Evaluation of Health Canada’s Role in Supporting BC First Nations Health Authority as a Governance Partner

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Health Canada and the Public Health Agency of Canada

October 2017
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List of Acronyms

CEO  Chief Executive Officer
CFA  Canada Funding Agreement
FNHA  First Nations Health Authority
FNIHB  First Nations and Inuit Health Branch
IC  Implementation Committee
INAC  Indigenous and Northern Affairs Canada
NIHB  Non-Insured Health Benefits
OAG  Office of the Auditor General
SADM  Senior Assistant Deputy Minister
SPPID  Strategic Policy, Planning and Information Directorate
TCFNH  Tripartite Committee on First Nations Health
Executive Summary

Evaluation Purpose and Scope

The purpose of this evaluation is to satisfy a commitment made to the Treasury Board Secretariat to evaluate Health Canada’s new role in supporting the First Nations Health Authority (FNHA) in British Columbia (BC) as a governance partner and funder.

This evaluation is separate from the tripartite evaluation required by Section 10 of the British Columbia Tripartite Framework Agreement on First Nation Health Governance (the Agreement) that is currently ongoing and scheduled to be completed in 2018-19. Due to the potential for significant overlap with the tripartite evaluation (led by the FNHA), the scope of this internal evaluation was reduced so as to not duplicate work or overburden the stakeholders involved.

As such, the objective of this evaluation was to assess Health Canada’s governance role related to the Agreement for the period from 2013-14 to 2015-16, and to highlight best practices. This evaluation did not assess what has already been covered by the 2016 internal audit of Health Canada’s management of the administration of the Agreement.

Description

In 2011, the Federal and British Columbia Ministers of Health and the FNHA signed the legally binding BC Tripartite Framework Agreement on First Nation Health Governance, including nine supporting Sub-Agreements. Health Canada committed up to $4.7 billion to the FNHA over 10 years for this initiative. The Agreement is the first of its kind, and empowers the FNHA to assume the responsibility for the design, management, delivery and funding of First Nations health programming in BC. The FNHA is controlled and managed by First Nations, and collaborates with the province to achieve strong coordination between the FNHA and the BC Health Authorities for health programming.

Health programming for First Nations in BC is now delivered by the FNHA. Eligibility for the FNHA’s Health Benefits Program includes all First Nations people that are residents of BC and are registered pursuant to the Indian Act. First Nations people who receive health benefits through another organization, as part of a self-government agreement, are not eligible for FNHA programs or services. In total, the Agreement covers approximately 150,000 First Nations people in BC, in over 200 communities.
Conclusion – Health Canada Support for the Governance Framework

Health Canada supports the governance of the Agreement by actively participating in governance forums, and by facilitating new relationships between the tripartite partners and other federal departments and stakeholders, and increasingly through informal channels as relationships have matured.

Conclusion – Partner Satisfaction

Partners to the Agreement report a high level of satisfaction with Health Canada in supporting the FNHA, in particular for emergency response preparation and for its assistance in ensuring continued and appropriate service delivery for newly self-governing First Nations. Partners also suggested that they would like to see collaborative experiences further expanded and built upon, particularly with regards to policy and program development, and the sharing of information and best practices at senior levels.

Conclusion – Effective Follow-through

Health Canada has effectively followed through on commitments, through adherence to reciprocal accountability and the creation of appropriate processes and tools. Health Canada’s responsiveness has contributed to a smooth transition to the new service delivery model, as defined in the Tripartite Framework Agreement.

Conclusion – Health Canada’s Evolution into Its New Role

Health Canada’s role post-transfer has evolved considerably from what was originally anticipated. While one of the keys to success has been to document and follow formal processes, partners now recognize that a certain level of flexibility is necessary to ensure that the FNHA is able to continue delivering quality services to member communities.
Best Practices

Based on the findings and conclusions outlined in this evaluation report, there are some best practices that will be valuable to consider in the future for similar initiatives. These include:

- Creating and honouring a working relationship based on reciprocal accountability;
- Working in partnership to create processes and tools that meet the unique needs and unanticipated situations of a new initiative;
- Formally documenting all processes in order to facilitate relationship building, demonstrate the strength of the service delivery model over time, and provide opportunities for interested parties from other jurisdictions to access tools, instruments and best practices that have supported the Agreement in BC; and
- Creating processes with enough flexibility to allow for innovation and evolution over time, despite the need for formal processes at the outset, in order to build trust among partners.
1. Evaluation Purpose

The purpose of this evaluation is to satisfy a commitment made to the Treasury Board Secretariat to evaluate Health Canada’s new role in supporting the First Nations Health Authority (FNHA) in British Columbia (BC) as a governance partner and funder.

