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SOCIAL SECURITY SYSTEMS RESPONSE TO COVID-19: CANADA

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EXECUTIVE SUMMARY



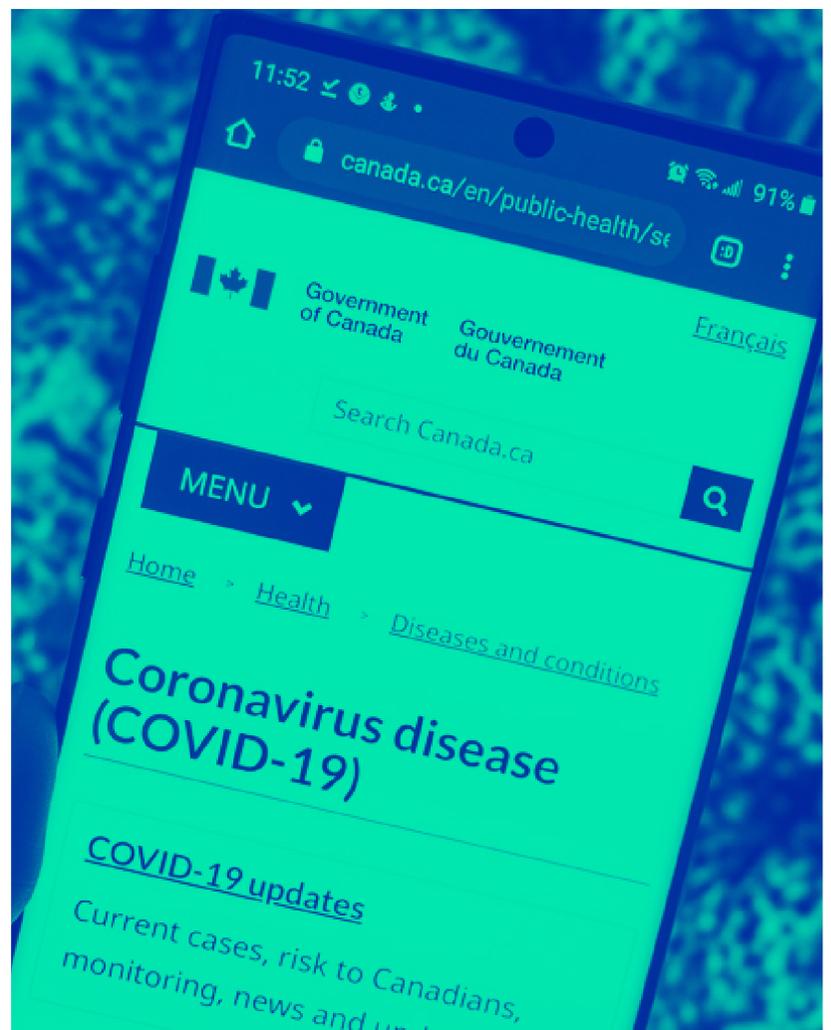
- Canada has responded extensively in the face of the sanitary, financial and social crises caused by the COVID-19 pandemic.
- For health, the goal is to adapt the system to continue providing services, in addition to extending its diagnosis and treatment capabilities for the infected individuals.
- A crucial component in the response is the Inter-Governmental Coordination Plan created to address the 2004 Influenza Epidemic, which has undergone constant updates.
- The Federal Government created an emergency benefit, the Canada Emergency Response Benefit, as to provide CA \$2,000 every month, for up to 4 months, to all those people who have lost their income, because they are found in quarantine or sick, look after a relative or have lost their job.
- The Canada Emergency Response Benefit aims at protecting the income of those groups that have been excluded from the Unemployment Insurance. However, special attention should be paid that the criteria to have access to those benefits do not leave vulnerable people behind, such as people who had been unemployed before the crisis and were not covered by the Unemployment Insurance, or those people whose income was less than CAD \$5,000 in 2019.
- For family benefits, in May an additional sum will be sent to the beneficiaries of the Non-Contributive Federal Programme Canada Child Benefit, which has a wide coverage and important effects on income distribution.
- For Pensions for the Elderly, only the programmes operations were adapted to tailor the new conditions imposed by the emergency.
- For employment protection, actions were aimed at subsidise the salaries paid by companies.
- Given the features of the structures created to protect the income of the people in the different stages of life, the group of people in working prime age is particularly vulnerable to the financial effects resulting from the pandemic.

SCENARIO

On January 25th, 2020 the first case of COVID-19 in Canada was confirmed, which was a person who had traveled to the province of Wuhan, China. The number of reported cases experienced a moderate growth until late February, and exponentially increased in the first week of March. In spite of the number of new cases reported domestically having decreased as of late, the authorities say, until mid-May, the country is yet to experience the peak in the number of cases.¹

As of May 14th, the authorities had reported 72,536 confirmed cases of COVID-19, out of which 1,050 were new cases, 35,523 have already recovered, and 5,209 have died. This means the mortality rate was of 7%.² Three provinces account for over 90% of the number of contagions and deaths: Quebec with 55% of the cases and 60.3% of the deaths; Ontario, with 29.6% and 33.7%, and Alberta, with 8.9% and 2.3%, respectively. Conversely, the province of Prince Edward Island, the Northwestern Territories and Yukon cluster less than 1% of the contagions and deaths, and Nunavut has not reported any cases (see Map 1). From a sample of 35, 568 cases with detailed demographic information, 5% were under 19 years old, 50% were between 20-59 years old, and 36% was over 60 years old.

However, the latter group accounted for 95% of the deaths. The Federal Government and Provincial and Territorial Governments have undertaken measures to contain the number of contagions of COVID-19 and address the financial and social consequences of the epidemic. Between January and February, the Federal Government put surveillance actions in place at international airports, and the closure of borders to all international travellers was decreed on March 18th, except for the United States, the country with whom essential trips are still allowed.³ Meanwhile, between March 16th and 22nd, the Provincial and Territorial States undertook measures to prevent contagions, mainly by closing non-essential businesses and schools, in addition to banning big crowds.⁴



¹ Government of Canada, "Epidemiological Summary of COVID-19 Cases in Canada", 2020. Retrieved from <https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a2>

² Public Health Agency of Canada, "Coronavirus Disease 2019 (COVID-19): Daily Epidemiology Update", 2020. Retrieved from <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-epi-update-eng.pdf>

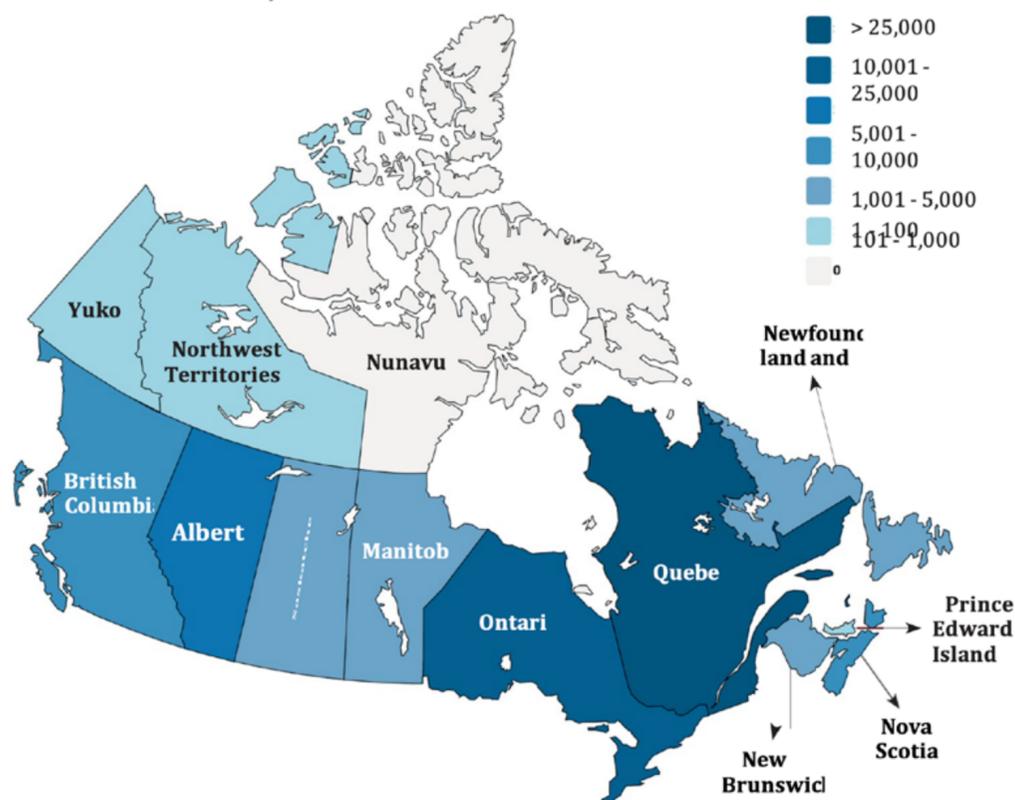
³ Government of Canada, "Coronavirus Disease (COVID-19): Outbreak Outdate", 2020. Retrieved from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

