Moving towards a New Public Health in Québec / Canada

POUR UNE
société en santé

Richard Massé
Director, School of Public Health

HIV in Context, Research Symposium
Regional and Global perspectives
Cape Town, March 26, 2010
Rudolph Virchow 1821-1902

«Medicine is a social science, and politics is nothing more than medicine on a large scale»
Plan

• Canadian health system
• Québec’s health and public health networks
• Facing challenges
  – Adjusting to transitions
  – Emerging pathogens
  – Sustainable development
  – Equity gap
  – Globalization
• Towards a new public health
• Roles of schools of public health
Canadian health system

• Decentralized:
  – provinces are responsible for health and health services

• *Canada Health Act* principles:
  – Public administration: by provinces or territories
  – Comprehensiveness: all health services
  – Universality: all residents
  – Portability: from one province to another
  – Accessibility: no user charges or extra-billing
Adjusting to transitions

Demographic transition in Québec

Year

% 65 yo and over

65 yo and older (%)
Adjusting to transitions

- Epidemiologic transition: Increasing burden of chronic diseases
  - Obesity, physical inactivity, stress, smoking, drugs and alcohol abuse, violence…
  - Cardiovascular diseases, cancers, diabetes, mental illnesses and disorders, osteoarticular diseases

- Re-adjustment of health services
  - Accessibility and continuity of care
  - maintaining quality/performance

- Increasing costs:
  - health expenditures: 10.1% GDP (5,5K can$ / year)
  - Cost of health system increasing by >5% / year
  - public 70%, private 30%
Emerging pathogens

- Pandemic H1N1
  - Emergency preparedness
    - plans and protocols
  - Access to strains, vaccines and antivirals
    - a global challenge
  - Ethical considerations:
    - involving the providers and community participation

- Systemic acute respiratory syndrome (SARS)
  - Facing one emerging or re-emerging pathogen every year (IOM)
  - The issue of nosocomial infections
  - Creation of the Public Health Agency of Canada
Emerging pathogens

- HIV / aids
  - Monitoring and nominal reporting
  - Case-finding and point of care testing
  - Pre and post-test counselling
  - Partners’ notification
  - Mother-to-child transmission
  - Task shifting
  - Multi-resistant tuberculosis
  - Treatment as prevention: a magic bullet?
Sustainable development

• Air & Water pollution
• Climate changes
• Energy crisis
• Risk transfer : ICTC
• Toxic wastes dumping
• Fair trade & equitable commerce
• Urban development
• Environmental impact assessment
• Health impact assessment
Equity gap

- Life expectancy gap in Montreal
- Risk of death in homeless adolescents
- Gender equity: legislation
- Legislation against poverty and social exclusion (Québec)
- Closing the Gap in a generation (WHO, Report on the social determinants of health, 2008)
  - Within countries and between countries
Life expectancy at birth, M&F, by CLSC, Montréal, 1997-1999
Globalization

• Infectious diseases surveillance and control
  – International Health Regulations
• Environmental health and eco-systems
  – Asbestos mining and exporting
• North-South trade exchanges (WTO)
  – Intellectual property rights and ART
• One world - One health strategy
  – H5N1 et al.
Towards a new public health

• Lalonde Report (1974)
• Ottawa Charter on Health Promotion (WHO 1986)
• WHO Commission on social determinants of Health (2008)

  – Intersectoral actions

• Public Health Act (2001)
  – Essential functions of public health
  – reduction of inequalities and support of vulnerable groups
  – Healthy public policies (Health in all policies)
OTTAWA CHARTER FOR HEALTH PROMOTION

CHARTE D'OTTAWA POUR LA PROMOTION DE LA SANTÉ

AN INTERNATIONAL CONFERENCE ON HEALTH PROMOTION
The move towards a new public health

November 17-21, 1986  Ottawa, Ontario, Canada

UNE CONFÉRENCE INTERNATIONALE POUR LA PROMOTION DE LA SANTÉ
Vers une nouvelle santé publique

17-21 novembre 1986  Ottawa (Ontario)  Canada
Incidence, intensité et gravité de la pauvreté chez les 0-17 ans au Canada selon les provinces, 2002

Comparaison interprovinciale de l’incidence de la pauvreté ($P_o$) chez les 0-17 ans, 2002

<table>
<thead>
<tr>
<th>Province</th>
<th>Incidence (%)</th>
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<tbody>
<tr>
<td>Colombie-Britannique</td>
<td>26,8</td>
</tr>
<tr>
<td>Terre-Neuve-et-Labrador</td>
<td>19,8</td>
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<tr>
<td>Nouvelle-Écosse</td>
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<td>Nouveau-Brunswick</td>
<td>14,3</td>
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<td>Île-du-Prince-Édouard</td>
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<td>Canada</td>
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<td>Manitoba</td>
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<tr>
<td>Ontario</td>
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<tr>
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<tr>
<td>Alberta</td>
<td>10,7</td>
</tr>
<tr>
<td>QUÉBEC</td>
<td>9,3</td>
</tr>
</tbody>
</table>
Section 54 of the *Public Health Act*

“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.

 “… the Minister shall be consulted in relation to the development of measures provided for in an Act or regulation that could have significant impact on the health of the population.”
Roles of schools of public health

- Teaching, research, expertise
- Core of knowledge development and critical thinking
- Development of new approaches and methods
- Interdisciplinary collaboration (interfaculty, interuniversity)
- Professional training & collaboration in PH network
- Support the health and social services network
- Evaluation, performance and quality assessment
- Knowledge transfer & exchange
- Global health
The Global Health Center

School of Public Health (ESPUM)

Functions

Units

- Direction de la formation de l'ESPUM, départements
- RTM Santé Mondiale, Axe RSM
- Unité de Santé Internationale

Training  Research  Expertise

International & national partners

Université de Montréal
Sir Michael Marmot

« Closing the Gap in a generation: Global Health Equity and the Commission on Social Determinants of Health »