This evaluation is separate from the tripartite evaluation required by Section 10 of the British Columbia Tripartite Framework Agreement on First Nation Health Governance (the Agreement) that is currently ongoing and scheduled to be completed in 2019. Due to the potential for significant overlap with the tripartite evaluation (led by the Tripartite Implementation Committee), the scope of this internal evaluation was reduced so as to not duplicate work or overburden the stakeholders involved.

As such, the objective of this evaluation was to assess Health Canada’s governance role related to the Agreement, and to highlight best practices. This evaluation did not assess what has already been covered by the 2016 internal audit of Health Canada’s management of the administration of the Agreement.

2. Description of the Initiative

2.1 Context

In response to a 2001 landmark report on the health and well-being of Indigenous people by the BC Provincial Health Officer, which highlighted significant gaps in health outcomes between Indigenous people and other BC residents, the Province of British Columbia, the First Nations Leadership Council, and the Government of Canada signed the Transformative Change Accord (TCA) in 2005. This Accord recognized the need to strengthen relationships on a government-to-government basis, and affirmed the parties’ commitment to closing the gaps in education, health, housing, and economic opportunities over a ten-year period.

In 2007, Health Canada, the FNHA and the Government of British Columbia signed the Tripartite First Nations Health Plan to create fundamental changes to improve First Nation health status. Some of these changes include collaborating on 39 health action projects, defining principles to design a new governance system, and establishing goals for implementation. In 2008, negotiations began on First Nations health governance in BC.
In 2011, the Federal and BC Ministers of Health and the FNHA signed the legally binding *BC Tripartite Framework Agreement on First Nation Health Governance*, including nine supporting Sub-Agreements. Health Canada committed up to $4.7 billion to the FNHA over 10 years for this initiative, through the Canada Funding Agreement (CFA).

The Agreement is the first of its kind, and empowers the FNHA to assume the responsibility for the design, management, delivery and funding of First Nations health programming in BC. The FNHA is controlled and managed by First Nations and who collaborate with the province to achieve strong coordination between the FNHA and the BC Health Authorities for health programming.

Health programming for First Nations in BC is now delivered by the FNHA. Eligibility for the FNHA’s Health Benefits Program includes all First Nations people that are residents of BC and are registered pursuant to the *Indian Act*. First Nations people who receive health benefits through another organization, as part of a self-government agreement, are not eligible for FNHA programs or services. In total, the Agreement covers approximately 150,000 First Nations people in BC, in over 200 communities.

### 2.2 Profile

Traditionally, public health and health promotion services for status Indians on-reserve were administered by the First Nations and Inuit Health Branch (FNIHB) of Health Canada. In BC, FNIHB staff in the regional office administered programs and services, while FNIHB Headquarters set the strategic direction and provided a range of services to implement this direction. In 2013, Health Canada officially transferred its role in the design, management, and delivery of First Nations health programming in BC to the FNHA. As of October 2013, the FNHA assumed full responsibility for the operational functions of FNIHB’s regional office and the strategic functions of FNIHB Headquarters.

Currently, Health Canada employees working on the BC Tripartite Initiative are situated within the BC Tripartite Relations Unit at FNIHB. Following the transfer to the FNHA, there are no longer any FNIHB staff members in the BC regional office.

While most of FNIHB’s roles and responsibilities in BC have been transferred to the FNHA, Health Canada continues to play an important role in the implementation and smooth functioning of legal and funding agreements and health plans, as funder and governance partner to the FNHA and BC First Nations. The Department also facilitates access to, and relationships with, other federal departments and agencies to ensure that BC First Nations are included in national reporting.
As a transition measure, Health Canada continues to administer the Non-Insured Health Benefits (NIHB) program on a cost-recovery basis as the FNHA develops the infrastructure and capacity necessary to take over the administration of the program. Through this arrangement, Health Canada provides claims processing and certain adjudication services for the pharmacy, dental and medical supplies and equipment benefit categories.

As a governance partner, Health Canada participates in both trilateral and bilateral committees to: 1) share knowledge; 2) discuss plans, priorities and policies related to the Agreement; 3) review the progress of implementation; and 4) contribute to the strategic direction of the Agreement through the following committees:

- British Columbia Tripartite Agreement Principals Committee
- Implementation Committee (IC)
- Tripartite Committee on First Nations Health (TCFNH)
- Senior Assistant Deputy Minister-Chief Executive Officer (SADM-CEO) Committee
- Vice Presidents-Directors General (VP-DG) Committee

More information on these committees, including their purpose, participants, and meeting frequency, can be found in Appendix 1. A process map of the structures that support the implementation of the BC Tripartite health plans and agreements can be found in Appendix 2.

