Health in All Policies

Government Policy of Prevention in Health: A HiAP Approach in Quebec, Canada

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Introduction

In 2016, the Government of Quebec launched its Government Policy of Prevention in Health[1], a policy that mobilises a range of partners to further enhance the population's health, with a view to ensuring health equity. Like Australia, Canada is a federation in which each province and territory is responsible for organising its own healthcare system. With a population of eight million, Quebec is the second most populated province of Canada, and is well known for its social policies. The Government Policy of Prevention in Health is a first for the province, but also for Canada. It is supported by the highest government authorities in Quebec, the Council of Ministers, and is placed under the leadership of the Minister for Rehabilitation, Youth Protection, Public Health and Healthy Living (part of the Ministry of Health and Social Services). Conceived as a whole-of-government approach to health, it urges 15 ministries and government agencies specialising in different fields of intervention to work together to achieve the goals of population health. The Policy is structured around 28 measures (ministerial commitments) and five areas of research jointly identified with the ministerial partners. The Policy comes with an initial budget of CAN$200 million for the deployment of activities over the next ten years.

The adoption of this government policy is a logical follow-up to developments over recent decades in Quebec relating to action on the social determinants of health. As early as 1992, the Ministère de la Santé et des Services Sociaux (Quebec Ministry of Health and Social Services, MSSS) adopted its Policy on Health and Well-Being, proposing a comprehensive vision of health and its determinants based on "an equal sharing of responsibilities among individuals, families, living environments, public authorities and all sectors of community life" (trans.).[2] These developments paved the way for the modernisation of the Quebec Public Health Act in 2001 which, in addition to the usual protection measures provided for in this type of law, included legal levers for prevention and health promotion. The most innovative section of this Act is that requiring all government sectors to ensure that their laws and regulations do not cause any negative impact on the population's health.[3] The strategy adopted by the MSSS to foster this requirement is one of supporting and assisting the other sectors and reaching a win-win situation.

Since 2003, the National Public Health Program has focused on intersectoral action strategies and the development of healthy public policies by recognising the legitimacy for public health actors to operate outside the traditional boundaries of their sector in order to establish partnerships for health. More recently, the Government Action Plan to Promote Healthy Lifestyles (2006—2012)[4], involving several ministries, civil society actors and a private foundation, aiming to create supportive environments for healthy behaviour throughout the province, gave rise to a formidable mobilisation of actors on the ground in favour of prevention in health, a mobilisation that remains vibrant and connected to the current political commitment to prevention. It is on this historical basis that the recent Government Policy of Prevention in Health, more inclusive and more ambitious than previous policies in this area, was launched in 2016.

As in many other jurisdictions around the world, the Policy also responds to the need to reduce financial pressures on the healthcare system, which, in Quebec, takes up nearly 45% of state budgets. The rapid ageing of the population and the persistence of chronic diseases are important issues in this regard. Lastly, it also responds to a generalised concern on the part of the public administration for greater coherence across government and the recognition of the relevance of a whole-of-government approach when it comes to acting on the complex issues faced by the government as a whole. Thus, the Policy is based on other approaches adopted elsewhere in the world. It is in line with an international trend, fuelled by the work of the World Health Organization, which advocates integrating health into all policies, to foster whole-of-government collaboration.

Following the adoption of the Policy in October 2016, an interministerial Action Plan is being developed for its implementation. This Plan, which will specify the methods of implementing the Policy measures, is being developed using the same co-benefits approach used during the development of the Policy. These two quite recent initiatives (Policy and Action Plan) are presented below.

Vision, aims, objectives

The Policy puts forward a uniting and mobilising vision to guide the current and future actions of prevention in health to be taken by partners both within the government and outside of it. In this sense, its long-term aim can be considered to be a whole-of-society approach. Supported by this vision of a healthy Quebec, the Policy intends, on the one hand, to act on a range of factors and determinants to improve Quebecers' health and quality of life and, on the other hand, to reduce the social inequalities that influence health. It is structured around the following elements:

A broad vision

A healthy Québec population, where everyone has the ability and conditions necessary to achieve their full potential and participate in the sustainable development of society. A forward-looking prevention policy that inspires and mobilises a range of partners to promote good health for everyone.

An overarching goal

Influence a range of factors to improve Quebecers' health and quality of life and reduce health inequalities.

