National Pharmacare Annual Progress Report 2026:

Little to no progress



November 2026

This report is published by the Canadian Federation of Nurses Unions (CFNU).

The CFNU is Canada's largest nurses' organization, representing frontline unionized nurses and nursing students in every sector of health care – from home care and LTC to community and acute care – and advocating on key priorities to strengthen public health care across the country. We are proud to advocate for our members and promote the nursing profession on the national level, and we work tirelessly to protect the quality of health care for our patients and our universal public health care system.

The CFNU represents unionized nurses in 12 of Canada's provinces and territories (BC, AB, SK, MB, ON, NB, NS, PE, NL, YT, NT and NU), and we are proud to have as associate members the student nurses of CNSA. The CFNU also enjoys a good working relationship with all unions that represent nurses and other health care workers.

Land acknowledgement

From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis and First Nations Peoples that call this land home. The Canadian Federation of Nurses Unions is located on the traditional unceded territory of the Algonquin Anishnaabeg People. As settlers and visitors, we feel it's important to acknowledge the importance of these lands, which we each call home. We do this to reaffirm our commitment and responsibility to improve relationships between nations, to work towards healing the wounds of colonialism and to improve our own understanding of local Indigenous Peoples and their cultures.

Report authors

Amy Lamb is the Executive Director of Indigenous Pharmacy Professionals of Canada and advocates for pharmacy practice, Indigenous and holistic health, women's health, and leadership development.

Dr. Nav Persaud is the Canada Research Chair in Health Justice and Professor at the University of Toronto. He is a Staff Physician in the Department of Family and Community Medicine at St. Michael's Hospital in Unity Health Toronto, and a scientist with MAP Centre for Urban Health Solutions at St. Michael's Hospital.

Linda Silas has been the President of the 250,000-strong CFNU since 2003. As the dynamic and charismatic leader of Canada's largest nurses' organization, Linda is recognized as the foremost advocate on behalf of nurses in Canada. Linda was previously the President of the New Brunswick Nurses Union (NBNU) for 10 years.

Available in French translated by:
Jocelyne Demers-Owoka, C. Tr.

Design and layout:
Kim Wiens-Murdock

Project support:
Oxana Genina

Published by:
Canadian Federation of Nurses Unions
2841 Riverside Drive
Ottawa, ON K1V 8X7
613-526-4661

www.nursesunions.ca

ISBN: 978-1-990840-73-9

© 2026 Canadian Federation of Nurses Unions

All rights reserved. No part of this book may be reproduced or transmitted in any form or by any means without the permission of the publisher.

We were honored to be invited to provide the Minister of Health with recommendations on "the operation and financing of national, universal, single-payer pharmacare", that were tabled in Parliament in November of 2025.[1] Our work followed on several recommendations to include medicines in Canada's publicly funded health care system.[2,3] Our advice included annual reporting on progress toward implementing pharmacare as one important part of progressively realizing the right to health in Canada.

Here we report on the progress made against eight recommendations tabled in Parliament in November of 2025.[4]

There has been limited progress toward three recommendations and no progress toward five recommendations.

No recommendations have been mostly or fully implemented.



Amy Lamb

Member of former National Pharmacare Committee of Experts and executive director of the Indigenous Pharmacy Professionals of Canada



Dr. Nav Persaud

Chair of former National Pharmacare Committee of Experts, physician at St. Michael's Hospital, and Assistant Professor at the University of Toronto



Linda Silas

Member of former National Pharmacare Committee of Experts and president of the CFNU

Recommendation 1

The federal government should quickly advance new legislation explicitly recognizing the right to essential medicines – building upon the Canada Health Act of 1984, the United Nations Declaration on the Rights of Indigenous Peoples Act of 2021 and the 2024 Act Respecting Pharmacare – defining exactly how the policy provides universal, first-dollar coverage through a single-payer and publicly administered plan that is equitable and fair.

NO PROGRESS

No progress. No bill is being advanced.

Recommendation 2

The federal government should fully fund a list of essential medicines, ensuring free access for all people living in Canada through existing processes, such as provincial and territorial health cards.

LIMITED PROGRESS

Limited progress. No new federal funding has been announced. Health cards are being used to administer public drug plans, including a federal plan that covers diabetes treatments, contraceptives and some other treatments through bilateral agreements with certain provinces.

Recommendation 3

The federal government should use international best practices to establish an independent body that maintains the list of essential medicines to be publicly funded for everyone in Canada. This independent body should be free from financial conflict of interests.