2.3 Previous audits and evaluations

The Office of Audit and Evaluation recently completed an audit of Health Canada’s management of the administration of the Agreement. The audit found that FNIHB is in compliance with the Agreement and its sub-agreements, and that the transfer of eight out of the nine sub-agreements was completed. Health Canada retains responsibility for the delivery of some aspects of the Health Benefits sub-agreement (i.e., the NIHB program) that have yet to be transferred. The audit further noted that the governance committees are working as intended, though one still requires formal Terms of Reference. As such, the audit recommended that the Vice Presidents-Directors General (VP-DG) committee develop formal Terms of Reference, and develop and implement a long-term strategy to support continuity of service when the current Health Benefit agreement expires. Terms of Reference for the VP-DG committee have since been developed and efforts to develop a long-term strategy for Health Benefits are currently underway.

In Fall 2015, the Office of the Auditor General (OAG) published a report titled “Establishing the First Nations Health Authority in British Columbia.” In it, the OAG noted that a sustained commitment from First Nations leaders in BC, the Government of Canada, and the Government of British Columbia was important to establishing the
FNHA, as was the identification of a single First Nations point of contact to negotiate with the federal and provincial governments. The report recommended that Health Canada work with the FNHA to ensure that a sound accountability and governance framework is established and implemented, in keeping with the requirements set out in the Agreement.

Finally, an evaluation of the First Nations British Columbia Tripartite Contribution Agreements from 2007-08 to 2011-12 was completed in 2013. The evaluation found that Health Canada's contribution funding to the FNHA enabled the latter's engagement in tripartite activities and its movement towards assuming the design, management and delivery of First Nations health programming in BC. Furthermore, the evaluation found that the FNHA had advanced in establishing the appropriate frameworks, operational structures and planning processes toward its transition and implementation, although some operational challenges remained. Overall, the evaluation concluded that the contribution agreements demonstrated a sound investment strategy that supports the success of the recipient's involvement in the tripartite initiative. The evaluation identified a number of lessons learned from this process, including:

- improved emergency management and pandemic planning at the community level;
- provision of sufficient time and resources to engage in constructive consultations with multiple stakeholders;
- staff training to facilitate integration of provincial and on-reserve health programming;
- regular and free flow of information among the partners;
- consideration of each party's decision-making processes and timelines;
- support for early development of First Nations' planning and risk management functions; and
- collaborative efforts to integrate service delivery, including changing established ways of delivering health care, communicating and engaging in culturally appropriate ways, and identifying priorities.

2.4 Program Narrative

According to the BC Tripartite Governance logic model (2012), the primary objective of the Agreement is to support the new health governance structure in BC. To reach this objective, the BC First Nations Governance Partners are expected to contribute to the following activities:

- service provision;
- capacity building;
- stakeholder engagement and collaboration;
- data collection, research and surveillance; and
- policy development and knowledge sharing.
In terms of outputs, the expected output for the ‘service provision’ activity is the management of the CFA and related sub-agreements. For the ‘capacity building’ and ‘stakeholder engagement and collaboration’ activities, the expected outputs are the ongoing funding and support for the BC FNHA, the transfer of responsibility of FN health programs to the FNHA, as well as ongoing engagement in tripartite governance relationships. Finally, for the ‘data collection, research and surveillance’ and ‘policy development and knowledge sharing’ activities, the expected outputs are ongoing reporting and evaluation, ongoing information sharing agreements, and processes to support health governance.

All of these outputs are expected to result in the immediate outcome of supporting the FNHA’s full management of health programming, followed by the intermediate outcome of establishing reciprocal accountability amongst tripartite governance partners, ultimately leading to the long term outcome of having departmental policies and processes align to support effective, innovative and integrated tripartite governance relationships.

2.5 Program Alignment and Resources

The BC Tripartite initiative is part of the department’s Program Alignment Architecture (PAA): Sub-Program 3.3.3: Tripartite Health Governance.

Health Canada is the primary funder to the FNHA, contributing $433.1M for fiscal year 2015-2016. There are four (4.15) Full-time Equivalents (FTEs) in Health Canada’s Self-Government and BC Tripartite Relations Division working on the BC Tripartite Initiative, with $438K in salaries and wages and approximately $46K in operating dollars. This unit supports the governance and funding as per the Canada Funding Agreement (CFA). The annual federal contribution amount delivered through the CFA provides for a fixed annual escalator for fiscal years two through five of the Agreement. Canada and the FNHA have committed to re-negotiating the annual escalator for the five remaining fiscal years of the Agreement.

