Health Canada Santé Canada

# International Health Grants Program (IHGP)

# Summative Evaluation

# Final Report

Approved by

Departmental Executive Committee on
Finance, Evaluation and Accountability (DEC-FEA)
Health Canada

February 25, 2008

Canada

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| **RELEVANCE** | | | | | |
| R1: *Consensus should be reached regarding the objectives for this program.* | 1.1 International Health Grants Program (IHGP) is consistent with departmental priorities<br><br>1.2 Limited understanding of the rationale for this program<br><br>1.3 Emerging health issues not a key focus of the IHGP | Health Canada (HC) agrees with this recommendation and will undertake a review of current program objectives as part of its renewal of the IHGP Terms & Conditions (Ts&Cs).<br><br>IHGP objectives will also continue to meet Portfolio priorities such as the Global Health Strategy and Departmental priorities which are established through processes such as the Departmental Performance Report, Report on Plans and Priorities and the Program Activity Architecture.<br><br>In addition, Program objectives will need to ensure that the IHGP continues to be flexible enough to meet the changing needs of the Department.<br><br>Revised application and evaluation criteria will be developed to ensure that funded projects respond to the objectives of the Program, as well as priorities of the Federal Initiative to Address HIV/AIDS, the Canadian HIV Vaccine Initiative and the Federal Tobacco Control Strategy. | **Renewed IHG Program Ts&Cs** - to clarify existing program objectives and priorities, as well as a comparison with the proposed GoC *Policy on Transfer Payments*. | Director General, International Affairs Directorate, Health Policy Branch | Feb. 2008 |
| | | | **Develop Environmental Scan and Forward Planning -** To identify emerging issues and events. | Director General, International Affairs Directorate, Health Policy Branch | April 2008/ Annually |
| | | | **Develop a Management Framework for the IHG Program** - To ensure consistency with the agreed-upon priorities and objectives emerging from the Global Health Strategy, and priorities of the Federal Initiative to Address HIV/AIDS, the Canadian HIV Vaccine Initiative and the Federal Tobacco Control Strategy. | Director General, International Affairs Directorate, Health Policy Branch | Sept 2008 |
| | | | **Achieve common agreed-upon understanding of Program Objectives across the Department** - Use existing mechanisms such as the DG Committee on International Health Issues, the Portfolio Policy DG and ADM Committees, the Consultative Group on Global HIV/AIDS Issues and Canadian HIV Vaccine Initiative Interdepartmental Working Group. | Director General, International Affairs Directorate, Health Policy Branch | ongoing |

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| R2: *IHGP should conduct a departmental needs assessment to fully understand the demand within the department for the international grants mechanism.* | 2.1 Universal agreement on the continued need for a mechanism to flow funds internationally<br><br>2.2 Strong demand for program funding exists among the population of recipients<br><br>2.3 The full demand for this program is unknown | HC agrees with this recommendation and will conduct an investigation of the potential required needs and interests across the Department for the international grants mechanism.<br><br>Currently, the IHGP is the only funding mechanism within the Department to flow funding to international organizations. Anecdotal evidence suggests that the internal demand for the program exceeds current funding authorities.<br><br>Should interest in expanding the IHGP be greater than the existing funding envelope, IAD would have to return to TBS to seek a higher ceiling (and new authorities) for the program if additional dedicated G&C funding was available. | **Develop a Communications Plan to consult and inform stakeholders (both domestic and international)** - To provide information about the changes in the Program, solicit ongoing feedback from previous applicants (successful and unsuccessful) about the program priorities and direction, as well as explore the demand for program funding as part of the regular program evaluation. | Director General, International Affairs Directorate, Health Policy Branch | Sept. 2008/ ongoing |
| | | | **Conduct a preliminary Needs Survey of the Department** - To lay the foundation for a full Needs Assessment and provide baseline information on the Department's needs for an enhanced international grants mechanism and possible funding needs that could be addressed if a higher ceiling were sought for the IHGP. | Director General, International Affairs Directorate, Health Policy Branch | Sept. 2008 |
| | | | **Conduct a full Needs Assessment based on the preliminary survey results** - To investigate the potential demand, required needs and interest, including the possibility of an open solicitation process across the Department for the general stream grants. | Director General, International Affairs Directorate, Health Policy Branch | March 2009 |
| **PROGRAM DESIGN AND DELIVERY** | | | | | |
| *R3: As part of the needs assessment exercise, a review should be undertaken to determine whether current IHGP grants are multi-year in nature.* | 3.1 Instances where international grants are multi-year in nature<br><br>3.2 Perceived need for the Government of Canada to operate this program | It has already been determined that multi-year grants are needed within the IHGP. The renewed T&Cs will address revised processes which allow for and are conducive to multi-year grants according to the Blue Ribbon Report. | **Assessment of IHGP's need for and potential use of multi-year grants, and enhanced use of this provision as required -** ensure inclusion of multi-year grant eligibility in the revised T&Cs for the IHGP. | Director General, International Affairs Directorate, Health Policy Branch | Feb. 2008 |

| Key Findings and Associated Recommendations | | | | | |
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| *R4: The program should be run as a single program that is focused on meeting IHGP objectives (as per Recommendation 1)* | 4.1 While the issuing of international grants is centralized within Health Canada, the design, delivery and selection process is decentralized within IAD<br><br>4.2 Selection process varies among streams | IAD acknowledges the need for improved harmonization across the three current program funding streams. As a key response to this recommendation, IAD will hire a dedicated Program Coordinator, as well as develop standard operating procedures and common standardized program guidelines to ensure efficiency and cohesiveness across policy streams including: standard application forms, solicitation processes and proposal development packages (i.e. common templates, guidelines for recipients, program and eligibility requirements, eligible expenses, evaluation and reporting requirements, identification of target audiences, and required dissemination strategies, etc.).<br><br>While streamlining of the 3 policy streams seems to be a reasonable recommendation; IAD is not prepared at this time to combine the 3 policy/program streams (Tobacco, HIV/AIDS and general grants) into 1 sole program. Given the overlay of accountabilities for the Tobacco and HIV/AIDS grant funding to horizontal initiatives, as well as different target audiences and processes for seeking proposals (i.e. open call versus directed), it makes a single process difficult to implement. | **Hire a Manager of Operations and Strategic Planning as part of the proposed IAD Organizational Review -** To provide broader oversight and make linkages with Health Canada and Directorate operational issues. | Director General, International Affairs Directorate, Health Policy Branch | Jan. 2008 |
| | | | **Establish a set of common SOPs and standardized guidelines, share best practices across the Program components** - to be accomplished through the creation of a formalized Directorate G&C Working Group. | Director General, International Affairs Directorate, Health Policy Branch | Feb. 2008 |
| | | | **Hire a dedicated resource (Program Coordinator)** - To oversee the day-to-day management and administration of the IHGP for the Directorate, enhance coordination across program streams by liaising with program and financial officers, as well as recipient organizations and propose options for harmonization. | Director General, International Affairs Directorate, Health Policy Branch | April 2008 |
| | | | **Implement revised common program guidelines and templates for recipients on program requirements, standardized operating procedures for program staff** - To streamline the timing for calls for proposals, selection processes and evaluation for the program components/policy streams, project finding dissemination strategies, etc., in collaboration with IAD Program Officers. | Director General, International Affairs Directorate, Health Policy Branch | April 2008 |

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| | | Rather, IAD will institute a formal Directorate Gs&Cs Working Group to identify synergies across the program components, and to establish common (to a set of minimum standards) operating procedures and guidelines that all streams will be expected to adhere to. Applications forms, solicitation processes and proposal development packages will be customized as appropriate for each policy/program stream by the responsible Program Officers. | **Conduct a comparison with other existing Gs&Cs programs across the Portfolio** - To help determine best practices and the feasibility of re-aligning and streamlining the program components/policy streams into a single-process which respects horizontal accountabilities. | Director General, International Affairs Directorate, Health Policy Branch | Sept. 2008 |
| *R5: Improve timeliness of the program by having an approval process that matches the risk level of the grant.* | 5.1 Timeliness in the issuance of grants needs to be improved | While HC agrees with this recommendation, it is important to note that the approval process includes two components: processes and procedures within the Directorate to solicit, evaluate and select proposals, as well as a formalized departmental approval processes requiring review and sign-off at the senior management level. While IAD has control and is committed to implementing changes within the Directorate to ensure more efficient and timely approval of grant applications, processes and activities impacting the timeliness of approval at the ADM, Deputy and Ministerial level are beyond IAD's control. | **Implement a proactive Forward Planning Cycle congruent with Departmental financial cycles and create standardized administrative processes** - To allow for more efficient and timely approval of grant applications by ensuring early identification of priorities, development of streamlined, coordinated calls for proposals, application guidelines, selection and approval processes, evaluation criteria, etc. | Director General, International Affairs Directorate, Health Policy Branch | April 2008 / ongoing |
| | | | **Participate in Portfolio G&C training on procedures and Gs&Cs database and follow regular Portfolio advisory bulletins and procedures updates** - To train all IAD program staff, administrative officers, Program Coordinator and the Manager of Operations and Strategic Planning on departmental policies and procedures. | Director General, International Affairs Directorate, Health Policy Branch | July 2008 |
| | | Within the Directorate, the hiring of a Program Coordinator should help to create more proactive planning for the funding cycle, as well as ensure that all required documents related to obtaining Senior Management sign-off are in order and timely. | **Develop a package of information to accompany the grants for Ministerial sign-off** - which includes a Memo for Information to the Minister explaining the IHGP program objectives and the importance of the Program and necessary timelines. | Director General, International Affairs Directorate, Health Policy Branch | Sept 2008 (at time grants are routed to MO) |

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| | | IAD will also ensure sufficient capacity (i.e. need to further train program staff and develop SOPs) within the Directorate. The directorate will work with Health Canada Centre of Expertise on Grants & Contributions (CoE) to examine and assess options for delegated authority while striving to ensure that the Directorate's knowledge of program management and administration is reflective of GoC and Departmental policies and procedures. | **Contribute to the Departmental review of necessary delegated authorities.** | Director General, International Affairs Directorate, Health Policy Branch in consultation with Centre of Expertise (CoE) on Grants & Contributions | Sept. 2008 |
| | | | **Conduct an annual review of the solicitation process** - To help determine areas for improvement and changes that need to be implemented. | Director General, International Affairs Directorate, Health Policy Branch | March 2009 |
| *R6: Program budget approval should be timelier to permit the program to start the call for proposals, the selection of projects, and the issuance of grants earlier in a fiscal year thereby permitting program recipients sufficient time to complete their projects.* | 6.1 Program management practices are adequate<br><br>6.2 Recipients are satisfied (85.7%: a rating of 4 or 5 on a 5-point scale) with the overall management of the program | While HC agrees with this recommendation, many of the processes and activities related to obtaining funding levels early in the FY are outside the Directorate's control and were partially impacted by the recent GoC-wide program and expenditure review exercises.<br><br>The Directorate will work towards an enhanced accountability for G&C funding with a commitment to establishing processes early in the new FY in order not to have a negative impact on the timing of 2008-09 Grants and to provide information on funding levels for the policy streams in a timely manner. | **Implement a proactive Forward Planning Cycle congruent with Departmental financial cycles** - To secure funding levels per stream early in the Fiscal Year, done in conjunction with the Chief Financial Officer Branch (CFOB). | Director General, International Affairs Directorate, Health Policy Branch in consultation with CFOB | April 2008 |
| | | | **Conduct annual review of administrative processes and implementation of IHGP program design -** To include a review of the anticipated calls for proposals, annual timelines for solicitation and allocation of grants, and Directorate/ departmental approval processes. | Director General, International Affairs Directorate, Health Policy Branch | July 2008 |
| | | | **Enhanced use of of multi-year grant mechanisms as appropriate.** | Director General, International Affairs Directorate, Health Policy Branch | ongoing |