⁴ National Post, "COVID-19 in Canada: What Each Province is Doing to Fight the Coronavirus Pandemic", April 5th, 2020. Retrieved from <https://nationalpost.com/news/canada/covid-19-canada-coronavirus-provinces>

These actions have translated into social and productive activities being put in halt, which has brought about major effects on the Canadian economy: the Manufacturing sector has seen its sales plummet in 465 million dollars; tourism has also experienced a reduction on the number of arrivals by foreign visitors in around 60%,⁵ and the Energy sector, in addition to seeing the commercial war between Russia and Saudi Arabia, has seen its activities suspended, which severely reduced the international demand of fuel.⁶ The week of April 20th-25th saw the lowest historical levels in the price of oil barrels, an important product in the Canadian economy. Significant repercussions have also been seen on the labour arena.

As shown by Chart 1, since March there have been significant reductions in the number of employed people and labour market share. However, the harshest effects took place in April. Moreover, between February and April 2020, around 3 million people lose their jobs, out of which 172,000 ceased to take part in the labour market, either because they had to look after their households or stopped looking for a job since the great majority of businesses are closed, and 1,284,500 are unemployed, but still on the lookout for a job. Furthermore, in the same period, 2.5 million people saw their work schedule being cut down.⁷ In other words, the COVID-19 emergency has had a labour impact on around 5.5 million people, which accounts for 29.5% of the labour force.

MAP 1. COVID-19 CASE DISTRIBUTION BY PROVINCE OR TERRITORY (MAY 14TH)



Source: Proprietary work based on the Public Health Agency of Canada, "Coronavirus Disease 2019 (COVID-19): Daily Epidemiology Update", 2020. Retrieved from <https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases/2019-novel-coronavirus-infection/surv-covid19-epi-update-eng.pdf>

5 Statistics Canada, "Canadian Economic Dashboard and COVID-19", March 26th, 2020. Retrieved from <https://www150.statcan.gc.ca/n1/pub/71-607-x/71-607-x2020009-eng.htm>

6 The Conference Board of Canada, "Provincial Outlook Spring 2020-Preliminary Forecast. Canadian Overview", April 15th, 2020. Retrieved from <https://www.conferenceboard.ca/focus-areas/canadian-economics/provincial-outlook/canadian-overview>

7 Statistics Canada, "COVID-19 and the Labour Market in April 2020", May 8th, 2020. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2020034-eng.htm>

The most affected sectors have been the Hospitality industry, with around 615,000 jobs lost between February and April 2020; the Business industry, with 582,000 fewer jobs; the Construction industry, with 315,800; the Manufacturing industry, with 301,600; the Healthcare and Social Welfare industry, with 229,100; the Information, Cultural and Recreational Services industry with almost 186,000.⁸ The loss of jobs has mainly taken place in the provinces of Ontario (1,092,000), Quebec (820,500), British Columbia (396,500), and Alberta (260,900).⁹

Concurrently, it is also necessary to consider that the Canadian economy has experienced a moderate growth in the last years:

Between 2010-2018, the annual growth average of the gross domestic product (GDP) was of 2.2%, with a minimum of 0.7% in 2016 and a maximum of 3.2% in 2013.¹⁰ Conversely, as a result of the effects brought by the sanitary emergency, it is estimated that the GDP for the first quarter of the year decreased in 5% at an annual rate, while the reduction for the second quarter will be of 25%. Therefore, the GDP growth rate for the entire 2020 will experience a decrease of 4.3%. However, a recovery of 6% is expected in 2021.¹¹ One of the reasons why this recovery is expected is due to the Government's answer to the crisis.

Before addressing this topic, a brief description of some of the demographic, labour, socio-economic and sanitary features is included.

**CHART 1. LABOUR INDICATORS,
DECEMBER 2019-APRIL 2020,
THOUSANDS OF PEOPLE***

	December 2019	January 2020	February 2020	March 2020	April 2020
Labour Force	20,267.70	20,283.50	20,323.20	19,725.70	18,603.20
Employment	19,124.60	19,159.10	19,189.40	18,178.70	16,184.90
Unemployment	1,143.20	1,124.40	1,133.80	1,547.00	2,418.30

*Seasonally Adjusted Figures.

Source: Statistics Canada, "Employment by industry, monthly, seasonally adjusted and unadjusted, and trend-cycle, last 5 months (x 1,000)", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410035501>

⁸ Statistics Canada, "Employment by industry, monthly, seasonally adjusted and unadjusted, and trend-cycle, last 5 months (x 1,000)", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410035501>

⁹ Statistics Canada, "Labour Force Characteristics, monthly, seasonally adjusted and trend-cycle, last 5 months", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410028701&pic-kMembers%5B0%5D=1.1&pickMember-s%5B1%5D=3.1&pickMembers%5B2%-5D=4.1&pickMembers%5B3%5D=5.1>

¹⁰ Proprietary calculations based on the World Bank, "Crecimiento del PIB (% annual)", Data Bank, 2020. Retrieved from <https://datos.bancomundial.org/indicador/NY.GDP.MKTP.KD.ZG?locations=CA>

¹¹ The Conference Board of Canada, "Provincial Outlook...", op. cit.

CONTEXT

Population

In 2019, Canada had 37,589,262 citizens, out of which 50.3% were women and 49.7% were men.¹² This population is at an advanced age in life as the 65+-year age bracket clusters 17.5% of the population, while the 0-14-year age bracket accounts for 16%.¹² The country is also highly diverse ethnically and culturally speaking: the official languages are English and French.

However, in 2016 both were the mother tongue of just 79.5% of the population, while 22.3% spoke other languages, mainly Mandarin Chinese, Cantonese Chinese, Punjabi, Filipino or Spanish, and the remaining 0.6% spoke an indigenous language as a mother tongue.¹³ In that same year, 4.9 % of the population identified themselves¹⁴ with a First Nation.¹⁵ Canada has a Federal political organisation, with 10 Provinces¹⁶ and 3 Territories.¹⁷

¹² Statistics Canada, "Table 17-10-0005-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>

¹³ Aboriginal identity refers to whether the person identified themselves with any of the Aboriginal Peoples of Canada. These include peoples of First Nations, Inuit, people registered by the Indian Act of Canada, and those who were members of an indigenous community. For further information, please read <https://www12.statcan.gc.ca/census-recensement/2016/ref/dict/pop001-eng.cfm>

¹⁴ Statistics Canada, "Focus on Geography Series, 2016 Census", 2016. Retrieved from <https://www12.statcan.gc.ca/census-recensement/2016/as-sa/fogs-spg/Facts-CAN-Eng.cfm?TOPIC=5&LANG=Eng&GK=-CAN&GC=01>

¹⁵ Statistics Canada, "Focus on Geography Series...", op. cit.

¹⁶ Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, and Saskatchewan.

¹⁷ Statistics Canada, "Table 17-10-0005", op. cit.