Health Canada also has a second contribution agreement with the FNHA, the Canada Consolidated Contribution Agreement, which allows the FNHA to deliver or delegate health programs and services.

Financial data for the years since implementation of the BC Tripartite Framework Agreement (2013-2014 through 2015-2016) are presented below in Table 1. Overall, the program had a budget of $1.1B over the three years since implementation.
Table 1: Health Canada Resources since the Transfer (October 2013) ($M)a

<table>
<thead>
<tr>
<th>Year</th>
<th>Gs &amp; Cs</th>
<th>O&amp;M</th>
<th>Salary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-2014</td>
<td>240.31</td>
<td>0.56</td>
<td>0.89</td>
<td>241.76</td>
</tr>
<tr>
<td>2014-2015</td>
<td>410.61</td>
<td>0.10</td>
<td>0.01</td>
<td>410.72</td>
</tr>
<tr>
<td>2015-2016</td>
<td>432.64</td>
<td>0.05</td>
<td>0.44</td>
<td>433.12</td>
</tr>
<tr>
<td>Total</td>
<td>1,083.56</td>
<td>0.70</td>
<td>1.33</td>
<td>1,085.60</td>
</tr>
</tbody>
</table>

aData Source: Chief Financial Officer Branch

3. Evaluation Description

3.1 Evaluation Scope, Approach and Design

The scope of this evaluation was significantly reduced so as to not duplicate work or overburden stakeholders who are concurrently participating in the tripartite evaluation mandated by the Agreement. As a result, an outcome-based evaluation approach was not used for this evaluation. Instead, this evaluation assesses Health Canada’s governance role related to the Agreement and highlights best practices. The evaluation did not assess what has already been covered by the 2016 internal audit of Health Canada’s management of the administration of the Agreement. To the extent possible, evaluators ensured the questions asked were complementary to those of the tripartite evaluation.

The evaluation covers the period from October 2013 to March 2016, and includes four key areas:

- Health Canada Support for the Governance Framework;
- Partner Satisfaction;
- Effective Follow-through; and
- Evolution into its New Role.

Data for the evaluation was collected using a document review, and four key informant interviews (FNHA, Government of BC, and Health Canada [2]). Data was analyzed by triangulating information gathered from these two methods. The use of multiple lines of evidence and triangulation were intended to increase the reliability and credibility of the evaluation findings and conclusions.
3.2 Limitations and Mitigation Strategies

Most evaluations face constraints that may have implications for the validity and reliability of evaluation findings and conclusions. The following table outlines the limitations encountered during the implementation of the selected methods for this evaluation. Also noted are the mitigation strategies put in place to ensure that the evaluation findings can be used with confidence to guide program planning and decision making.

<table>
<thead>
<tr>
<th>Limitation</th>
<th>Impact</th>
<th>Mitigation Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited scope and data collection meant that evaluators were not able to go in depth in their assessment.</td>
<td>More fulsome results on the governance and implementation of the Agreement will only be available once the tripartite evaluation is complete.</td>
<td>Evaluators used some available data from the ongoing tripartite evaluation and identified best practices, instead of recommendations.</td>
</tr>
</tbody>
</table>

4. Findings

4.1 To What Extent Has Health Canada Been Effective In Supporting The Governance Framework?

Health Canada supports the governance of the Agreement by actively participating in governance forums, and by facilitating new relationships between the tripartite partners and other federal departments and stakeholders, and increasingly through informal channels as relationships have matured.

Health Canada participates in the governance of the BC Tripartite Framework Agreement through a number of trilateral and bilateral committees, namely the British Columbia Tripartite Agreement Principals Committee, the Implementation Committee (IC), the TCFNH, the Senior Assistant Deputy Minister-Chief Executive Officer (SADM-CEO) Committee, and the Vice-Presidents-Director General (VP-DG) Committee.\(^1\) Key informants note that Health Canada remains an active and visible participant in meetings for all of these committees, and that staff members from Health Canada’s First Nations and Inuit Health Branch (FNIHB) are available to support ongoing and emerging issues as they arise, beyond the formal mechanisms mandated in the Agreement.

