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Whole-of-Government Approaches: Two Canadian Examples

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Presentation overview

- Who we are and why we think this subject is important
- What are whole-of-government approaches
- Two examples
- Implications and questions to explore

National Collaborating Centre Healthy Public Policy

- One of 6 centres recently established by the Public Health Agency of Canada
- Housed in *Institut national de santé publique du Québec*
- Located in Montréal, QC
- Pan Canadian involvement and experience

National Collaborating Centre Healthy Public Policy

- **Objective**

- To support the efforts of public health actors across Canada in healthy public policy and to increase expertise
 - Through the development, sharing and use of knowledge

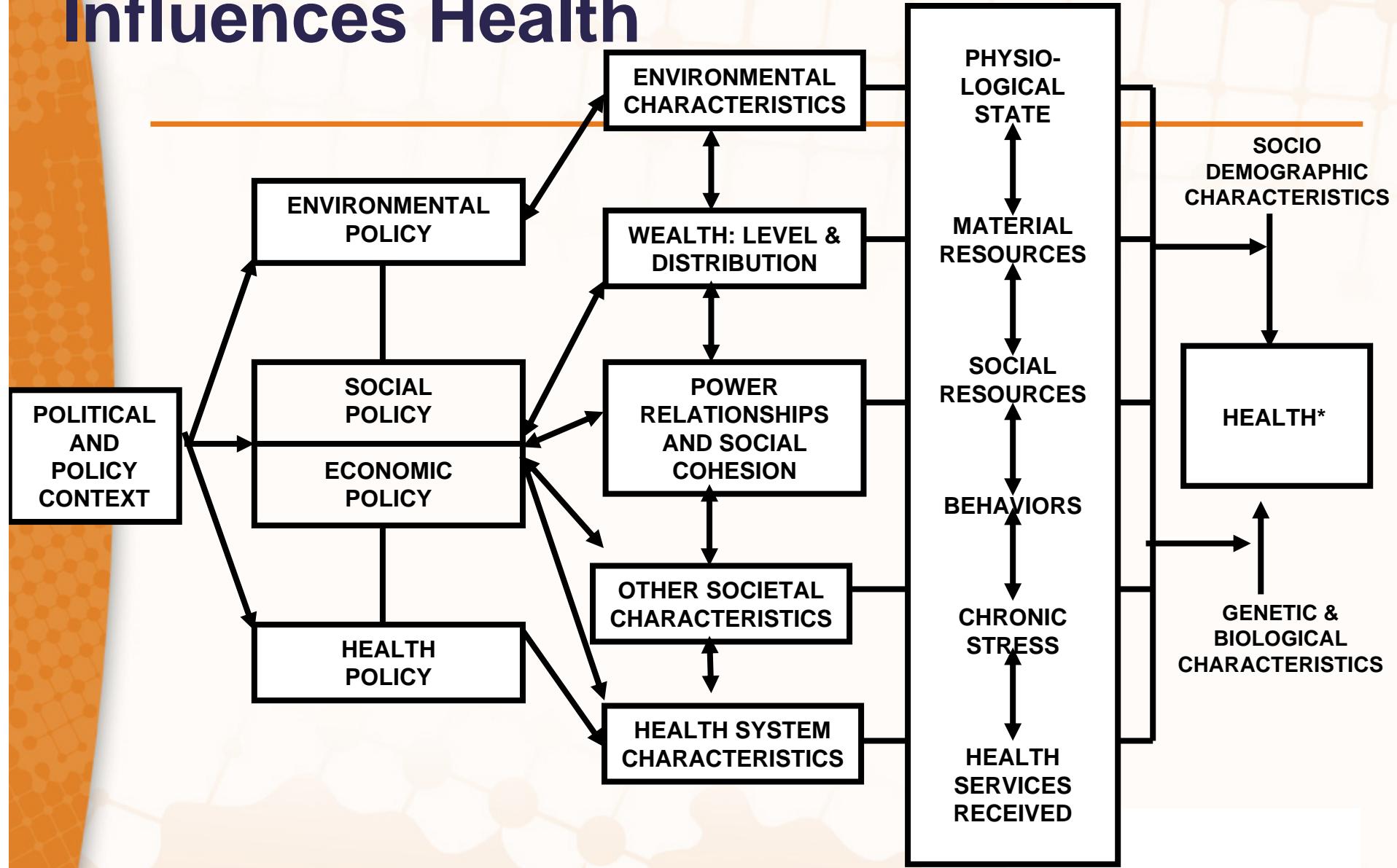
- **Focus**

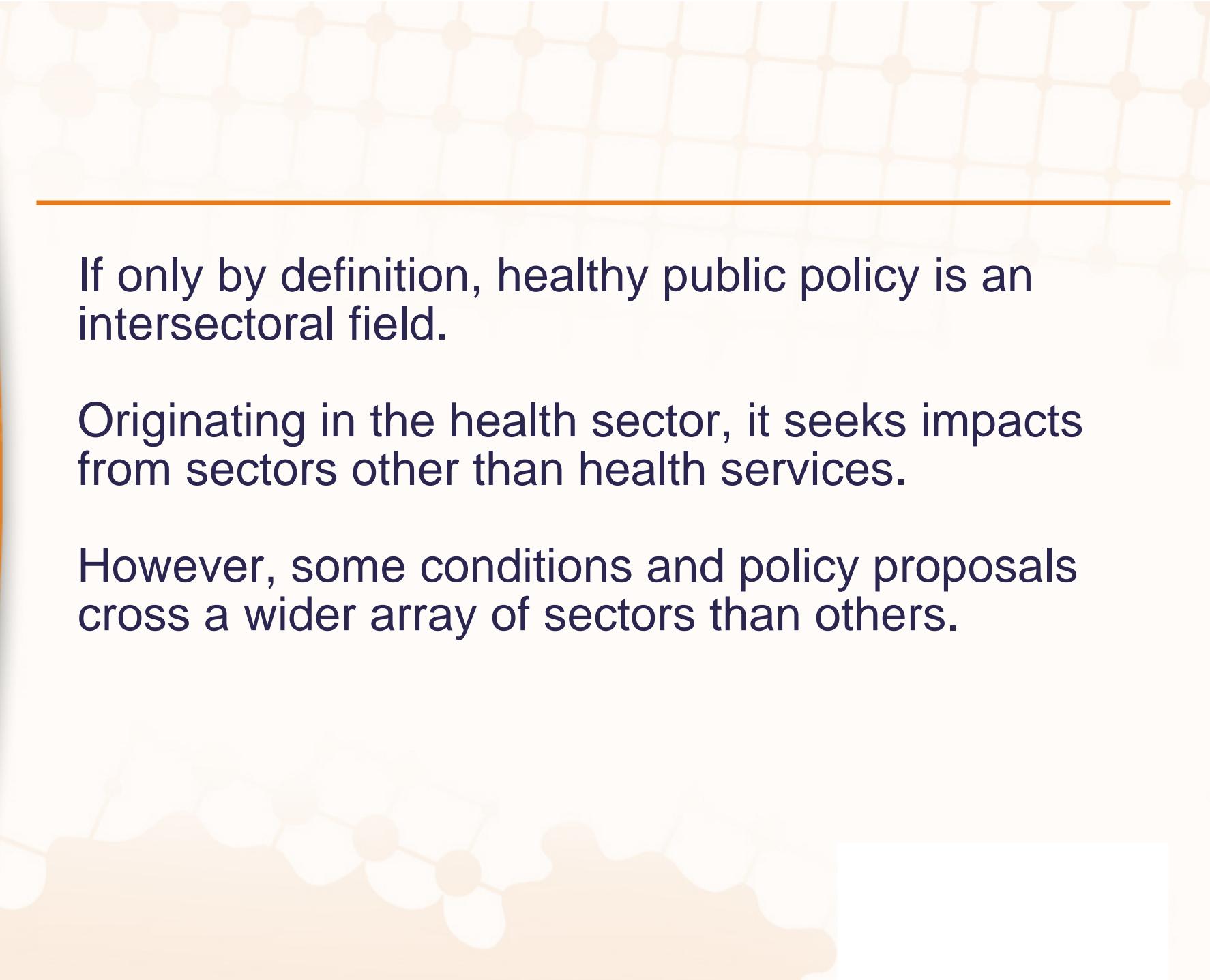
- Public policies and their impact on health
 - E.g. housing, transportation, food, education, social welfare, taxation, etc.
 - At various levels of government (or authority)
 - Policies other than health services (i.e. waiting times)

