

## Intersectoral Action for Health and Equity in the Context of Budget Cuts

LITERATURE REVIEW

2023



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The National Collaborating Centre for Healthy Public Policy (NCCHPP) seeks to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. The NCCHPP is one of six centres financed by the Public Health Agency of Canada. The six centres form a network across Canada, each hosted by a different institution and each focusing on a specific topic linked to public health. The NCCHPP is hosted by the Institut national de santé publique du Québec (INSPQ), a leading centre in public health in Canada.



## Table of contents

<b>Summary</b> .....	<b>1</b>
<b>1 Introduction</b> .....	<b>3</b>
1.1 Methodological approach.....	4
<b>2 Heightened challenges</b> .....	<b>5</b>
2.1 Reliance on familiar solutions, risk aversion and withdrawal.....	5
<b>3 Opportunities</b> .....	<b>7</b>
3.1 Intersectoral action as a way to compensate for lack of resources.....	7
3.2 An opportunity to counter the impact of budget cuts on health and equity .....	8
<b>4 Three strategies</b> .....	<b>11</b>
4.1 Develop a shared vision and redouble advocacy efforts .....	11
4.2 Collaborate with adjacent sectors to minimize the impact of budget cuts on health and equity .....	12
4.3 Create an environment that fosters collaborative innovation to enable adaptation to the challenging context.....	13
<b>5 Conclusion</b> .....	<b>15</b>
<b>References</b> .....	<b>17</b>
<b>Appendix 1 Methodological approach</b> .....	<b>21</b>



## Summary

This document is intended to provide relevant information to Canadian public health professionals and administrators, as well as to others who wish to undertake and sustain intersectoral activities fostering health and equity in the context of budget cuts. It outlines challenges, opportunities, and strategies to be considered when implementing or sustaining intersectoral action for health and equity in the context of budget cuts.

It is now well recognized in public health that intersectoral action is a relevant factor in ensuring that the missions of health prevention and promotion are carried out and that complex and multifactorial problems are addressed. In addition to the usual challenges associated with collaboration, actors wishing to implement or sustain intersectoral action are sometimes confronted with a significant issue, namely budget cuts. Because intersectoral action depends on adequate and stable funding and strong government support, periods of fiscal austerity, whether caused by economic or political circumstances, present challenges for this type of action. Given that periods of economic downturn reoccur cyclically and changes in political orientation are always a possibility, those wishing to initiate or sustain intersectoral action are bound to confront the reality of budget cuts sooner or later.

The National Collaborating Centre for Healthy Public Policy (NCCHPP) undertook to examine the challenges awaiting public health actors and others interested in implementing intersectoral action for health in the context of budget cuts. In addition, the opportunities that arise and the strategies for addressing the challenges or seizing the opportunities are considered. To accomplish this, the NCCHPP conducted a review of the scientific and grey literature published between 2000 and 2022. This analysis highlighted various challenges, opportunities and strategies, which are broadly associated with intersectoral action, but whose relevance is heightened when budgets are stretched.

### Challenges

- Reliance on familiar solutions, risk aversion and withdrawal.

### Opportunities

- Intersectoral action as a way to compensate for lack of resources: sharing risks, optimizing investments, controlling costs, avoiding duplication, doing things differently and innovating;
- An opportunity to counter the impact of budget cuts on health and equity.

### Strategies

- Develop a shared vision and redouble advocacy efforts;
- Collaborate with adjacent sectors to minimize the impact of budget cuts on health and equity;
- Create an environment that fosters collaborative innovation, to enable adaptation to the challenging context.





# 1 Introduction

Intersectoral action is a virtually indispensable aid to public health promotion and prevention initiatives, since the social determinants of population health are largely under the control of administrative sectors other than health (World Health Organization [WHO], 2019). Strategies for reducing social inequalities in health, in particular, rely heavily on intersectoral action to develop healthy policies (Mantoura & Morrison, 2016). In this document, intersectoral action refers primarily to collaboration between the health sector and other sectors of government or society aimed at improving population health and health equity. In other sectors, as in the public health sector, the following terms imply or share similarities with intersectoral action, but are not exact synonyms: horizontal governance or management, intersectoral governance, integrated governance, collaborative public administration.<sup>1</sup>

While collaboration across sectors is necessary and essential, it presents many well-documented challenges, including those arising from divergent interests, silo mentality, and the complexity of initiatives (Bourgault & Smits, 2014). Periodically, those who wish to initiate or sustain intersectoral action may face an additional challenge: budget cuts.<sup>2</sup> Indeed, whether caused by economic or political conditions (Gouvernement du Québec, 2022), budget cuts can be problematic given the importance of adequate and stable funding and strong government support to ensuring the implementation and sustainability of intersectoral actions that promote health and equity (Diallo, 2020). This situation was faced in South Australia, for example, which adopted a Health in All Policies (HiAP) approach predicated on intersectoral action in 2007. Despite the adoption of this approach, difficult economic conditions and a change in political leadership in 2013 called into question the sustainability of the project, once the initiative no longer had the support of the acting prime minister. The strategic priorities underlying HiAP were replaced by economic priorities, raising concerns that the importance of long-term social objectives was being diminished. This disengagement on the part of the government also removed incentives for other sectors to collaborate on the initiative (Baum et al., 2017).

Economic cycles are a fact of life for all countries, with consecutive phases of expansion and contraction reoccurring over time. Periods of economic downturn are typically characterized by fiscal restraint (Bonham, 2017). The current global situation also points toward a difficult economic climate (International Monetary Fund, 2022). In Canada, economic growth is slowing and inflation is at its highest level in nearly 40 years. There is a shortage of workers and a scarcity of many goods and services (Arseneau et al., 2022; Bank of Canada, 2022). Given this context, which suggests the possibility of budget cuts (Burlington et al., 2022; Shepperd et al., 2022), what challenges, opportunities, and strategies might be considered by public health actors hoping to implement or sustain intersectoral actions?

