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Vitals Check: Restoring Provincial Health Spending in Manitoba

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Introduction

Manitoba's health care system is in a precarious stage of renewal. Government efforts to increase capacity and repair relationships with staff have made significant progress, but due to the harsh austerity imposed prior to and immediately following the 2020 coronavirus pandemic, further provincial resources will be required to repair the system.

To critically evaluate the levels of public investment required to rebuild Manitoba's public health care system, it is crucial to contextualize current spending and assess where gaps remain in spending, staffing, and service provision. As a collaboration between the Manitoba Health Coalition and the Manitoba office of the Canadian Centre for Policy Alternatives, this project aims to provide a clear set of benchmarks to assess provincial government spending in Manitoba's public health care system.

This is the first of two reports analyzing Manitoba's provincial public health care. In this first report, we provide historical context to Manitoba's provincial health spending by analyzing annual per capita health care expenditure relative to inflation, provincial population aging and provincial population growth from 2010/11 to 2025/26. These figures help assess how relative spending power within Manitoba's provincial healthcare system has changed over time. Furthermore, we track Manitoba's real per-capita health spending relative to the Canadian provincial average going back to 1975 to further contextualize the austerity of the last decade.

In the second (forthcoming) report, we analyze staffing levels, spending on private health care delivery, and other key outcomes in the public health system. These outcomes include access to a family doctor,

emergency medical response wait times, wait times for surgeries and diagnostics, and wait times for home and long-term care.

It is our goal that the data and analysis in these two reports will help evaluate the need for public health care investment and support an expanded and improved health care system for all Manitobans.

Manitoba Health Care Spending is Still in Recovery

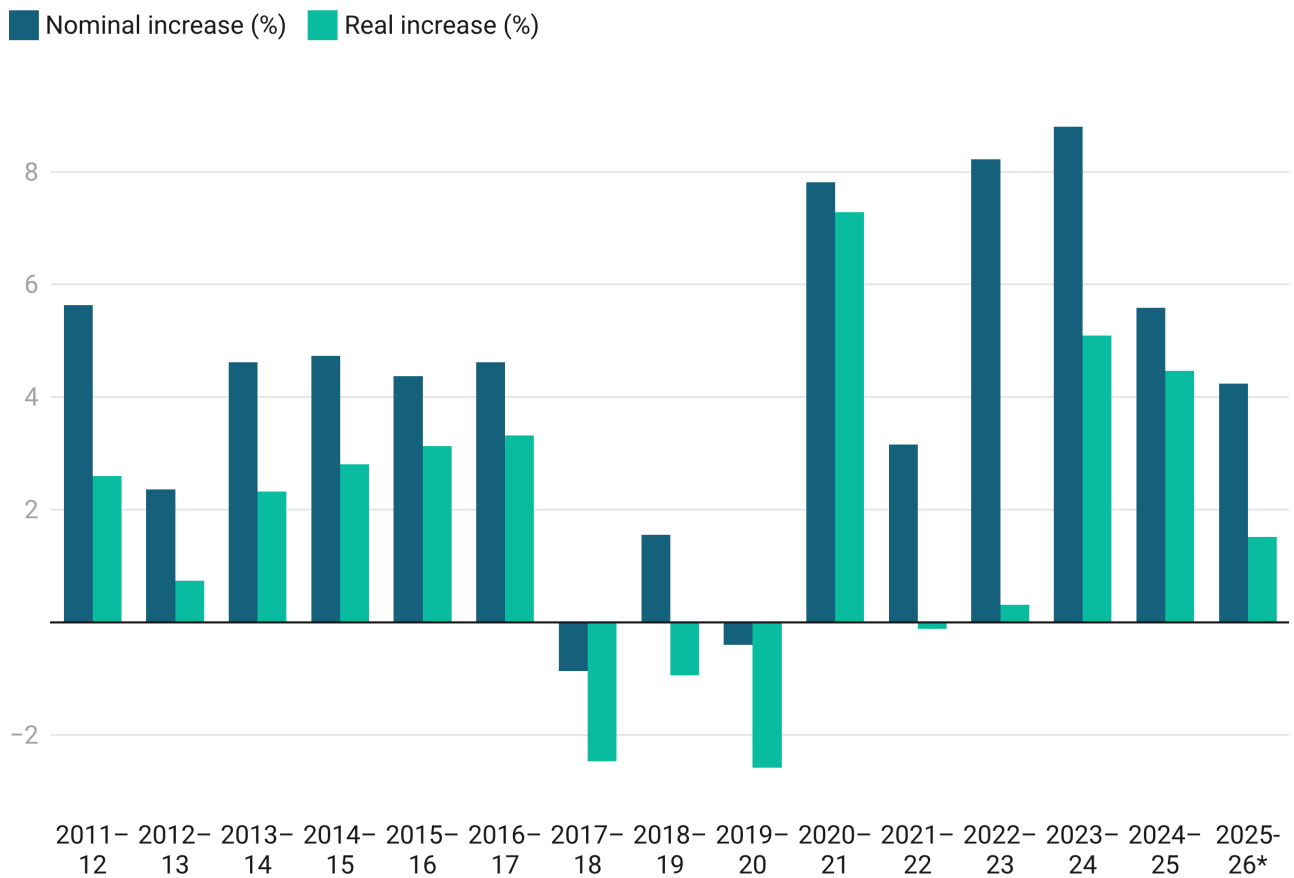
Across Canada, public healthcare is under increasing strain due to a variety of factors. Inadequate funding, particularly for staffing, is regularly cited as a top factor affecting provincial healthcare systems. Assessing Manitoba's provincial health spending relative to economy-wide price increases, population growth, and population aging over the last 15 years provides a view into medium-term trends in Manitoba healthcare funding.