LIMITED PROGRESS

Limited progress. The federal government asked Canada's Drug Agency to strike a committee, which successfully created a list of medicines that could form the basis of a federal pharmacare program. There is no mechanism for maintaining the list, and it is not connected to any coverage plan.

Recommendation 4

The federal government should develop a national essential medicines strategy that ensures affordability and accessibility. By implementing competitive procurement and strategic financing agreements, Canada can strengthen its healthcare system, safeguard supply chains, and promote domestic pharmaceutical production.

NO PROGRESS

No progress. No strategy has been developed, although developing a comprehensive plan would meet current challenges facing Canada.

Recommendation 5

The federal government should fully fund the initial list of essential medicines through various revenue-generating measures that are fair, neutral and efficient.

NO PROGRESS

No progress. The federal government has not announced any new program or funding.

Recommendation 6

Indigenous Peoples must be at the forefront of a monitoring and evaluation plan to assess the impact of pharmacare on access to medicines. First Nations and Inuit representatives should decide how saving from the Non-Insured Health Benefits program will be reinvested into Indigenous health priorities.

NO PROGRESS

No progress. We are not aware of any discussions led by Indigenous Peoples about how to reinvest savings after pharmacare implementation.

Recommendation 7

The federal government should immediately meet with provincial and territorial governments to agree on specific plans for improving primary health care and pharmacy services. They should focus on services that ensure access and appropriate use of medicines that will be supported using provincial and territorial savings from pharmacare.

LIMITED PROGRESS

Limited progress. Efforts have been made to improve access to primary health care.

Recommendation 8

Data on health outcomes (including mortality, morbidity and disparities) and prescribing patterns should be continuously and rapidly acted upon by health system partners and practitioners to improve care. Annual reporting to the United Nations Committee on Economic, Social and Cultural Rights will demonstrate Canada's commitment to advancing the right to health.

NO PROGRESS

No progress. Pharmacare has not been implemented, limiting what data can be collected on health outcomes.

The issues our recommendations were intended to address have only grown in importance during the past year. Since our recommendations were issued, access to medicines has not measurably improved, while medicine prices and spending have continued to increase. At least $3 billion has been overspent since our recommendations were made.[4] The high cost of medicines is part of a wider cost-of-living crisis being experienced across Canada.

We would also like to register concern about the introduction of new prescription charges for refugee claimants through changes to the Interim Federal Health Program as of May 1, 2026.[5] The introduction of a new out-of-pocket fee for people who are likely to have trouble paying is opposite to our second recommendation, as well as our general advice to adopt a rights-based approach to medicine access. We note that other new fees for refugee claimants, that were announced in January of 2026, have since been rescinded.

Some of our recommendations, such as advancing new legislation and developing an essential medicines strategy, can be implemented in any fiscal circumstance. These steps can establish a pathway to pharmacare and a reasonable timeline for realizing the right to health.

As members of the former National Pharmacare Committee of Experts, we plan to continue providing annual updates on these recommendations. We hope regular updates will ultimately result in the inclusion of medicines in Canada's publicly funded system, as has been recommended many times over decades.

Amy Lamb, Nav Persaud and Linda Silas

References

1 Government of Canada, Department of Justice. (2025). *Pharmacare Act* [Internet]. [Cited 2026 Oct 15]. Available from: https://laws.justice.gc.ca/eng/AnnualStatutes/2024_24/FullText.html

2 Government of Canada, Health Canada. (2019). *A prescription for Canada: Achieving pharmacare for all*. Final report of the Advisory Council on the Implementation of National Pharmacare. Ottawa, Ontario.

3 Casey, B. (2018). *Pharmacare now: Prescription Medicine Coverage for all Canadians*. (Report of the Standing Committee on Health; 14th report, 42nd Parliament, 1st session). Ottawa: House of Commons, Canada.

4 Government of Canada, Health Canada. (2025, November). *Final Report of the National Pharmacare Committee of Experts* [Internet]. [Cited 2026 Mar 3]. Available from: https://www.canada.ca/en/health-canada/services/publications/health-system-services/report-national-pharmacare-committee-experts.html

5 Government of Canada, IRCC. (2026). *Changes to the Interim Federal Health Program* [Internet]. [Cited 2026 Oct 15]. Available from: https://www.canada.ca/en/immigration-refugees-citizenship/news/notices/changes-ifhp.html

National Pharmacare Annual Progress Report 2026: Little to no progress

November 2026