

Introduction

A series of recent challenges have highlighted the importance of public health as a key domestic and international policy concern. From the global threats posed by the human immunodeficiency virus pandemic and risk of pandemic influenza to Canada's own handling of the tainted blood tragedy, the severe acute respiratory syndrome outbreak and most recently the contamination of food with *Listeria*, it is evident that there are serious health, societal and economic consequences of failures in health protection.

Many public health threats migrate readily and, depending on the scientific properties of the threat, they may cross local, regional (states, provinces etc) or national borders. The failure to manage public health threats by one government can thus create a risk for others. Coordinating policies between orders of government is therefore a central component of an effective public health system (Wilson 2004). Surprisingly, however, public health federalism has not been systematically studied, either here in Canada, or in other federations.

Effective intergovernmental relations are crucial to the protection of the health of populations. For example, in the national severe acute respiratory syndrome report several comments were made in reference to the intergovernmental challenges in managing infectious disease outbreaks (The National Advisory Committee on SARS and Public Health 2003a, 2003b). Internationally, in an effort to coordinate response to public health emergencies across national governments the World Health Organization, with unanimous approval of its member states, issued revised versions of the International Health Regulations that impose substantial and extensive obligations on State Parties

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financing the components of the public health system. Even when this is clear, the clarity alone does

Table 1: Case Studies

Subject	Specific Case Study	Author
Blood	Post-Krever Inquiry blood system	Kumanan Wilson, Jennifer McRea Logie, Harvey Lazar
Drinking water	Multi-barrier strategy for clean drinking water	Jonathon Bertram and Aaron Holdway
Air safety	Canada-Wide Standards for Particulate Matter and Ground-level Ozone	Karen Thomas
Food safety	Food biotechnology governance	Melissa Gabler
Disease migration	Tuberculosis and First Nations' populations	Michael Orsini
Immunization	National Immunization Strategy	Jennifer Keelan
Emergency preparedness	Emergency Preparedness and	

Each of these case studies does three things:

- describes the nature of intergovernmental relations that exists in the area of public health;
- classifies this intergovernmental relationship or regime; and
- evaluates the effectiveness of the intergovernmental regime on the basis of its effects on policy, democratic principles and practices, and the workings of the Canadian federation.

For all of these case studies the intent was to conduct a descriptive and evaluative analysis guided by a modified version of a framework developed by Harvey Lazar and Tom McIntosh (Lazar and MacIntosh 1998). They defined intergovernmental regimes by reference to two sets of variables. The first is the extent to which the intergovernmental relationship entails either *independence* or *interdependence* between the federal and provincial orders of government. The second is the extent to which the relationship reflects the idea that both orders of government are, or are not, sovereign in their own constitutional spheres and hence the extent to which a *hierarchical* or *non-hierarchical* relationship prevails between the two orders of government.

In the real world, hierarchy and non-hierarchy and independence and interdependence are rarely distinguishable as black and white. Taking account of this qualification, the term hierarchical is used to reflect two underlying factors. The first is whether one order of government has the effective capacity to impose policy or program obligations on the second order of government in respect of matters where that second order of government has legislative competence under the division of powers in the constitution. The second is whether the first order of government uses that effective capacity against the will of the other order of government (or at least against the will of some governments from the

Table 1
Descriptive Analysis Framework: Characterization of Intergovernmental Relationships

		<i>Federal-Provincial Relationships</i>	
	Interdependence	Hierarchical	Form of Relationship
Federal-Provincial	Yes	Yes	Federal-Provincial Unilateral
Federal-Provincial	Yes	No	Federal-Provincial Collaborative
Federal-Provincial	No	No	Federal-Provincial Disentangled

Federal-Local

(health and economic); democratic values and processes: and federalism. Table 2 provides some of the criteria used to determine the impact of the form of intergovernmental regime on each of these factors.