The purpose of this literature review is to inform Canadian public health professionals and administrators, as well as any other actors interested in undertaking and sustaining intersectoral action for health and equity in the context of budget cuts, about the challenges ahead, the opportunities to be seized, and the strategies to be considered.

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<sup>1</sup> In this paper, these terms will all be treated as synonymous with intersectoral action.

<sup>2</sup> Budget cuts are reductions in spending that a government introduces when establishing its budget in response to economic conditions or political considerations (Gouvernement du Québec, 2022).

## 1.1 Methodological approach

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Public health is not the only sector with an interest in intersectoral action. In the fields of political science and public administration, there is also interest in understanding how governments and other societal sectors can encourage collaboration across areas of activity to address complex problems. Thus, our bibliographic searches include literature from all three fields: public health, political science and public administration.

Using keywords (see Table 1 in Appendix 1) identified on the basis of an initial quick search for relevant articles and with the assistance of a librarian, we searched for articles in seven databases (Healthy Policy Reference Center, MEDLINE, Political Science, Psychology and Behavioral Sciences Collection, Public Affairs Index, SocIndex, CINAHL). The articles identified were classified according to the themes chosen for the study: challenges, opportunities, and strategies. The selected articles had to meet the pre-established inclusion criteria (see Table 2 in Appendix 1). Of the 817 articles (duplicates removed), 76 were classified as relevant or potentially relevant based on titles and abstracts. After a thorough reading of the articles, 10 were selected for analysis. In addition, four other articles were selected on the basis of a "snowball" search of the bibliographies of the 76 articles found to be relevant or potentially relevant. We also searched the grey literature (see Table 3 in Appendix 1 for the search strategy), from which we drew 6 relevant articles after applying the inclusion and exclusion criteria. A total of 20 articles were selected. The flow chart in Figure 1, found in Appendix 1, provides a visual summary of the article selection process. Of the 20 articles selected, 14 came from the field of public health, 3 from the field of political science, and 3 from public administration (see Table 4 in Appendix 1).

Although conducted with rigour, our review of the literature comprises three main limitations. Firstly, as with many bibliographic searches, there is the possibility that relevant articles may have been missed if, for example, the search terms were not found in the titles or abstracts of articles. Secondly, the information contained in the articles was extracted and analyzed without having first assessed the quality of the articles. Finally, little appears to have been published on the subject of this study, hence the rather limited number of articles selected. This may explain why the results and conclusions stemming from this synthesis are also limited.

## 2 Heightened challenges

### 2.1 Reliance on familiar solutions, risk aversion and withdrawal

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Intersectoral action is not necessarily easy to achieve, even in a supportive context, and the associated challenges are already well documented, as noted above (Bourgault & Smits, 2014). Some of these become more significant in the context of budget cuts, and extend beyond a lack of resources.

In times of crisis, a pervasive desire has been observed among public sector managers to simplify, reduce, monopolize and bureaucratize complex problems (Van der Wal, 2020). A similar tendency can be observed in the context of budget cuts, when routine solutions are often favoured over innovative ones (Griffith & Kippin, 2017). For example, Solar and Smith (2022), basing their observations on the study of an initiative requiring coordination between police and mental health organizations in Great Britain, found that resistance can arise within organizations participating in intersectoral action because of the new requirements that spending cuts can create, such as requiring actors to assume new responsibilities. Introducing new intersectoral governance arrangements is generally complex, partly because of the silo culture that prevails in government agencies. A context of austerity adds a degree of difficulty, particularly in cases where intersectoral action is carried out by several overlapping agencies in the absence of a designated authority tasked with coordinating the actions (Solar & Smith, 2022). Budget cuts can thus undermine intersectoral action and innovation, and lead to inaction and reliance on known and well-controlled actions (in other words, risk aversion) (Diamond & Vangen, 2107).

When their budgets are cut, government departments often begin by reducing or eliminating their contributions to intersectoral initiatives with joint budgets and reallocating these resources elsewhere. Initiatives with or without dedicated funding are equally vulnerable in this context (Pinto et al., 2015). Because resources are limited (Canada's Public Policy Forum, 2014), sectors become highly protective of their funds, and the importance given to intersectoral action may diminish in order to prioritize sector-specific organizational mandates (Solar & Smith, 2022; Van der Wal, 2020; Holding et al., 2021). Intersectoral action may at such times be considered an "unaffordable luxury" (Marmot & Allen, 2013, p. 64) or an unnecessary expense (Pinto et al., 2015), partially because of the lack of data on the economic impacts of such actions (Greaves & Bialystok, 2011). Partners who were previously in favour of intersectoral action may become reluctant to participate (Baum et al., 2017) or change their minds and opt out (Pinto et al., 2015; Marmot & Allen, 2013). Austerity budgets and competition among stakeholders may also cause some actors to withhold information that could help other organizations obtain additional funding. This is what Holding and colleagues (2021) observed in examining the local policy context surrounding the reduction of health inequalities among children and youth in the north of England in recent years, since austerity measures have been in effect.



## 3 Opportunities

Despite the challenges mentioned above, a context of fiscal restraint should not justify inaction, but rather should prompt the actors involved to take action to mitigate its effects on population health (Karaniolos et al., 2013; Marmot & Allen, 2013; Quaglio et al., 2013). The magnitude of the health impacts of budget cuts depends largely on what governments do in response and how public health chooses to intervene (Karaniolos et al., 2013; Marmot & Allen, 2013; Quaglio et al., 2013). Indeed, "while there is a consensus that data and evidence should underpin the formulation of austerity policies, it is governance and leadership that will mostly determine how well health systems are prepared to face the crisis and find ways to mitigate its effects" (Quaglio et al., 2013, p.17). In this section, we outline opportunities that may arise for implementing or sustaining intersectoral actions during periods of fiscal restraint.