\(^1\) More information on these committees, including their purpose, participants, and frequency, can be found in Appendix 1.
Health Canada also actively supports the BC Tripartite governance structure by providing resources to the shared secretariat function for the IC. The secretariat is responsible for coordinating the administrative needs of the IC and its subcommittees. Key informants noted that the collaborative work among partners on secretariat matters fosters a close and supportive relationship by design, as members from each of the tripartite partner organizations collaborate to fulfill the secretariat’s administrative duties.

After the transfer of service delivery responsibilities in 2013, Health Canada’s role in implementing the *British Columbia Tripartite Framework Agreement* has largely centred on supporting the goals and work objectives of the First Nations Health Authority (FNHA). Under the Agreement, the FNHA plays a leadership role, while Health Canada’s role is as a facilitator, enabling relationships with external partners and other federal departments as needed. Internal documents indicate that Health Canada’s facilitator role in support of the Agreement has been incorporated into work plans among Agreement partners, whereby Health Canada’s role involves organizing with other federal departments to support the FNHA and the BC Ministry of Health, and to foster integration, partnership and positive working relationships.²

An example of this can be found in the FNHA and FNIHB *2015-16 Joint Work Plan*, which outlines FNIHB’s facilitation role between the FNHA and other government departments on issues such as environmental health and home and community care.³

Another example of Health Canada’s effectiveness in its facilitator role was during a diesel spill event on the north coast of BC. When other responding agencies questioned FNHA’s presence at the site, Health Canada was able to foster a helpful conversation and ensure that the FNHA had a place on the response team.

Evidence suggests that Health Canada’s facilitator role is considered appropriate by the tripartite parties. A recent survey of partners to the Agreement stated that Health Canada’s leadership and interpersonal support in their current form were key factors for the successful implementation of the Framework Agreement.

Considering the governance structure for the Agreement, key informants note that the membership and mandates for the IC and TCHFN may overlap at times. Interviewees indicated that partners to the Agreement are currently involved in differentiating the roles and responsibilities of the two committees. Key informants also indicated that, as the relationship among partners matures, direct informal relationships between FNIHB, the FNHA and the BC Ministry of Health have become increasingly important as a complement to the formal governance mechanisms.

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4.2 How Satisfied Are the Various Parties with FNIHB’s Support and Responsiveness?

Partners to the Agreement have reported a high level of satisfaction with Health Canada in supporting the FNHA, in particular for emergency response preparation and for its assistance in ensuring continued and appropriate service delivery for newly self-governing First Nations. Partners also suggested that they would like to see collaborative experiences further expanded and built upon, particularly with regards to policy and program development, and the sharing of information and best practices at senior levels.

Partners to the Agreement have expressed a high degree of satisfaction with Health Canada’s support and responsiveness as a governance partner. In particular, key informants identified two areas where ongoing responsiveness and support have demonstrated Health Canada’s commitment to the successful implementation of the Agreement: 1) emergency response preparation; and 2) self-governing First Nations.

In terms of emergency response preparation, during the Ebola outbreak in 2014, Health Canada, in consultation with the FNHA, took a proactive approach by providing funding, training and equipment to prepare for potential outbreaks of the virus in BC First Nations communities. According to internal documentation, the training was viewed positively by health care workers in the province, and was credited with connecting BC First Nations to strategies and responses developed at the national level.4 Respondents cite the Ebola case as an example of the Department successfully responding to unanticipated events, while continuing to emphasize a shared vision and acting in a way that is rooted in partnership with the FNHA.

Regarding self-governing First Nations in BC, most have full jurisdiction over health and therefore, make their own arrangements for health services. However, in regards to health benefits, most of these First Nations have agreements with the FNHA, which currently has a cost-recovery arrangement with Health Canada for the administration of the NIHB program. Key informants described instances where Health Canada’s support helped ensure continued and appropriate service delivery for communities that have become self-governing since the transfer of health services to the FNHA.

In one instance, a recently self-governing First Nation wished to continue receiving all health services through the FNHA. Self-governing First Nations typically receive block funding from Indigenous and Northern Affairs Canada (INAC) for a wide range of services that were once provided through the Government of Canada, including health

care services. Health Canada supported this First Nation’s interest in continuing services with the FNHA by recouping money that had been transferred to the FNHA and transferring it to INAC, who in turn placed the funds into the First Nation’s fiscal financing agreement so that it could buy back those services from the FNHA as a self-governing First Nation.

In another example of support, Health Canada had committed resources to a First Nation to build a new medical facility through a capital facilities program, which had strict controls and oversight requirements. Once the First Nation became self-governing, the FNHA approached Health Canada for options, as they felt imposing this level of oversight would be inappropriate for a self-governing community. Health Canada worked with the FNHA to bring in an independent auditor to help fulfill the oversight needs of the program, while respecting the autonomy of the self-governing First Nation.