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| **COST EFFECTIVENESS** | | | | | |
| *R7: A single dedicated resource needs to manage the IHGP as a whole by coordinating: the call for proposals, the selection and approval process, dissemination of project findings throughout the department, and the overall maintenance of project files.* | 7.1 The cost of administrating the program is difficult to determine<br><br>7.2 From 01/02 to 06/07, a total of $359K was lapsed; two years where more than 10% of budget was lapsed<br><br>7.3 Three years where over 50% of program funds were expended in the fourth quarter<br><br>7.4 Further efficiencies could be found by consolidating the processes<br><br>7.5 Effectiveness of the program is hindered by the lack of resources dedicated solely to the IHGP<br><br>7.6 The IHGP is affordable | HC agrees with this recommendation and will move forward to hire of a dedicated Program Coordinator for the grants Program.<br><br>As part of a Directorate-wide organizational review, a Manager of Operations and Strategic Planning has been recruited to provide broader oversight and linkages to other operational elements of the department (i.e. Directorate Operational Plans, budget and financial processes of the department, etc.). The Manager of Operations and Strategic Planning, reporting to the DG, will be responsible for overseeing the general management and administration of the IHGP.<br><br>The Directorate will strive for enhanced overall management and administration of the IHGP which will lead to more transparency and accountability, better dissemination of project findings and enhanced evaluation capacity. | **Hire a Manager of Operations and Strategic Planning as part of the proposed IAD Organizational Review -** To provide broader oversight and make linkages with broader HC and Directorate operational issues. | Director General, International Affairs Directorate, Health Policy Branch | Jan. 2008 |
| | | | **Hire a Program Coordinator** - To provide overall administration and management of the whole IHGP on behalf of the Department. The Coordinator will also liaise with Program and Financial Officers, as well as recipient organizations. | Director General, International Affairs Directorate, Health Policy Branch | April 2008 / March 2009 (Annual Report) |
| | | | **Establish streamlined, coordinated calls for proposals, selection and approval processes, maintenance of project files and Dissemination Strategy for project results.** | Director General, International Affairs Directorate, Health Policy Branch | July 2008 |
| | | | **Prepare templates for mid-year status updates and an Annual Report on the Grants Program in accordance to Departmental standard templates.** | Director General, International Affairs Directorate, Health Policy Branch | July 2008 |
| | | | **Contribute to (re)development of Portfolio G&C database, the single Portfolio Transfer Payment Information Management System and the Departmental G&C web portal** - To make Program Ts&Cs accessible to all potential grant recipients. | Director General, International Affairs Directorate, Health Policy Branch in consultation with CoE on Gs&Cs | July 2008 |

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| **OUTCOMES & IMPACTS** | | | | | |
| *R8: The IHGP should review and clarify the logic of the program to ensure that the long-term outcomes for the program flow from the short-term outcomes.* | 8.1 Evidence that intersectoral collaboration and having Canada's priorities reflected in the international health agenda are objectives that are being met<br><br>8.2 Less evidence of increasing knowledge base to inform future policy making and program design in Canada<br><br>8.3 Improved policies and programs can emerge from collaboration based projects, not just from new knowledge generation projects<br><br>8.4 Improvement in policies and programs is primarily occurring in countries other than Canada | HC agrees with this recommendation and as part of the renewal of the Ts&Cs for the IHGP, the program logic model and indicators have been reviewed and refined. IAD is also committing to an annual review of application and administrative procedures, as well as a mid program review of the logic model and indicators.<br><br>IAD will also examine the feasibility of providing training to grant recipients in performance measurement and convene a forum for the sharing of best practices, findings and to enhance knowledge translation and collaboration. | **Develop and implement a revised Results-Based Management and Accountability Framework (RMAF) and logic model** - To clearly articulate the outputs, outcomes and indicators of the program, as well as departmental priorities included in the renewed IHGP Ts&Cs. | Director General, International Affairs Directorate, Health Policy Branch in consultation with Departmental Performance Measurement and Evaluation Directorate (DPMED) | Feb. 2008 |
| | | | **Review Program Logic model and indicators in collaboration with DPMED** with the aim of getting DPMED final approval on the Logic Model and to confirm appropriateness of indicators. | Director General, International Affairs Directorate, Health Policy Branch in consultation with DPMED | May 2008 |
| | | | **Conduct a Literature search of key indicators of logic model to determine if refinement is needed**- To ensure that any refinements to indicators are reflected in application criteria and reporting requirements for grant recipients. | Director General, International Affairs Directorate, Health Policy Branch | July 2008 / ongoing |
| | | | **Create a Database for the collection of common indicators from grant recipients' reports (i.e. via Excel), conduct an annual review of application and administrative procedures and develop an annual report of the Program -** To enhance program accountability and performance measurement by detailing how the Program objectives were met. | Director General, International Affairs Directorate, Health Policy Branch | March 2009 |

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| | | | **Develop and implement a systematic Dissemination and Communications Strategy that uses the renewed Portfolio G&C web portal** - To share project learnings, including final reports with various domestic and international stakeholders. | Director General, International Affairs Directorate, Health Policy Branch | March 2009 |
| | | | **Convene periodic fora for grant recipients to share experiences and findings with one another and provide training to grant recipients on performance measurement and results-based management.** | Director General, International Affairs Directorate, Health Policy Branch | Sept. 2009 |
| | | | **Conduct a mid-term review to assess implementation of the Management Action Plan and to identify issues of data availability and quality.** | Director General, International Affairs Directorate, Health Policy Branch | June 2010 |
| **PROGRAM SUCCESS** | | | | | |
| | 8.5 IHGP supports very few emerging health projects<br><br>8.6 Some projects are out scope despite the lengthy selection and approval process<br><br>8.7 Canadians receiving value for money | While there is not a specific recommendation addressing these findings, many of the proposed actions IAD will put in place will address these findings, including: an agreed-upon set of program priorities, enhanced evaluation tools and better dissemination of project findings.<br><br>The clear establishment of indicators and a renewed program logic model will also enhance the ability of the program to receive value for money. | **Ensure the renewed Program Ts&Cs establish a stronger link to emerging health projects.** | Director General, International Affairs Directorate, Health Policy Branch | Feb. 2008 |
| | | | **Create standardized Grant Letters of Agreement which include the Program Ts&Cs and outlines eligibility requirements.** | Director General, International Affairs Directorate, Health Policy Branch | Sept. 2008 |
| | | | **Establish common reporting requirements as a condition of grant approval,** including: the submission of a final report which reports on a common set of "roll-up" indicators and provides specific evidence (commensurate to the size and scope of the project) as to whether the project and ultimately the Program is meeting defined objectives. | Director General, International Affairs Directorate, Health Policy Branch | July 2008 / annual (mid program eval in June 2010, final eval in 2013) |

| Key Findings and Associated Recommendations | | | | | |
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| | | | **Create a more open and transparent processes for the calls for proposals and the review of proposals** - To allow for the potential to expand the base of grant recipients, stakeholders and which would potentially address a broader scope of emerging issues. | Director General, International Affairs Directorate, Health Policy Branch | April 2008 |

# International Health Grants Program (IHGP)

# Summative Evaluation

# Final Report

**December 2007**

Prepared for
The International Affairs Directorate
Health Canada

Prepared by

Government Consulting Services
Project No.: 570-2692

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# Executive Summary

Government Consulting Services, on behalf of Health Canada (HC), was engaged to undertake a summative evaluation of the International Health Grants Program (IHGP); as required in the Terms and Conditions for this program. No evaluation has been undertaken of this program since its inception. The objective of the evaluation was to examine issues related to program relevance, program design and delivery, effectiveness and program success. The intended audience of this evaluation are the Program Managers, Directors, and Director General of the International Affairs Directorate (IAD) of Health Canada (HC). This evaluation will also accompany a Treasury Board submission to the Treasury Board requesting renewal of funding.

The IHGP is a $2.235M/Yr program within Health Canada that supports selected international health organizations or health initiatives whose mandates are consistent with departmental objectives and current health policy and priorities. The mandate of the IHGP is to support research and activities at the international level which contribute to HC's ability to maintain and improve the health of the people of Canada. More specifically, the objectives of the IHGP are to:

- increase the knowledge base to inform future policy making and program design;
- improve policies and programs on emerging health issues;
- increase intersectoral collaboration on international health issues; and
- ensure that Canada's priorities are reflected in the international health agenda.

The IHGP is composed of three streams: 1) General; 2) Tobacco; and 3) HIV/AIDS. The General stream supports departmental and directorate priorities related to global health and has been part of the program since its inception in 1995. The IHGP expanded in 2001/02 by introducing a Tobacco stream component which issued grants for tobacco control. The IHGP was further expanded in 2005 with the launch of the Federal Initiative to Address HIV/AIDS. Under this Initiative the International Affairs Directorate (IAD) received funding through the Global Engagement Component to administer the HIV/AIDS Global Engagement Grants Programme.

## STUDY APPROACH

For this evaluation, various lines of enquiry were adopted to address study objectives. The data methodologies that were used for this study were identified in the IHGP Evaluation Methodology Report and included: interviews with key informants, document review, file review and Health Canada Grants & Contributions database review. The evaluation questions that were considered in this study, grouped by key evaluation area, are presented below:

### *Program Relevance*

- Does the program continue to be consistent with departmental and government-wide priorities?
- Does it realistically address an actual need?
- Was there a strong demand for program funding and was program funding available through other sources?

- Is it necessary for the government of Canada to operate this program or would it be preferable to transfer it or parts of it to other levels of government or to the private/voluntary sector?
- Are there alternative mechanisms for groups within Health Canada to provide grants to support international activities?

***Program Design & Delivery***

- What are key factors that inhibit or contribute to the ability to achieve program objectives?
- Were funding delays experienced for this program?
- Are program management practices (financial accounting/reporting and project reporting) adequate?

***Cost-Effectiveness***

- Are the most appropriate and efficient means being used to achieve program objectives?
- If the program or activity continues, how could its efficiency be improved?
- Is the resultant package of programs and activities affordable? If not, what programs or activities would be abandoned?
- What were the program costs?
- Have resources been allocated and spent as planned?

***Program Success***

- Has there been an increase in knowledge base to inform future policy making and program design?
- Has there been an increase in intersectoral collaboration on international health issues?
- To what extent have there been improved policies and programs on emerging health issues?
- To what extent has Canada's influence reflected in the international health agenda?
- To what extent is the program leveraging from other sources?
- Has the program delivered value for money?

The key study challenge for this report is that this program, while small in terms of total grants issued, is fairly complex. There are three streams which operate fairly distinctly with separate selection processes, focused on attaining different objectives, etc. In essence, the evaluation methodology that was put in place to evaluate the one program (IHGP) is in actuality evaluating 3 sub-programs. Where possible, this report attempts to provide findings that are targeted towards each stream, however, the interview sample size is small and therefore at times it is difficult to report by stream.

## KEY STUDY FINDINGS:

### Evaluation Issue #1: RELEVANCE

In evaluating the relevance of the IHGP, the study concluded that there is a continued need for this program, and more specifically for the mechanism to flow funds/health grants internationally. While there exists a strong need for the IHGP, the full demand for this program (both internal to the department and externally) is not fully understood. The program has limited funds, and the current demand exceeds the supply of funds. Consequently, the program has not actively canvassed the department to better assess demand.

The current program does align to departmental priorities in that it permits the department to maintain an active engagement in the global health community. It does so by the issuance of international health grants which should lead to improvements in domestic policies and programs on emerging health issues and ensuring that Canada's priorities are reflected in the international health agenda. While these are the stated objectives of the program, there was limited understanding of the rationale for this program among key stakeholders; specifically, that the knowledge generated from funded projects should be applied in Canada to inform domestic programs/policies and the lack of focus on 'emerging' health issues.

### Evaluation Issue #2: PROGRAM DESIGN AND DELIVERY

While the issuing of international grants is centralized within Health Canada, as all international grants must flow through International Affairs Directorate (IAD), the overall design, delivery and selection process is decentralized within the program. Each of the three streams within the program have in place three separate selection processes, three separate filing systems and one centralized financial administrative process. Also, each of these streams has its own funding envelope which further complicates the overall management of this program. Overall, the management practices of this program are adequate. In fact, the majority (85.7%; n=16) of program recipients that were interviewed were satisfied with the overall management of this program; IHGP recipients considered program staff to be professional and helpful.