Cross-cutting issues

- Sociodemographic changes, including the challenges caused by an ageing population, immigration, and new family situations
- Poverty and health inequalities, particularly among Aboriginal populations and socio-economically disadvantaged communities.

Guiding principles

- Consideration of the inextricable nature of the environmental, social and economic dimensions of sustainable development principles
- Effective measures that have an impact on people, communities, and environments
- Actions adapted to the circumstances and needs of various population groups
- Prevention partners that work consistently and in synergy within the government and with stakeholders in various sectors of activity.

With specific targets relating to social determinants of health By 2025:

1. Increase to 80% the proportion of children who start school without being at-risk for a developmental delay.
2. Ensure that 90% of municipalities with populations of 1,000 or more people adopt measures to develop communities that foster sustainable mobility, safety, healthy living, and a good quality of life for their residents.
3. Increase affordable, social and community housing by 49%.
4. Lower the number of daily and occasional smokers to 10% of the population.
5. Achieve a high level of emotional and psychosocial well-being among at least 80% of the population.
6. Increase the percentage of seniors receiving homecare services by 18%.
7. Achieve a minimum consumption of five fruits and vegetables per day, by at least half of the population.
8. Increase by 20% the percentage of young people aged 12 to 17 who are active during their leisure activities and choose active modes of transportation.

9. Reduce by 10% the gap in premature mortality between the lowest and highest socio-economic groups. (Premature mortality refers to death at a relatively young age.)

The Policy presents the specific contribution of 15 ministries and government agencies, outlining the decisions to be made in their sectors that will influence one or more of these major health determinants. Several departmental commitments (policy measures) are related to the Sustainable Development Goals promoted by the United Nations and endorsed by the World Health Organization such as "fostering healthier cities through urban planning", "broaden the introduction of working conditions conductive to good health", "promote access to public buildings offering clean and healthy surroundings close to where people live" or "reducing risks with antimicrobial resistance" to name just a few among the 28 policy measures. Furthermore, concern for vulnerable populations is a cross-cutting issue that must be taken into account during the development of the action plan through impact analysis.

The resulting interministerial Action Plan will set out the roles and responsibilities of each party, as well as the implementation schedule, factors of success and evaluation measures.

Governance, reporting and monitoring

Governance of the Policy essentially takes place at the central level of government. It is viewed as a response to long-term criticisms by local authorities demanding greater coherence between the two levels of government with regard to intersectoral action for health. However, given that most of the measures stated in the Policy will be deployed on the ground (e.g. those regarding social housing, child care or healthy eating), strong ties must be developed between the central level and local level, integrating the mechanisms for territorial intersectoral collaboration.

The Policy was first spearheaded by the MSSS, with the support of several other government sectors. It was soon adopted by the new Minister when taking up her duties. Indeed, she made it a priority, launching the Policy in fall 2016 accompanied by several other government ministers, with a commitment to producing an interministerial action plan by October 2017. The Policy thus has the benefit of a firm political anchor. The leadership assumed by the health sector within the government has been central to the Policy's development and its position vis-à-vis the higher administrative and political authorities. This leadership is exercised at various levels. First, with regard to knowledge, through scientific credibility and awareness-raising regarding the social determinants of health; second, at the administrative level, by using existing legal and organisational levers within the government to foster interministerial and intersectoral collaboration; and lastly, at the political level, to some extent, by maintaining a strong and facilitating relationship with the Minister regarding her influential role with other ministers.

The Policy also announces the establishment of a monitoring and reporting strategy. This strategy is currently under development and is expected to be flexible and user-friendly to avoid weighing down the pre-existing administrative processes, one of the most frequently-criticised burdens related to horizontal management.[7,8] Tools adapted to shared accountability are being jointly developed by the parties to keep the government and ministerial authorities informed on a regular basis regarding the extent to which the objectives have been met. In addition to the implementation follow-up, the strategy will include indicators relating to intersectoral governance.