As the relationship between parties to the Agreement has continued to develop, formal and informal communication exchanges have been used to identify issues where Health Canada support is needed. Minutes from bilateral meetings between the FNHA and FNIHB demonstrate that these forums are used to identify and develop solutions to challenges as they arise. Generally, interviewees describe a high level of trust that has grown over time, and state that Health Canada staff is consistently available and willing to provide support where needed.

Looking forward, key informants note there is room for this relationship to continue to develop, in terms of problem solving and issues resolution. Tripartite partners expressed an interest in drawing on Health Canada’s policy experience at the planning stage of projects. Additionally, tripartite partners have also proposed that there is room for further relationship development at the Vice-President-Director General (VP-DG) level to foster connections between counterparts and to share information and best practices regarding federal and provincial initiatives, as appropriate. They believed this would be particularly helpful in regards to the buyback arrangement with Health Canada for health benefits.
4.3 To What Extent Has Health Canada Been Effective At Following Through On Decisions Made At Governance Tables That Require Their Action?

Health Canada has effectively followed through on commitments through adherence to reciprocal accountability and the creation of appropriate processes and tools. Health Canada’s responsiveness has contributed to a smooth transition to the new service delivery model, as defined in the Tripartite Framework Agreement.

Reciprocal accountability is a cornerstone of the relationship between parties to the BC Tripartite Framework Agreement. The concept of reciprocal accountability is embedded in the Agreement itself, as well as in several related governance and accountability documents. According to the FNHA, First Nations traditional social systems were founded on the concept of reciprocal accountability, which meant that “each member of the community was accountable for their decisions and actions and for their contribution to the community’s wellness as a whole.”5 The Agreement defines the concept in relation to the partnership, stating that “parties will work together in a collaborative manner to achieve the objectives set out in [the Agreement], respecting both the letter and spirit of the Agreement, and in accordance with their respective obligations.”6 Parties to the Agreement use this concept to define how each partner will perform their roles and responsibilities, and can count on each other to do the same.

While the roles and responsibilities of the tripartite partners have changed since the Agreement was signed in 2011, Health Canada has demonstrated its ability to follow through on its commitments in support of a smooth transition. Though key informants note that there are fewer instances where Health Canada’s involvement is required following the transfer, documents and interviews indicate that Health Canada has effectively remained a reliable partner to the other tripartite members when required.

For example, Health Canada provided residual IM/IT support to FNHA as a component of their Service Continuity Agreement following the transfer in 2013. During this time, the department worked with the FNHA to develop and implement an IT system that would allow the FNHA to become completely independent of Health Canada’s IT system by 2014.7 Records from TCFNH meetings and key informant interviews show that Health Canada provided human resources and shared strategic and technical

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expertise to support the IT transition plan, and that a “positive working relationship between [Health Canada] and FNHA has helped move this project forward.”

Since signing the Agreement, the tripartite partners have developed a number of new tools that are intended to ensure a shared vision for future and collective goals, in support of a high-functioning and collaborative relationship. One such tool is the *Shared Vision and Common Understanding* document, developed in 2014 and updated annually, which establishes joint priorities and deliverables for the shared work of the FNHA Vice President and FNIHB’s Director General of Strategic Policy, Planning and Information Directorate (SPPID). The FNHA and Health Canada have also established a Joint Policy Agenda, in which the two bodies agree to develop joint policy papers on issues of mutual concern. Planned joint policy papers include topics such as information sharing and national reporting, funding new programs and services not transferred to the FNHA, and FNHA corporate governance requirements. Additionally, bilateral work between the Vice-President of the FNHA and the Director General of SPPID are outlined in the VP-DG work plan and collaboration matrix. According to key informants, this tool provides a successful structure for senior managers at the FNHA and FNIHB to collaborate and advance their shared mandate.

Moreover, formal mechanisms are in place to monitor the progress of tripartite parties on their commitments. In addition to regular status updates in governance committee meetings, the partners have developed and maintained a ‘Tripartite Agreement Scorecard’, which shows progress on the implementation of the Agreement. The Scorecard, introduced in 2014-15, reports on the progress of the FNHA, the BC Ministry of Health and Health Canada in relation to their shared commitments, as defined in their Joint Work Plan. Key informants note that the vast majority of follow-up takes place bilaterally between the FNHA and FNIHB, and describe a positive view of individuals working within FNIHB, as well as their commitment to supporting implementation and reciprocal accountability.