### 3.1 Intersectoral action as a way to compensate for lack of resources

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While budget cuts can lead to a reliance on known solutions, risk aversion, and withdrawal for the reasons discussed above, they can, alternatively, encourage intersectoral action and collaborative innovation (see Box 1) (Griffiths & Kippin, 2017; Van der Wal, 2020). Such budgetary constraints may indeed prompt different actors to work together across structural, organizational, and professional boundaries in an attempt to overcome a lack of resources (Diamond & Vangen, 2017). This allows the actors to pool their resources and share risks (Pompidou Group & Council of Europe, 2013; Diamond & Vangen, 2017). They can also experiment with new ways to deliver services more efficiently and effectively (Diamond & Vangen, 2017; Van der Wal, 2020), while leveraging synergies and addressing overlap and duplication of organizational mandates (Public Health Agency of Canada [PHAC], 2007). Intersectoral action can also provide an opportunity to do things differently (Griffiths & Kippin, 2017; Lowndes & Squires, 2012), and in some cases this can lead to innovations that endure (Diamond & Vangen, 2017; Van der Wal, 2020). However, as mentioned above, this does not occur automatically, nor does it occur in every context: "Successful collaborative innovations were supported by combining diverse knowledge and practice experience, making positive use of inter-organisational tensions and applying organisational learning to achieve positive result" (Diamond & Vangen, 2017, p. 12).

### **Box 1 – Example of innovative intersectoral action in the context of budget cuts**

#### **The case of Greater Manchester, United Kingdom (Griffiths & Kippin, 2017, p. 420)**

In their article *Public Services after Austerity: Zombies, Suez or Collaboration?* Griffith and Kippin describe the case of Greater Manchester, to demonstrate how some actors have chosen to do things differently in response to budget cuts.

In an effort to improve the health and wellbeing of the population of Greater Manchester County, while ensuring its collaboration in making decisions affecting the region, a memorandum of understanding was signed in 2015 between National Health Service England, local authorities and health commissioning bodies in the region to create the “Devolution to Greater Manchester” project. This innovative intersectoral effort aims to integrate health care, social services, and health promotion and prevention in Greater Manchester County.

The ten Greater Manchester boroughs each developed individual plans, but they share the same overarching logic: integrated service provision; greater collaboration in service delivery; and the requirement that these arrangements promote a relationship between citizens and providers that enables them to co-produce better outcomes through greater resilience and self-care.

This constitutes an important test of the viability of a more collaborative governance model, replacing what had traditionally been a set of siloed and fragmented services whose separate budgets were easier to cut, and whose operations were likely to suffer a greater impact. This initiative has the potential to shift the balance of resources away from hospital care and toward community settings.

## **3.2 An opportunity to counter the impact of budget cuts on health and equity**

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The health issues associated with a context of fiscal restraint, particularly as they relate to mental health and inequalities, tend to be multifaceted and require coordinated action across different sectors and levels of involvement (Bert et al., 2015; Ollila et al., 2013; Quaglio et al., 2013). Such a context could thus generate opportunities for implementing intersectoral actions, given the impact that this can have on health and equity and the importance of investing in health to stimulate the economy (Bert et al., 2015; McDaid et al., 2013; Marmot & Allen, 2013; Quaglio et al., 2013). Budget cuts stemming from an economic crisis seem to further amplify the opportunity for public health to put forward initiatives involving intersectoral action, because the health impacts of such a crisis are considerable. During the 2008 economic crisis in Europe, governments in several countries imposed budget cuts (Karanikolos et al., 2013; Quaglio et al., 2013). In some cases, the measures adopted were associated with higher rates of unemployment and a deterioration of the health status of populations (Karanikolos et al., 2013; Quaglio et al., 2013). During this same crisis, in several European countries, public health was absent from the debate on how to respond to the situation (Karanikolos et al., 2013). Thus, several authors argue that, in the context of an economic crisis, public health experts should be prepared to offer realistic solutions to other actors and to decision-makers in order to mitigate the inherent impacts of the situation on population health and to prevent additional crises. Experts could then emphasize the importance of taking a long-term view, especially since a healthy population has a positive impact on the economy (McDaid et al., 2013; Quaglio et al., 2013). Proposing such solutions can at the same time enhance the credibility of public health experts

and strengthen the trust placed in them by stakeholders (Leppo & Tangcharoensathien, 2013). An interesting example of this is offered by Finland (see Box 2).

**Box 2 – Example of intersectoral action for health in the context of budget cuts**

**The case of Finland: improving resilience and mental health throughout the work-life course (Jenkins & Minoletti, 2013, p. 172)**

In response to the 1990 recession in Finland, the Finnish Institute of Occupational Health (FIOH), in collaboration with the Ministry of Labour and the National Board of Education, developed a series of interventions that have been applied at various stages of the Finnish work-life course, including upon entry into the labour market. These interventions were intended to provide resources and build resilience to help individuals better cope with the career transitions, job insecurity, and job losses that can occur in a rapidly changing work life. Studies have shown that better preparedness for these transitions results in better career outcomes and improved mental health, particularly for those at risk of depression.

This intersectoral initiative was launched in areas of high political priority. Jenkins and Minoletti note that this occurred at the same time as labour market policy reform was introduced that focused on improving re-employment preparedness, among other things.

For example, the FIOH has provided training for group trainers in employment offices, schools and other locations, and has distributed training materials. In total, more than 1300 trainers have been trained and more than 60,000 Finns have participated in these interventions.

The most opportune times to make a policy change or put a health issue on the agenda are: when a new government takes office, during an election campaign, when there is a change in the balance of power in Parliament, or during a crisis (Bert et al., 2015; Leppo & Tangcharoensathien, 2013). Thus, a context of fiscal austerity could be a strategic moment during which public health actors hoping to implement intersectoral action could consider proposing an alternative way of doing things (Bert et al., 2015; Leppo et al., 2013).





