

Constructive and Co-operative Federalism?

A Series of Commentaries on the Council of the Federation

The notion of the Council of the Federation has elicited much comment since the idea was first raised at the Annual Premiers Conference in early July of this year. Indeed, the Council was the lead item in the Premiers' five-point agenda to revitalize the federation that also included: annual First Ministers' Meetings; provincial-territorial consultations on federal appointments; devolution of powers to the 3 territories; and the establishment of federal-provincial-territorial protocols of conducts -- presumably similar to what had been set out in the Social Union Framework Agreement of 1999.

This is an agenda that speaks to improving collaboration within the federation while reforming some of its institutional machinery in order to "build a new era of constructive and cooperative federalism" in the Premiers' words. This is a laudable objective. Canadians are tiring of federal-provincial warfare and want their governments to collaborate so that this country's affairs can be conducted more effectively. In an era of greater policy interdependency, most reject an agenda of federal-provincial disentanglement in favour of greater cooperation between the two orders of government. In a recent poll conducted by the Centre for Research and Information on Canada (CRIC), the majority of residents in each

* Gregory P. Marchildon is th

Greg Marchildon,

country, again with international comparisons;

Progress made in developing common indicators and performance measures, including waiting times for certain services and treatments as well as challenges in rural and remote areas;

The results achieved by the myriad of intergovernmental structures, agencies, and organizations in health, providing recommendations for improvement;

The trends in the supply and distribution of health care providers;

Best practices in Canada in terms of initiatives improving access to health services, the quality of health services, and the efficiency of their delivery;

Disseminating outcomes on technology assessments that are of broad interest to the public and providers;

Progress on primary health care initiatives; and

Issues in dispute among governments in Canada and how they are ultimately resolved.

The HCC's suggested structure, described in the box below, is based upon a regional – rather than a strictly provincial – model of equal representation. It differs from typical regional models in allocating one appointment to the three northern territories, a recognition by the Romanow Commission of the great challenges facing such governments in the provision of health care for a host of geographic, cultural, and population health reasons. During the past three decades of constitutional negotiations in Canada, there has been some debate over whether the provinces fit a four-region or five-region model.

council was then refined and extended by the Romanow Commission with both health policy and intergovernmental objectives in mind, and the HCC currently being established has two features that are of potentially great importance for the future of Canadian federalism. The first feature is that the province of Quebec has once again opted out of this partnership in favour of creating its own health council. Although the provincial government promises that its health council will cooperate with the “national” health council, the position entrenches the strategy of “parallelism” that had become the orthodoxy of successive governments in Quebec City.

Parti Québécois administrations in particular have been very explicit about the degree and nature of participation in various intergovernmental bodies that have sprung up in the postwar period in response to the need for federal-provincial collaboration on numerous policy and program fronts. This policy goes beyond simply not participating in pan-Canadian intergovernmental agencies, or restricting such participation to observer status. As in the case of the Quebec health council, it sometimes involves creating parallel institutions within Quebec that replicate the function (and often the form) of various F/P/T institutions. In the health field, this means that Quebec is not a formal partner in a number of the most important F/P/T agencies and arms length bodies created in the 1990s including Canadian Blood Services, the Canadian Coordinating Office for Health Technology (CCOHTA), Canadian Institute for Health

given their onerous social policy responsibilities,
particularly for health care.

A true Council of the Federation would