- **Based on population health approach**

- Recognizes the impact on health of socio-economic factors

Public Policy Influences Health





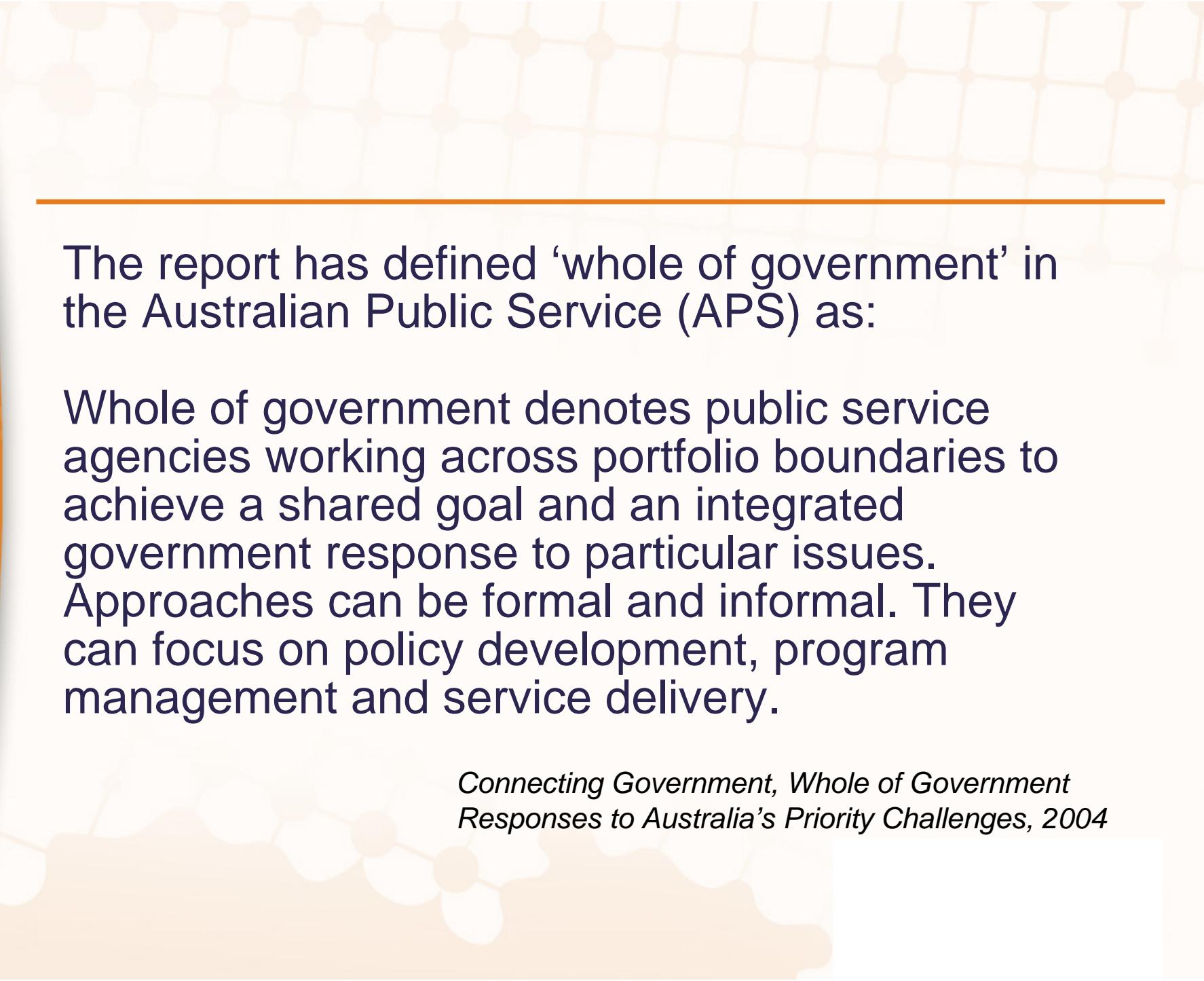
If only by definition, healthy public policy is an intersectoral field.