The most populated provinces are Ontario (14.5 million people), Quebec (8.5 million people), British Columbia (5 million), and Alberta (4.3 million), while the three territories happen to be the least populated, with around 40,000 people each, scattered around wide rural areas in the North.¹⁸

Labour Market

In February 2020, the labour force market share rate was estimated to be 64.8% for the entire population, with 60.7% of women and 69% of men. In that same month, the unemployment rates were of 5.9% for the entire population, 6.5% of women and 5.1% of men. The most affected by unemployment have been young people as the 15-24-year age bracket had a 10.4% rate.¹⁹ The Services industry clustered a 79.9% of employment; the Manufacturing and Construction industry, 17%; and Agriculture and other Primary Activities with 3.1%.²⁰

Labour participation rate for Indigenous Peoples is almost the same as that of the rest of the population since in 2019 it was of 63.9% in women and 65.7% in men. Its unemployment rate, however, was particularly high: 10.1% vs. 5.7% among the general population, while the most affected were men (11.8 %) vs. women (8.3 %).²¹

¹⁸ Northwest Territories, Nunavut, and Yukon

¹⁹ Statistics Canada, "Table 14-10-0017-01". Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410001701&pickMembers%5B0%-5D=1.1&pickMembers%5B1%5D=2.8>

²⁰ Proprietary calculation based on information taken from Statistics Canada, "Table 14-10-0355-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410035501&pickMembers%5B0%-5D=1.1&pickMembers%5B1%5D=3.1&pickMembers%5B2%5D=4.2>

²¹ Statistics Canada, "Table 14-10-0364-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410036401&pickMembers%5B0%-5D=3.6&pickMembers%5B1%5D=4.1&pickMembers%5B2%5D=5.1>



Poverty & Inequality

In 2018, the last year for which there is available data, 8.7% of the population earned an income below the poverty line.²²

The percentage of men living in poverty (8.9%) was slightly higher than in women (8.6%). The 18-64-year age bracket is the most affected, so much so that 10.3% earned an income below the poverty line, followed by the 0-17-year age bracket with 8.2%, while only 3.5% of the 65+-year age group was found in this situation.²³ For income distribution, in 2018 the highest decile clustered 23% of the total income after taxes while the four lowest deciles barely represented 20.8% when combined.²⁴

Also, poverty and inequality in income particularly affect indigenous peoples. For instance, between 2007 and 2010, food insecurity affected between 14.3% and 26.3% of this population while only 7.6% of the total population and 7.2% of the non-indigenous population were found to experience this situation.²⁵ Furthermore, in 2015, the average income of indigenous peoples of 15+ years was CAD \$36,000 vs. CAD \$50,000 earned by the rest of the population.²⁶

²² The official poverty line of Canada is calculated based on the cost paid for a particular number of goods and services, which represents a basic and modest standard of life. This is an official measure and is adjusted based on the place of residence and family size.

²³ Statistics Canada, Table 11-10-0135-01, 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/cv.action?pid=1110013501#timeframe>

²⁴ Statistics Canada, "Canadian Income Survey, 2018", 2020. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quoti-dien/200224/dq200224a-eng.htm>

²⁵ Statistics Canada, "Table 13-10-0099-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009901>

²⁶ It is possible to notice a similar trend when observing the mean in income distribution, which accounts for CAD \$25,526 CAD in 2015 vs CAD \$34,604 earned by non-indigenous peoples. Please check The National Indigenous Economic Development Board, The Indigenous

Epidemiological Profiles

The main causes of death in Canada are non-communicable chronic diseases (NCCD), accidents and injuries. In 2018, malignant neoplasms, heart conditions, and cerebrovascular diseases were the three main causes of death; followed by (4) accidents, (5) chronic obstructive pulmonary diseases, (6) influenza and pneumonia, and (7) diabetes.²⁷ A risk factor associated to some of these conditions is sedentarism and obesity, and in 2017 more than half of the population suffered from overweight or obesity (55.5%).²⁸

A number of the diseases that cause a higher number of deaths significantly affect the indigenous peoples. As shown on Chart 2, between 2011 and 2014, 48.9% of the Canadian population of 12+ years old had one or more chronic diseases,²⁹ while 2 out of 3 of the main indigenous peoples in Canada saw a percentage of 59.4% for First Nations, 58.8% of the Métis peoples, and 50.5% of the Inuit people. In general, there is a strong prevalence of respiratory diseases, diabetes, high blood pressure, heart conditions, and sequels to heart attacks among these population groups.

Economic Progress Report 2019, Quebec, 2019, pp. 31-33.

²⁷ Statistics Canada, "Table 13-10-0800-02", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310080002>

²⁸ Statistics Canada, "Table 13-10-0373-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310037301>

²⁹ Asthma, arthritis (except for fibromyalgia), back problems (except for fibromyalgia and arthritis), high blood pressure, migraine, chronic bronchitis, emphysema, chronic obstructive pulmonary disease (COPD), diabetes, heart conditions, cancer, stomach or peptic ulcers, sequels of strokes, urinary incontinence, an intestinal disorder such as Chron's disease/ulcerative colitis/irritable bowel syndrome/intestinal incontinence, Alzheimer's disease or any other type of dementia, a mood disorder such as depression/bipolar disorder/mania/dysthymia, an anxiety disorder such as phobia/obsessive-compulsive disorder/panic disorder.

CHART 2. CHRONIC DISEASES AMONG INDIGENOUS POPULATION, NON-INDIGENOUS POPULATION, AND TOTAL POPULATION, 2011-2014

Indicator	Identity	Value
Diabetes	Inuit	3.2%
	Métis	6%
	First Nations	8.2%
	Non-Indigenous Population	4.9%
	Total Population	5%
High Blood Pressure, Heart Conditions, and Heart Attack Sequels	Inuit	16.3 %
	Métis	17.4 %
	First Nations	17.8 %
	Non-Indigenous Population	15.2%
	Total Population	15.3 %
Respiratory Problems	Inuit	10.8 %
	Métis	16.2 %
	First Nations	15.1 %
	Non-Indigenous Population	9.7 %
	Total Population	9.9 %
One or More Chronic Diseases	Inuit	50.5 %
	Métis	58.8 %
	First Nations	59.4 %
	Non-Indigenous Population	48.5 %
	Total Population	48.9 %

Source: Statistics Canada, "Table 13-10-0099-01", 2020.
Retrieved from
<https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009901>

THE SOCIAL SECURITY SYSTEM IN THE FACE OF THE PANDEMIC

In the last days of January, Prime Minister Justin Trudeau called for a Working Group to discuss his Government's response to the emergency caused by COVID-19, and a Cabinet Committee was put in place on March 5th to coordinate the Federal Government's actions. Later that month, the Government announced a financial stimulus package of a little over CAD \$100Bn,³⁰

with financial transfers being made for people who were unemployed, in quarantine or sick with COVID-19; increases in family transfers, and for companies, credits, tax reductions and for SMEs, subsidies to pay salaries.

The next sections will include the main features of the social security system in three benefits (Health Assistance, Elderly Benefits, Unemployment Insurance, and Family Benefits) and the Government's response in these areas, as well as a brief summary of the main actions aimed at protecting jobs.

³⁰ BBC News, "Canada Backs \$75Bn Coronavirus Relief Bill", March 25th, 2020. Retrieved from <https://www.bbc.com/news/world-us-canada-52022506>

CHARACTERISTICS OF THE SOCIAL SECURITY SYSTEM

The Canadian Social Security System provides protection in the nine benefits recognised by the Agreement 102 (Minimum Standard) of the International Labour Organisation (ILO).³¹ The Canadian Government, however, has not ratified any of ILO's most important agreements on social security, namely 102, 168 on Employment Protection; 121 on Occupational Accidents and Diseases; 121 on Occupational Accidents and Occupational Diseases; or 130 on Healthcare.³²

The Federal structure of the Canadian Political System exercises a strong influence on how the social security system works. Provincial, Territorial and Local Governments are responsible for organising, managing and providing healthcare services while funding is provided by these Governments and the Federal Government whose exclusive scope of action is closely checking that national goals are met.

For long-term benefits such as elderly pension funds, leave of absence and disability, as well as survivors and death, the system works on a more centralised manner.

The Federal Government manages the Non-Contributive Universal Pension Fund, which goes by the name of Old Age Security, in addition to a Contributive Structure, the Canada Pension Plan (CPP) for 9 of the 10 provinces and the three territories, while Quebec handles its own pension plan: The Quebec Pension Plan.

The short-term benefits structure is slightly similar to that of pension funds. Therefore, there is a Federal structure in place that provides the entire population with unemployment insurance, financial benefits for sickness or caretakers of sick people at their homes, and maternity and paternity leave benefits in the provinces covered by CCP. On the other hand, the people of Quebec have access to maternity and paternity leaves via a healthcare structures managed by the provincial authorities.

Finally, for family benefits, there is a non-contributive structure handled by Federal authorities, called Canada Child Benefit, which grants benefits to the population in progressive amounts. In 2017, Canada's total expenditure in health was 10.6% of GDP, out of which 73.7% represented public expenses while 26.3% was private. Out-of-pocket expenditure represented the great majority of this last type of expenses as it accounted for 14.2% of the total expenditure in healthcare.³³

³¹ ILO, World Social Protection Report 2017-19: Universal social protection to achieve the Sustainable Development Goals 2017-2019, Geneva, 2017, p. 255.