Figure 1 below compares nominal and inflation-adjusted increases in Manitoba's annual provincial healthcare spending between 2011/12 and 2025/26. With the exception of 2020/21 (the first year of the COVID-19 pandemic), Manitoba health spending was at or below the inflation rate between 2017/18 and 2022/23. Although annual increases were not broken down for this analysis, the sole funding increase in 2020/21 was due to exceptional COVID-19-related measures. After six years of effective cuts, real healthcare spending (adjusted for inflation) increases were restored in 2023–24 and 2024–25 at 5.2 percent and 4.5 percent, respectively. In 2025–26, Manitoba is on track for a 1.5 percent real increase in healthcare spending, well below the pace set in the previous two years.

When adjusting provincial health spending to account for population growth and aging, the effect of austerity between 2017/18 and 2019/20,

Figure 1 / Manitoba Provincial Annual Public Health Spending Increases

Nominal vs. Real, 2011-2026



* 2025-26 spending is an in-year estimate taken from the Second Quarter fiscal update.

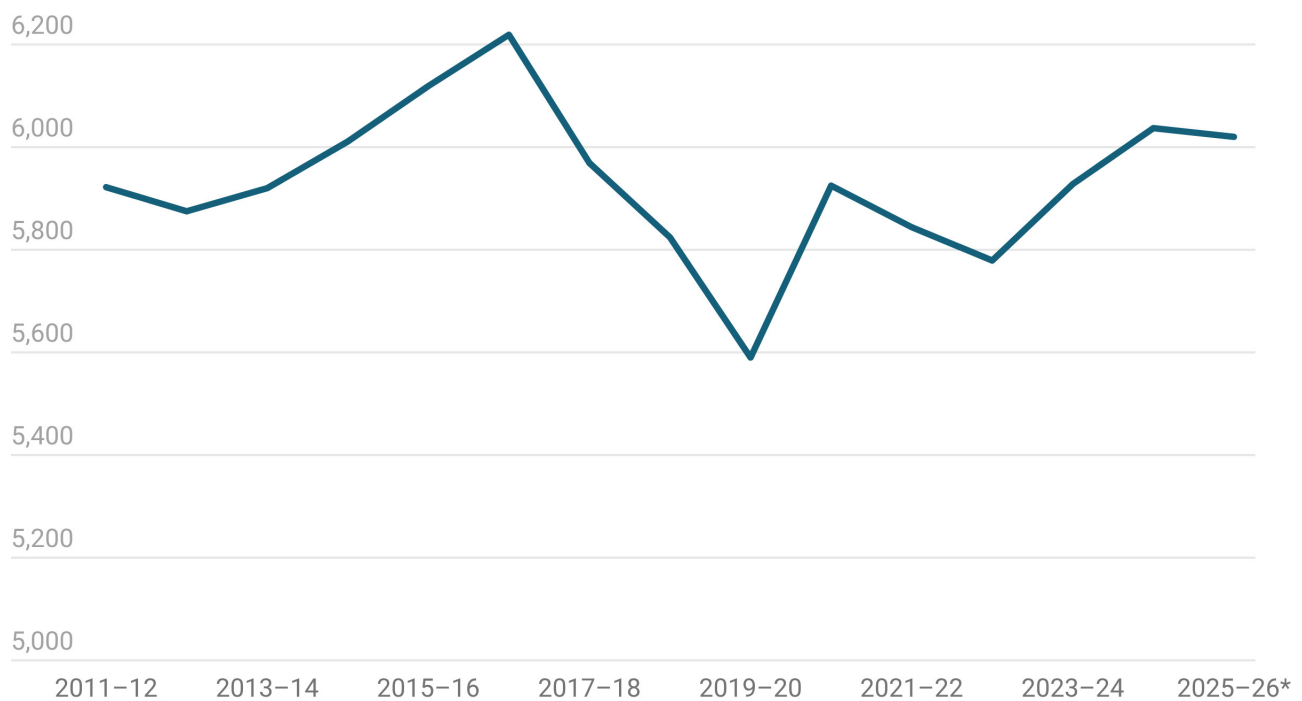
Source Manitoba Annual Public Accounts 2011/12-2024/25, Manitoba Second Quarter Fiscal Update 2025/26, Statistics Canada CANSIM Table 18-10-0005-01, authors calculations