4.4 Has Health Canada Effectively Evolved Into Its New Role As Funder And Governance Partner?

Health Canada’s role post-transfer has evolved considerably from what was originally anticipated. While one of the keys to success has been to document and follow formal processes, partners recognize that a certain level of flexibility is necessary to ensure that the FNHA is able to continue delivering quality services to member communities.

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In 2009, Health Canada prepared a document articulating the expected residual role of FNIHB in First Nations health in BC, following the transfer to the FNHA. While the paper rightly asserts that the role of Health Canada in BC would shift from being “a designer and deliverer of First Nations health services to that of funder and governance partner,”¹⁰ key informants note that the partners could not have anticipated the amount and kind of work necessary to ensure a successful transfer and implementation of the Agreement, and therefore much of what was originally projected was no longer relevant.

When the relationship between tripartite partners was new, it was essential to properly document processes, as parties relied heavily on formal mechanisms to collaborate and support the new service delivery model. Now that trust has matured between partners, it has become increasingly important to ensure an appropriate level of flexibility to allow FNHA to design and implement quality service delivery to its member communities. Key informants highlight the importance of a nimble and flexible approach, rather than simply replicating current structures of governance, as a key success factor moving forward.

In the years since the Agreement was negotiated, key informants state that Health Canada has made efforts to reduce the reporting burden for the FNHA and to streamline reporting processes to make them more efficient. As new programs are introduced with respect to the Canada Funding Agreement (CFA), such as Jordan’s Principle, discussions between Health Canada and the FNHA have occurred to calibrate funding and reporting requirements so as to avoid duplication or excess work where possible. In the case of Jordan’s Principle, the FNHA receives funding for service coordination and is engaged in regional weekly teleconferences.

Considering the future state of health care delivery to First Nations in BC, key informants also saw value in further documenting processes in order to demonstrate the strength of the service delivery model over time, should a more formal option for this initiative be sought. Key informants expressed the importance of codifying aspects of routines and processes that have been foundational in building the trust relationship that now exists, so that this model can continue to thrive long after the initial players have left and political contexts have changed.

Finally, the approach of the BC Tripartite Framework Agreement has garnered attention across Canada and internationally as an innovative model for health care delivery in First Nations communities.¹¹ Key informants from Health Canada have expressed an interest in developing a stronger understanding of the contextual factors and conditions that have enabled success in British Columbia. These enabling factors will be explored in some detail through the Tripartite Implementation Committee-led BC Tripartite

evaluation. While Health Canada was initially interested in the potential to replicate the BC model in other areas across Canada, key informants acknowledge that there can be no one-size-fits-all approach to health care delivery in First Nations communities across Canada.

With this in mind, key informants expressed interest in exploring opportunities to share the experience and expertise that has evolved through the Tripartite Framework Agreement partnership. They have also expressed interest in establishing formal and informal opportunities for communities across Canada to access tools, instruments and best practices that have supported the Agreement in BC. By sharing knowledge and expertise, tripartite partners are prepared to support other jurisdictions interested in adopting similar health care delivery practices that suit their diverse needs and contexts.

5. Conclusions

Health Canada Support for the Governance Framework

Health Canada supports the governance of the Agreement by actively participating in governance forums, and by facilitating new relationships between the tripartite partners and other federal departments and stakeholders, and increasingly through informal channels as relationships have matured.

Partner Satisfaction

Partners to the Agreement have reported a high level of satisfaction with Health Canada in supporting the FNHA, in particular for emergency response preparation and for its assistance in ensuring continued and appropriate service delivery for newly self-governing First Nations. Partners also suggested that they would like to see collaborative experiences further expanded and built upon, particularly with regards to policy and program development, and the sharing of information and best practices at senior levels.

Effective Follow Through

Health Canada has effectively followed through on commitments through adherence to reciprocal accountability and the creation of appropriate processes and tools. Health Canada’s responsiveness has contributed to a smooth transition to the new service delivery model, as defined in the Tripartite Framework Agreement.
Evolution into its New Role

Health Canada’s role post-transfer has evolved considerably from what was originally anticipated. While one of the keys to success has been to document and follow formal processes, there is recognition among partners that a certain level of flexibility is necessary to ensure that the FNHA is able to continue delivering quality services to member communities.