There are management issues related to this program, but most are outside of the control of program management. One key problem area for this program is the timeliness in the issuance of grants. Contributing factors to delays in issuing grants are varied and include: delays in getting the IHGP budget approved; the extensive approval process; and delays in inputting information into the departmental grants and contributions database. One of the key complaints of program recipients was the lack of timeliness in the processing of their application. Processing delays have a negative impact on recipients as most have to complete their projects under compressed timelines.

The file review also revealed that over one-half (57.1%; n=15) of program files that were reviewed did not have a copy of the final report. While not a requirement of a grant, it is necessary for the program to obtain a copy of project findings in order to share it with the appropriate branches within the department and thereby achieving the program objective of improving domestic policies/programs.

Frustration has been expressed by various key informants regarding the IHGP ceiling. The current ceiling for the program is $2.235M/Yr. Once this ceiling has been reached, no further international grants can be issued under the program without seeking additional authorities from Treasury Board. This impacts the Department's ability to respond to departmental/government commitments that have been made.

**Evaluation Issue #3: COST-EFFECTIVENESS**

The cost of administrating the IHGP is difficult to determine as the management and administration of the IHGP is absorbed within IAD's existing resources at no additional cost. In practice, this has resulted in the administration of the program being disbursed among various employees throughout IAD. At present, there is 1.9 FTEs dedicated to the administration of the program disbursed among 12 employees. The effectiveness of the IHGP is hindered by the lack of resources dedicated solely to the IHGP. The impact has been that there is a lack of synergy between the specific objectives of the three funding streams with the overall objectives of the program.

As noted above, there is room for improvement in terms of the timeliness in the issuance of international health grants. The document review revealed that there were three years where over 50% of program funds were expended in the fourth quarter. The lack of timeliness results in losses to program effectiveness. The program has also lapsed a total of $359K in funds from 01/02 to 06/07. In fact, there were two years where more than 10% of the budget was lapsed. While this is not a significant amount of money, the program is so small, that even this sum is significant and could have been used towards meeting Canada's international health commitments.

The current design and structure of the program is unnecessarily complex and there are obvious areas where improvements could be made. The current set-up, with three separate streams each with their own program manager, selection processes and criteria, and filing systems could be consolidated to improve overall program efficiencies.

The IHGP is affordable. A departmental needs assessment has yet to be undertaken, but there is a strong likelihood that the current budget will not meet the demand. Consequently, there are no activities that could be abandoned unless the department chooses to end its involvement in any of one of the three streams currently housed under this program.

**Evaluation Issue #4: PROGRAM SUCCESS**

The logic model for the IHGP illustrates that the program has two key *immediate* outcomes that it is trying to achieve which should each lead to an *intermediate* outcome. Findings from this study reveal inconsistencies with the general flow of the logic model. While there is evidence that the program is increasing intersectoral collaboration which enables Canada's priorities to be reflected in the international agenda, there is less evidence that there is a direct flow/link from the immediate outcome of increased knowledge base to the intermediate outcome of improved policies/programs on emerging health issues. Key informants considered the program more successful at achieving the intermediate outcome of improving policies than the immediate outcome of increasing the knowledge base. For the logic model to be sound, the program should

be successful at meeting its immediate outcomes which should then lead to success in meeting intermediate outcomes.

While interviewees noted that the program was successful at improving policies and programs, those policies/programs that were improving were predominantly occurring in countries other than Canada. One-half (50%; n=16) of projects from the recipient telephone survey and 27% (n=15) from the file review demonstrated a likelihood that project findings could come back to Canada. The remainder of projects were impacting other countries with no demonstrated means of bringing information back to Canada.

The evaluation also found that the IHGP supports very few emerging health projects. Two of the current streams of the program, HIV/AIDS and Tobacco, would not be considered emerging health issues. In fact the file review revealed that only one of the fifteen projects reviewed and one of the projects described in the recipient survey were in the area of emerging health issues.

The limited understanding of the rationale for this program among key stakeholders, specifically that the knowledge generated from funded projects should be applied in Canada to inform domestic programs/policies and the lack of focus on 'emerging' health issues, provides context as to why the program has not focused and therefore not been overly successful at achieving these objectives.

Despite the lengthy selection and approval process, the evaluation also revealed that some of the projects that were funded by the program were out of scope. Approximately 19% (n=15) of the projects described by recipients in the telephone survey and 13% (n=16) of projects from the file review appear to be out of scope.

Overall, the program is providing value for money to Canadians. Despite the fact that a few of the projects are out of scope (based on how the program is defined in the RMAF), Canadians are still getting value for money. This is a $2.235 M/year program that has been run with no dedicated resource and no O&M funding by up to 12 FTEs who found some time to administer the program. The projects funded have allowed HC to meet international commitments to organizations such as: WHO, PAHO and OECD and advance priorities of the government of Canada (e.g. HIV/AIDS, Tobacco Control).

## STUDY RECOMMENDATIONS

There is an obvious need for a mechanism to flow health related funds internationally. Within HC, it is the IHGP that is the mechanism that permits this to occur. To ensure that the IHGP will be able to fulfill HC's international granting requirements we recommend that the following recommendations be implemented:

1. Consensus should be reached regarding the objectives for this program. Once the program objectives have been agreed to, they should be clearly communicated to program personnel and be reflected in all supporting program documentation (e.g., RMAF, selection criteria, etc.).

2. IHGP should conduct a departmental needs assessment to fully understand the demand within the department for the international grants mechanism. If the demand for international health grants exceeds the current IHBP ceiling, then a request should be made to Treasury Board to increase the ceiling.
3. As part of the needs assessment exercise, a review should be undertaken to determine whether current IHGP grants are multi-year in nature. As per the Blue Ribbon Report, if projects are multi-year in nature then multi-year funding should be available.[1]
4. Improve timeliness of the program by having an approval process that matches the risk level of the grant. As per the Blue Ribbon Report, a control framework should be put in place that is variable and sensitive to degrees of risk.
5. Program budget approval should be timelier to permit the program to start the call for proposals, the selection of projects, and the issuance of grants earlier in a fiscal year thereby permitting program recipients sufficient time to complete their projects.
6. The program should be run as a single program that is focused on meeting IHGP objectives (as per Recommendation 1). This would include one call for proposals, a set application deadline, standardized selection criteria consistent with program objectives, and a formal review committee that consists of representatives from throughout the department and subject matter experts external to the department.
7. A single dedicated resource needs to manage the IHGP as a whole by coordinating: the call for proposals, the selection and approval process, dissemination of project findings throughout the department, and the overall maintenance of project files.
8. The IHGP should review and clarify the logic of the program to ensure that the long-term outcomes for the program flow from the short-term outcomes.

[1] The Report of the Independent Blue Ribbon Panel on Grants and Contribution Programs, December 2006, p.ix.

# 1. Introduction

This report presents the findings of a summative evaluation of the International Health Grants Program (IHGP). This evaluation study was conducted by Government Consulting Services on behalf of Health Canada between August 2007 and December 2007. The intended audience of this evaluation are the Program Managers, Directors, and Director General of the International Affairs Directorate (IAD) of Health Canada (HC). This evaluation will also accompany a Treasury Board submission to the Treasury Board requesting renewal of funding.

## 1.1 Background

The IHGP is administered by the IAD of HC. The IHGP has been designed to increase Canada's influence on global health issues and to take advantage of international opportunities. The IHGP was initially approved by Treasury Board in 1995.

The purpose of the IHGP is to support the federal government's interest in achieving an accessible high quality, sustainable and accountable health system adapted to the needs of Canadians. The IHGP supports selected international health organizations or health initiatives whose mandates are consistent with departmental objectives and current health policy and priorities. The mandate of the IHGP is to support research and activities at the international level which contribute to HC's ability to maintain and improve the health of the people of Canada. The logic model for the program can be found in Appendix A.

The objectives of the IHGP are to:

- increase the knowledge base to inform future policy making and program design;
- improve policies and programs on emerging health issues;
- increase intersectoral collaboration on international health issues; and
- ensure that Canada's priorities are reflected in the international health agenda.

The IHGP expanded in 2001/02 when a Tobacco stream component was introduced; under the Federal Tobacco Control Strategy, the IHGP was allocated resources on an on-going basis for the issuance of grants for tobacco control. The IHGP was further expanded in 2005 with the launch of the Federal Initiative to Address HIV/AIDS. Under this Initiative the IAD received funding through the Global Engagement Component to administer the HIV/AIDS Global Engagement Grants Programme. The goal of the Initiative is to contribute a strong health sector response to the global effort to reduce the spread of HIV, and to mitigate the impact of the disease.

The IHGP budget for the 2007/08 fiscal year totals $ 2.235M. The breakdown of funding between the three funding envelopes is as follows:

| | |
|---|---|
| International Tobacco Control Program | $ 835K[2] |
| HIV/AIDS Global Engagement | $ 575K |
| General International Health Grants | $ 825K |
| TOTAL | **$2.235M** |

Funding for the IHGP is divided into three funding envelopes:

1) Funding for the International Tobacco Control Program to support implementation of Canada's obligations under the Framework Convention for Tobacco Control;
2) Funding to support the global engagement component of the Federal Initiative to Address HIV/AIDS in Canada; and
3) A general funding stream to support departmental and directorate priorities related to global health that are outside the Tobacco and HIV/AIDS envelopes.

## 1.2 Evaluation Objectives

The Terms and Conditions for the IHGP will expire on March 31, 2008. The current Terms and Conditions for the IHGP require that a final/summative evaluation be conducted prior to seeking renewal of the program. No evaluation has been undertaken of this program since its inception. The objective of this evaluation was to examine issues related to program relevance, cost-effectiveness, design/delivery and success. The evaluation planning study[3], developed for this evaluation by Government Consulting Services in 2007, identified a series of evaluation questions that contribute to addressing these overall evaluation areas.

***Program Relevance***

- Does the program continue to be consistent with departmental and government-wide priorities?
- Does it realistically address an actual need?
- Was there a strong demand for program funding and was program funding available through other sources?
- Is it necessary for the government of Canada to operate this program or would it be preferable to transfer it or parts of it to other levels of government or to the private/ voluntary sector?
- Are there alternative mechanisms for groups within Health Canada to provide grants to support international activities?

[2] $500K of these funds comes from HECS for implementation of international commitments under the Federal Tobacco Control Strategy.
[3] Government Consulting Services, *Methodology Report for the Summative Evaluation of IHGP*, July 2007.

***Program Design & Delivery***

- What are key factors that inhibit or contribute to the ability to achieve program objectives?
- Were funding delays experienced for this program?
- Are program management practices (financial accounting/reporting and project reporting) adequate?

***Cost-Effectiveness***

- Are the most appropriate and efficient means being used to achieve program objectives?
- If the program or activity continues, how could its efficiency be improved?
- Is the resultant package of programs and activities affordable? If not, what programs or activities would be abandoned?
- What were the program costs?
- Have resources been allocated and spent as planned?

***Program Success***

- Has there been an increase in knowledge base to inform future policy making and program design?
- Has there been an increase in intersectoral collaboration on international health issues?
- To what extent have there been improved policies and programs on emerging health issues?
- To what extent has Canada's influence reflected in the international health agenda?
- To what extent is the program leveraging from other sources?
- Has the program delivered value for money?