and between 2021/22 and 2022/23, comes into sharper relief. Figure 2 presents Manitoba’s real per-capita public health system spending from 2010/11 to 2025/26, accounting for population aging (see Appendix 1 for methodology). Age-adjusted, per-capita health spending climbed between 2010 and 2016 despite a major decline in federal transfers during that period. From 2016/17 to 2019/20 real, age-adjusted spending declined from \$6,219 per person to \$5,590, or by nearly 10 percent.

Between 2017/18 and 2019/20, the province implemented a series of cuts under the “Manitoba’s Health System Transformation” plan, including eliminating 500 nursing positions, 700 hospital support staff positions, closing three emergency rooms, and consolidating various health

Figure 2 / Manitoba Public Age-Adjusted Real Per Capita Health Spending

2023\$, 2010-2026



* 2025-26 spending is an in-year estimate taken from the Second Quarter fiscal update.

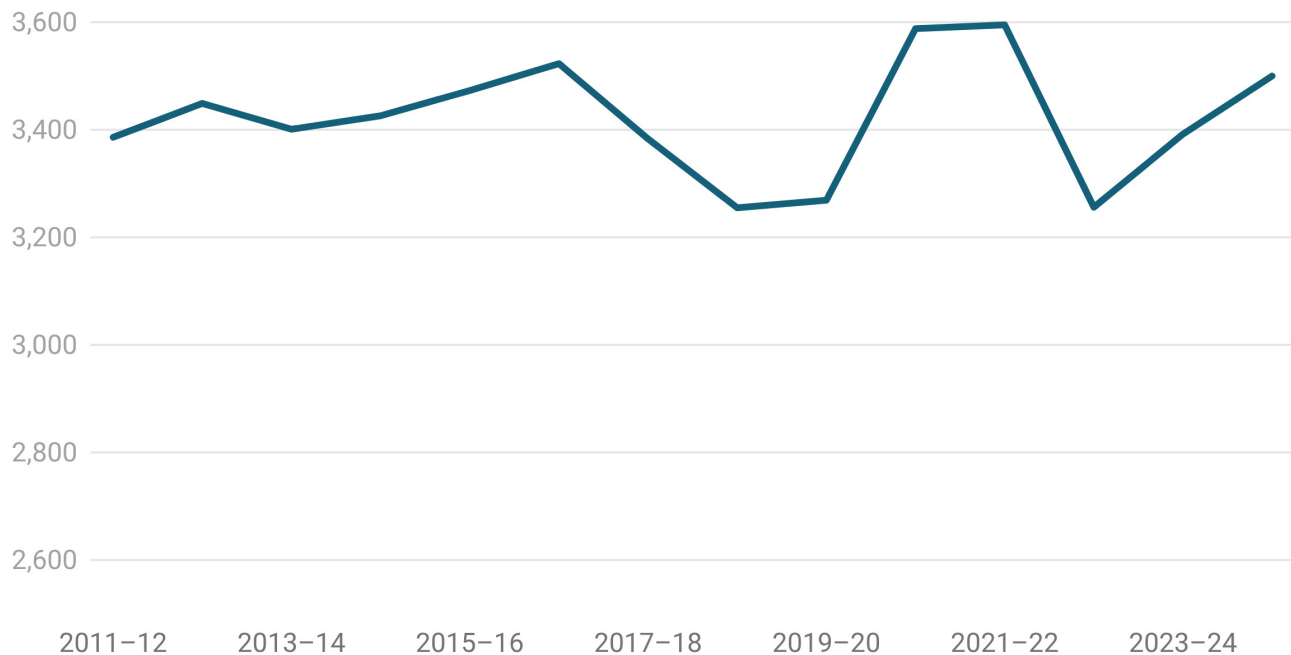
Source Manitoba Annual Public Accounts 2011/12-2024/25, Manitoba Second Quarter Fiscal Update 2025/26, Statistics Canada Table 18-10-0005-01 and 17-10-0005-01, CIHI Series E.1.26.2.a, authors calculations