## 4 Three strategies

Three main strategies for overcoming the challenges and seizing the opportunities associated with budget cuts emerged from our literature review. These strategies are already found in the literature on intersectoral action, but their relevance is accentuated in the context of budget cuts.

### 4.1 Develop a shared vision and redouble advocacy efforts

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The development of a shared vision is necessary, and to achieve this, discourse must be adjusted and the objectives and opinions of different stakeholders must be considered. This is especially true in the context of budget cuts and also, as mentioned earlier, because of the tendency of actors to resort to known solutions and to adopt a fallback position (Lowndes & Squires, 2012; Van der Wal, 2020). To engage stakeholders and sustain their commitment in times of crisis, Van der Wal (2020) proposes an approach akin to the well-known win-win strategy associated with HiAP. The aim is to effectively demonstrate how, through collaborative work, everyone can advance their priorities and achieve their goals. It is therefore advisable to map out the dynamics and interrelationships of the relevant stakeholders and determine how to ensure their interests are met, while attempting to limit the number of stakeholders who might oppose the project. To maximize allegiances within a challenging context, such as one of fiscal restraint, it may be necessary to shift focus away from negotiating and disseminating one's point of view, and focus instead on considering, responding to and adapting to other stakeholders (Van der Wal, 2020). Collaborations involving stakeholders outside of government is an option consistent with the views expressed in the literature reviewed.

In general, and particularly when resources are limited, effective advocacy can lead to the implementation of initiatives that would otherwise never have been carried out (Fineberg, 2013). Advocacy is promoted as a way to facilitate intersectoral action in the context of budget cuts by rallying stakeholder participation and support (Fineberg, 2013, Van der Wal, 2020) as well as that of the public (Fineberg, 2013). This approach involves making the various stakeholders aware of the issues arising from this difficult context and of the role they can play in addressing them. It is especially effective if the proposed collaboration allows stakeholders to achieve their own objectives more efficiently. Informing the public about public health issues caused or exacerbated by budget cuts and encouraging them to become more actively involved in resolving these problems can further advance the goals underlying intersectoral action (World Health Organization [WHO], 2009). Lowndes and Squires (2012) emphasize the importance, at least at the local level, of engaging and involving the public in intersectoral action to ensure an integrated response. To advocate effectively, an organization must be purposeful, have a mandate consistent with their advocacy actions, have sufficient resources despite the context, and be able to effectively navigate different communication channels (Fineberg, 2013; Van der Wal, 2020). The aim is to bring together compatible actors who wish to participate in intersectoral action. As Fineberg points out (2013, p. 48), "because most successful national advocacy starts locally, a unified message coming from local public health officials has enormous potential for impact." Baum and colleagues (2017), for their part, reiterate the importance of forming "advocacy coalitions"<sup>3</sup> (Baum et al., 2017, p.13) to support intersectoral action in more challenging times. When the South Australian HiAP initiative was affected by budget cuts, this type of coalition evolved and definitely contributed to its continuance. Indeed, it was observed that non-healthcare actors who had been left out of the initiative due to cutbacks retained their enthusiasm for the HiAP approach. Thus, as this example from South Australia demonstrates, "advocacy coalitions" can help sustain intersectoral action even in the context of budget cuts (Baum et al., 2017).

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<sup>3</sup> "Coalitions are groups of actors that share belief systems, coordinate actions around these beliefs, and encourage members with common beliefs to coalesce around a policy issue" (Baum et al., 2017).

## 4.2 Collaborate with adjacent sectors to minimize the impact of budget cuts on health and equity

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When budgets are cut, how do you choose which stakeholders will be part of a new intersectoral effort to maximize benefits for health and equity? While budget cuts impact population health and equity, it is investments in social protections that appear to have the greatest impact, as is the case during periods of normalcy (Karanikolos et al., 2013; Stuckler et al., 2010; Quaglio et al., 2013). Thus, to mitigate the impacts of budget cuts on health, it is particularly important to prioritize new partnerships with stakeholders working in social sectors (Stuckler et al., 2010), including employment, food safety, housing, and education, whether these stakeholders are government departments, private actors, nonprofit organizations, universities, or any other member of society (Quaglio et al., 2013). As McDaid and colleagues (2013) note, while budget cuts can have significant impacts on psychological wellbeing, there are many cost-effective actions that can be implemented outside of the health care system to protect mental health. For Lowndes and Squires (2012), the aim is to collaborate with other sectors in order to obtain an overview of the impacts of budget cuts on communities, and thus gain knowledge and insight into actions that can be taken by various stakeholders (see Box 3).

### **Box 3 – Example of partnerships that succeeded within the context of budget cuts**

#### **The case of the city of Sheffield, England**

As discussed by Lowndes and Squires (2012), universities and research organizations can be critical partners in times when public service providers are having their own research and evaluation budgets reduced or even eliminated. The authors describe the example of the University of Sheffield and Sheffield Hallam University's involvement in the City of Sheffield's local strategic partnership, at a time when many public, private and volunteer organizations in the UK had been suffering from major cutbacks since 2010. To help overcome the challenges of sharing data across different organizations and to gain a more global understanding of the situation, the City of Sheffield sought the involvement of new collaborators and asked some of their "dormant" partners to participate more actively.

The University of Sheffield and Sheffield Hallam University joined the Sheffield City Partnership, providing research expertise focused on economic, social and environmental issues and opportunities for the city and its communities. According to the authors, these new partners have benefited not only the local strategic partnership, but also the universities themselves, by enabling them to demonstrate to their government funders the impact of their research on the community. In addition, through their involvement with local businesses and public and private organizations, the universities have been able to better equip their students with employability skills.

