

assistance to mothers and children in less-developed countries. Other international agencies with welfare interests, in whose work Canada participates, include the International Labour Organization (see Index) and the International Social Security Association. Through the Colombo Plan and other bilateral aid programs, Canada provides social welfare assistance as well as other kinds of help to developing countries (see pp. 171-174).

In addition to these activities and contributions by the Canadian Government, Canadian voluntary agencies are also active in providing aid to developing countries and participating in international discussions of welfare matters.

This work, whether governmental or voluntary, has taken on new significance in the United Nations Development Decade, with the growing realization throughout the world that progress depends upon people as much as upon machines and materials. Having pioneering experience in many fields of social development, Canada is equipped to give special assistance in the promotion of human welfare abroad.

PART III.—HEALTH AND SOCIAL WELFARE EXPENDITURES

Section 1.—Government Expenditures on Health and Social Welfare

In the six years ended Mar. 31, 1959-64, expenditures of all levels of government on health and social welfare rose from \$2,821,000,000 to \$4,087,000,000, an increase of almost 45 p.c. If these figures are adjusted to take account of the growth in population, the increase in per capita expenditures—from \$164 to \$215—was somewhat less at about 31 p.c. Government expenditures may also be measured in relation to major economic indicators; on this basis, annual government expenditures on health and social welfare rose over the 1959-64 period from 11.1 p.c. to 12.3 p.c. of the net national income and from 8.4 p.c. to 9.3 p.c. of the gross national product. The federal share of health and social welfare expenditures fell from 73.9 p.c. in 1958-59 to 68.5 p.c. in 1963-64, the provincial share rose from 22.2 p.c. to 28.5 p.c. and municipal outlays declined from 3.9 p.c. to 3.0 p.c.

Of considerable interest is the growing proportion of government expenditures on health and social welfare taken up by health programs; in 1958-59 such programs accounted for \$624,000,000 or 22 p.c. of the total and in 1963-64 for \$1,365,000,000 or almost 34 p.c.

An outline of the principal components for 1963-64 shows the magnitude of the major programs and services—family allowances payments amounted to \$538,000,000, old age security payments to \$808,000,000, unemployment insurance benefits to \$366,000,000, veterans pensions and allowances to \$173,000,000 and \$83,000,000, respectively, and payments from the Prairie Farm Emergency Fund to \$10,000,000. These income-maintenance programs were entirely the responsibility of the Federal Government.

Federal-provincial income-maintenance programs required expenditures of \$78,000,000 for old age assistance, \$7,000,000 for blindness allowances, \$40,000,000 for disabled persons allowances and over \$214,000,000 for unemployment assistance, the latter including some municipal expenditure. Workmen's Compensation Boards spent \$112,000,000 on cash benefits for pensions and compensation and the provincial governments spent about \$43,000,000 on mothers' allowances. Welfare services for Indians and for veterans and the national employment service accounted for \$38,000,000 at the federal level and child welfare services required an expenditure of almost \$51,000,000 by provincial governments.

In the field of health, federal grants to the provinces under the Hospital Insurance and Diagnostic Services Act totalled \$392,000,000 and grants for hospital construction and general health grants to the provinces and municipalities amounted to \$53,000,000. The Federal Government spent \$29,000,000 on its Indian and Northern Health Services