services (Burley, Chernomas, and Hudson 2025). Since the low-point of 2019/20 spending has increased to \$6,020 per person, progressively increasing since 2022/23.¹ Despite significant spending over the last three budget cycles, relative spending power in Manitoba's provincial health system remains roughly three percent below where it was a decade ago, indicating that additional spending increases well above inflation are still required to backfill the cuts implemented between 2017/18 and 2019/20.

Focusing on health personnel spending² (see Figure 3), a similar pattern of a sharp spending decline followed by a stop-start recovery is visible. From 2016/17 to 2019/20, age-adjusted, real per-capita spending on staffing fell by seven percent from \$3,500 to \$3,255. Staffing expenditures increased in 2020/21 and 2021/22 due to COVID-19-related spending, including wage top-ups, but fell back to \$3,256 in 2022/23. Over the last two years, staffing expenditure has increased to \$3,500, almost exactly where it was a decade ago.

Figure 3 / Manitoba Public Age-Adjusted Real Per Capita Health Personnel Spending

2023\$, 2010-2026



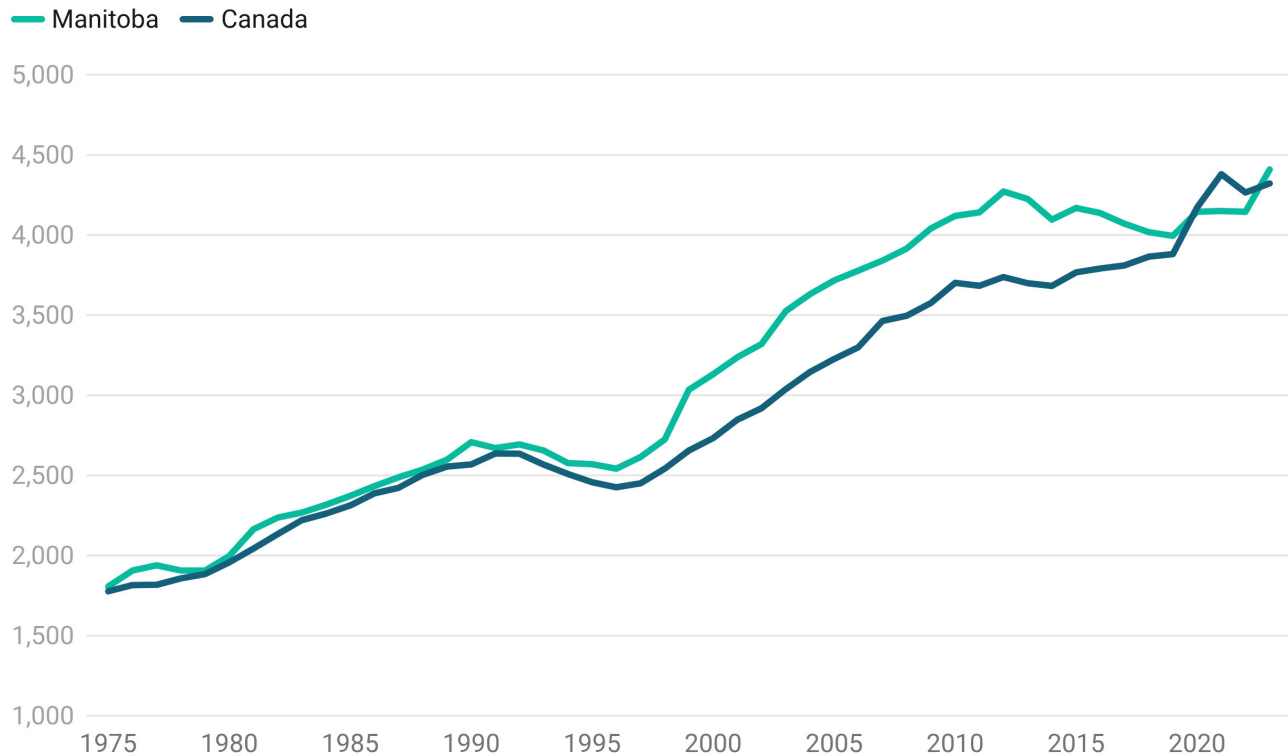
Source: Manitoba Annual Public Accounts 2011/12-2024/25, Manitoba Second Quarter Fiscal Update 2025/26, Statistics Canada Table 18-10-0005-01 and 17-10-0005-01, CIHI Series E.1.26.2.a, authors calculations