Originating in the health sector, it seeks impacts from sectors other than health services.

However, some conditions and policy proposals cross a wider array of sectors than others.

What are whole of government (WG) approaches?

- Include ministries/agencies of government acting in collaboration toward a common goal.
 - commonly used in Australia
 - in Britain, the term joined-up government is also used.
 - in Canada, we are more familiar with the terms intersectoral initiatives and horizontal management
- May go beyond government to include partnerships with nongovernmental organizations



The report has defined ‘whole of government’ in the Australian Public Service (APS) as:

Whole of government denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, program management and service delivery.

Connecting Government, Whole of Government Responses to Australia’s Priority Challenges, 2004

Examples from Australia

- Australian Government Natural Resource Management Team
- Australian Greenhouse Office
- Australians Working Together
- Council Of Australian Governments
- Whole Of Government Indigenous Trials
- Goodna Service Integration Project
- Iconsult
- National Illicit Drugs Strategy
- Response To Bali Bombings
- Sustainable Regions Program
- The Sydney 2000 Olympic Games

*Connecting Government, Whole of Government
Responses to Australia's Priority Challenges, 2004*

Purpose of WG

- In general, when purpose is to address a problem that requires more than one department to resolve.
 - “wicked” problems, i.e. complex social issues that cut across traditional vertical program structures e.g., marginalization, poverty, crime, underdevelopment, etc.
- Overcome incoherence with respect to certain goals
 - Ineffectiveness or inefficiencies due to non-cooperation, territoriality, etc. ('silo' problem)

What kind of WG works best?

- No one-size-fits-all option
- Depends on purpose: match structure to task
 - Committees, teams, task forces, ad hoc arrangements, etc.
 - Different time limits, breadth of involvement, level of involvement
- Structure is important, but must be matched by appropriate processes and capacity

Exploring two recent innovative Canadian examples:

Quebec's Section 54 of the Public Health Act (2002)

Act Now BC(2005)

Section 54: Quebec PHA

The Minister is by virtue of his or her office the advisor of the Government on any public health issue. The Minister shall give the other ministers any advice he or she considers advisable for health promotion and the adoption of policies capable of fostering the enhancement of the health and welfare of the population.

In the Minister's capacity as government advisor, the Minister shall be consulted in relation to the development of the measures provided for in an Act or regulation that could have significant impact on the health of the population.[\[1\]](#)

Health ministry



⇒ Paragraph 1: proactive advisory role of the Minister of health and social services in regards to population health and welfare issues that concern other ministers

⇒ Paragraph 2: HIA of laws and regulations that potentially have significant impacts on health and well-being is compulsory

Other ministries

[\[1\]](#) Québec (2005) **Public Health Act**, Chapter S-2.2, Section 54, May 1, 2007 version, unpaginated.

Section 54: Application

Ministry of health and social services develops a strategy to foster the development of healthy public policies.

Two dimensions, meant to reinforce each other, that each correspond to one of the two paragraphs.

⇒ Paragraph 1:
knowledge on healthy public policies :
development and transfer

⇒ Paragraph 2: HIA mechanism



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- Increased requests in 05-06 for consultations from other ministries up from previous year
 - Trend toward consultation earlier in the process
 - Past topics of INSPQ guidelines and syntheses
 - Work-family balance
 - Motor vehicle speed
 - Home ventilation
 - Diet products and services
 - Noise
 - Cellphones and driving

Act Now BC

Premier uses the Vancouver Olympics to launch a 'coordinated and integrated' governmental platform towards better health for BC through action on five 'modifiable risk factors'.