³² CISS, "Plataforma cartográfica sobre seguridad social", 2020. Retrieved from <http://plataforma.ciss.net/convenios>

³³ See World Bank, Data Bank, 2020. Indicators: Current Health Retrieved from <https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=CA> <https://data.worldbank.org/indicator/SH.XPD.PVTD.CH.ZS?locations=CA> <https://data.worldbank.org/indicator/SH.XPD.GHED.CH.ZS?locations=CA>; and <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS?locations=CA>

Between 2008 and 2018, the expenditure destined to health-care accounted for around 24% of the general Government's expenditure.³⁴ For human resources, it is possible to say that, between 2011 and 2015, the number of physicians grew in 13.3% while the number of registered nurses grew by 6.3%.³⁵ Despite the efforts undertaken by the Governments intended to reduce the gap between the rural and urban areas, in 2015 11.8% of registered nurses worked in rural areas in spite of the fact that 17.4% of the population³⁶ lived there. However, in 2016, rural areas had one physician per every 1,000 people and 2.6 in urban areas.³⁷

Expenditure on social security also represented around 24% of the public expenditure in that same period.³⁸ In this category, based on data from the Organisation for Economic Cooperation and Development (OECD), in 2015 the expenditure in financial benefits were distributed as follows: 4.7% of GDP on benefits to the elderly and survivors; 2.9% of unemployment benefits; 1.8% of family benefits; and 0.8% in sickness and disability benefits.³⁹

34 This type of expenditure includes that used by the Federal Government and the Provincial, Territorial and Local Governments, as well as the social security funds, Aboriginal Governments, and Government-owned non-profit organisations, but it excludes Government-owned corporations. Please see Statistics Canada, "Table 10-10-0005-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1010000501>

35 Pan American Health Organisation (PAHO), "Canada", op. cit.

36 Idem

37 OECD, Health Care at a Glance 2019: OECD Indicators, OECD, Paris, 2019, p. 113.

38 Statistics Canada, "Table 10-10-0005-01", op. cit.

39 OECD, "Social Expenditure – Aggregated", OECD Social Expenditure Database (SOCX), 2019. Retrieved from <https://stats.oecd.org/>

BENEFITS

Healthcare System

The Canadian healthcare system provides coverage to all citizens and permanent residents through structures that were designed and managed by the Provincial and Territorial Governments, while the Federal Government provides special coverage to members of First Nations, Inuit, Armed Forces, some veterans, and people that are locked up in the country's penitentiary system. It also provides temporary coverage to asylees, protected people, and asylum seekers via the Interim Health Program. As mentioned before, the Federal Government, Provincial and Territorial Governments, Local Governments, and sometimes employers take part in the funding. In the great majority of provinces and all the territories, people are not required to pay for an insurance premium, except for British Columbia and Ontario.⁴⁰

In 2017, the system coverage was of 100%.⁴¹ However, the public insurance structures only provide coverage for basic services, which is why people often hire private insurances to cover medical prescriptions, dental care, physiotherapy, ambulance and glass services.⁴²

40 Social Security Administration, "Canada", Social Security Programs Throughout the World: The Americas, 2017, 2017. Retrieved from <https://www.ssa.gov/policy/docs/prog-desc/ssptw/2016-2017/americas/index.html>

41 OECD, Health Care at a Glance, op. cit., p. 105.

42 Government of Canada, "Health Care in Canada", 2017. Retrieved from <https://www.canada.ca/en/immigration-refugees-citizens-hip/services/new-immigrants/new-life-canada/health-care-card.html>

Then, 67% of the population had one type of voluntary private coverage in that year to provide ancillary services.⁴³

Despite the system coverage being universal, there are some inequalities in terms of access. In 2017, 15.3% of the population older than 12 years lacked of a regular healthcare service provider; the third part of the cases reported there was not any available in their area of residence or the one it was actually available would not admit any more patients.⁴⁴ These barriers caused by unavailability are often more evident in rural areas.

Indigenous peoples face major inequalities in health: They have less access to physicians to treat them regularly, worst results in health, as evidenced by the greater presence of chronic diseases,⁴⁵ and reported their health to be average or poor more often than not (see Chart 3). This is due to several reasons, but there are two that are particularly important:⁴⁶

1. Service unavailability in their areas of residence, especially among people that live in reservations or remote areas in the Northern part of the country.
2. Discrimination and exclusion indigenous people are exposed to in the urban areas they live in.

CHART 3. ACCESS AND HEALTH CONDITION AMONG INDIGENOUS POPULATION, NON-INDIGENOUS POPULATION, AND TOTAL POPULATION, 2011-2014

Indicator	Identity	Value
Health Perception: Very Good or Excellent	Inuit	44.4%
	Métis	51.8%
	First Nations	48.5%
	Non-Indigenous Population	62.2%
	Total Population	61.7%
Health Perception: Average or Poor	Inuit	15.8%
	Métis	15.6%
	First Nations	19.1%
	Non-Indigenous Population	9.5%
	Total Population	9.7%
Has a Physician	Inuit	44.8%
	Métis	80.4%
	First Nations	78.2%
	Non-Indigenous Population	83.4%
	Total Population	83.2 %

Source: Statistics Canada, "Table 13-10-0099-01", 2020. Retrieved from <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1310009901>

43 OECD, Health Care at a Glance, op. cit., p. 105.
 44 Statistics Canada, "Primary Health Care Providers, 2017", 2019. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-625-x/2019001/article/00001-eng.htm>

45 Please see previous section.
 46 National Collaborating Centre for Indigenous Health, "Social Determinants of Health, Access to Health Services as a Social Determinant of First Nations, Inuit and Métis Health", Fact Sheet, 2019.

Together, the higher prevalence of chronic diseases and the limited access to healthcare services make the indigenous population particularly vulnerable to the COVID-19 pandemic. As mentioned above, in the Northern territories the pandemic has not had severe effects in terms of healthcare. That is why the indigenous population living in these areas, some of them in reservations, may not be the most affected by the pandemic. The situation is different for indigenous people living in urban areas. In the provinces of Alberta and British Columbia, which are ranked three and four in the number of confirmed cases of COVID-19, there is a greater presence of indigenous people, 6.5% and 4.9%, respectively, vs. 4.9% in the country and, in both cases, almost 60% lives outside reservations, with around 50% living in medium and big-size communities.⁴⁷

As mentioned earlier, considering the decentralised organisation of the Canadian healthcare system and distribution of entitlements, the response of healthcare services is mainly the responsibility of Provincial and Territorial Governments, while the Federal Government is responsible for tasks associated to national monitoring, banning of international trips, and investments on IT research and development.

A crucial element in the Canadian response to the COVID-19 pandemic is the prior existence of coordination mechanisms and plans among different levels of Government to respond to different types of emergency.

These plans have paid particularly attention to emergencies related to climate change, but the country also has a healthcare plan in place to face epidemics of influenza, which has been adapted by the authorities to face the emergency of COVID-19. Such plan dates back to 2004 and was created as a response to the crisis caused by the virus SARS-COV-1 between 2002 and 2004, undergoing several updates, including one after the emergence of the pandemic flu (AH1N1) in 2009. The crisis caused by SARS in 2002 fostered a commitment from the Federal, Provincial, and Territorial authorities to develop mechanisms of a coordinated intergovernmental response. In fact, the fact that some governments had material resources available, particularly mechanical respirators to treat people in critical condition represented an advantage.



⁴⁷ Statistics Canada, "Focus on Geography Series, 2016 Census", 2019. Retrieved from <https://www12.statcan.gc.ca/census-recen- sement/2016/as-sa/fogs-spg/Facts-PR-Eng.cfm?TOPIC=g&LANG=Eng&GK=PR&GC=48>

Despite the differentiated responses that each Provincial and Territorial Government has had for the pandemic, there has also been some common measures:

- Extend the epidemiological monitoring, the diagnosis capabilities and access criteria (some of the provinces and territories that have done it are Alberta, Prince Edward Island, Nova Scotia, New Brunswick, Nunavut, Ontario, Quebec, and the Northwest Territories).
 - Create regulations or laws to ensure enough financial and human resources are available at healthcare facilities for the people in general, and the healthcare centres for the elderly. One of the measures that has been adopted in that regard is licensing higher education students and retirees to work in specific sectors, or for those people to use facilities and resources of private organisations (Alberta, British Columbia, Nova Scotia, Ontario, Quebec and Saskatchewan).
 - Put mechanisms in place to make it easier for people working on critical sectors to continue completing their activities. For instance, give those people access to care services for their children (Alberta, British Columbia, New Brunswick, and Saskatchewan).
 - Adjust standard healthcare services to observe the social distancing conditions, particularly via remote medicine, but also changes in work schedule and rescheduling non-essential services (Prince Edward Island, Nova Scotia, Nunavut, Newfoundland and Labrador, and the Northwest Territories).
 - Create specialized hospitals to treat COVID-19 (Prince Edward Island).
 - Make criteria to have access to a health insurance plan less stringent; for instance, reducing the waiting times to obtain them or extending coverage to people that would not regularly have access to it, such as temporary workers, people with study or temporary work permits (British Columbia and the Northwest Territories).
 - Some of the Provincial Governments that have fostered special actions that consider the indigenous peoples are Alberta and British Columbia.
- Additionally, the Federal Government amended the Non-Insured Health Benefits (NIHB) in an attempt to make sure First Nations and Inuit communities have access to standard regular services and cover the cost of medical treatments and supplies required to care for people suffering from COVID-19.