Historically, Manitoba’s public health care expenditure has, on a real per-capita basis, been above the average expenditure for Canadian provinces (see Figure 4). This is due to Manitoba’s relatively small population size and geographic disbursement, reducing economies of scale across the health system. Between 1975 (the earliest available data) and 2023, Manitoba’s real per-capita public health expenditure fell below the Canadian average only between 2020, 2021, and 2022. This highlights the acute stress Manitoba’s health-care system experienced under the dual pressures of COVID-19 and provincial austerity.

From the late 1990s to 2016-17, Manitoba’s real per-capita expenditure was around 10 to 15 percent higher than the Canadian provincial average. On an age-adjusted, real per-capita basis, this amounted to a difference of between \$300 and \$500 per person (see Figure 5). Increases to Manitoba’s provincial health care spending in 2023³, when the new government launched its workforce recruitment and retention drive and settled new contracts with various sectors of the workforce, appear to

Figure 4 / Real Per-Capita Provincial Government Health Expenditure, Manitoba vs. Canada (Avg.)

2010\$, 1975-2023



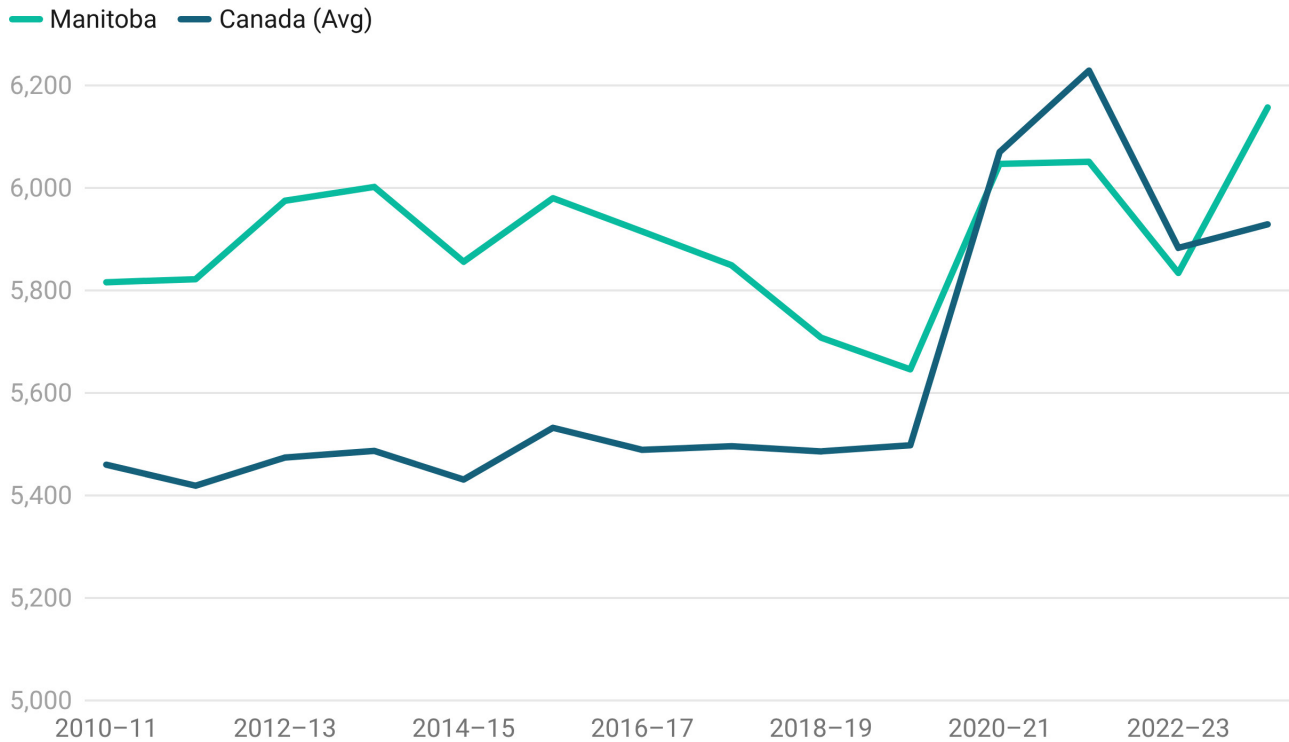
Source CIHI National Health Expenditure Database, Table B.4.8, 2025

have pushed Manitoba's age-adjusted, real-per capita expenditure above the Canadian provincial average once again. However, as the analysis above outlines, overall spending power within Manitoba's provincially funded health system has not been restored to levels seen prior to the health system transformation implemented by the previous provincial government.

Rebuilding Manitoba's provincial health care system was a central plank of the NDP's successful 2023 election campaign. While analyzing aggregate provincial health care spending provides only a partial view of the healthcare system rebuild, failing to address the content of spending or to connect spending to issues such as surgical wait times or bed capacity, these findings can help health care advocates critically assess Manitoba health care funding commitments over the next few years.