### **4.3 Create an environment that fosters collaborative innovation to enable adaptation to the challenging context**

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In a climate of fiscal restraint, partners engaged in intersectoral action should encourage creativity to foster the kind of innovation required to adjust to a situation where resources are limited (Canada's Public Policy Forum, 2014; Lowndes & Squires, 2012). Creating an environment that fosters innovation<sup>4</sup> typically does not incur additional costs, whereas it can provide the space needed for partners from different sectors and creative leaders to explore innovative ideas that will contribute to successful intersectoral action (Lowndes & Squires, 2012). Diamond and Vangen (2017) recommend consciously creating and maintaining such an innovation-friendly environment using an approach based on the modelling collaborative innovation action cycle (see Box 4). This model aims to illustrate how participants in intersectoral action can adopt effective collaborative behaviours and negotiate and establish flexible processes to create conditions for collaborative innovation in a context where resources are scarce.

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<sup>4</sup> Lowndes and Squires (2012) describe an environment that favours innovation as one that has taken various actions and established certain conditions that promote the emergence of new ideas.

**Box 4 – Diamond and Vangen’s “modelling collaborative innovation action cycle”**

The modelling innovation action cycle developed in Diamond and Vangen’s study illustrates a framework of processes incorporating typical elements of collaboration that can address turbulence and establish the conditions needed to create new joint approaches.

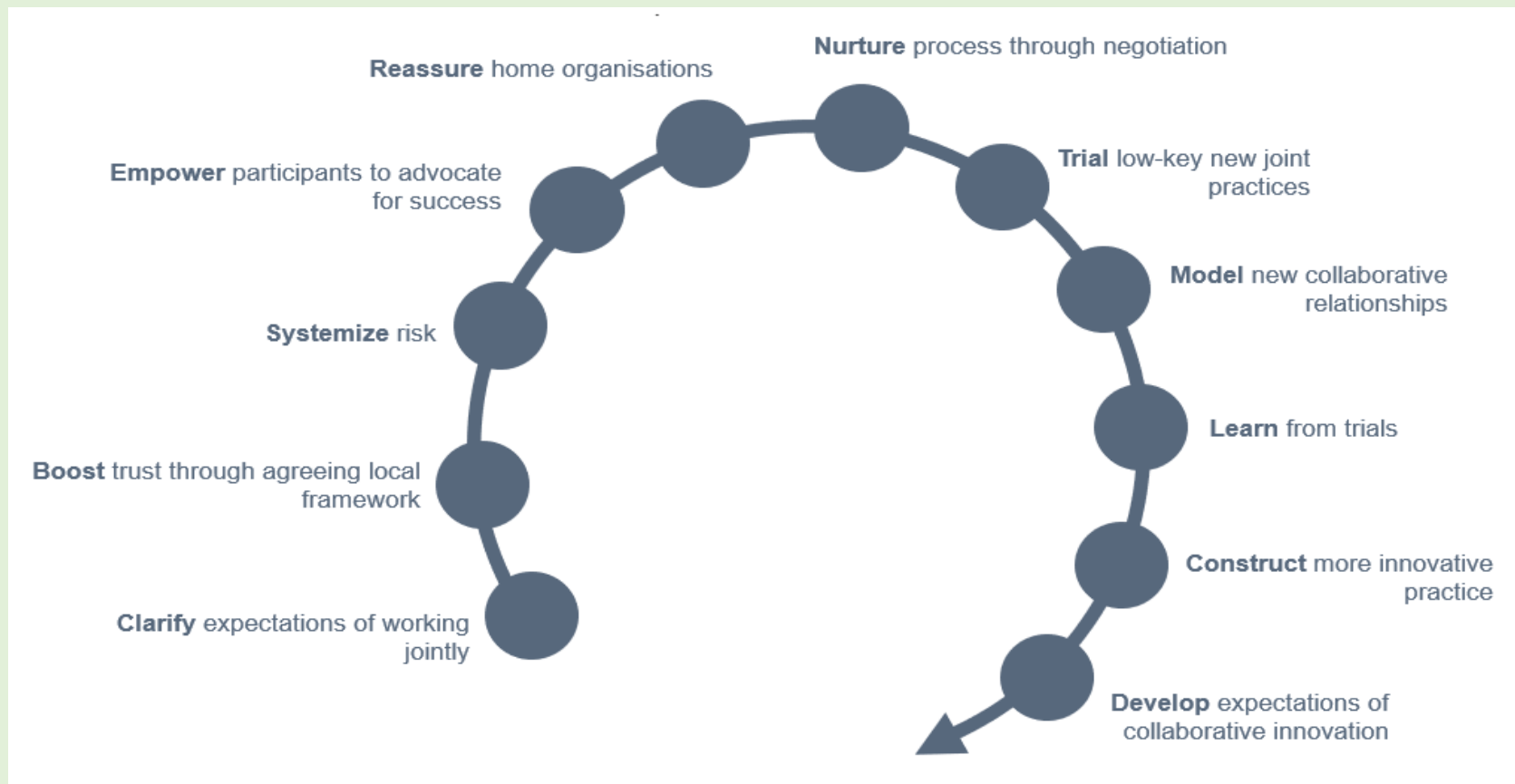


Figure adapted from Diamond and Vangen (2017, p. 17)

## 5 Conclusion

This review of the literature has demonstrated that actors wishing to undertake or sustain intersectoral action in the context of budget cuts face heightened challenges, such as the propensity of affected sectors to resort to known solutions, to become risk averse and to adopt a fallback position. Sectors affected by budget cuts may tend to prioritize organizational mandates and opt for routine solutions rather than engage in or maintain intersectoral agreements that may seem peripheral to their mandate. This trend can be observed within the public health sector itself.

However, some opportunities may arise within such a context. Budget cuts can in fact make actors in some sectors more inclined to work together to overcome a lack of resources, and this can lead to innovation. Moreover, such a context provides an opportunity to advocate for intersectoral work as a way to mitigate the impacts of budget cuts on population health and equity.