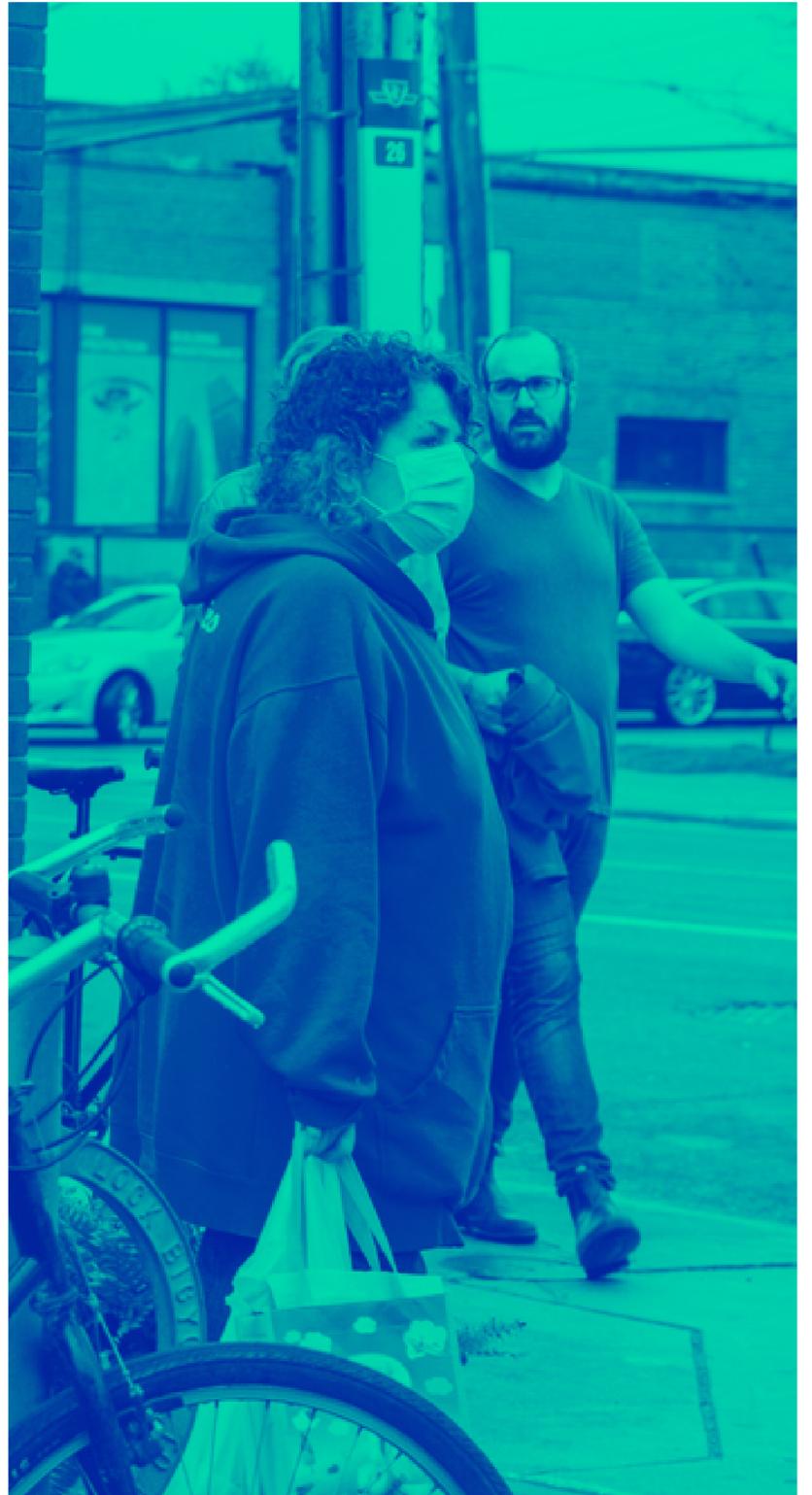
Elderly Benefits

The Canada Pension Plan (CPP) and Quebec Pension Plan (QPP) programmes provide funding through contributions to employers and employees, while the Old Age Security (OAS) programme is completely funded with general revenue coming from the Government. These three components of the Pension Fund System cover the great majority of the elderly age group.

It is estimated that, as of July 1st, 2019, the Canadian population older than 65 years was of 6,592,611 people. In that same month, OAS provided elderly benefits to 6,367,900 people, CPP to 5,322,242, and QPP to 1,920,871. The reason behind the amount of these beneficiaries being higher than the total number of 65+-year people is that the CPP and QPP programmes allow people to continue receiving the benefit when they move out to another country, or that the people currently living in Canada and making payments to a social security institutions in other country with whom Canada has an agreement in place would continue receiving their pension funds.

In the face of the crisis, major amendments to the pension fund structures operating in Canada have been announced. What has been done is adapting them to ensure their continuity and make electronic paperwork more accessible.

In the Provincial and Territorial levels, some governments have announced additional financial transfers for the elderly (for example, in New Brunswick and British Columbia). The Governments' response has been focusing more on ensuring continuity of the long-term senior care home operations all the while provisions have been considered to make sure it works safely in the face of the emergency caused by COVID-19. These actions will most probably, however, not be enough since, from the 760 deaths that had been registered until April 15th, almost half was taken place in this type of establishments, according to Canada's Chief Public Health Officer Theresa Tam.



Unemployment Benefits

The insurance programme for unemployment, Employment Insurance (EI), covers the great majority of people working under contract, provides voluntary coverage to self-employed peoples, and had special provisions for those people working in farms, fisheries, the Armed Forces, and schools. The programme is funded through payments made by employees and employers as contributions.

For those people working in those covered activities to have access to this benefit, they must have been unemployed for, at least, seven consecutive days in the last year, the unemployment status must not have been voluntary or due to negligence, the people must have worked for 420-700 hours in the last 52 weeks or in the period ever since they received the last unemployment benefit and submitted a new application, and must be willing, ready and capable of working, and proactively looking for a job. The amount of that benefit is of around 55% of the weekly insured income and may be paid for up to 45 weeks, depending on the number of worked hours and unemployment rates registered in the financial region where the individual is.

In February 2020, around 16.1 million people paid for contributions to the unemployment insurance – i.e. an 80% of the labour force. In that same month, around 1.6 million people were unemployed, and around 583,000 received the unemployment benefit, while the rest did not have access to the benefit as they did not have a covered job, their employment separation did not meet the requirements, or they had not worked the required number of hours. The COVID-19 Emergency has had major impacts in the labour market, as mentioned above, as around 3 million jobs have been lost and work schedules of 2.5 million people have been reduced until April.

As a response, the Canada Emergency Response Benefit (CERB) was created in order to protect those people that have lost their income due to them being sick from COVID-19, being in quarantine, taking care of people suffering from COVID-19, or schools and childcare facilities closure forcing them to stay at home to look after their families. It is also provided to employed or self-employed people that do not meet the requirements to access the standard unemployment insurance. At first, this benefit could only be accessed by people who had lost their entire income and have been unemployed during the first 14 days of the month when the benefit was requested, and have earned less than CAD \$5,000 in 2019.