Figure 5 / Age-Adjusted Real Per-Capita Health Spending, Manitoba vs. Canada (Avg.)

2023\$, 2010-2024



Source: CIHI National Health Expenditure Database, Table B.4.1.a, 2025; Statistics Canada Table 18-10-0005-01 and 17-10-0005-01

Since taking office in 2023, there is no question that Manitoba’s government has made progress in reversing the health spending shortfall created between 2016/17 and 2019/20, and has maintained it between 2021/22 and 2022/23, following the height of the COVID-19 pandemic. However, further spending increases are still needed to return funding to its 2016/17 level.

What the Data Tell Us

More Action is Needed to Rebuild Manitoba's Health Care System

Health care spending has increased substantially since 2023, but significant increases are still required to recover from years of underfunding and to expand the system to improve care and reduce wait times. A decade of chronic underfunding has led to burnout among health care workers and contributed to an ongoing retention crisis in public health care in Manitoba, which was significantly exacerbated by the COVID-19 pandemic.

Following the double whammy of historically unprecedented austerity and a global pandemic, the public health care system lost many of its workers through burnout, early retirement, and other forms of attrition (Harney 2023). Burnout remains a serious problem among health care workers in Manitoba and across the country. In a new, first-of-its-kind national survey of over 6,000 health care workers, more than half (61 percent) reported heavy workloads and burnout (National Union of Public and General Employees 2025). Here in Manitoba, nurses and other health care professionals continue to cite workload and burnout as key issues facing their workforces (Manitoba Nurses Union 2024; Manitoba Government and Employees Union 2024).