Finally, the literature reviewed highlighted three strategies, which are generally recommended for fostering intersectoral action, but are particularly relevant in the context of budget cuts: develop a shared vision and redouble advocacy efforts, collaborate with adjacent sectors to minimize the impact of budget cuts on health and equity, and create and maintain an environment that fosters innovation, to enable adaptation to the challenging context. By focusing the attention of public health actors on the heightened challenges they can be expected to face, the opportunities that may arise and the strategies they could adopt, this literature review can support upstream reflection on what actions they might take, given their specific context, in preparation for the eventuality of budget cuts.



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## **Appendix 1**

### **Methodological approach**



A search strategy for identifying scientific articles related to the topic was developed and is presented in Table 1. With the support of an INSPQ librarian, the selected search terms were tested in English and French in the following databases: Health Policy Reference Center, MEDLINE Complete, Political Science Complete, Psychology and Behavioral Sciences Collection, Public Affairs Index, SocINDEX with Full Text, CINAHL Complete (EBSCO).

**Table 1 Search strategy for scientific literature**

<b>Search strategy for EBSCO host applied on February 21, 2022</b>	
S1	TI (((Intersector* OR inter-sector* OR "cross sector*" OR Coordinati*) N3 (action* OR governance* OR approach* OR public* OR policy OR policies OR activit*)) OR ("Joined-up" OR "Whole of" OR "Whole system" OR Integrated) N1 govern*) OR (Horizontal N3 (government OR management)) OR (public N1 polic*) OR "Network governance" OR "health in all policies" OR "hiap" OR "framework for country action" OR ("cross sectoral") N5 (Implement* OR initiat* OR apply OR application OR adoption OR evaluat* OR assess* OR guide* OR tool* OR framework* OR guidance OR strateg*)) OR Collaborati* OR Partnership*) OR AB (((Intersector* OR inter-sector* OR "cross sector*" OR Coordinati*) N3 (action* OR governance* OR approach* OR public* OR policy OR policies OR activit*)) OR ("Joined-up" OR "Whole of" OR "Whole system" OR Integrated) N1 govern*) OR (Horizontal N3 (government OR management)) OR (public N1 polic*) OR "Network governance" OR "health in all policies" OR "hiap" OR "framework for country action" OR ("cross sectoral") N5 (Implement* OR initiat* OR apply OR application OR adoption OR evaluat* OR assess* OR guide* OR tool* OR framework* OR guidance OR strateg*)))
S2	TI (Austerit* OR austere* OR restriction* OR cut OR cuts OR ((Economic OR Financial) N3 (crisis OR Recession* or depression*))) OR AB (Austerit* OR austere* OR (Budget* N3 (restriction* OR cut OR cuts)) OR ((Economic OR Financial) N3 (crisis OR Recession* or depression*)))
S3	LA (french OR english) AND (DT 2000-3000)

**Table 1 Search strategy for scientific literature (cont'd)**

Search strategy for EBSCO host applied on February 21, 2022	
S4	TI (((developing OR ((least OR less OR lesser) W0 developed) OR undeveloped OR “under-developed” OR ((low OR lower) W0 (income* OR resource*)) OR undeserved OR under-served OR deprived OR poor OR poorer OR transition OR transitional) W0 (countr* OR economy* OR nation* OR population*)) OR “third world*” OR ((south OR middle) W0 “east asia”) OR ((central OR east* OR south* OR west* OR “sub ub-Sah” OR ub-Saharan) W0 africa*) OR Afghan* OR Angola* OR Angolese* OR Angolian* OR Armenia* OR Bangladesh* OR Benin* OR Bhutan* OR Birma* OR Burma* OR Birmese* OR Burmese* OR Boliv* OR Botswan* OR “Burkina Faso*” OR Burundi* OR “Cabo Verde*” OR Cambod* OR Cameroon* OR “Cape Verd*” OR Chad OR Comoro* OR Congo* OR “Cote d’Ivoire*” OR Djibouti* OR Egypt* OR “El Salvador*” OR “Equatorial Guinea*” OR Eritre* OR Ethiopia* OR Gabon* OR Gambia* OR Gaza* OR Ghan* OR Guatemala* OR Guinea OR Haiti* OR Hondur* OR India OR Indones* OR “Ivory Coast*” OR Kenya* OR Kiribati* OR Kosovo* OR Kyrgyz* OR “Lao PDR*” OR Laos* OR Lesotho* OR Liberia* OR Madagascar* OR Malaw* OR Mali OR Mauritan* OR Mauriti* OR Micronesi* OR Mocambiqu* OR Moldov* OR Mongolia* OR Morocc* OR Mozambiqu* OR Myanmar* OR Namibia* OR Nepal* OR Nicaragua* OR Niger* OR North Korea* OR Northern Korea* OR (Democratic AND People* AND “Republic of Korea”) OR Pakistan* OR “Papua New Guinea*” OR Philippine* OR “Principe OR Rhodesia*” OR Rwanda* OR Samoa* OR “Sao Tome*” OR Senegal* OR “Sierra Leone*” OR “Solomon Islands*” OR Somalia* OR “South Sudan*” OR “Sri Lanka*” OR Sudan* OR Swaziland* OR Syria* OR Tajikist* OR Tanzan* OR Timor* OR Togo* OR Tonga* OR Tunis* OR Ugand* OR Ukrain* OR Uzbekistan* OR Vanuatu* OR Vietnam* OR “West Bank*” OR Yemen* OR Zaire* OR Zambia* OR Zimbabw*)
S5	(S1 AND S2 AND S3) NOT S4
<b>Date: 2000-2022</b>	

Table 2 presents the inclusion and exclusion criteria that were used to select the articles included in the analysis.

