

Homes for special care accounted for 6% or 7% until 1970, rose to 9% of the total in 1975 and 14% in 1982. Part of this increase, perhaps as much as 2%, arose from a reclassification of institutions.

Other categories of health service varied less. Dental care accounted for 5% until 1977 and nearly 6% thereafter. Paramedical care took 1% each year from 1975 on. Drugs and appliances had taken 15% in 1960, were down to 11% in 1975 and remained at the 10% to 11% level until 1982. All other categories of health service (including public health, capital expenditure, research, and the administration of insurance plans) took almost 12% each year from 1975 until 1979, nearly 13% in the next two years and reverted to 12% in 1982.

Government financing. The introduction in Canada of governmental plans for the provision of health care (hospital care; physician services; and, under individual provincial governments, various other categories of health care) has significantly increased the government-financed share of the national health bill. In 1960 the governments were paying 42 cents of each dollar; in 1965, 52 cents; in 1970, 70 cents; in 1975 and 1976, 77 cents; and in 1981, 74 cents.

Provincial distribution. Total health costs per person in the provinces in 1982 ranged from \$1,390 in Alberta to \$1,070 in Newfoundland. British

Columbia (\$1,311), Manitoba (\$1,243) and Nova Scotia (\$1,267) were the only other provinces to exceed the \$1,220 national average, and the average for the territories was \$1,428.

3.6 International health

Through the federal health and welfare department, Canada is involved in the work of the Commonwealth ministers of health, the Pan-American Health Organization, the World Health Organization, other United Nations specialized agencies and other intergovernmental organizations whose programs have a substantial health component. Similarly, the department takes part in bilateral exchanges with other countries and belongs to several international social policy related organizations.

Each year Canadian experts in public health and in the health sciences undertake assignments abroad as special advisers or consultants at the request of the World Health Organization, the Pan-American Health Organization or one of the other agencies.

NHW enforces regulations under agreements between Canada and other countries. Other responsibilities include the custody and distribution of biological, vitamin and hormone standards and certain duties in connection with an international convention on narcotic drugs. Provincial departments and agencies are also involved.

Sources

Information Systems Directorate, Policy Planning and Information Branch, Department of National Health and Welfare (Elizabeth Payne, co-ordinator); Health Division, Statistics Canada.

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