6. Best Practices

Based on the findings and conclusions outlined in this evaluation report, there are some best practices that will be valuable to consider in the future for similar initiatives. These include:

- Creating and honouring working relationships based on reciprocal accountability;
- Working in partnership to create processes and tools that meet the unique needs and unanticipated situations of a new initiative;
- Formally documenting all processes in order to facilitate relationship building, demonstrate the strength of the service delivery model over time, and provide opportunities for interested parties from other jurisdictions to access tools, instruments and best practices that have supported the Agreement in BC; and
- Creating processes with enough flexibility to allow for innovation and evolution over time, despite the need for formal processes at the outset, in order to build trust among partners.
## Appendix 1 – Governance Committees Covered By the Evaluation

<table>
<thead>
<tr>
<th>Governance Committee</th>
<th>Purpose</th>
<th>Participants</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| British Columbia Tripartite Agreement Principals Committee | Review progress and provide overarching strategic direction for all parties involved in the Agreement. | - Federal and Provincial Health Ministers  
- BC First Nations leaders  
- Senior Assistant Deputy Minister (ADM) of FNIHB  
- Chaired by the Grand Chief of the First Nations Health Council (FNHC) | Every 2 years |
| Implementation Committee (IC) | Discuss the overall progress and implementation of the agreements, and report on the progress to the British Columbia Tripartite Agreement Principals committee. | - Senior ADM of FNIHB  
- Director General of Strategic Policy and Planning  
- Chief Executive Officer (CEO) and Chair of the FNHA  
- ADM of the BC Ministry of Health  
- Executive Director of Aboriginal Health  
- Grand Chief and Deputy Chair of the FNHC.  
- Chaired by the Grand Chief of the FNHC | Twice a year |
| Tripartite Committee on First Nations Health (TCFNH) | Coordinate planning, priorities and delivery of programs at the regional level between the FNHA and the province with its health authorities. | - Associate and Assistant Deputy Minister of the BC Ministry of Health,  
- Senior ADM of FNIHB  
- One representative from each of the five BC First Nation regional tables  
- CEO of FNHA  
- Grand Chief of the FNHC  
- Co-chaired by the BC Deputy Minister of Health, the CEO of the FNHA, and the Senior ADM of FNIHB | Twice a year |
| Senior Assistant Deputy Minister-Chief Executive Officer (ADM-CEO) Committee | Discuss respective policies, priorities and planning between FNHA and FNIHB to ensure a sound partnership in the implementation of the Agreement for the duration of the CFA. | - Senior ADM of FNIHB  
- Senior Policy Analysts for BC Tripartite Relations in FNIHB  
- CEO of FNHA  
- Chief Operating Officer of FNHA  
- Vice President of FNHA  
- Co-chaired by: Senior ADM of FNIHB and the CEO of FNHA | Quarterly |
| Director Generals-Vice Presidents (DG-VP) Committee | Share knowledge and establish specific work plans between FNIHB Director Generals and FNHA Vice Presidents to meet the priorities set out by the Senior ADM-CEO committee. | - FNHA Vice Presidents (e.g., Human Resources, Health Benefits)  
- HC Director Generals (e.g., Strategic Policy, Planning & Information, Population Health & Public Health) | Twice a year |
## Appendix 2 – BC Tripartite governance Logic Model

### Objective
Support the new health governance structure in BC

### Target Group
BC First Nations Governance Partners

### Themes

<table>
<thead>
<tr>
<th>Service Provision</th>
<th>Capacity Building</th>
<th>Stakeholder Engagement and Collaboration</th>
<th>Data Collection, Research and Surveillance</th>
<th>Policy Development and Knowledge Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Management of the CFA and related sub agreements</td>
<td>• Ongoing funding and support for the BC FNHA</td>
<td>• Transfer responsibility of FN health programs to the FNHA</td>
<td>• Ongoing engagement in tripartite governance relationship(s)</td>
<td>• Ongoing reporting and evaluation</td>
</tr>
<tr>
<td>• Transfer responsibility of FN health programs to the FNHA</td>
<td>• Ongoing engagement in tripartite governance relationship(s)</td>
<td>• Ongoing information sharing agreements and processes to support health governance</td>
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### Outputs

<table>
<thead>
<tr>
<th>Immediate Outcomes</th>
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<tbody>
<tr>
<td>• Support for BC FNHA full management of health programming</td>
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### Intermediate Outcomes

<table>
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<th>Intermediate Outcomes</th>
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<tbody>
<tr>
<td>• Reciprocal accountability amongst tripartite governance partners</td>
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### Long Term Outcomes

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<th>Long Term Outcomes</th>
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<tr>
<td>• Departmental policies and processes align to support effective, innovative, and integrated tripartite governance relationships</td>
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