- ⇒ Platform = general set of principles and guidelines to action within a finite time-frame
- ⇒ risk factors =
 - low level of physical activity;
 - low consumption of fruits and vegetables;
 - tobacco consumption;
 - obesity;
 - alcohol consumption during pregnancy

Act Now BC: Application

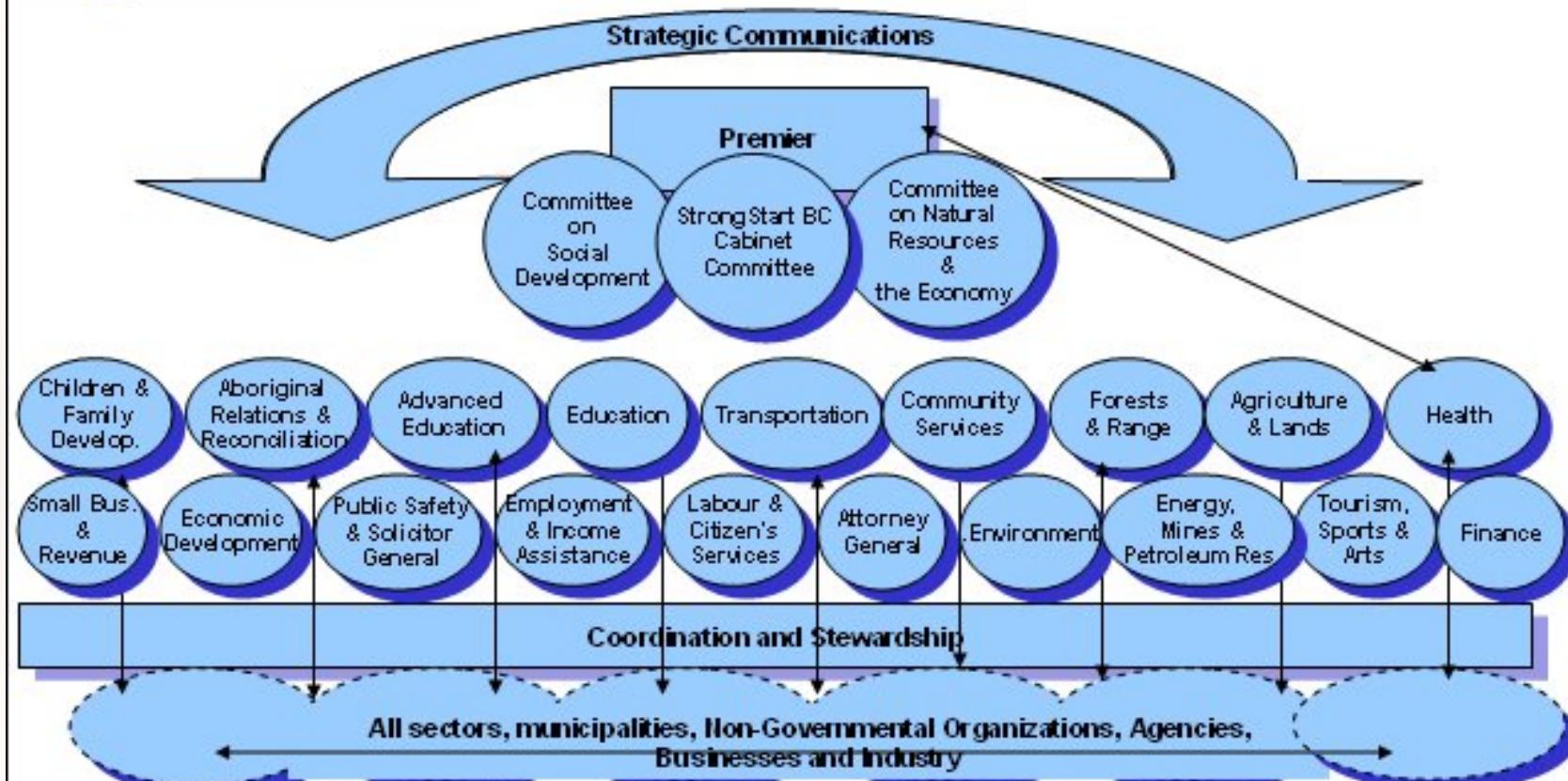
Strategy is to develop partnerships outside the 'health care sector' with all other ministries, and with as many as possible governmental agencies of other levels, ngos, and others