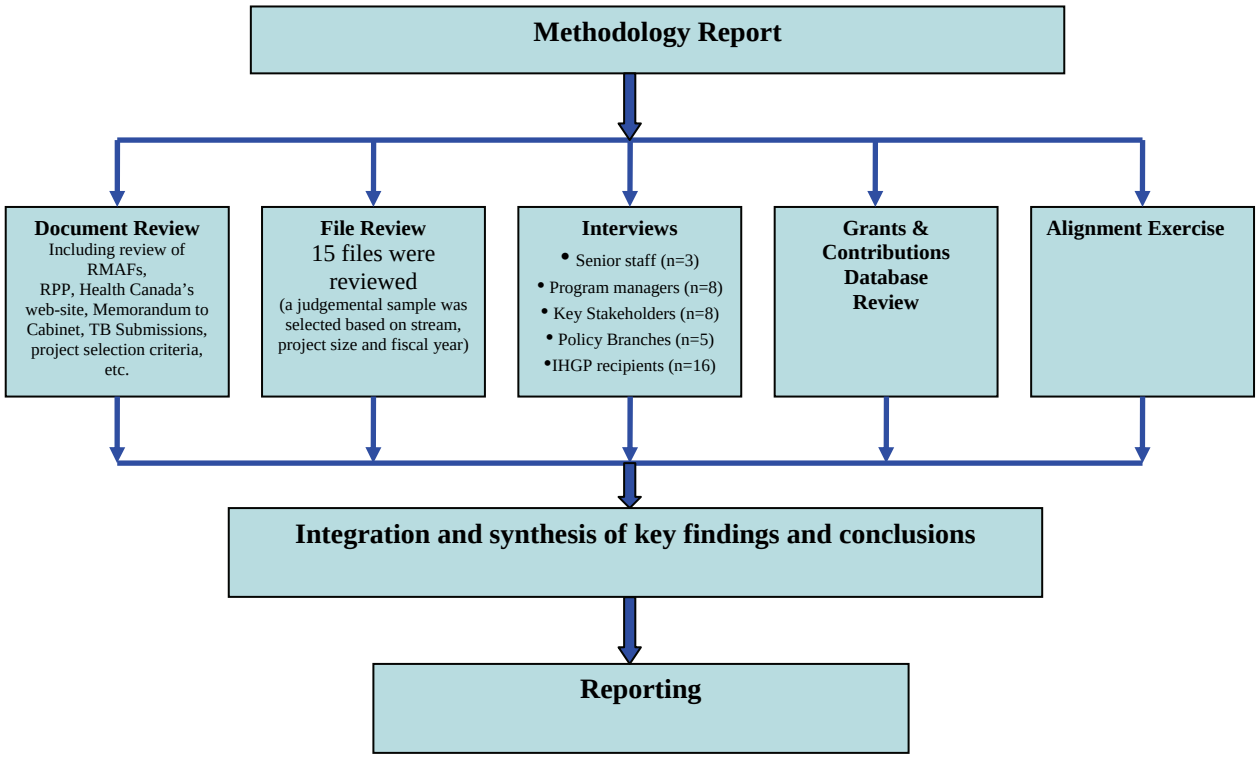
In order to address the above evaluation questions, various lines of enquiry were employed, including document review, file review, interviews, alignment exercise, and a review of the Health Canada Grants & Contributions (G &C) database.

# 2. Study Approach

## 2.1 Methodology

As illustrated in Figure 2.1, various lines of enquiry were adopted to address the study objectives. These lines of enquiry parallel those that were outlined in the IHGP Evaluation Methodology Report.

**Figure 2.1 – Approach to data collection, analysis and reporting**




Information was gleaned from multiple sources to enable the evaluation issues to be assessed from several perspectives and to better understand the positions advanced by participants who are most closely involved with the International Health Grants Program (IHGP). The approach to this evaluation involved:

***Interviews with key informants—***As described in the IHGP Evaluation Methodology Report interviews were to be conducted with senior staff, program managers, key stakeholders, policy/beneficiary branches, and IHGP recipients. The suggested sample size for each of these categories is noted in the Methodology Report. Program managers for each of the three streams were asked to furnish names under each of these categories. These lists were then amalgamated and all duplicate names were removed. The original evaluation methodology called for a total of 44 structured interviews to be completed. However, only 40 structured interviews were

completed due to time constraints, refusals to participate because interviewees indicated they were not knowledgeable enough to comment on the program, and inability to secure additional names for participation in this study. The total number of interviews conducted under each of these categories is as follows:

- Senior staff—this included the current and former director general, and a division director (n=3);
- Program managers—included key personnel familiar with the program and its various streams (n=8);
- Key stakeholders—this included selection committee members or other individuals identified by program managers as being knowledgeable about the program (n= 8);
- Policy/Beneficiary Branches—these included policy and beneficiary branches within Health Canada and its agencies (n = 5); and
- IHGP recipients—telephone interviews were conducted with a sample of IHGP recipients. Each of the program streams were asked to identify 8 recipients that received funding and that were knowledgeable about the program. Not all of the streams were able to supply a list of eight names (e.g., Tobacco Stream). In total, sixteen IHGP respondents agreed to participate in interviews where structured interviews guides were used. Of those that participated in the interviews, over one-half (56.2%; n=16) were from the HIV/AIDS stream, 25% (n=16) from the General stream and 18.8% (n=16) from the Tobacco stream. IHGP applicants that did not receive funding were not included in the sample; while this methodology was proposed during the Evaluation Methodology Report stage, it was later removed due to budget constraints.

The corresponding interview guides are located in Appendix B.

***Document review***—Review of relevant documents was undertaken. Documents included: various official policy documents (e.g., Treasury Board Submissions, Memoranda to Cabinet), IHGP Results-Based Management Accountability Framework (RMAF), program/stream project selection criteria, departmental Reports on Plans and Priorities, etc. As part of the document review, an alignment exercise was undertaken. The alignment exercise was used to assess program relevance, and to ensure that there was consistency with the objectives of the IHGP as outlined in the TB Submission/Terms and Conditions/RMAF to departmental and government-wide priorities.

***Health Canada Grants & Contributions (G&C) database review***—Every departmental grant and contribution is input into the Health Canada G&C database. Project information included: project title, recipient name, project start and end date, project description, sources of funding, etc. The database was reviewed and a sample was selected for the file review.

***File review***— A total of 15 files were reviewed by the consulting team. A judgmental sample was selected to ensure representation of the three streams, the fiscal years under consideration for this evaluation and project size/funds.

## 2.2 Limitations of Data

The IHGP is a small program; in terms of total grants issued per year. The program budget for fiscal year 07/08 is $2.235M/yr. While the program is small, it is complex in that it is composed of three streams – General, HIV/AIDS, and Tobacco. Each of these streams has in place different selection processes and each are meeting objectives, which while aligned to the IHGP, are unique to its stream. In essence, the consulting team was evaluating three separate programs, however, the methodology put in place (i.e., total number of interviews being conducted) was for evaluating only one program. Where possible, this report attempts to provide findings/recommendations that are targeted towards these streams, however, the interview sample size is small and therefore at times it is difficult to report by stream.

The sample size for the telephone interviews with IHGP recipients is fairly small (n=16). The consulting team had originally recommended that a web survey be undertaken of all IHGP recipients. However, the Health Canada Departmental Performance Measurement and Evaluation Directorate recommended that telephone interviews be undertaken rather than a web-based survey, as it was suggested that more in-depth responses would be obtained from telephone interviews. The overall sample was fairly small, with the final breakdown by respondents not evenly broken down by the three streams of the IHGP. In fact, over one-half (56.3%; n=16) of respondents represented the HIV/AIDS stream. While the consulting team attempted to obtain equal representation of each of the streams, challenges arose in obtaining contact names for recipients and in getting recipients to agree to participate in an interview.

Also, as already noted, the consulting team originally suggested interviewing non-recipients. However, due to budget constraints this was not possible. Consequently, there exists a potential bias that non-recipients will view the program (i.e., the importance of the program, the selection criteria, the overall management of the program, etc.) differently from those who received funding.

# 3. Evaluation Findings and Recommendations

## 3.1 Program Relevance

The findings of the evaluation of the International Health Grants Program (IHGP) on the issue of program relevance are presented in this section of the report. The evaluation questions which were considered in addressing the issue of relevance were as follows:

- Does the program continue to be consistent with departmental and government-wide priorities?
- Does it realistically address an actual need?
- Was there a strong demand for program funding and was program funding available through other sources?
- Is it necessary for the government of Canada to operate this program or would it be preferable to transfer it or parts of it to other levels of government or to the private/ voluntary sector?
- Are there alternative mechanisms for groups within Health Canada to provide grants to support international activities?

### 3.1.1 Findings

- **IHGP is consistent with departmental priorities —** The current departmental RPP (07/08) notes that global changes and linkages make the operating environment for Health Canada even more complex, requiring the Department to maintain an active engagement in the global health community. As one of its intermediate outcomes, as identified in the IHGP RMAF, the program is attempting to have Canada's priorities reflected in the international agenda; therefore, this outcome is aligned to the operating environment of the department as outlined in the RPP.

  Further evidence that there is alignment to departmental priorities is that the HC Minister signs off on all grants, thus ensuring that all international grants support HC priorities.

- **Limited understanding of the rationale for this program —** The mandate of the IHGP is to support research and activities at the international level which contribute to HC's ability to maintain and improve the health of the people of Canada. From a *Results for Canadians* perspective, the program should lead to '*improved policy over the long term which will help maintain and improve the health of Canadians*'.[4] However, interviews with key stakeholders revealed that there was limited acknowledgement/understanding among interviewees that the knowledge generated from funded projects should be applied in Canada to inform domestic programs/policies.

[4] IHGP Results-Based Management and Accountability Framework, July 2003, p.4.

The lack of understanding regarding the mandate of the program is further evidenced by the fact that the selection criteria for the HIV/AIDS and Tobacco stream focused on having Canada's priorities reflected on the international health agenda and intersectoral collaboration, with few references regarding bringing project findings/information back to Canada. Prior to formalizing its selection criteria (2006/07), the General stream also did not require a direct link between funded projects and having information brought back to Canada to inform domestic programs/policies. When interviewees were asked to identify policies/programs that were improved/changed as a result of project findings, few could cite examples where domestic policies/programs were changed. One example that was provided which demonstrated that domestic policies/programs were changed was with regards to the use of OECD analysis on wait times which was used by the department in the development of Canada's strategy on patient wait times guarantees. Overall, while most interviewees struggled to identify domestic policies/programs and policies that changed, most had no difficulties in providing examples where policies/programs changed in other countries (e.g., countries such as China, Nigeria, Guyana, and Uruguay that have signed and ratified the treaty for the WHO Framework Convention on Tobacco Control as a result of IHGP sponsored projects).

The current documentation regarding this program is also unclear regarding the fact that knowledge generated from funded projects should be applied in Canada to inform domestic programs/policies. The RMAF indicates that the program mandate is to contribute to HC's ability to maintain and improve the health of the people of Canada, and that the reach of the IHGP activities will occur at various levels including at the *government level* where funded projects will provide relevant information to policy decision makers. However, the objectives of the program, as stated in the RMAF and the logic model do not indicate that the improved policies and programs on emerging health issues should be occurring at the domestic level. The logic model is ambiguous and does not clearly state how information will come to Canada.

- **Emerging health issues not a key focus of the IHGP —** One of the key intermediate outcomes of this program is to improve policies and programs on emerging health issues. However, two of the streams within the program – HIV/AIDS and Tobacco – are focused on health issues which would not necessarily be defined as 'emerging', and yet these two streams represent close to two-thirds (63%)[5] of the IHGP budget. Thus, only a small fraction of the budget ($825K) remains to support other departmental and directorate priorities related to global health, and more specifically in the area of emerging health issues. However, even this portion of the IHGP budget is not dedicated primarily to emerging health issues.

[5] The IHGP budget for the 2007/08 fiscal year totals $ 2.235M. The HIV/AIDS and Tobacco stream represent $1.410M or 63% of the total IHGP budget.

RECOMMENDATION 1:

Consensus should be reached regarding the objectives for this program. In developing the objectives the following should be taken into consideration: whether this program should be attempting to improve policies/programs in Canada, whether the focus should remain on 'emerging' health issues, and matching the magnitude of the objectives to the size of the budget. Once the program objectives have been agreed to, they should be clearly communicated to program personnel and be reflected in all supporting program documentation (e.g., RMAF, selection criteria, etc.).

- **Universal agreement on the continued need for a mechanism to flow funds internationally —** All international health grants flow through IAD to facilitate tracking of international grants. No other mechanism is permitted within the Department, with the exception of FNIB which is able to issue its own grants. As no alternate mechanism exists, the IHGP is the only vehicle within the Department that provides grants for international health work. As health issues are becoming increasingly global (e.g., pandemics), there was consensus among all interviewees that there remained a need for this program as it permitted HC to meet its international commitments and further departmental priorities.