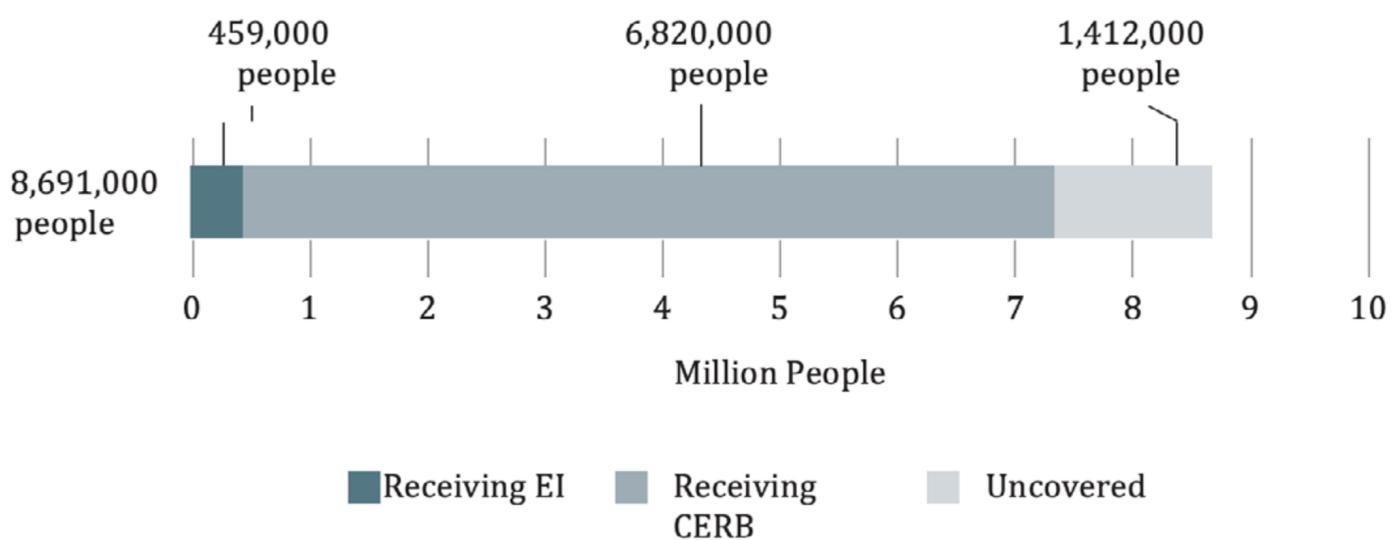
On April 15th, an announcement was made to inform the benefit will be accessible to people whose income was up to CAD \$1,000 per month, in addition to a permit for artists to continue earning income on the grounds of copyrights for works executed prior March 1st, and even opened the possibility that people who have exceeded the period of the unemployment benefit would have access to CERB. This programme provides CAD \$500 per week for up to 16 weeks to those people who meet the selection criteria and submit their application. Funding comes from the Federal Government, and Provincial and Territorial Governments.

Between March 15th and May 10th, 11.4 million applications had been received to have access to CERB, out of which 11.3 million had been processed and benefits for over CAD \$30.5Bn had been granted.

In April, it was estimated that around 8.7 million were unemployed or had seen their work hours reduced to zero, the great majority (6.8 million) received CERB while 459,000 received the standard unemployment insurance (EI), and 1.2 million people were not covered by any programme that protected their income (see Graphic 1).

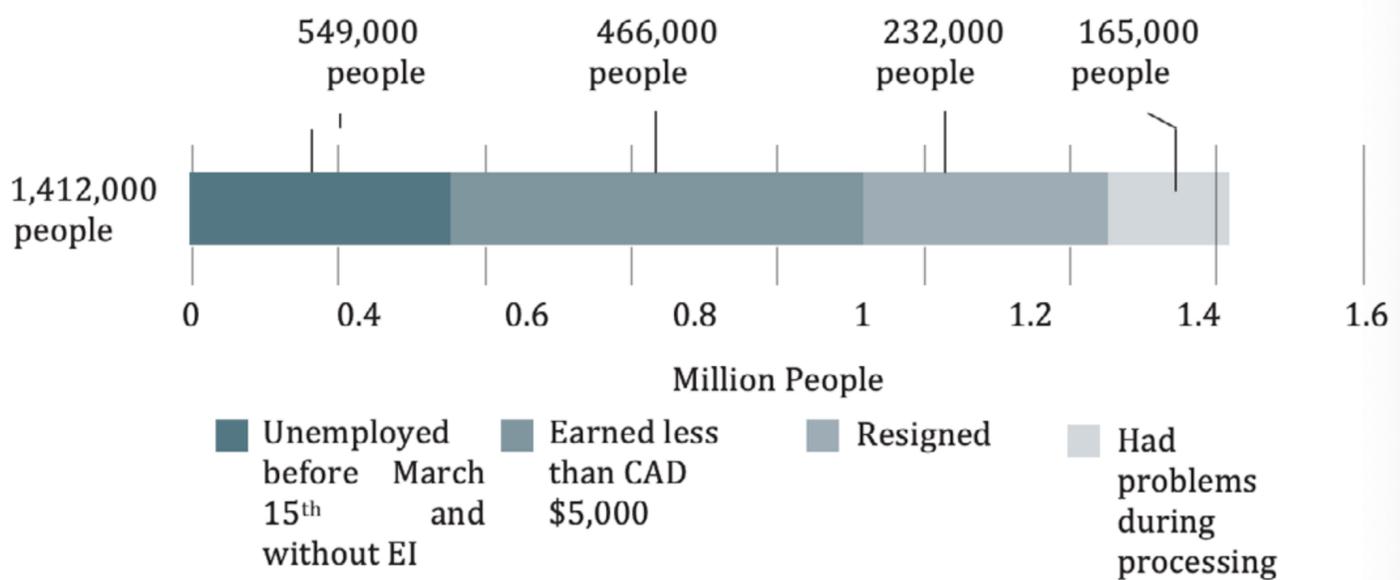
The great majority of those people who did not receive any benefits were people who were already unemployed before March 15th (the date when CERB started operating) and were not covered by the unemployment insurance (38.9%), followed by those people who earned less than CAD \$5,000 in 2019 (33%), those people who voluntarily resigned to their jobs (16.4%), and lastly those people who ran into problems while processing their CERB application (11.7%) (please see Graphic 2).

GRAPHIC 1. PEOPLE WHO WERE UNEMPLOYED OR HAD ZERO HOURS OF WORK IN APRIL 2020



Source: Proprietary development based on information from David Macdonald, "1.4 Million Jobless Canadians Getting No Income support in April", April 23rd, 2020. Retrieved from <http://behindthenumbers.ca/2020/04/23/1-4-million-jobless-canadians-getting-no-income-support-in-april/>

GRAPHIC 2. UNEMPLOYED AND UNCOVERED PEOPLE IN APRIL 2020



Source: Proprietary development based on information from David Macdonald, "1.4 million jobless Canadians getting no income support in April", April 23rd, 2020. Retrieved from <http://behind-the-numbers.ca/2020/04/23/1-4-million-jobless-canadians-getting-no-income-support-in-april/>

Family Benefits

The Canada Child Benefit (CCB) programme offers a tax-free monthly payment to those people who have filed their tax returns and are the main caretaker of an individual under 18 years old. The programme is exclusively funded through federal resources and offers differentiated amounts based on the families' declared income. In the 2017-2018 fiscal year, that started on July 2017 and ended on June 2018, CCB made financial transfers to 3,663,610 people that were the responsible caretakers of individuals under 18 years of age. To get an idea of how much this amount represents, it is necessary to bear in mind that the household universe with at least one minor was of 5,783,220 in 2017. 74.6% of these households were two-parent families and 25.4% were single-parent families.

Among the covered families, these ratios were of 71% and 29%, respectively – i.e. it is possible to see a slight increase in coverage among single-parent families. From the total number of households with minors, 45% had one minor, 38% had two minors while the remaining 17% had three or four minors. Among the beneficiaries, these ratios were of 41.6%, 37.8%, and 20.6%. Therefore, it is possible to see a certain support in favour of households with a higher number of minors.

CCB substantially improved the situation of people with lower income as it has a wide coverage and delivers progressive amounts. Graphic 3 shows estimates on family and minor beneficiary distributions based on level of income earned before and after receiving CCB.

It is possible to see two main effects resulting from this programme:

- 1) Reduce the number of people and families with income less than CAD \$20,000, and
- 2) increases the number of people who earned between CAD \$30,000-\$69,000.