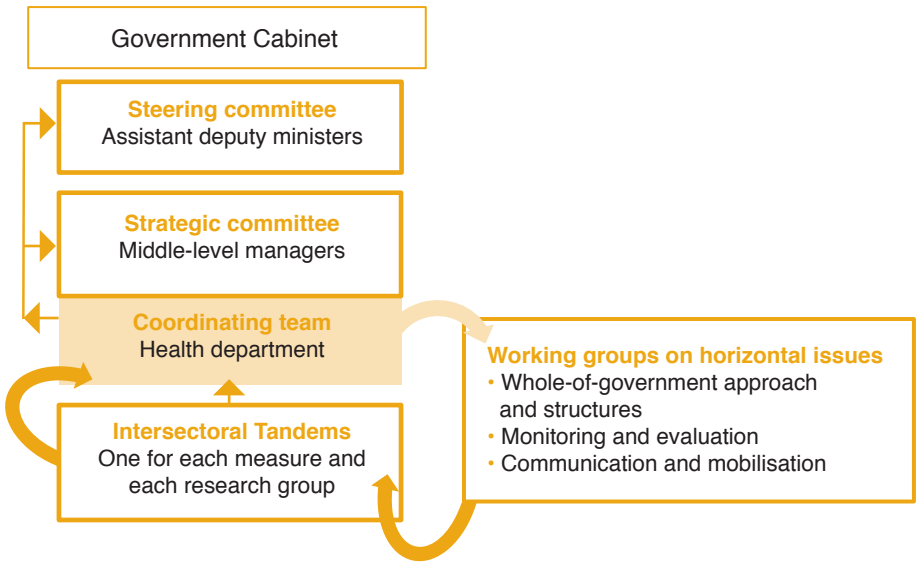
Mechanisms and processes

Although the Policy announced in fall 2016 involves a ten-year time horizon, the first action plan, expected for fall 2017, will cover a first four-year phase. Over the course of this year, substantial work will thus be accomplished by all the government departments involved, defining the actions to be undertaken over the coming years related to the commitments announced in the Policy. The organisational structure established to support the joint development of the action plan facilitates the actualisation of the two strategies inherent in the HiAP approach, namely, the systematic consideration of health in the decision-making processes of other sectors, and the search for synergy between sectors.[9] For each of the 28 measures and five research areas, a small working group (called a tandem) has been set up, bringing together actors from both the health sector and the sector responsible for the measure and its partners. This is a unique opportunity for the participating health actors to make the links between the various actions planned in each sector and the population's health. The work of the tandems is then discussed within the interdepartmental strategic committee composed of middle-level managers, and approved by a steering committee made of the assistant deputy ministers of the 15 sectors involved. These two interdepartmental committees, where managers of the 15 ministries and government agencies sit around the same table, are forums conducive to creating an integrated and common vision of the action plan and developing synergies between the sectors. Coordination and communication between these collaboration mechanisms are then facilitated by a small team at the MSSS (see Figure 1).

In addition to these interministerial collaboration structures, four working groups focusing on cross-cutting functions related to intersectoral governance are helping to prepare the Policy's implementation. These groups are: *approach to and mechanisms for horizontal management; funding, budget and accountability; monitoring and evaluation, and communication and mobilisation.* These groups will put forward orientations in their areas of expertise relating to the conditions of success for intersectoral governance.

Tandem members, responsible at their level for specifying the actions to be undertaken for their respective measures, have a demanding task before them. They must clarify the specific actions, schedule, budget, and risks and opportunities, and ensure that the cross-cutting concerns are integrated into all government decisions based on existing administrative obligations. Among these concerns are impacts on poverty, principles of sustainable development and gender-differentiated impacts.

Figure 1. Organisational structure for the Government Policy of Prevention in Health Action Plan



Establishing and maintaining partnership

It is important to mention that the deliberations leading to the 2016 Policy began in 2010, when the MSSS' public health sector held consultations with government partners entrusted with complementary missions. This Herculean task was then undertaken in 2013, encouraged by a clearly favourable political will. This phase mobilised more than a hundred representatives from a dozen ministries and agencies and well-known external experts. Their work led to the first Policy draft, taking account of evidence-based data on policy measures favourable to health and the context of government intervention (public policies already underway). However, this Policy statement could not be adopted before the election call and the change of government. Nevertheless, this background work, piloted by the health sector and respecting the legitimacy of all the participants in a spirit of mutual gains, helped establish a climate conducive to partnership. The satisfaction expressed by the different government sectors participating in the deliberations of 2013 facilitated the agreement to resume the deliberations in 2015. The strategy of supporting the other sectors adopted by the health sector over the last decade appears to have led to results in terms of partnership. However, this position requires that health actors make compromises along the way regarding the choices made by the other sectors and the rate at which the desired changes will take effect. One of the main contributions to this was the paradigm shift in the approach of the public health sector, going from a more prescriptive approach to a more win-win approach. In this respect, international developments in the HiAP approach and its related philosophy advocating the quest for mutual gains have strengthened Quebec's strategy.

