

Partners in Public Health

Summary Report



Summary Report¹

There is a clear and urgent need to strengthen and enhance Canada's public health capacity to enable F/P/T governments to better work together on the day-to-day business of public health and to anticipate, prepare for, and respond to public health events and threats. Recent public health events have raised concerns as to the capability of Canada's public health system to anticipate and respond effectively when needed, and in the process revealing how collaboration between/across jurisdictions could be beneficial when a jurisdiction is unable to manage by itself.

To address this need, the F/P/T Special Task Force on Public Health has recommended a two-pronged approach through the creation of a Pan-Canadian Public Health Network and, in parallel, the development and implementation of principles for an Agreement on Mutual Aid During an Emergency, to build on and strengthen existing public health capacity and resources.

¹ Quebec participated in the development of this report and agrees with most of its recommendations. However, in accordance with the positions expressed previously on the subject, it does not endorse the recommendations pertaining to the prevention of non-communicable diseases and accidents and health promotion. Furthermore, Quebec does not endorse the recommendation pertaining to the adoption of a common approach with regard to public health legislation and regulation. In addition, in general, Quebec remains available to share information concerning best practices.

Why the Pan-Canadian Public Health Network?

The Public Health Network will ensure that Canada is better prepared for future public health events by:

- fostering cooperative and collaborative approaches on public health matters;
- establishing, maintaining and implementing instruments, initially in the form of collaborative public health strategies, formal inter-jurisdictional arrangements (with the Agreement on Mutual Aid During an Emergency, as identified below, as the first of these), and a framework for a common approach to public health legislation and regulation;
- facilitating collaboration and mutual aid across jurisdictions during public health crises and urgent situations;
- establishing consensus-based priorities helping governments focus and refine their public health investments and resources;
- encouraging processes for developing, implementing, maintaining and updating standards, guidelines, and best practices in the public health field;
- negotiating arrangements which will govern intergovernmental collaboration in the day-to-day business of public health;
- facilitating processes whereby applied research can be best translated into policies, programs and practice; and,
- developing strong and robust public health partnerships between governments, academics, researchers, non-government organizations and health professionals.

More specifically the Network will be mandated to:

- facilitate information sharing among all jurisdictions;
- disseminate information regarding best-practices in public health;
- support the public health challenges jurisdictions face during emergencies;
- provide advice and regular reporting to F/P/T Deputy Ministers of Health on public health matters and the activities of the Network;
- collaborate on the day-to-day operations of public health;
- respect jurisdictional responsibilities in public health; and,
- be accountable to the Conference of federal/provincial/territorial (F/P/T) Deputy Ministers of Health.

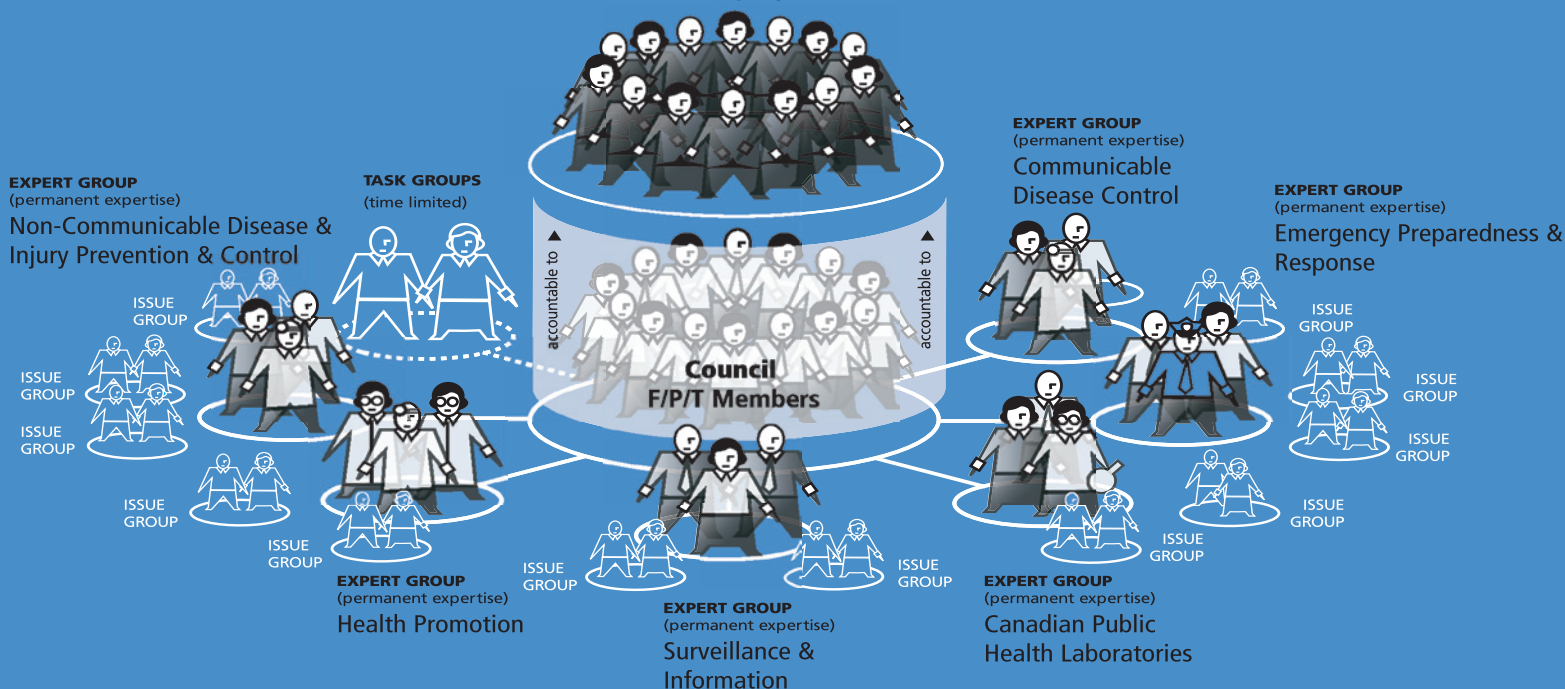
In undertaking its work, the Public Health Network will:

- respect the authority and jurisdiction of each government to manage public health operations within their own domain;
- embrace the differences in how each jurisdiction exercises its public health responsibilities, establishes priorities and manages its public health infrastructure;
- recognize that there is no “one size fits all” approach to public health; and,
- include as part of the scope of the Network’s activities collaboration with, and participation of, non-governmental organizations, researchers, academics and other public health experts.

As demonstrated in the governance of the Public Health Network, as illustrated on the following page, the Public Health Network (through its Council) is responsible and accountable to the F/P/T Conference of Deputy Ministers of Health. The Conference of Deputy Ministers of Health will provide the Council with its mandate, role, initial set of priorities and will hold the members on the Council accountable for the deliverables and performance of the Network. The Council will be co-chaired by the Chief Public Health Officer of Canada (on behalf of the Government of Canada), and a provincial/territorial member, serving as the co-chair on a rotational basis.

Public Health Network

Conference of F/P/T Deputy Ministers of Health



The vast majority of the work of the Network will be executed through an initial series of six Expert Groups on the following public health issues:

1. Communicable Disease Control;
2. Emergency Preparedness and Response;
3. Canadian Public Health Laboratories;
4. Surveillance and Information;
5. Non-Communicable Disease & Injury Prevention & Control; and,
6. Health Promotion.

The Expert Groups will manage collaborative processes and consist of members who will voluntarily work together to share information, expertise, and best practices. Moreover, as the Network is designed to streamline and enhance linkages and functional relationships on public health matters, all current interjurisdictional collaborative committees and groups will be integrated into the Network.

The Council may also create project-oriented Task Groups to assist and advise on emerging issues or to undertake specific work when an existing Expert Group is not appropriate. (See Sections 3-5 of the Main report for details and Annex B for the Terms of Reference for the Council).

Principles for an Agreement on Mutual Aid During an Emergency

The Network will be empowered, through pre-established public health agreements, to act in an orderly and coordinated manner during times of emergency to ensure a functional and timely public health response (see Section 6 and Appendix A for details on the proposed Principles for an Agreement on Mutual Aid During an Emergency). The Network will report to the Conference of F/P/T Deputy Ministers, as appropriate, on actions taken.

The Network will support public health collaboration and coordination during emergencies, through the sharing of information in real time, and by being available to assist the local public health authority through the sharing of resources and expertise, where appropriate and possible.

The sharing of resources through public health agreements will be most effective if centrally accessible. For example, the Network could develop a database of public health resources that could be made available, whether on a regular basis or in a time of emergency.

The goal of this approach to mutual aid is to enable any jurisdiction to request assistance and expertise from other jurisdictions during a public health emergency in a timely, efficient and responsive manner. When public health emergencies arise across the country, the aim is to respond efficiently and swiftly to surge capacity demands on public health systems and health resources.

As such, the Agreement on Mutual Aid during an Emergency will be based upon the following principles:

- recognition that F/P/T governments have varying degrees of public health capacity and that collaboration could be beneficial when a jurisdiction is unable to manage by itself during an emergency or public health crisis;
- that sharing existing capacity and resources is a more efficient and effective way to provide surge capacity that results in little to no duplication in resources nor activities;
- that F/P/T governments can support one another, facilitated through the Public Health Network, to assist any jurisdiction(s) dealing with a public health event/crisis that is beyond its capacity;
- that each jurisdiction can establish the procedures necessary to provide assistance to others during public health emergencies, and enable emergency responders from a responding jurisdiction to be treated the same way for legal licensing purposes as emergency responders in the jurisdiction that made the request; and,
- that the provision of assistance will not endanger or severely limit public health capacity in any jurisdiction providing assistance.

These principles of an Agreement on Mutual Aid During an Emergency define the manner in which governments will provide assistance to one another during a public health emergency; the goal being to prevent a local system from being overwhelmed by an event, then there is a robust, seamless and organized response from the local, provincial, territorial and federal levels ready to be called upon. The proposed approaches to providing mutual aid during an emergency in the health sector are consistent with existing bilateral and multilateral frameworks/arrangements for assistance in times of emergency.