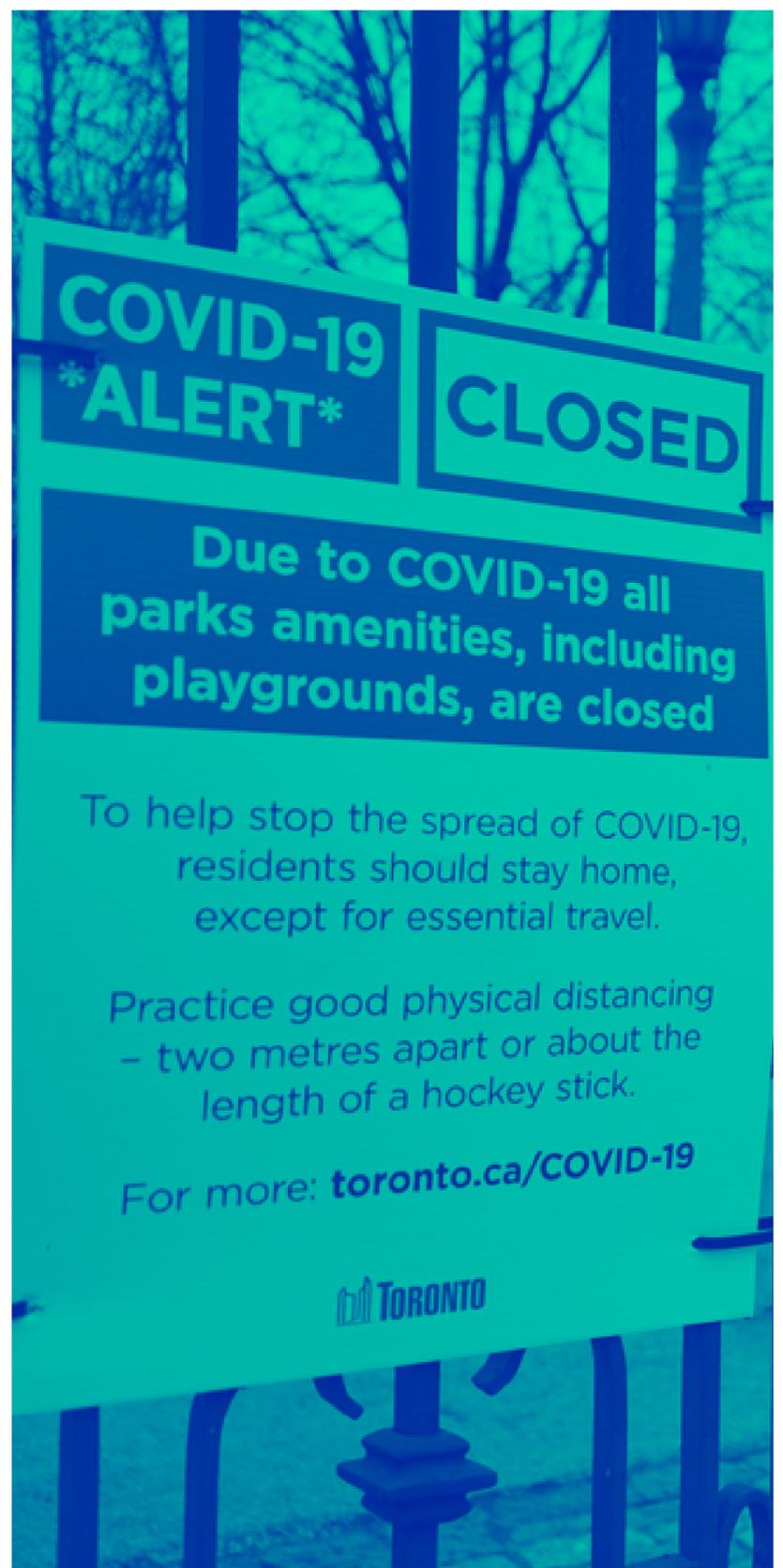
In this regard, the main action that was undertaken consisted in giving an additional amount to people who were beneficiaries of CCB in May. This increase will be provided both to those people who were already beneficiaries and people who are the responsible caretakers of a minor and have filed their tax returns for the 2018 Fiscal Year.

There is even the possibility that people who had moved to Canada between January 2019 and until April 2020 to receive this benefit, as long as they present documents that evidence their income prior to their arrival in Canada.

Only the amount for May 2020 will be provided and may be of up to CAD \$3,000 per minor, but it will depend on the requesting individual's earnings.⁴⁸

Considering that families whose earned income for the 2017-2018 Fiscal Year was less than CAD \$30,000 received an average of almost CAD \$860 per month, the increase may be a little over a third of the income by CCB.⁴⁹

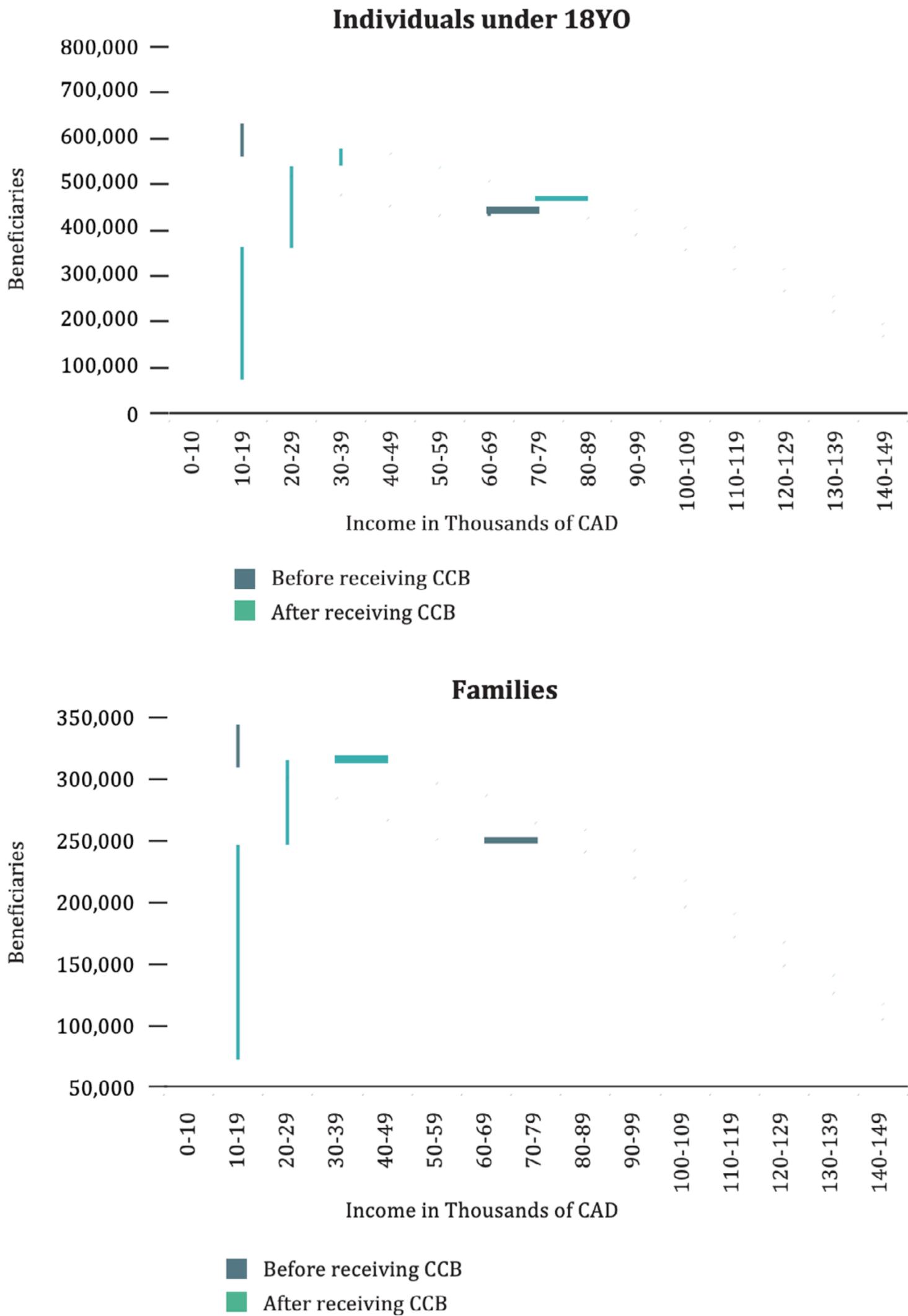
In summary, Figure 1 shows the main characteristics of the social security benefits available before the COVID-19 crisis while Figure 2 shows the characteristics corresponding to governmental responses to face the emergency.