Challenges and opportunities

The gains obtained to date (support from political leaders and ministerial partners) have enabled the parties to agree on the major Policy parameters. However, many challenges remain on the threshold of the Policy's implementation, the most important being:

- the difficulty of reconciling the logic of vertical management with that of horizontal management
- maintaining the political commitment over the long term
- the capacity to grasp the complexities (number of determinants targeted, number of actors, diversity of interests) and navigate and adjust to an ever-changing context
- the integration into or interface with other major intersectoral (or governmental) policies which also have impacts on the health determinants
- and more prosaically, the availability of the minimum (human and financial) resources required to ensure coordination and monitoring of the Policy as well as ongoing support for it.

The financial incentive (new money) is a vital impetus for sectors less open to becoming involved. However, while this is attractive to other sectors, it also constitutes a management issue for the health sector. It has to maintain strong leadership and coordination capacity while promoting ownership of the policy by other sectors. One of the ongoing challenges is to ensure that this policy is truly viewed as a joint policy and not as a policy from the health sector.

The lessons learned to date have led us to agree on the following three messages:

Message 1: This type of policy requires a long gestation period. The health sector must show determination and a strategic ability to grasp the opportunities and demonstrate the added value for the whole government of considering health in government decisions. The Quebec project involving the Government Policy of Prevention in Health has experienced progress and setbacks relating to changes in the parties in power and

individuals in positions of authority over the last seven years. However, each attempt has helped to develop a better understanding and skills within the health sector and the whole government.

Message 2: It is important that ambassadors outside the government have the ear of those at the political level. Efforts made within the public administration, such as the leadership exercised by the health sector, the awareness-raising conducted among other sectors and the inclusion of the project in the administrative priorities have paved the way for a more inclusive governance of health concerns. However, given the constraints of managing emergencies in each of the sectors and the difficulties related to horizontal management, an impetus from the political sphere is essential. Moreover, this impetus is most often the result of pressure from citizens, organised groups, individuals with positive and credible repute, and the media. In Quebec, this external pressure has been a determining factor in the political commitment. Ensuring links between the three pillars of an intersectoral policy – the political sphere, the bureaucratic sphere, and civil society – is a winning strategy worth supporting.

Message 3: The expectations of the health sector must be in tune with the capacity of the environment to absorb the changes in organisational and management culture recommended by a HiAP approach. In the case of the Quebec Government Policy of Prevention in Health, several ministries are involved. However, not all ministries show the same level of ownership of the objectives, with some having more distant interests than those driven by the health sector. The sectors' level of commitment can be diverse and it is important to allow the time and space needed for each to progress on its own path. The process is as important as the results.

Reflections and conclusion

The Quebec Government Policy of Prevention in Health is consistent with international recommendations in the area of population health. That is, the Policy helps government take action before health problems emerge by aiming at the social determinants of health; it carries a comprehensive and integrated vision of health issues, including recognition of their inextricable links with sustainable development; it is a cross-departmental policy and is inclusive; and it is supported by the highest government authorities. In addition, its implementation is based on best practices in intersectoral governance for health, such as exercising strong leadership from the health sector, establishing intersectoral collaboration structures, including a team dedicated to coordination, ensuring concern for adapted and shared accountability, and supporting a change in culture.[12]

However, this will not be an easy task. The challenges are manifold. Most of these challenges are known, being common to any horizontal management initiative. When such an initiative involves a topic with distant impacts, such as prevention in health, it is inevitably on the margin of government priorities, thus increasing the challenge of sustainability. Other, currently unsuspected challenges will certainly arise along the way. With regard to intersectoral governance for health, there is no single magical solution. The presence of a team dedicated to coordinating the project, with strategic abilities and able to recognise opportunities and pull the right strings and, especially, capable of determination, foresight and patience will undoubtedly be a major asset.

Key contact/s and further information

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