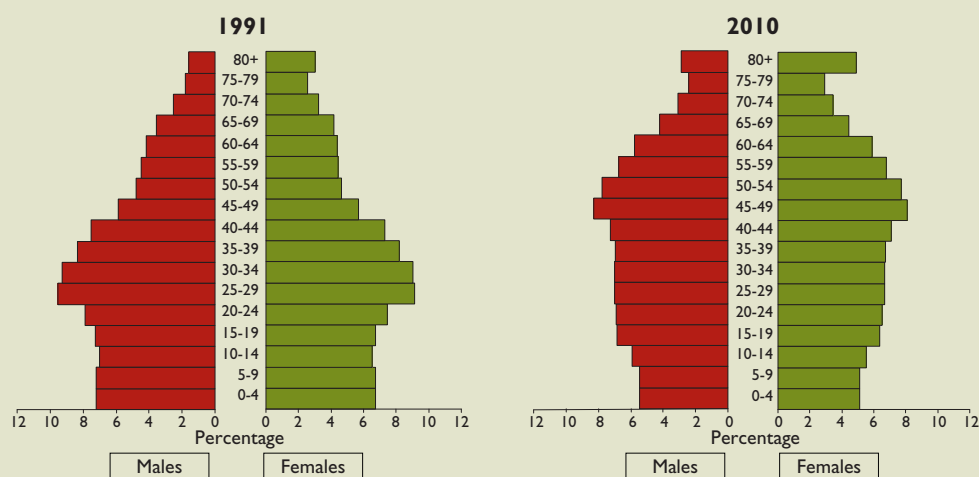
During the period, improving access to health services was a priority, which has helped reduce wait times for priority health services across Canada. The level of health enjoyed by Canadians continued to improve over the period at the federal, provincial, territorial, and grassroots levels.

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

The federal government supports a comprehensive health research agenda. In 2009, the Canadian Institutes of Health Research (CIHR) prepared its five-year plan, known as the Health Research Roadmap, whose main objective is to promote innovative research to improve public health and health care services.

New technologies have been adopted to improve coordination among the different levels of territorial management with regard to disease outbreaks. As part of this strategy, the country established the Canadian Integrated Program for Antimicrobial Resistance Surveillance (CIPARS) and the Public Health Map Generator (PHMG), a system of

Population structure, by age and sex, Canada, 1991 and 2010.



geographic information to help health professionals monitor disease outbreaks.

MAIN CHALLENGES AND PROSPECTS

Despite the fact that Canada has one of the world's best food security systems, the country suffered a listeriosis outbreak in 2008 linked to packaged cold cuts, resulting in 57 confirmed cases and 23 deaths. Following the outbreak and the public angst it generated, the country has redoubled efforts to increase its capacity to evaluate health risks and conduct laboratory tests.

In 2008, the three leading causes of death were cancer (30%), heart disease (21%), and cerebrovascular accidents (6%). Chronic, noncommunicable diseases are the most significant challenge for the health of Canadians. At present, two out of five Canadians over the age of 12 years live with one or more chronic diseases.

According to data obtained from 2007 to 2009, approximately one out of four adults is obese. Between 2002 and 2007, there was a 21% increase in the prevalence of diabetes (standardized by age), affecting 6.2% of the population.

Mental illness and addictions are the first and second leading causes of disability, respectively. It is estimated that one out of every five Canadians will suffer some form of mental illness during their lifetimes. Various types of dementia (including Alzheimer's disease), depression, and delirium affect approximately 400,000 older adults, and this number is expected to double in 30 years' time.

The traditional model of primary care has been very effective to date. However, the emergence of health care inequalities among Canada's increasingly aging population and the rising incidence and prevalence of chronic diseases pose significant challenges. To address these, it will be necessary to increase access to primary care services that place a greater emphasis on health promotion, disease and injury prevention, and treatment of chronic diseases, as well as to expand around-the-clock access to essential services.

Despite the fact that the number of health professionals has increased in recent years, the distribution of human resources continues to be limited in some jurisdictions, especially in rural and remote communities. With the support of the federal government, the territories and provinces are increasing their human resources dedicated to training residents in family medicine in underserved communities and to providing better education to physicians in rural communities so that they may, in turn, better meet local health care needs.

Between 2006 and 2010, the Canadian economy was grappling with recession, in addition to the high cost of new technologies and the aging of the "baby boom" generation—a situation that has given rise to a new set of challenges.

Reducing inequalities in health continues to be a major concern for Canada. Accordingly, the different levels of government actively collaborate to better understand how social and economic structures, as well as policy systems and approaches, affect health, and how to improve social and health areas.