- **Strong demand for program funding exists among the population of recipients —** This is as evidenced by:
  - Tobacco stream has historically only been able to fund portions of each proposed project, rather than the full amount;
  - In its first year, the HIV/AIDS stream was able to fund approximately 80% of proposed projects as they stopped accepting proposals when they ran out of funds. The following year the stream implemented a proposal deadline and was able to fund approximately 25% of projects. For 07/08, the stream funded ten out of fifty (20%) of proposed projects before funds were exhausted;
  - General stream funded projects throughout the year, but once its funding envelope ceiling has been reached, projects would get turned away as there were no more funds to distribute.

  Frustration has been expressed by various key informants regarding the IHGP ceiling. The current ceiling for the program is $2.235M/Yr. Once this ceiling has been reached, no further international grants can be issued under the program without seeking additional authorities from Treasury Board. This impacts the Department's ability to respond to departmental/government commitments that have been made.

  All IHGP recipients that were interviewed stated that there is a continued need for the program. The majority of recipients (93.7%; n=15) indicated that program funding was important to their project.

- **The full demand for this program is unknown —** A needs assessment has not been conducted within HC to determine the demand for the mechanism. Consequently, the full demand for this program is unclear. Lacking a complete picture of the department's international commitments can be a challenge, as the program cannot strategically assess those projects that are more pressing than others. There have been instances where international commitments were brought to IAD's attention; however, the program had reached its funding authority ceiling. A first-come first-serve approach, which has been the strategy adopted by the General stream, fails to guarantee that the department's highest priority international commitments are being met. Without understanding the full demand for this program, the IHGP cannot effectively weigh the pros and cons of each grant.

RECOMMENDATION 2:

A departmental needs assessment needs to be conducted to fully understand the demand within the department for the international health grants mechanism. If the demand for international health grants exceeds the current IHBP ceiling, then a request should be made to Treasury Board to increase the ceiling.

- **Instances where international grants are multi-year in nature —** There are instances where projects appear to be multi-year in nature (e.g., Canadian Global Tobacco Control Forum). In the past, the IHGP has preferred to issue grants for one year rather than commit to multi-year grants. This is not a requirement of the granting mechanism but rather a result from the degree of funding uncertainty within the department over the past five years (i.e., the need for the Department to cut funding to meet government commitments to program reductions) as well as from the instability within the Directorate (i.e. not knowing how much of a budget the grants program would have from year to year). This resulted in a lack of program manoeuvrability (i.e. if there were cutbacks and multi-year commitments this would not leave much room to look at the funding of other projects).

RECOMMENDATION 3:

As part of the needs assessment exercise, a review should be undertaken to determine whether current IHGP grants are multi-year in nature. As per the Blue Ribbon Report, if projects are multi-year in nature then multi-year funding should be available.[6]

- **Perceived need for the Government of Canada to operate this program —** According to the logic model for the IHGP, one of the outputs for the program is the

[6] The Report of the Independent Blue Ribbon Panel on Grants and Contribution Programs, December 2006, p.ix.

establishment of collaborative relationships with international health organizations which should lead to the outcome of increased intersectoral collaboration on international health issues. However, participation in these various international health organizations (e.g., WHO, OECD, PAHO) requires federal representation (i.e., only countries can become members), consequently this responsibility cannot be delegated to a third party organization.

## 3.2 Program Design and Delivery

The findings related to the issue of program design and delivery are presented in this section of the report. The evaluation questions which were considered in addressing the issue of program design and delivery were as follows:

- What are key factors that inhibit or contribute to the ability to achieve program objectives?
- Were funding delays experienced for this program?
- Are program management practices (financial accounting/reporting and project reporting) adequate?

### 3.2.1 Findings

- **While the issuing of international grants is centralized within Health Canada, the design, delivery and selection process is decentralized within IAD —** All international grants flow through IAD, via the IHGP, to facilitate the tracking of all international grants being issued within the department. The decision was taken to centralize the issuing of international grants as it permitted the department and Treasury Board to better track international health grants that were being issued. While branches within Health Canada are subject matter experts, IAD was selected to administer the IHGP as its role is to ensure the department's international activities are internally coherent and consistent with government-wide policies.

  While the issuing of departmental international health grants was centralized to one program, the program itself is quite decentralized. Within the IHGP, there are in fact three separate streams (HIV/AIDS, Tobacco, and General) with three separate selection processes, three separate filing systems and one centralized financial administrative process. Also, each of these streams has its own funding envelope.

- **Selection process varies among streams —** For each of the three streams that exist within the IHGP, each has in place different selection processes. The HIV/AIDS and Tobacco stream formally introduced their own selection processes, with identified selection criteria, in 2004/05. The General stream has only just formalized its selection process for this current fiscal year (07/08). Prior to that, the General stream would fund projects on a first-come first-serve basis. Additional observations regarding the selection process for each stream are as follows:

*HIV/AIDS Stream:*

- An objective formal selection process is in place;
- Process is viewed as relatively timely; it is the fastest of the three. On average, the process takes around 6 months;
- Process is transparent as the selection criteria has been clearly defined and has been publicly advertised on the HC website; and
- Process is also fair as a third-party committee reviews all proposals and they are graded against pre-determined selection criteria.

*Tobacco Stream:*

- Processing of applications takes on average 9 months;
- A formal grading system has been in place since 2005. All grants are reviewed by the Tobacco Control Program experts and their input is taken into account when reviewing the grants; and
- This funding stream is not publicly advertised.

*General Stream:*

- Historically, the application process was not viewed as rigorous, fair or transparent. The General stream did not have in place a formal selection criteria/process until FY 07/08. Historically, this stream was heavily reliant on the expertise of one individual who notionally assessed need within the department and informally sought input prior to selecting projects to fund that were aligned to departmental priorities. The overall selection process was quite ad hoc; first-come first-serve approach to the issuance of grants.
- Reliance on other branches for Operating & Maintenance (O&M) funds. As will be noted in the Cost-Effectiveness section of this report, the program permanently switched its O&M funds to international health grants funds. This action placed the program in the position of having to seek O&M funds from other branches within the department; specifically those approaching the program for the purpose of funding international health projects. It has been noted that the program was not under any pressure to fund a grant in return for securing O&M funds; however, this approach is not ideal. This issue has now been addressed as the program has successfully secured departmental O&M funds for fiscal year 07/08 and onwards.

RECOMMENDATION 4:
The program should be run as a single program that is focused on meeting IHGP objectives (as per Recommendation 1). This would include one call for proposals, a set application deadline, standardized selection criteria consistent with program objectives, and a formal review committee that consists of representatives from throughout the department and subject matter experts external to the department.

- **Timeliness in the issuance of grants needs to be improved** — One of the key complaints of program recipients was the lack of timeliness in the processing of their application. In fact, one-half (53.3%; n=15) indicated that the processing of their application was not completed in a timely manner. These delays have an impact on recipients as most have to complete their project under compressed timelines. As will be discussed in more detail in the Cost-Effectiveness section, in five of the last six fiscal years forty percent or more of program funds were expended in the last quarter.

  Contributing factors to delays in issuing grants are varied and include:

  - Delays in getting the IHGP budget approved. For instance, in 06/07, the program budget was not approved until September, rather than early in the fiscal year. Consequently, recipients only had at most a six-month timeframe within which to complete their projects;
  - Ministerial approval is sought for all grants via sign-off of the Funding Approval Form, regardless of the size of the grant. Once the projects have gone through the selection processes that are in place for each stream, the projects that have been selected will go through an extensive approval process. The key steps that a grant will go through once it has left the office of the Director General's (DGO) are as follows:

    Step 1: DGO to ADMO
    Step 2: ADMO (analyst reviews) to ADM (for signature)
    Step 3: ADMO to DMO
    Step 4: DMO analyst reviews and then sent to DM for signature
    Step 5: From DMO sent to MO
    Step 6: MO analysts review (currently three different ones)
    Step 7: Sent to Minister for approval

    The above approval process is followed for each grant regardless of its risk level. For instance, the median size for most HIV/AIDS stream grants is fairly small– $19K for 05/06, $20K for 06/07 and $30K for 07/08. These grants go through an extensive formal selection process where they are reviewed and assessed by external members. Yet these grants, which have gone through a comprehensive selection process, will still need to go through each of the seven steps noted above. As a result of going through such a comprehensive selection and approval process, it takes on average 6 months for an HIV/AIDS grant to get approved and an average 9 months for Tobacco grants. The overall lack of timeliness in the processing of a grant calls into question the overall efficiency of this process. The current approval process does not appear to take into consideration variables such as the amount of money involved, credibility and track record of the recipient and sensitivity of the project.

As noted in the Blue Ribbon Report, "sensible administration of government programs means establishing a control framework that is variable and sensitive to degrees of risk. The framework should reflect the conscious weighing of the costs of controls versus (a) administrative costs and (b) losses in program effectiveness".[7]

Considering that many recipients of international health grants are well known international health organizations (i.e., WHO, PAHO, OECD), and that the majority of these grants are commitments that the department or federal government have agreed to undertake, greater consideration should be given to streamlining the approval process to improve overall program efficiency.

- All departmental grants and contributions (G&C) are input into a G&C database which provides information on the grant recipient, project objective, project amount, etc. The IHGP would need to input each grant into the database prior to seeking Ministerial approval. This is a standard procedure across the department and a necessary step to generate the documents that the Minister signs off on. Historically, only one individual had access to the departmental G&C database. This has at times resulted in a bottleneck, as this resource had several other commitments beyond inputting information into the database. Likewise, this resource was reliant on the various program streams to supply all necessary information needed for the database. At the present time, this issue has been resolved as the various program streams will now have access to the G&C database.

RECOMMENDATION 5:
Improve timeliness of program by having an approval process that matches the risk level of the grant. As per the Blue Ribbon Report, a control framework should be put in place that is variable and sensitive to degrees of risk.

RECOMMENDATION 6:
Program budget approval should be timelier to permit the program to start the call for proposals, the selection of projects, and the issuance of grants earlier in a fiscal year thereby permitting program recipients sufficient time to complete their projects.

- **Program management practices are adequate —** As noted, all departmental grants and contributions (G&C) are input into a G&C database. Therefore, the IHGP has ready information on all grants including: recipient name, project objective, project amount, etc.

[7] The Report of the Independent Blue Ribbon Panel on Grants and Contribution Programs, December 2006, p.30.

Grants are unconditional transfer payments made to individuals or organizations which are not subject to being accounted for or audited[8]. However, the IHGP has requested that grant recipients provide them with a final report of their project. This is a valid requirement, as one of the current outcomes of this program is to improve domestic policies and programs. For this to occur, project findings should be brought back to Canada and shared with appropriate domestic branches. However, analysis from the file review revealed that over fifty percent (57.1%) of the program files (n=15) that were reviewed did not have a copy of the final report. It is unclear whether some of these final reports are with the various program managers; however, overall, no single comprehensive/master file is being maintained for each grant.

The evaluation also determined that it is not a common practice to share final reports with program and policy branches. As noted earlier, interviews with key stakeholders revealed that there was limited acknowledgement/understanding among interviewees that the knowledge generated from funded projects should be brought back to Canada to inform domestic programs/policies. This lack of understanding explains why various policy branches have noted that reports are not always immediately shared with them unless requested.

The requirement to submit a final report once a project is completed was not considered to be unreasonable according to IHGP recipients. In fact, the majority (93.3%: of recipients indicated that the reporting requirements for their project were reasonable (as assessed by a rating of 4 or 5 on a 5-point scale, n=15).

- **Recipients are satisfied (85.7%: a rating of 4 or 5 on a 5-point scale, n=15) with the overall management of the program** — IHGP recipients that were interviewed considered program staff to be professional and helpful. Recipients were also satisfied (a rating of 4 or 5 on a 5-point scale) with the:

  - Fairness and reasonableness of the selection process (100%; n=11);
  - Clarity of the application guidelines (91.7%; n=12); and
  - Helpfulness of program personnel (84.6%; n=13).