**Table 2 Inclusion and exclusion criteria**

<b>Criterion</b>	<b>Included</b>	<b>Excluded</b>
Date of publication	Be published after January 1 <sup>st</sup> , 2000.	Be published before January 1 <sup>st</sup> , 2000.
Country	OECD member country.	Non-OECD member country.
Language	French and English.	All other languages.
Subject	The article discusses challenges, opportunities, or strategies for initiating or sustaining intersectoral action in the context of budget cuts.	The article does not focus on intersectoral action when there are budget cuts, nor does it discuss challenges, opportunities, or strategies for implementing or sustaining such action.
Fields	The article concerns the field of public health, political science or public administration.	The article concerns another field of study.
Context of intersectoral actions	The article focuses on intersectoral action at the national, sub-national or local level.	The article focuses on intersectoral action in an international context.

A search strategy for articles from the grey literature related to the topic was also developed with the help of a librarian from the INSPQ. The selected search terms are presented in Table 3 and were tested in common internet search engines, on governmental, organizational, and academic sites, and in a database of the grey literature.

**Table 3 Search strategy for grey literature**

<b>Websites</b>	<b>Keywords</b>	<b>Dates</b>
Google	<ul style="list-style-type: none"> <li>▪ <i>Austerity/budget restriction/budget cut/ economic crisis/recession</i></li> <li>▪ <i>Intersectoral actions/Health in All Policies/ whole of government</i></li> </ul>	2022-02-07 to 2022-02-14
Google Scholar	<i>Idem</i>	2022-02-07 to 2022-02-10
Ophi@	<i>Idem</i>	2022-02-07
Canadian Public Health Information	<i>Idem</i>	2022-02-07
Carleton University	<i>Idem</i>	2022-02-07
Organization for Economic Co-operation and Development	<i>Idem</i>	2022-02-07
World Health Organization	<i>Idem</i>	2022-02-07
Santécom	<ul style="list-style-type: none"> <li>▪ <i>Gouvernance OR management OR politique</i></li> <li>▪ <i>Austérité OR dépense OR restriction OR compression OR crise OR coupure OR récession</i></li> </ul>	2022-02-07



The flow chart in Figure 1 below shows the steps that were taken as part of the literature review, to select the 19 documents finally included in this analysis.

**Figure 1** Flow chart showing the article selection process

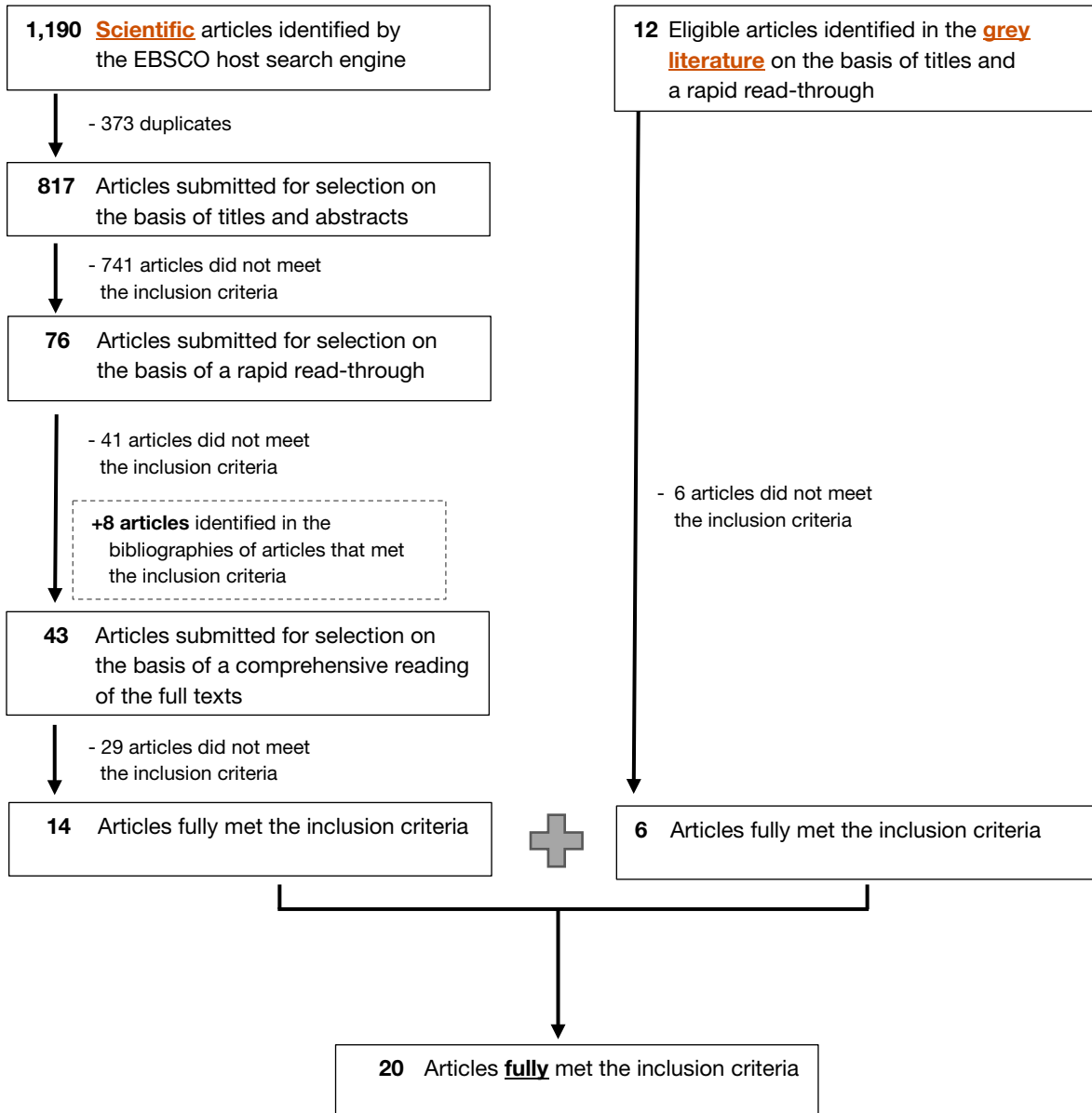


Table 4 lists the 20 articles selected for this literature review according to their field of origin.