⁴⁸ Canada Revenue Agency, "Canada Child Benefit (CCB) Payment Increase: CRA and COVID-19", 2020. Retrieved from <https://www.canada.ca/en/revenue-agency/campaigns/coVID-19-update/coVID-19-ccb-payment-increase.html#send>

⁴⁹ Proprietary calculations based on information from the Canadian Centre for Economic Analysis, Economic Contribution of the Canada Child Benefit: A Basic Income Guarantee for Canadian Families with Children, September 2019, p. 21. Retrieved from <https://ubiworks.ca/wp-content/uploads/2019/09/Economic-Contribution-of-the-Canada-Child-Benefit.pdf>

GRAPHIC 3. RATIO OF PEOPLE UNDER 18 YEARS OLD AND FAMILIES BASED ON FAMILY INCOME, 2017-2018



Source: Proprietary development based on information from the Canadian Centre for Economic Analysis, *Economic Contribution of the Canada Child Benefit: A Basic Income Guarantee for Canadian Families with Children*, September 2019, pp. 22-26. Retrieved from <https://ubiworks.ca/wp-content/uploads/2019/09/Economic-Contribution-of-the-Canada-Child-Benefit.pdf>

FIGURE 1. CHARACTERISTICS OF SOME SOCIAL SECURITY BENEFITS IN EARLY 2020

HEALTHCARE

- * There is a universal healthcare coverage.
- * There is also a wide supplementary private coverage.
- * It is a decentralised system.
- * There are regional inequalities in access
- * The Indigenous Population suffers from inequality

UNEMPLOYMENT INSURANCE

- * It is a Federal programme
- * It is funded through earned-based contributions.
- * 80% of EAP made contributions to insurance in early 2020.
- * Almost one third of unemployed people received the benefit.

ELDERLY PENSION FUNDS

- * There is a non-contribute universal pension system.
- * There are contributive programmes in place with wide coverage.
- * Quebec has it own contributive system.
- * There are low levels of poverty among people older than 65yo

FAMILY BENEFITS

- * It has a wide coverage.
- * For people responsible for minors.
- * It provides progressive amounts based on level of income.
- * It makes household income increase significantly.

Source: Proprietary development.

FIGURE 2. CHARACTERISTICS OF THE RESPONSE TO THE COVID-19 CRISIS

HEALTHCARE

- * There is a response plan to influenza epidemics.
- * There is intergovernmental coordination.
- * The Provincial and Territorial Governments are those that are the main responsible for the response.
- * Diagnosis and treatment capabilities have been extended.
- * Resource sufficiency is ensured.

UNEMPLOYMENT INSURANCE

- * An emerging benefit was created for those people who have lost their jobs due to the pandemic, are in quarantine, suffered from COVID-19, or are caretakers of a relative.
- * It provides CAD \$500 per week for up to 16 weeks.
- * It is intended to extend the coverage to groups who turn out to be ineligible under the standard programme.

ELDERLY PENSION FUNDS

- * Continuity in benefit provision is ensured.
- * A number of paperwork has been more flexible due to the mobility restrictions.

FAMILY BENEFITS

- * An additional amount will be given in May.
- * A number of income criteria has been made more flexible.

Employment Protection Actions

The Federal Government of Canada announced three specific actions to protect working people and labour in general. One of them was Canada Emergency Wage Subsidy (CEWS), a subsidy to the salaries of all the companies affected by the pandemic (or by the actions undertaken to contain it), irrespective of its industry or size. This programme will provide particular subsidy of up to 75% of the employees' salaries (with a limit of CAD \$847 per week) for companies that have experienced reductions of up to 15% of its income in March or 30% in April and May. It will have a duration of 12 weeks, from March 15th to June 6th.⁵⁰

Moreover, employers who meet the selection criteria may receive a refund of a number of their social security contribution payments for the people that are not working, but are still receiving their salary. Another action is a temporary subsidy on tax obligations liable to corporations called Temporary 10% Wage Subsidy.

This benefit was made available to small companies, one-person companies, non-corporate associate corporations, and charity and non-for-profit organisations.

An important requirement to have access to this benefit is that organisations pay salaries, bonuses or any other type of remuneration to their employees.⁵¹

This last action was an amendment to the Work Sharing Programme. This programme often seeks to prevent companies from laying their employees off when there is an involuntary reduction in its economic activity. This is done by providing unemployment insurance benefits to those people who willingly accept a reduction in the number of hours they would normally work and share their work station with people doing a similar work.⁵² The agreed reduction must be of 10%-60% of the total number of work hours and frequently lasts between 6-26 consecutive weeks, but there is the possibility to reach an agreement as to receive it for up to 38 weeks. This programme can be accessible by private companies, with public capital, and non-for-profit organisations that have been operating for at least two years, all of which evidence that their financial activity has suffered from an involuntary reduction, have seen their revenues reduced by at least 10%, and submit a recovery plan to resume their regular operations.⁵³

⁵¹ Idem.

⁵² Employment and Social Development Canada, "Work-Sharing -Eligibility", 2020. Retrieved from <https://www.canada.ca/en/employment-social-development/services/work-sharing/eligibility.html>

⁵³ Employment and Social Development Canada, "Work-Sharing Program - COVID-19", 2020. Retrieved from <https://www.canada.ca/en/employment-social-development/services/work-sharing/notice-coVID-19.html>

⁵⁰ Government of Canada, "Canada's COVID-19 Economic Response Plan", 2020. Retrieved from <https://www.canada.ca/en/department-finance/economic-response-plan.html>



In the face of the COVID-19 emergency, the Government of Canada rendered some of the programme's requirements and characteristics more flexible. The maximum deadline for that benefit was extended for up to 76 consecutive weeks, allowing companies that have depleted their duration to take part in a similar agreement, which can reapply for the programme. The minimum operation requirement was reduced from two to one year, the recovery plan requirements have been simplified, and the coverage was extended as to cover those organisations that would not regularly take part in the programme, but work on critical activities to contain the emergency.⁵⁴

CONCLUSIONS

The Government of Canada and the Provincial and Territorial governments have put a great response in place to the crisis caused by the COVID-19 pandemic in order to stop the virus causing it from further spreading, treat sick people, and address the financial and social backlashes brought by the crisis. For health, this has mainly consisted in ensuring continuity of services and sufficiency of resources for it to operate. For elderly people care, to ensure continuity of the pension fund programmes, but specially to try to make sure long-term senior care homes operate in a safe manner. In terms of protecting the income of those people who are in their working prime age, what is sought after is to include people who have lost their income due to the emergency and would not be eligible under the regular unemployment insurance standards. For family benefits, the benefit amount that people would receive in May underwent a one-time increase. Finally, for employment protection, salaries and other expenses incurred by companies have been subsidised.

A crucial component in the sanitary response is the existence of intergovernmental planning and coordination mechanisms in place for Emergencies, as evidenced by the Management Plan developed for influenza, which could be adapted to this contingency.



54 Idem.

Another crucial component is how existing administrative capabilities have been harnessed as the Tax Collection Agency is the agency that is mainly responsible for managing new benefits and tailoring existing benefits.

For healthcare, the group that is particularly vulnerable is the elderly people as it clusters a high number of contagions and deaths due to COVID-19. In fact, a reason for concern is that a great number of the total deaths has occurred in long-term senior care homes, something that poses a problem that must be considered a priority by the authorities. The low levels of poverty in this group and the virtually universal coverage of the pension fund system suggest that the financial impact of the emergency will not be huge among the elderly people group.

Another group to whom special attention should be paid healthcare wise is Indigenous people living in urban areas, particularly in the provinces with the highest number of confirmed cases given the obstacles those people face to have access to healthcare services and the high prevalence of risk factors.

The crisis is also less likely to affect elderly people's income as there is a non-contributive family benefits structure in place (CCB) that provides progressive amounts. It is also necessary to take into consideration the fact that the increased amount of up to CAD \$300 put in place in May may account for more than one third of the monthly amount earned by the people having the lowest income.

The creation of a benefit for people who have lost their income due to the pandemic has included groups that would be excluded from the standard employment insurance (EI) and the great majority of unemployed people receiving an unemployment benefit (EI or CERB). However, in April there was around 1.2 million jobless people who had no coverage. It is important that the Government takes this group into consideration since the great majority was unemployed in the face of the crisis and did not have any access to employment insurance or earned less than CAD \$5,000 in income. In this regard, it is possible to assert that protecting the income of those people in working prime age is perhaps the main challenge the social security system and the response to the COVID-19 pandemic may have to face.



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