⇒ Act Now BC team

- selection of, and support to, partners
- evaluation of process, effects and resource allocation



Conceptual Framework



*ActNow BC provides a unifying brand for the strategic cross governmental and cross-sectoral initiative for creating a healthy BC population.
Facilitates “improved alignment of cross-ministry policy”*

Comparison of S.54 & ACT NOW 1

	SECTION 54	ACTNOW BC
MECHANISM	<ul style="list-style-type: none">▪ Legal act mandating:<ul style="list-style-type: none">- intra-governmental mechanism for evaluation of public policies- knowledge production system to shed light on the decision-making process	<ul style="list-style-type: none">▪ Strategy championed by the premier- Partnership platform with series of guidelines and principles, covering specific time frame
LEVELS TARGETED	<ul style="list-style-type: none">▪ Horizontal	<ul style="list-style-type: none">▪ Horizontal, vertical, diagonal▪ Partnerships with non-profit organizations and private for-profit sector
WAY TO ASSESS PUBLIC POLICIES	<ul style="list-style-type: none">▪ Internal HIA of the laws and regulations of other departments (with support from the MoH),▪ External HIA of the impact of certain laws and regulations on public health (MoH - INSPQ).	<ul style="list-style-type: none">▪ Internal evaluation (MTSA) of the implementation process, partners' program outcomes, and resource allocation of Act Now BC<ul style="list-style-type: none">- (evaluation excludes public policies of other departments)

Comparison of S.54 & ACT NOW 2

	SECTION 54	ACTNOW BC
HEALTH DETERMINANTS TARGETED	<ul style="list-style-type: none">No HD targeted a priori (defined on the basis of MoH directions)	<ul style="list-style-type: none">Five predetermined health determinants (risk factors)
PARTICIPATION IN PLANNING/ PROGRAMMING	<ul style="list-style-type: none">No formal participation in other departments' planning/programmingGuidelines don't consider implementation	<ul style="list-style-type: none">Formal support for partners' planning/programming in general;Coordination committee with all ministries
KNOWLEDGE STRATEGY	<ul style="list-style-type: none">Production of scientific knowledge and expertise	<ul style="list-style-type: none">Uses established knowledge plus evaluation of programs

Comparison of S.54 & ACT NOW 3

	SECTION 54	ACTNOW BC
Collaboration	<ul style="list-style-type: none">▪ Has fostered collaboration of other departments with MoH in policy development, to some degree; however, acceptance is variable	<ul style="list-style-type: none">▪ There is at least some collaboration with partners: with systematic and mandatory aspects
Legitimacy	<ul style="list-style-type: none">▪ Has increased legitimacy of hpp;▪ Some guidelines have provided a strong financial rationale for hpp	<ul style="list-style-type: none">▪ Has increased legitimacy of hpp;▪ Business case a key argument in support of the initiative
Mechanism to ensure overall coherence of whole-of-government activities	<ul style="list-style-type: none">▪ No mechanism to analyse the overall coherence of actions resulting from Section 54	<ul style="list-style-type: none">▪ Act Now BC assistant deputy Minister committee put in place to ensure coherence of the whole initiative

Implications and questions to explore

- Both initiatives early in process,
 - Indications of some success for each
 - But too soon to tell about overall success
 - How is success defined: which health determinants?
- Will success be related more to processes of implementation than structural features?
 - What resources and supports are in place?
 - How is coherence fostered?

Emerging questions about WG

- Analytical questions
 - Why the increase in WG approaches?
 - Relationship to technology?
 - Relationship to social capital
 - Required? Will it be increased?
 - Role of civil society?
- Process questions
 - How to match budgetary and accountability systems and other incentive structures?
 - What capacities and support are needed for success?



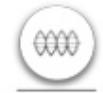
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