Table 2 Factors Determining the Impact of the Intergovernmental Regime

The classification system is intended to provide us with a way of understanding the nature of the intergovernmental relationship or regime for diffe

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with Hema-Quebec as its operator(Wilson 2006). The provinces' responsibilities are primarily as a funder of the blood system. The provinces approve 3 year rolling budgets put forward by Canadian Blood Services. The roles and responsibilities of federal and provincial governments in the blood system have been formalized through an intergovernmental agreement.

We struggled with the classification of the nature of intergovernmental relations in blood safety. We settled on identifying the existence of an interdependent, hierarchical relationship between the federal government and the provinces(Wilson, McCr

independently introduced measures to protect the blood supply without the requirement of federal advisories or regulations.

We may, perhaps, more effectively be able to describe the system of federalism if we consider the blood safety case study within a framework that involves 1. Creating a new system for managing blood supply; 2. Making rules within that system; and 3. Delivering the product. First the creation of the new framework was federal-provincial collaborative. Second, the rule making by Ottawa is harder to classify but it entails interdependence in the sense that it relies on others to pay for and deliver the product or implement the rules. The question this poses is whether this would be unilateral or collaborative rulemaking. It is collaborative since Ottawa is acting within its constitutional jurisdiction and with provincial concurrence. But if Ottawa imposes regulations and costs that create a strong negative reaction from the provinces, the classification moves more towards a hierarchical relationship and could perhaps be described as coercive collaboration.

The relationship between the local governments and the provinces is equally complicated if we are to view the Canadian Blood Services as being representative of the local governments. Canadian Blood Services is allowed to exceed federal standards with respect to safety, which they have done on several occasions, also creating costs for provincial governments (Wilson, McCrea-Logie, and Lazar 2004). This again is formalized through the Memorandum of Understanding between the provinces/territories and the federal government. Therefore decisions by Canadian Blood Services can influence provincial spending and be viewed as coercive by the provincial governments. However, ultimately the provinces have to approve the Canadian Blood Services budget, although refusing to support funding for safety measures would be politically challenging. Therefore, technically the relationship is collaborative, although again the potential for coercive collaboration exists.

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The evaluative framework was more effective in application to the case study than the descriptive framework. We determined the complex system of intergovernmental relationships to be largely beneficial and a key component of the successful transition of the blood system after the release of the recommendations from the Krever Commission. The separation of funding from decision-making allowed for aggressive early interventions to combat emerging threats – for example, Creutzfeldt-Jakob disease, West Nile virus and the potential threat of severe acute respiratory syndrome (Wilson 2007). The ability to do so protected the Canadian blood supply and re-established

Revised Blood System Analysis

Table 3: Allocation of Roles and Responsibilities in Blood Safety

	Federal	Provincial/ territorial	Operator
Agenda setting	X		X
Legislative authorities	X		
Funding responsibilities		X	
Delivery of Service			X

Table 4:

Nature of the Intergovernmental Relationship in the Blood System

	Interdependent	Hierarchical	Form of Relationship
Federal-provincial	Yes	No	Collaborative – with

Table 5:

Effectiveness of Intergovernmental Arrangements in Blood Safety

Policy <i>Health</i>	<ul style="list-style-type: none">• Considerably improved coordination of activities• Clear roles and
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Complexities of Public Health Federalism

Why then the difficulty in classifying the nature of intergovernmental relations? There are several explanations. First public health involves a complex interaction between many different policy sectors. Within the field of blood safety, blood safety regulation is one function, and could be viewed as falling within the health protection component of public health activities and therefore be within federal jurisdiction. However, blood safety implementation at the local level may fall to a large extent under the domain of the health care system which is within provincial jurisdiction. As described, if we had divided blood safety in this manner, we might have identified the regulation of

are the federal government using to assume leadership and how coercive is the relationship with the provinces and territories.

Shining some light on intergovernmental relations in public health

We hope that these case studies will provide insights into what forms of intergovernmental relationships work and what forms do not work given the nature and scientific properties of the public health threat being managed. For example, is a particular form of federalism best suited for threats such as infectious diseases, which can rapidly cross local, regional and national borders? Is another

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