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Land of the Living Skies

Canada, Saskatchewan

General overview

Saskatchewan, a province in Western Canada, boasts vast expanses of prairie landscapes, boreal plains, boreal shield and taiga shield. Sitting on territories of Treaties 2, 4, 5, 6, 8 and 10, it is the homeland of the Métis people.

Saskatchewan is landlocked, sharing borders with Alberta to the west, the Northwest Territories to the north, Manitoba to the east and the United States (specifically Montana and North Dakota) to the south. It covers a total area of 588 243.5 sq. kms and has a total population of 1 225 493. The gross domestic product per capita is US\$ 78.6. Life expectancy at birth per 100 000 is 992 for men and 920 for women.

The province embraces a rich cultural tapestry, with a blend of indigenous heritage, European settlers and diverse immigrant communities. Its official motto, *Multis e gentibus vires* (Latin for "From many peoples, strength"), reflects this multicultural spirit.

Saskatchewan thrives on agriculture, producing abundant wheat, canola and other crops. Mining plays a significant role, with the province being a global leader in the production of potash.

In this land of open skies and warm-hearted people, Saskatchewan's allure lies in its simplicity, its vastness and its ability to evoke a sense of connection with nature and community.

Regional activities linked to the WHO European Programme of Work

The following activities are linked to the three core priorities of the European Programme of Work (EPW): (i) moving towards Universal

Health Coverage (UHC); (ii) promoting health and well-being; and (iii) protecting against health emergencies.



Moving towards UHC

Anyone who makes Saskatchewan their home for at least six months a year is eligible for government-funded health benefits. While there are several nuances and limitations to these benefits, the overall intent is universal health coverage for all.

In Canada, the journey toward UHC began in the 1940s, with Saskatchewan pioneering government-funded health-care programmes. This provincial initiative eventually influenced the entire country, leading to the nationwide adoption of UHC. In Canada's federal structure, health-care delivery is primarily a provincial responsibility. Each province and territory manages its own health system, deciding which services are covered while adhering to federal expectations outlined in the Canada Health Act (1,2).

Passed in 1984, the Canada Health Act sets out the criteria and conditions to which the provinces are required to adhere in order to receive federal funding. These principles include public administration, comprehensiveness, universality, portability and accessibility. For example, hospital and physician services are universally covered, but other health services, such as dental care, prescription drugs, or vision care, may vary by province (3,4).

Recently, a federally administered dental programme was introduced to provide dental care for children under 12 from low- and middle-income families. The programme covers basic services, like check-ups, cleanings, fillings and extractions. It is part of the government's effort to improve oral health and reduce financial barriers. Provinces and territories will collaborate to deliver the programme, ensuring access for eligible families lacking affordable dental coverage (5).



Promoting health and well-being

The Saskatchewan Health Authority (SHA), which is the largest health-service provider in the province, has committed to addressing health inequities in the communities it serves. The goal is to create environments that mitigate harm, improve population health, reduce inequities and encourage health-promoting environments (6).

In summary, Saskatchewan is proactively addressing health equity by integrating it into policy, resource allocation and community engagement. By prioritizing equity, the province aims to create a healthier and more inclusive future for all its residents.

Examples include the following.

1. Equity (health) is listed as one of SHA's five core values (compassion, accountability, respect, equity and safety).
2. The SHA Commitment to Truth and Reconciliation outlines the commitment of the organization to advancing the Calls to Action of the Truth and Reconciliation Commission (TRC) to enhance outcomes involving Indigenous Peoples across the province by working collaboratively with First Nations and Metis communities.
3. The SHA Board has been provided equity-improving tools, for example, for assessing leadership composition that enables equity, which — in keeping with the literature — should enable the Board to provide strategic direction towards closing unjust gaps in health outcomes.
4. It is routine practice to present all epidemiological information, stratified by equity indicators.
5. Within the SHA, there are multiple teams, which are able to focus on addressing health inequities across the life course and prevention continuum.



Protecting against health emergencies

Given Saskatchewan's vast geography and the significant number of residents living in rural and remote areas, unique strategies are essential to effectively providing protection against health emergencies. An intersectoral approach, supported by accountable leadership, has been fundamental in shaping the province's health-emergency planning and preparedness policies. This comprehensive approach ensures readiness for a wide range of threats, from forest fires to outbreaks of infectious disease.

Recognizing the increasing frequency and severity of emergencies, the province established the Saskatchewan Public Safety Agency (7) in 2017 with the aim of streamlining public-safety services across the province. The agency works closely with municipalities and First Nations communities to strengthen local resilience and capacity for emergency response. Most notably, the agency played a critical role during the summer of 2025, when Saskatchewan experienced the largest evacuations in its history due to wildfires.

Emergency preparedness and planning in Canada, from the local to the federal level, is a continually evolving process.

Actions linked to the EPW flagship initiatives

(The Mental Health Coalition; Empowerment through digital health; The European Immunization Agenda 2030; Healthy behaviours: incorporating behavioural and cultural insights.)

Although Saskatchewan is not formally linked to the EPW, many of the local priorities and initiatives of the province align very much with these flagship initiatives.

Across the province, there is a profound need for integrated team-based mental-health and addictions services, supported by meaningful mental-health-promoting policies and environments. This is a

priority that is being addressed as well as possible with localized responses.

The Mental Health Capacity Building programme (8) in Saskatchewan is a collaboration between schools and communities to recognize and

address barriers to well-being through evidence-based prevention and mental-health-promotion efforts and activities. The programme has moved past this pilot stage due to promising evaluation findings (unpublished) and is expanding each year.

A flagship initiative specific to Saskatchewan

The last several years has been a period of intense effort to shift from disjointed systems that support communities to a network model (9,10) whereby systems are built around and in response to the needs of the communities within their geographies. This is led by the health sector,

which fully recognizes that the main drivers of health are not the health services, but rather the social determinants of health. This new way of working is intended to address health inequities and promote healthier communities.

The three most important topics for collaboration within the Regions for Health Network

These are:

1. addictions and mental health;
2. the rising numbers of infectious diseases among those rendered most vulnerable as a result of existing systems and structures; and
3. gaining an understanding of how best to provide care across the life course as primordial prevention in relation to palliative care.

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