These findings are positive, but it should be noted that interviews were undertaken with recipients that were identified by program staff and who had received funding from the program. Interviews were not conducted with recipients that had not received funding.

Another observation that was made by key stakeholders and recipients was that the IHGP was a fairly flexible program, in that it permitted recipients/policy branches to propose projects that were responding to ever-changing departmental and international health priorities. For instance, tobacco related grants could quickly shift attention from one region of the world (e.g., Eastern European countries) to another region (e.g., African countries) depending on current priorities.

[8] Health Canada website, Information, Health Canada's Grants and Contributions, October 2000.

## 3.3 Cost - Effectiveness

The findings of the evaluation of the IHGP on the issue of cost-effectiveness are presented in this section of the report. The evaluation questions that were considered in addressing the issue of effectiveness were as follows:

- What were the program costs?
- Have resources been allocated and spent as planned?
- Are the most appropriate and efficient means being used to achieve program objectives?
- If the program or activity continues, how could its efficiency be improved?
- Is the resultant package of programs and activities affordable? If not, what programs or activities would be abandoned?

### 3.3.1 Findings

- **The cost of administrating the program is difficult to determine —** According to the Terms & Conditions for the IHGP, the management and administration of the IHGP is to be absorbed within IAD's existing resources at no additional cost. In practice, this resulted in the administration of the program being disbursed among various employees throughout IAD. IHGP personnel have agreed that the approximate total number of actual FTEs dedicated to the administration of the IHGP is 1.9 FTEs disbursed among 12 employees.

**Table 1: Percentage of employees dedicated to the IHGP**

| | # of Individuals | Total % of time of an FTE |
|---|---|---|
| HIV/AIDS | 2 | 0.50 |
| Tobacco | 2 | 0.40 |
| General | 7 | 0.50 |
| Admin | 1 | 0.50 |
| Grand Total | 12 | 1.9 |

While the overall total number of FTEs dedicated to administering this program is not high, the fact that there are a dozen individuals working at various times throughout the year on this program calls into question the overall efficiency of the design of the IHGP. As noted in previous sections, there are opportunities to streamline this program. The current structure is unnecessarily complex given the size of the program. There are currently three separate program managers, three separate selection processes and criteria which is disproportionate to the complexity and overall size of the program. The fact that two of the program streams are outward looking – inviting outside organizations to apply for funding, while another stream is inward looking – seeking projects to fund based on proposals submitted by branches within HC seems unnecessarily complex.

Another challenge in determining the overall administrative costs for the program is that the original Operating & Maintenance (O&M) funds for the program were permanently reverted to international health grants. The decision was taken by a former Director General. The purpose of converting these funds was to increase the overall amount of international grants that were being issued by the program. The consequence of this action was that for years, the program sought O&M funds from those branches that had approached the IHGP for the purpose of issuing international grants. While there is no indication that international grants were issued in return for obtaining O&M funds, there does exist the perception of impropriety.

- **From 01/02 to 06/07, a total of $359K was lapsed; two years where more than 10% of budget was lapsed —** The IHGP has been fairly successful in expending its budget. However, there were two specific years where the program lapsed funds. In these two year, the lapsed funds occurred for reasons that were beyond the control of the program.

**Table 2: Breakdown by year of the IHGP budget vs. amount expended**

| Fiscal Year | Budget | Expended | % Lapsed | % expended in fourth Quarter |
|---|---|---|---|---|
| 2001/2002 | $860,000 | $735,000 | 15% | 72% |
| 2002/2003 | $1,360,000 | $1,335,588 | 2% | 50% |
| 2003/2004 | $1,360,000 | $1,208,625 | 11% | 44% |
| 2004/2005 | $1,610,000 | $1,609,857 | 0% | 69% |
| 2005/2006 | $1,975,000 | $1,925,850 | 2% | 42% |
| 2006/2007 | $1,925,000 | $1,915,570 | 0% | 15% |

- **Three years where 50% or more of program funds were expended in the fourth quarter —** As evidenced in Table 2, over the last six fiscal years, the program has expended fifty percent or more of its funds in the last quarter. The impact that this has had on many recipients is that they have no choice but to complete a project in a three month time period or to apply for a no-cost extension which further complicates the administration of the program. There are various factors that have contributed to delays in issuing grants. They include: delays in getting the program budget approved, the extensive approval process, and the requirement that all grants be input into the department G&C database.

- **Further efficiencies could be found by consolidating the processes —** There are various issues with the current design of the program as discussed in the Program Design and Delivery section. Implementing the study recommendations, identified in that section of the report, should lead to greater efficiencies (e.g., having a more streamlined approval process depending on the risk level of each grant; running the program as a single program rather than with three separate streams, therefore having only one call for proposals, a set application deadline, standardized selection criteria, etc.).

- **Effectiveness of the program is hindered by the lack of resources dedicated solely to the IHGP —** Currently there are no FTEs dedicated to the IHGP. One of the key issues that became apparent during the course of this evaluation was that there was no dedicated resource focused on ensuring that all grants, regardless of program stream, were geared towards achieving the objectives of the IHGP (e.g., informing future policy making and program design). Not all of the program managers had seen the program's RMAF, and thus did not fully comprehend that the objectives of this program included improving domestic policies and programs on emerging health issues. Putting into place one dedicated resource that can fully commit to ensuring that all grants are aligned to the objectives of the program will ensure that this issue is addressed. This resource would also be responsible for coordinating the call for proposals, the selection and approval process, etc.

  Another finding from this evaluation was that the final project reports were not always being shared with the relevant departmental branches. To fulfill the objective of changing domestic policies and programs, these findings need to be shared with the appropriate branches. A dedicated resource can ensure that all reports are disseminated to the appropriate players within the department.

RECOMMENDATION 7:
A single dedicated resource needs to manage the IHGP as a whole by coordinating: the call for proposals, the selection and approval process, dissemination of project findings throughout the department, and the overall maintenance of project files.

- **The IHGP is affordable**—This small-sized program permits the department to meet its international commitments in a variety of different health areas. For instance, this program permits Canada to meet its obligations under the Framework Convention for Tobacco Control, it supports the global engagement component of the Federal Initiative to Address HIV/AIDS in Canada, etc. A departmental needs assessment has yet to be undertaken, but there is a strong likelihood that the current budget will not meet the demand. Consequently, there are no activities that could be abandoned unless the department chooses to end its involvement in any one of the three streams currently housed under this program.

## 3.4 Outcomes and Impacts

The findings of the evaluation on the issue of outcomes and impacts are presented in this section of the report. The evaluation questions which were considered in addressing the issue of outcomes and impacts were as follows:

- Has there been an increase in knowledge base to inform future policy making and program design?

- Has there been an increase in intersectoral collaboration on international health issues?
- To what extent have there been improved policies and programs on emerging health issues?
- To what extent has Canada's influence reflected in the international health agenda?
- To what extent is the program leveraging from other sources?
- Has the program delivered value for money?

### 3.4.1 Findings

- **Evidence that intersectoral collaboration and having Canada's priorities reflected in the international health agenda are objectives that are being met** — There is greatest consistency among interviewees (senior staff, project managers, key stakeholders, policy branches) regarding their assessment on the level of success that the IHGP has had with increasing intersectoral collaboration. Over three-quarters (77.7%; n=24) of all interviewees rated the program as being successful (rating of 4 or 5 on a 5pt scale) with the immediate outcome – increasing intersectoral collaboration on international health issues, and three-quarters (73.3%; n=24) of all interviewees rated the program as being successful with the intermediate outcome – having Canada's priorities reflected on the international health agenda. The latter should logically flow from the immediate outcome as illustrated in the IHGP logic model. The flow of the logic appears sound and there is qualitative proof (opinion of program personnel and key stakeholders) that there has been advancement with these two outcomes.

  Further evidence that intersectoral collaboration is occurring is demonstrated by the fact that the majority of IHGP recipients interviewed (85.7%; n=14) indicated that other sources were involved in the funding of their project (e.g. international organizations or other countries). In fact, in three-quarters (73%) of these cases, the other sources represented fifty percent or more of the total project funds.

  Increasing intersectoral collaboration and having Canada's priorities reflected in the international health agenda are demonstrated strengths of many of the projects funded through the IHGP. The IHGP also enables Health Canada to meet its international health commitments to such organizations as the WHO and the PAHO. Some examples of strong collaborative projects are:
  - Hosting of the AIDS 2006: XVI International AIDS Conference, Toronto: The biannual international AIDS conferences are the world's largest HIV/AIDS-related events, bringing together participants from around the world to share emerging knowledge on a wide range of issues related to the global HIV/AIDS epidemic. AIDS 2006 attracted some 24,000 delegates representing government, international organizations, the science sector, civil society, people living with HIV/AIDS, and the private sector.
  - Supporting the Implementation of the Framework Convention on Tobacco Control (FCTC) in the Americas: The Pan-American Health Organization (PAHO) supports countries working towards ratifying and implementing the FCTC, decreasing tobacco use and exposure to tobacco smoke, as well as

addressing tobacco-related morbidity and mortality in the Americas through implementing cost-effective tobacco control policies and programs. This specific IHGP project aimed to increase awareness among adolescents in the Americas about the harm caused by second-hand smoke, as well as to have an additional three countries in the Americas ratify the FCTC.

- **Less evidence of increasing knowledge base to inform future policy making and program design <u>in Canada</u>—**Over one-half (58.8%; n=24) of all interviewees rated the program as being successful (rating of 4 or 5 on a 5pt scale) at the immediate outcome of increasing the knowledge base to inform future policy making and program design. According to interviewees, the program was even more successful (68.7%; n=24) at achieving the intermediate outcome of improving policies and programs on emerging health issues. This finding is inconsistent with the flow of the logic model. For the logic model to be sound, the program should be successful at meeting its immediate outcomes which should then lead to success in meeting its intermediate outcomes. In this case, according to interviewees, the program appears to be more successful at achieving the intermediate outcome than the immediate outcome.

  Recipient telephone survey respondents rated their projects as being successful (rating of 4 or 5 on a 5pt scale) at both increasing knowledge (87% rated successful, n=15) and intersectoral collaboration (93% rated successful, n=14). However, further analysis of these projects and their outcomes reveals that, in fact, 11 of 16 projects have collaboration as the primary focus, while only 2 of 16 projects have producing new information as the primary focus. Three of the sixteen projects appear to be out of scope.

- **Improved policies and programs can emerge from collaboration based projects, not just from new knowledge generation projects** — Many of the projects (7 out of 11) where the primary focus was collaboration also had a likelihood of bringing information back to Canada that could inform Canadian policies and programs. Thus, suggesting that improved policies and programs can emerge not just from new knowledge but also from collaboration. The current logic model does not illustrate this potential flow. Of the two projects that had knowledge development as the primary focus, one seemed likely to have information come back to Canada while the other did not.

  In the file review, 8 of the 15 projects reviewed had collaboration as a primary focus, 5 were producing new information and 2 were out of scope. Only a few (4 of 15) of the projects in the file review demonstrated a likelihood of bringing information back to Canada that could inform Canadian policies and programs. Two of these four were collaboration projects and two were knowledge generation projects further demonstrating that improved policies and programs can emerge not just from new knowledge but also from collaboration.

- **Improvement in policies and programs is primarily occurring in countries other than Canada** — One-half (50%) of projects from the recipient telephone survey and 27% from the file review demonstrated a likelihood that project findings could come back to Canada. The remainder of the projects were impacting other countries with no

demonstrated means of bringing information back to Canada. The majority of policy and program improvements described by recipients and outlined in the file review are occurring in other countries such as South Africa, Brazil, Pacific Island States, Vietnam, Uruguay, and El Salvador. This is not surprising given that, as described in the relevance section of this report (section 3.1), the selection criteria did not require that project findings/information come back to Canada.

RECOMMENDATION 8:
The IHGP should review and clarify the logic of the program to ensure that the intermediate outcomes for the program flow from the immediate outcomes.