The need for multilateral F/P/T collaboration in public health exists because of the policy interdependence inherent in the provision of public health services. Moreover, the desired outcome of a responsive, efficient and high quality public health system requires collaboration among and between all governments, when and as appropriate.

Transition Issues

The Network will come into force upon its acceptance by the F/P/T Conference of Ministers of Health. It is envisaged that there will be a twelve-month transition period for the Network to become a strong and fully functioning body. During this transition period there will be a need to bridge any gaps. To ensure a smooth and seamless integration between the Network and existing structures/committees the leadership of the Network and Advisory Committee on Population Health and Health Security (ACPHHS) will coordinate their activities and maintain strong linkages with a practical and reasonable division of labour and responsibilities. During the phased-in period all efforts will be taken by the appropriate bodies to ensure that no capacity is lost before the Network is fully operational.

To build on and maintain existing synergy, it is also proposed that the Council of Chief Medical Officers of Health (CCMOH) be incorporated as a component of the Public Health Network. The CCMOH will continue to contribute policy, strategic and technical advice from the unique perspective of the roles and responsibilities of F/P/T Medical Officers of Health. This new reporting structure for the CCMOH will be incorporated as part of the review of its role and responsibilities currently being undertaken by the CCMOH in conjunction with the Public Health Agency of Canada.

It is proposed that pre-existing public health groups be incorporated into the Network structure, based on the review and advice of the Special Task Force (see Section 7 of the main report for a summary of the committees to be aligned within the Network). During the transition period, the Council will review and update each Expert and Issue Group's Terms of Reference, as appropriate, to reflect the new mandate and structure (Annex D of the full report provides the preliminary Terms of Reference for the six Expert Groups).

Similarly, it is envisaged that the ACPHHS will continue to provide strategic policy advice related to population health and other health security matters to the Conference of F/P/T Deputy Ministers of Health. Current population health priorities will continue under the Advisory Committee: the Healthy Living Strategy; health and the environment, substance use and abuse, and tobacco liaison committees; and provide oversight and advice to the National Food Policy Framework initiative. Proposed future priorities of the Advisory Committee will not duplicate work to be undertaken within the context of the Network's year one plan.

Beyond the 2005-06 fiscal year, the nature of work of ACPHHS and its relationship with the Public Health Network will need to be reviewed. A special group will be struck in the fall of 2005 to examine the progress in implementing the Network, particularly work related to non-communicable diseases and population health issues, and advise the Conference of F/P/T Deputy Ministers of Health in December 2005.

Plans, Priorities and Estimated Budget

The Task Force has proposed work priorities in a number of areas: the creation of the Network including its infrastructure of the Council, Expert Groups, Issue Groups, the Secretariat, etc. (see schematic of the proposed structure on page 2 of this Summary report). In addition, the work plan priorities would be the development / implementation / operation of inter-jurisdictional agreements and a number of collaborating public health approaches. For the first year of its creation, the following priorities for the Network are proposed:

Activity	Description	Timeline
Announcement of the Network	Ministers announce the creation of the Network; name of their Council member (and co-chairs); and the principles of an Agreement on Mutual Aid During an Emergency.	Meeting of the Conference of F/P/T Ministers of Health
Establishment of the Network	Hold initial Council meeting; set up Network structure (6 Expert Groups, secretariat, etc). Immediately populate the first 4 Expert Groups with the other 2 to follow.	Within 45 days of the announcement by Ministers
Negotiate other agreements in public health	Establish a time-limited Task Group to bring together the appropriate negotiation expertise from all jurisdictions. Direction to be provided by CDM. Suggested 2nd priority is the Agreement on Public Health Information Sharing.	Spring 2005 to Spring 2006
Reporting to the CDM	Mid-year updates at June CDM and annual report / work plan at December CDM (or more frequently as requested by the CDM and/or during an emergency).	Semi-annual progress report June 2005 First annual report December 2005 (includes 2006-07 work plan)
Review of ACPHHS' linkages to the Network	Structure of F/P/T collaborative work in public health for 2006-07 fiscal year and beyond; review of progress in implementing the Network, and of the role of ACPHHS.	Report to CDM December 2005

It is estimated that the Network will have an initial budget of \$7.6 Million resulting from the displacement and reallocation of existing F/P/T public health groups and new investments from the Public Health Agency of Canada.

Annex – Summary of Recommendations

The Task Force acknowledges and supports the work and efforts of all jurisdictions in improving the provision of public health services for their residents, and recommends that:

1. Federal, provincial and territorial governments establish a pan-Canadian Public Health Network (the Network), its supporting structure, instruments, and mandate, as a mechanism for intergovernmental collaboration and coordination on public health issues. The Network is accountable to the F/P/T Conference of Deputy Ministers of Health.
2. F/P/T Ministers of Health approve the principles of an Agreement on Mutual Aid During an Emergency and direct the Network to monitor and report on the implementation of the Agreement on Mutual Aid During an Emergency within one year.
3. The Network report on progress in implementing its year-one priorities to the F/P/T Conference of Deputy Ministers of Health no later than June 2005.