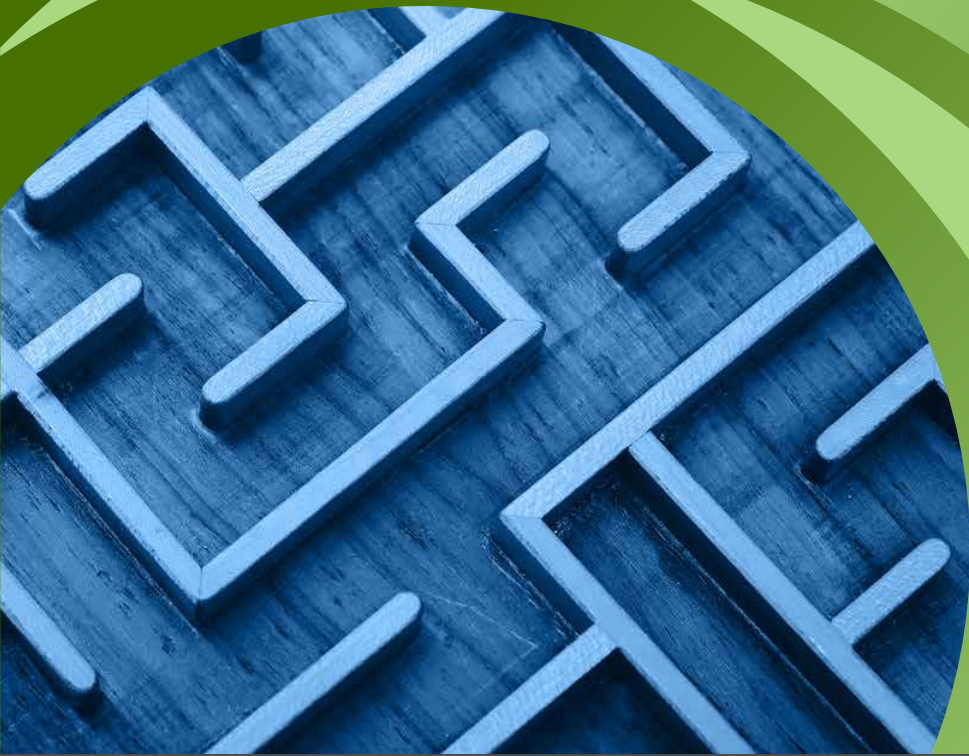
**Table 4** Field of origin of selected articles

<b>Public health</b>		
<b>Title</b>	<b>Authors</b>	<b>Year</b>
Crossing Sectors—Experiences in intersectoral action, public policy and health.	Public Health Agency of Canada	2007
Ideas, actors and institutions: Lessons from South Australian Health in All Policies on what encourages other sectors' involvement.	Baum, F., Crowe, D. T., McDougall, C., Lawless, A., van Eyk, H. & Williams, C.	2017
How can we bring public health in all policies? Strategies for healthy societies	Bert, F., Scaioli, G., Gualano, M. R. & Siliquini, R.	2015
Public health in a time of government austerity.	Fineberg, H. V.	2013
Health in All Policies—All talk and little Actions?	Greaves, L.J & Bialystok, L. R.	2011
Austerity: Athens Declaration on protecting public health by ensuring essential services in drug policy under austerity budgets.	Pompidou Group & Council of Europe	2013
Exploring the local policy context for reducing health inequalities in children and young people: An in-depth qualitative case study of one local authority in the North of England, UK.	Holding, E., Fairbrother, H., Griffin, N., Wistow, J., Powell, K. & Summerbell, C.	2021
Financial crisis, austerity, and health in Europe.	Karanikolos, M., Mladovsky, P., Cylus, J., Thomson, S., Basu, S., Stuckler, D., Mackenbach, J.P. & McKee, M.	2013
Health protection in times of economic crisis: Challenges and opportunities for Europe.	McDaid, D., Quaglio, G., Correia de Campos, A., Dario, C., Van Woensel, L., Karapiperis, T. & Reeves, A.	2013
Health in All Policies Seizing opportunities, implementing policies.	Ministry of Social Affairs and Health Finland	2013
Health in times of global economic crisis: Implications for the WHO European Region.	World Health Organization	2009
Economic considerations and health in all policies initiatives: Evidence from interviews with key informants in Sweden, Quebec and South Australia.	Pinto, A.D, Molnar, A., Shankardass, K., O'Campo, P.J. & Bayoumi, A.M.	2015
Austerity and health in Europe.	Quaglio, G., Karapiperis, T., Van Woensel, L., Arnold, E. & McDaid, D.	2013
Protection and public health: Population evidence from the EU, 1980-2003.	Stuckler, D, Basu, S. & McKee, M.	2010

**Table 4** Field of origin of selected articles (cont'd)

<b>Political Science</b>		
<b>Title</b>	<b>Authors</b>	<b>Year</b>
Flat, flexible, and forward-thinking: Public service next.	Canada's Public Policy Forum	2014
Public services after austerity: Zombies, Suez or collaboration?	Griffiths, S. & Kippin, H.	2017
Austerity and governance: Coordinating policing and mental health policy in the UK.	Solar, C. & Smith, M.	2022
<b>Public administration</b>		
<b>Title</b>	<b>Authors</b>	<b>Year</b>
Coping with austerity: Innovation via collaboration or retreat to the known.	Diamond, J. & Vangen, S.	2017
Cuts, collaboration and creativity.	Lowndes, V. & Squires, S.	2012
Being a public manager in times of crisis: The art of managing stakeholders, political masters, and collaborative networks.	Van der Wal, Z.	2020





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