- **IHGP supports very few emerging health projects** — IAD employees agreed that HIV/AIDS and Tobacco would not be considered emerging health issues. With that in mind, only one of the fifteen projects reviewed as part of the file review and one of the projects described in the recipient survey were in the area of emerging health issues. These projects were: the WHO strategic action plan for pandemic influenza and the WHO Commission on globalization and social determinants of health.

- **Some projects are out scope despite the lengthy selection and approval process** — It is of interest to note that 19% (n=15) of the projects described by recipients in the telephone survey and 13% (n=16) of projects from the file review appear to be out of scope despite the use of a lengthy selection process (selection committee and a 7-step approval process). Examples of projects that were considered out of scope (e.g., international speaker presenting in Canada, awareness campaign in Canada, Canadian youth placement program).

- **Canadians receiving value for money** — Despite the fact that a few of the projects are out of scope (based on how the program is defined in the RMAF), Canadians are still getting value for money. This is a $2.235 M/year program that has been run with no dedicated resource and no O&M funding by up to 12 FTEs who found some time to administer the program (put in place selection criteria, a selection process, communication process, etc.). The projects funded have allowed HC to meet international commitments to organizations such as: WHO, PAHO and OECD and advance priorities of the government of Canada (e.g. HIV/AIDS, Tobacco Control). As previously noted, the objectives of the program could be better defined, the true demand for the program should be known, and there is room to streamline the program and improve timeliness by putting in place an approval process that corresponds to the risk level of the project. A dedicated resource would prove invaluable in ensuring that program objectives are met and program findings are appropriately disseminated. If these recommendations are followed, the IHGP program will be able to fulfill HC's international granting requirements.

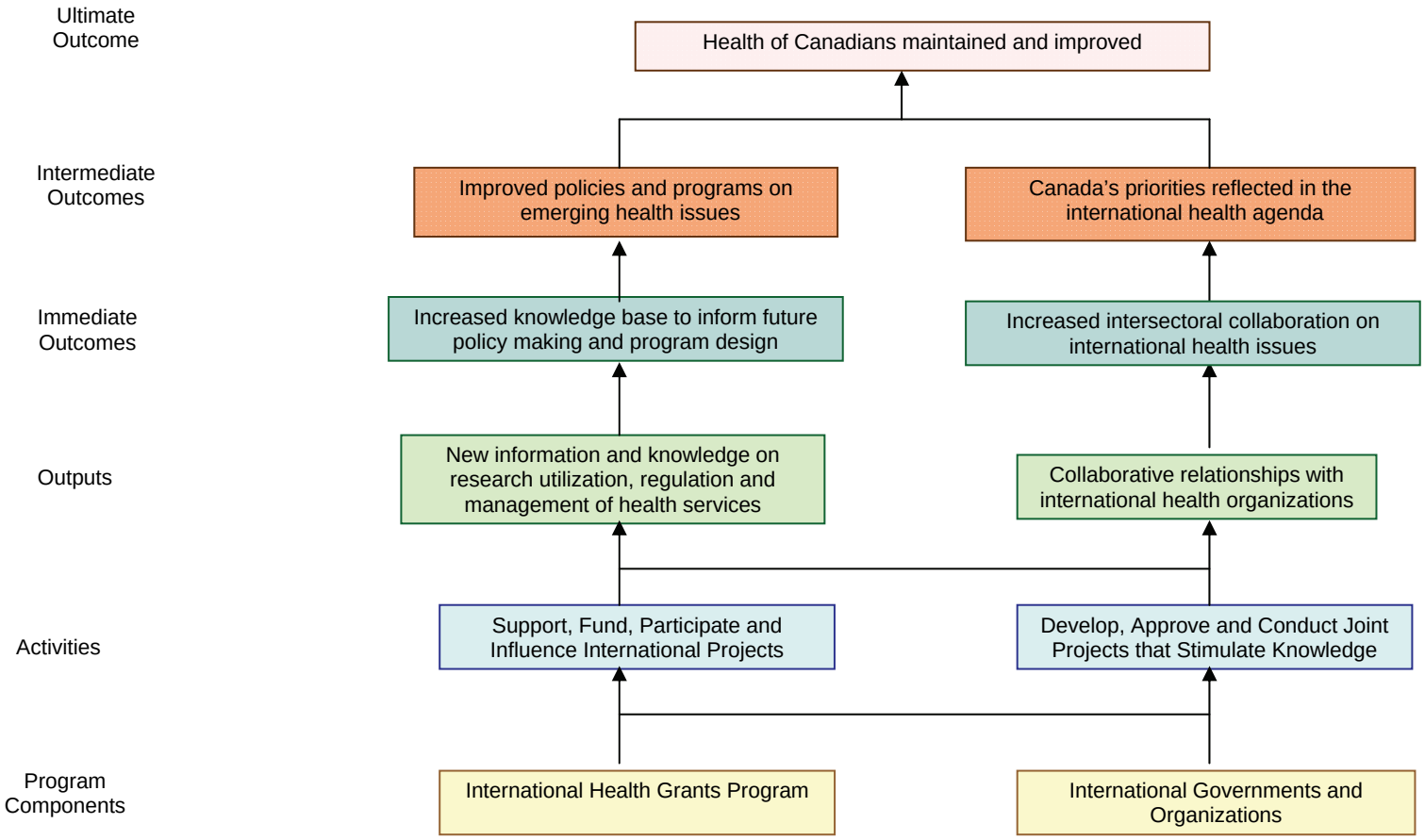
## 3.5 Conclusion

The IHGP enables the department to meet its international commitments. This small-sized program ($2.235M/Yr) has allowed HC to meet its international commitments to organizations such as: WHO, PAHO and OECD and advance priorities of the government of Canada (e.g. HIV/AIDS, Tobacco Control). It is the only vehicle within the department that provides grants for international health work. As the Department expands its international engagement, interest and demand in the program continues to grow. Therefore, this evaluation concludes that there is a continued need for a mechanism to flow funds internationally, and more specifically, for the continuance of the IHGP.

There are obvious areas for improvement: the objectives of the program could be better defined, the true demand for the program should be known, and there is room to streamline the program and improve timeliness by putting in place an approval process that corresponds to the risk level of the project, a dedicated resource to ensure that all grants are aligned to the objectives of the program, etc. Recommendations to address these issues have been noted throughout this report. By implementing these recommendations the IHGP will be better positioned to continue to fulfill HC's international granting requirements.

# Appendix A
# HGP Logic Model

## International Health Grants Program Logic Model



# Appendix B
# Interview Guides

## Interview Guide – IHGP Recipients

### Introduction

Government Consulting Services has been engaged by Health Canada to conduct an evaluation of the International Health Grants Program (IHGP). As part of this evaluation, interviews are being conducted with individuals that had received grant funds from the IHGP during the period of April 1, 2002 to March 31, 2007. You are listed as a recipient of program funds during this time period.

The evaluation study will play an important role in decisions that will be made by Health Canada regarding the future structure and operation of this program. Your participation in this study will have a significant impact, therefore, on the future of this program. All individual answers will be confidential.

### Background

1) Please describe the project(s) for which you received funding from the IHGP?

_____

_____

| | | (✓) |
|---|---|---|
| *IHGP Stream:* | *Tobacco* | ❑ |
| | *AIDS/HIV* | ❑ |
| | *General* | ❑ |

***In responding to the following questions, please refer to your most recently completed IHGP-funded project.***

2) What were the objective(s) of your project:

| | | (✓) |
|---|---|---|
| a) | Generate new information and knowledge on research utilization, Regulation and management of health services.....……. | ❑ |
| b) | Establish collaborative relationships with international health organizations…… | ❑ |
| c) | Other (please specify):_____ | ❑ |
| d) | Other (please specify):_____ | ❑ |

3) Was your project funded solely with IHGP funds?

| | | |
|---|---|---|
| a) | Yes……..…….. | 1 |
| b) | No …… | 2 |

➥ **(2.3) If no, what other sources contributed to this project?**

a) Provincial government……. 1
   ➥ Name of provincial government programs_____
b) Federal government…… 1
   ➥ Name of other federal government programs_____
c) University…… 1
d) Industry……...… 1
   ➥ Name of industry organizations_____
e) Other source_____ 1
f) Don't know……. 1

➥ **What percentage of project funds came from other sources? _____%**

## Outcomes and Impacts

4) (1.1) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has your project been successful at contributing to the outcome of increasing the knowledge base to inform future policy making and program design? ____ rating

Please support this rating by indicating:

a) What was generated by your project:
b) How were your project findings disseminated and to whom:
c) Your perception of the quality, relevance and usefulness of the knowledge that was generated from your project:

5) Have any health policies or programs been modified/improved as a result of your IHGP funded project?

6) (1.2) Using a 5-point scale, where 1= *Not At All Successful, 3=Somewhat Successful* and 5 = *Very Successful*, to what extent has your project contributed to increasing intersectoral collaboration on international health issues? ____ rating

Please support this rating by indicating the type of collaborations that have been created from your project and their usefulness:

## Program Relevance

7) (2.2) Overall, how important was the grant you received from the IHGP for your project? (*Please rate on a scale of 1 to 5 where 1= Not at all important, 3=Somewhat important and 5 = Very important*)

| **Not At All Important** | **Somewhat Important** | **Very Important** | **N/A** |
|---|---|---|---|
| 1----------2----------3----------4----------5 | | | 9 |

*Please elaborate*:

8) (2.2) In your view, what would have been the likelihood that this project would have proceeded if funding had not been received from the IHGP? (*Please rate your answer out of 100 %, where 0 means there was no chance of proceeding without the grant; 50 means that there was a 50 percent chance of proceeding; and 100 means the project would definitely have proceeded anyway*)?

[ ] %

❑ Don't know

9) (2.2) If the project would have proceeded without funding from the IHGP, how do you think the project would have been affected? (Please rate on a scale of 1 to 5, where 1 = No Impact, 3= Some Impact, and 5 = Significant Impact)

| | No Impact | | Some Impact | Significant Impact | | N/A | D/K |
|---|---|---|---|---|---|---|---|
| a) Project timing | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| b) Project scope | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| c) Number of collaborators | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| d) Other (Please specify):_____ | 1 | 2 | 3 | 4 | 5 | 7 | 9 |

10) (2.2) In your view, do you feel there is a continued need for this program? (2.4) If yes, is there a need for the federal government to invest in the IHGP?

*Probe: Extent of need to have Canada's health priorities reflected on the international arena*

*Probe: Extent of need to improve Canada's policies and programs on emerging international health issues*

# Design, Delivery and Administration

## Program Design

11) (3.1) In your view, is the current design and structure of the IHGP effective at meeting the objectives of the program? What factors have impeded or facilitated the achievement of IHGP objectives?

*Probe: Are the most appropriate and efficient means being used to achieve program objectives*

12) (4.1) From your perspective, what changes could be made to improve the IHGP?

13) (3.3) In your view, has the program delivered value for money to Canadians?

## Project Selection

14) Please indicate whether you agree or disagree with the following statements related to the design and delivery of the IHGP: (Please rate on a scale of 1 to 5, where 1 = Strongly Disagree, 3= Somewhat Agree and 5 = Strongly Agree)

| | Strongly Disagree | | | Strongly Agree | Not In Place | D/K |
|---|---|---|---|---|---|---|

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| a) | Guidelines to apply to the program were clearly outlined…… | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| b) | Processing of my application was completed in a timely manner…….. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| c) | Program personnel were helpful in answering any questions/concerns that I might have…… | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| d) | The selection process was fair…….. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| e) | The selection process was transparent…….. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| f) | The selection process was reasonable…….. | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| g) | The grant was received in a timely manner..... | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| h) | The reporting requirements for my project were reasonable…… | 1 | 2 | 3 | 4 | 5 | 7 | 9 |
| i) | Overall, this program was well managed…… | 1 | 2 | 3 | 4 | 5 | 7 | 9 |

For any of the above statements that you rated as 1 or 2 please provide a brief description of why?

15) Is there anything else you would like to add?

# Interview Guide –Program Managers

Government Consulting Services has been engaged by Health Canada to conduct an evaluation of the International Health Grants Program (IHGP). The evaluation will focus on assessing the program during the period of April 1, 2002 to March 31, 2007.