Without safe and supportive working conditions, safe and reasonable staff-to-patient ratios, and competitive benefits and wages, Manitoba risks losing more public health care workers to the private, for-profit system. The last two years of public health care investment have made notable progress on wages and benefits: new contracts have been agreed with healthcare workers across the system, providing wage increases and moving healthcare aides onto an improved benefits program. However, there is still progress to be made on staff-to-patient ratios, bed capacity, and supportive working conditions, among other areas. Legislation proposed in 2026 to limit mandatory overtime and legislate nurse-to-patient ratios provide some hope on improving working conditions (Hoye 2026).

Alongside the necessary funding increases, the allocation of public dollars is crucial to consider. In Manitoba, privatization has taken hold in many areas of health care delivery over the last decade, particularly through private agency staffing that fills vacancies in the public system at high cost to the public. Efforts by the provincial government to reduce the number of private agencies working in Manitoba is an important step in controlling these costs (Froese 2026). Private, for-profit diagnostics and surgical options also threaten the public system by taking public resources and drawing workers away from public facilities.

Spending public dollars to support private, for-profit provision of health care is inefficient and undermines the principles of universality and accessibility entrenched in the Canada Health Act. Other provinces like Alberta have expanded privatization of health care into surgical delivery, but thus far, these efforts have not reduced wait times (Longhurst 2025a). In Ontario, costly reliance on private, for-profit agencies has weakened the public hospital system while not expanding access to care (Longhurst 2025b). For-profit health care leaves many — especially those living outside of major centres like Winnipeg — behind, as it is not profitable to deliver health care in rural and remote communities.

The Canada Health Act is intended to ensure that all Canadians, regardless of province, can access publicly administered, universal, comprehensive, accessible, and portable care. Adequate, ongoing funding for public health care is essential to ensure that Manitoba can meet the minimum standards set by the Act in the future. If Manitoba does not comply with the principles and conditions of the Canada Health Act, much-needed health care funding transferred from the federal government will be lost. This is something Manitoba cannot afford.

Importantly, investments in public health care are just that — investments. They are commitments to the lives and futures of

individual Manitobans. Investing in primary and preventive care will make for a healthier Manitoba and ultimately reduce costs for the system overall by keeping people out of emergency care, catching illnesses before they become too serious, and enhancing people's capacity to meet their full potential.

Manitobans deserve better. The project to rebuild Manitoba's public health care system is underway, but without increased investment and collaboration with patients and providers, it will stall. Increased funding is needed to rebuild a truly universal, accessible, and equitable public health care system in Manitoba that supports patients and workers equally.

Appendix 1

Real per-capita provincial public health care spending was taken directly from Manitoba's Annual Report and Public Accounts (summary financial statements, consolidated statement of operations). The consolidated spending reported for the Department of Health, Seniors and Long-term care is used here to capture provincial government spending on Manitoba's health system.

Provincial government health spending was adjusted for population aging using a population aging index. The population aging index was calculated using data on per-capita provincial health expenditures by age group sourced from the Canadian Institute for Health Information (Table E.1.26.2.a) and data on Manitoba's population by age group sourced from Statistics Canada (Table 17-10-0005-01). Both datasets are grouped into five-year age groups. Per-capita spending by age group was multiplied by the corresponding share of Manitoba's population in each age group, then summed to produce an index of population aging. This index was divided by the base year of 2010/11 for each year to assess annual population aging.

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Notes

- 1** Although 2025/26 figures indicate a plateauing in age-adjusted per-capita spending, we expect the trend to continue upward once annual public accounts for 2025/26 are released. This is due to a backloading of some provincial public health billing.
- 2** Health personnel spending is taken from the Summary Financial Statements portion of Manitoba's Annual Report and Public Accounts (Schedule 9). The personnel spending line captures all employee compensation across Manitoba's provincial public health system.
- 3** Although CIHI releases provincial health expenditure data on an annual basis, a two year lag is maintained due to data irregularities in the two most recent data points.

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The CCPA Manitoba publishes research on the original lands of the Anishinaabe, Anisininew, Cree, Oji-Cree, Dakota, and Dene peoples and the homeland of the Métis Nation on Treaty 1 Territory. Beyond recognizing the importance of place, we acknowledge our responsibility to contribute to solutions to the problems caused by past and present colonial policies in Canada. We are committed to contributing research that builds on the strengths of Indigenous communities, respects the spirit and intent of Treaties, and that is done in partnership with First Nation, Métis and Inuit people and organizations.

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