The evaluation study will play an important role in decisions that will be made by Health Canada regarding the future structure and operation of this program. Your participation in this study will have a significant impact, therefore, on the future of this program. All individual answers will be confidential.

## Background

1) Please outline your role and involvement with the IHGP.

## Program Relevance

2) (2.1) What is your understanding of the rationale of the IHGP?

   *Probe*: *validity of the initial premises articulated in the TB Submission*

3) (2.1) In your view, are the objectives of the program consistent with departmental and government wide priorities?

4) (2.2) Do you feel there is a continued need for this program? (2.4) If yes, is there a need for the federal government to invest in the IHGP?

   *Probe: Extent of need to have Canada's health priorities reflected on the international arena*

   *Probe: Extent of need to improve Canada's policies and programs on emerging international health issues*

   *Probe*: (2.4) *In your view, is there an overlap/complementarity of IHGP with other programs?*

## Design, Delivery and Administration

### Program Design

5) (3.1) In your view, is the current design and structure of the IHGP effective at meeting the objectives of the program? What factors have impeded or facilitated the achievement of IHGP objectives?

   *Probe: Are the most appropriate and efficient means being used to achieve program objectives*

   *Probe: Are there specific examples that have been undertaken to improve program efficiencies?*

   *Probe: current number of FTEs vs required number of FTEs (for total IHGP and for the stream)*

6) (4.3) In your view, are program management practices (financial/accounting and project reporting) adequate?

   *Probe: (4.2) Did the IHGP experience any funding delays?*

   *Probe (4.1) Perception of management competency*

7) (4.1) From your perspective, what changes could be made to improve the IHGP?

### Project Selection

8) (4.1) How are projects selected?

9) (4.1) On what basis did you devise your selection criteria?

   *Probe: Is there a direct link between program objectives and selection criteria?*

10) (4.1) What is your perception of the selection process for this program? For example, do you think the selection process was fair, transparent and timely etc.?

11) (2.3) Approximately what percentage of the applications put forward were approved for funding?

*Probe: What are some of the typical reasons that a project would not be approved?*

12) (3.6) Were all of the funds that were allocated to this program expended? If not, please explain.

13) (3.7) To what extent are applicants required to leverage resources from other sources? Please provide examples of other sources.

*Probe: What is the added benefit of the IHGP given the existence of other programs?*

## Cost Effectiveness

14) (3.2) Are there alternate mechanisms for groups within Health Canada to provide grants to support international activities?

15) (3.3) In your view, has the program delivered value for money to Canadians?

16) (3.4) In your view is the program affordable? If not, are there aspects of the program which could be abandoned?

## Outcomes and Impacts

17) (1.1) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP been successful at achieving the outcome of increasing the knowledge base to inform future policy making and program design? ____ rating

Please support this rating by indicating:

a) What was generated:

b) How it was disseminated and to whom:

c) Your perception of the quality, relevance and usefulness of the knowledge that was generated:

18) (1.2) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP been successful at increasing intersectoral collaboration on international health issues? ____ rating

a) Please support this rating by indicating your perception on the type of collaborations that have been created and their usefulness:

19) (1.3) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP been successful at contributing to the improvement of policies and programs on emerging health issues? ____ rating

a) Please support this rating by indicating examples of health policies and programs that have been modified/improved:

20) (1.4) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP succeeded in having Canada's priorities reflected in the international health agenda? ____ rating

a) Please support this rating by indicating your perception on the degree of influence/congruity between Canadian health priorities and the international health agenda:

21) Overall, what are the current strengths and weaknesses of the IHGP?

22) Is there anything else you would like to add?

# Interview Guide – Policy/Beneficiary Branches

Government Consulting Services has been engaged by Health Canada to conduct an evaluation of the International Health Grants Program (IHGP). The evaluation will focus on assessing the program during the period of April 1, 2002 to March 31, 2007.

The evaluation study will play an important role in decisions that will be made by Health Canada regarding the future structure and operation of this program. Your participation in this study will have a significant impact, therefore, on the future of this program. All individual answers will be confidential.

## Background

16) Please outline your involvement with the International Health Grants Program (IHGP).

## Program Relevance

17) (2.1) What is your understanding of the rationale of the IHGP?

18) (2.1) In your view, are the objectives of the program consistent with departmental and government wide priorities?

19) (2.2) Do you feel there is a continued need for this program? (2.4) If yes, is there a need for the federal government to invest in the IHGP?

*Probe: Extent of need to have Canada's health priorities reflected on the international arena*

*Probe: Extent of need to improve Canada's policies and programs on emerging international health issues*

*Probe: (2.4) In your view, is there an overlap/complementarity of IHGP with other programs?*

## Design, Delivery and Administration

### Program Design

20) (3.1) In your view, is the current design and structure of the IHGP effective at meeting the objectives of the program? What factors have impeded or facilitated the achievement of IHGP objectives?

*Probe: Are the most appropriate and efficient means being used to achieve program objectives*

21) (4.1) What is your perception of the selection process for this program? For example, do you think the selection process was fair, transparent and timely etc.?

22) (4.1) From your perspective, what changes could be made to improve the IHGP?

*Probe: (4.1) Perception of management competency*

*Probe: (4.2) Did the IHGP experience any funding delays?*

## Cost Effectiveness

23) (3.2) Are there alternate mechanisms for groups within Health Canada to provide grants to support international activities?

24) (3.3) In your view, has the program delivered value for money to Canadians?

*Probe: (3.4) In your view is the program affordable? If not, are there aspects of the program which could be abandoned?*

## Outcomes and Impacts

25) (1.1) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP been successful at achieving the outcome of increasing the knowledge base to inform future policy making and program design? ____ rating

Please support this rating by indicating:

a) What was generated:

b) How it was disseminated and to whom:

c) Your perception of the quality, relevance and usefulness of the knowledge that was generated:

26) (1.2) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP been successful at increasing intersectoral collaboration on international health issues? ____ rating

a) Please support this rating by indicating your perception on the type of collaborations that have been created and their usefulness:

27) (1.3) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP been successful at contributing to the improvement of policies and programs on emerging health issues? ____ rating

a) Please support this rating by indicating examples of health policies and programs that have been modified/improved:

28) (1.4) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful,* to what extent has the IHGP succeeded in having Canada's priorities reflected in the international health agenda? ____ rating

a) Please support this rating by indicating your perception on the degree of influence/congruity between Canadian health priorities and the international health agenda:

29) Overall, what are the current strengths and weaknesses of the IHGP?

30) Is there anything else you would like to add?

# Interview Guide – Senior Staff

Government Consulting Services has been engaged by Health Canada to conduct an evaluation of the International Health Grants Program (IHGP). The evaluation will focus on assessing the program during the period of April 1, 2002 to March 31, 2007.

The evaluation study will play an important role in decisions that will be made by Health Canada regarding the future structure and operation of this program. Your participation in this study will have a significant impact, therefore, on the future of this program. All individual answers will be confidential.

## Background

1) Please outline your current/previous role/involvement with the International Health Grants Program (IHGP).

## Program Relevance

2) (2.1) What is your understanding of the rationale of the IHGP?

   *Probe*: *validity of the initial premises articulated in the TB Submission*

3) (2.1) In your view, are the objectives of the program consistent with departmental and government wide priorities?

4) (2.2) Do you feel there is a continued need for this program? (2.4) If yes, is there a need for the federal government to invest in the IHGP?

   *Probe: Extent of need to have Canada's health priorities reflected on the international arena*

   *Probe: Extent of need to improve Canada's policies and programs on emerging international health issues*

   *Probe*: *In your view, is there an overlap/complementarity of IHGP with other programs?*

## Design, Delivery and Administration

### Program Design

5) (3.1) In your view, is the current design and structure of the IHGP effective at meeting the objectives of the program? What factors have impeded or facilitated the achievement of IHGP objectives?

   *Probe: Are the most appropriate and efficient means being used to achieve program objectives*

   *Probe: Are there specific examples that have been undertaken to improve program efficiencies?*

6) (4.3) In your view, are program management practices (financial/accounting and project reporting) adequate?

   *Probe: (4.2) Did the IHGP experience any funding delays?*

   *Probe (4.1) Perception of management competency*

7) (4.1) From your perspective, what changes could be made to improve the IHGP?

## Cost Effectiveness

8) (3.6) Were all of the funds that were allocated to this program expended? If not, please explain.

9) (3.2) Are there alternate mechanisms for groups within Health Canada to provide grants to support international activities?

10) (3.3) In your view, has the program delivered value for money to Canadians?

11) (3.4) In your view is the program affordable? If not, are there aspects of the program which could be abandoned?

## Outcomes and Impacts

12) (1.1) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP been successful at achieving the outcome of increasing the knowledge base to inform future policy making and program design? ____ rating

Please support this rating by indicating:

a) What was generated:

b) How it was disseminated and to whom:

c) Your perception of the quality, relevance and usefulness of the knowledge that was generated:

13) (1.2) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP been successful at increasing intersectoral collaboration on international health issues? ____ rating

a) Please support this rating by indicating your perception on the type of collaborations that have been created and their usefulness:

14) (1.3) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP been successful at contributing to the improvement of policies and programs on emerging health issues? ____ rating

a) Please support this rating by indicating examples of health policies and programs that have been modified/improved:

15) (1.4) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP succeeded in having Canada's priorities reflected in the international health agenda? ____ rating

a) Please support this rating by indicating your perception on the degree of influence/congruity between Canadian health priorities and the international health agenda:

16) Overall, what are the current strengths and weaknesses of the IHGP?

17) Is there anything else you would like to add?

# Interview Guide –Key Stakeholders

Government Consulting Services has been engaged by Health Canada to conduct an evaluation of the International Health Grants Program (IHGP). The evaluation will focus on assessing the program during the period of April 1, 2002 to March 31, 2007.

The evaluation study will play an important role in decisions that will be made by Health Canada regarding the future structure and operation of this program. Your participation in this study will have a significant impact, therefore, on the future of this program. All individual answers will be confidential.

## Background

1) Please outline your involvement with the International Health Grants Program (IHGP).

## Program Relevance

2) (2.1) What is your understanding of the rationale of the IHGP?

3) (2.1) In your view, are the objectives of the program consistent with government wide priorities?

4) (2.2) Do you feel there is a continued need for this program? (2.4) If yes, is there a need for the federal government to invest in the IHGP?

*Probe: Extent of need to have Canada's health priorities reflected on the international arena*

*Probe: Extent of need to improve Canada's policies and programs on emerging international health issues*

*Probe*: (2.4) *In your view, is there an overlap/complementarity of IHGP with other programs?*

## Cost Effectiveness

5) (3.2) Are there alternate mechanisms for groups within Health Canada to provide grants to support international activities?

6) (3.3) In your view, has the program delivered value for money to Canadians?

*Probe: (3.4) In your view is the program affordable? If not, are there aspects of the program which could be abandoned?*

## Outcomes and Impacts

7) (1.1) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP been successful at achieving the outcome of increasing the knowledge base to inform future policy making and program design? ____ rating

Please support this rating by indicating:

a) What was generated:

b) How it was disseminated and to whom:

c) Your perception of the quality, relevance and usefulness of the knowledge that was generated:

8) (1.2) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP been successful at increasing intersectoral collaboration on international health issues? ____ rating

a) Please support this rating by indicating your perception on the type of collaborations that have been created and their usefulness:

9) (1.3) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP been successful at contributing to the improvement of policies and programs on emerging health issues? ____ rating

a) Please support this rating by indicating examples of health policies and programs that have been modified/improved:

10) (1.4) Using a 5-point scale, where 1= *Not At All Successful, 3= Somewhat Successful* and 5 = *Very Successful*, to what extent has the IHGP succeeded in having Canada's priorities reflected in the international health agenda? ____ rating

a) Please support this rating by indicating your perception on the degree of influence/congruity between Canadian health priorities and the international health agenda:

11) Overall, what are the current strengths and weaknesses of the IHGP?

12) Is there anything else you would like to add?