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# Synthesis Evaluation of Transfer Payments to Pan- Canadian Health Organizations 2014-15 to 2017-18

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## List of Acronyms and Abbreviations

CADTH	Canadian Agency for Drugs and Technologies in Health
CCSA	Canadian Centre on Substance Abuse
CIHI	Canadian Institute for Health Information
CFHI	Canadian Foundation for Healthcare Improvement
CPAC	Canadian Partnership Against Cancer
CPSI	Canadian Patient Safety Institute
Infoway	Canada Health Infoway
MHCC	Mental Health Commission of Canada
PCHO	Pan-Canadian Health Organizations

# Executive summary

## Introduction

The purpose of this synthesis evaluation was to assess the relevance and performance of transfer payments, created and sustained by Health Canada, to Pan-Canadian Health Organizations (PCHOs), for the period of April 1, 2014 to March 31, 2018. This report was produced to fulfill the requirements of the *Financial Administration Act*.

A similar synthesis evaluation was previously completed in 2014 and, since then, most PCHOs have completed a recipient-led evaluation. These evaluations were used as a main source of evidence in this report, along with recently undertaken reviews, including a 2018 external review of PCHOs commissioned by the Minister of Health (*Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations*) and annual reports on PCHO activities and outcomes.

## Background Information

Over the last 30 years, the Government of Canada has created and sustained nine pan-Canadian health organizations to address a variety of health care issues. In some cases, the establishment of this arm's length mechanism to address national interests in health care was the result of federal, provincial and territorial agreements, while others reflect federal initiatives in a particular health care area.

Within Canada's decentralized health care system, these organizations are designed to provide national coordination and collaboration to address system-wide priorities. Their roles and scope differ, but all of them tend to provide either system-wide services and support (e.g., creating evidence-based advice to support decision making), or act as a catalyst for improvement in priority areas (e.g., providing leadership and making progress on a health issue).

Of the initial nine PCHOs, eight were receiving a transfer payment from Health Canada during the 2014-15 to 2017-18 period and were covered in this synthesis evaluation; namely: 1) the Canadian Centre on Substance Abuse (CCSA), 2) the Canadian Agency for Drugs and Technologies in Health (CADTH), 3) the Canadian Institute for Health Information (CIHI), 4) the Canadian Foundation for Healthcare Improvement (CFHI), 5) the Canada Health Infoway (Infoway), 6) the Canadian Patient Safety Institute (CPSI), 7) the Canadian Partnership Against Cancer (CPAC), and 8) the Mental Health Commission of Canada (MHCC).<sup>i</sup>

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<sup>i</sup> The Health Council of Canada received a funding of \$1,152,000 in 2014-2015 and was included in the scope of this Evaluation. It was terminated in 2014.

## Findings

### Relevance

The available evidence provided a mixed assessment of the alignment of PCHO's mandates with Government of Canada priorities. On the one hand, the 2017 Minister of Health Mandate Letter, as well as Budgets 2016 to 2018, have included a range of priorities that were related to the mandates of most PCHOs. Among others, there were priorities identified in relation to advancing digital health technology, responding to the opioid crisis, and addressing potential consequences of cannabis legalisation, which were aligned with the respective mandates of Infoway, CCSA and MHCC.

On the other hand, the 2018 external review commissioned by the Minister of Health noted insufficient alignment of issues addressed by PCHOs in relation to Government of Canada priorities, and partly attributed this to a lack of strategic direction from Health Canada. Of note, the 2014 synthesis evaluation had raised a similar issue and, although some actions were taken at Health Canada to improve the strategic direction provided to these organizations, more progress remains to be made in that area. Moreover, the external review reported that governance for PCHOs did not always have a clear purpose and that PCHOs have set their priorities in isolation from each other.

In terms of continued needs addressed by PCHOs, both the recipient-led evaluations and the external review generally acknowledged that the broad issues (e.g. mental health) addressed by most organisations represented areas where more progress is needed in order to improve the health system.

### Achievement of Expected Outcomes

While each PCHO pursues different objectives and focuses on different issues in relation to the Canadian health system, the expected outcomes are generally related to the following:

- Improving knowledge through the creation and dissemination of knowledge products, as well as uptake of those products;
- Increasing awareness and understanding of health care issues or evidence-based information;
- Increasing collaboration and coordination among a range of partners; and
- Improving decision making, policies, and practices.

In general, recipient-led evaluations and annual reports have demonstrated that PCHOs made progress towards achieving their expected outcomes. However, many evaluations have noted a gap in available evidence to demonstrate achievement of longer-term outcomes, especially as it relates to PCHOs' impact on improving decision making, policies, and practices. Considering that the 2014 synthesis evaluation had raised this issue, it seems that limited progress has been made over the past four years on improving the availability of performance information for longer-term outcomes. In this regard, both the evaluation team,

through its review of annual reports, and the external review came to the conclusion that available performance information focussed more on outputs and activities than on measuring changes generated by the PCHOs. Such a gap in performance data contributed to challenges noted in the recipient-led evaluations in regard to demonstrating achievement of long-term outcomes.

## **Demonstration of Economy and Efficiency**

PCHOs do not have diversified sources of funding. In terms of efficiency, evidence from the external review, the 2015 Advisory Panel on Healthcare Innovation, and the CIHI recipient-led evaluation indicated that many of the PCHOs' functions and activities overlapped and duplicated those of other organizations across the suite, the public service, and the health sector. Moreover, both the recipient-led evaluations and the external review signaled a need to clarify roles, responsibilities, strategic direction, and priority setting for those organizations in order to improve their efficiency.

## **Conclusion and Recommendations**

Overall, PCHOs have been addressing the need to improve the Canadian health care system. However, the system has evolved since the creation of PCHOs and, as explained in this review, the suite of organizations also needs to evolve with new mandates, structures, and resources in order to meet the future needs of the system. As well, improvements are needed to clarify the roles and mandates of current organizations, provide clearer strategic direction, better coordinate PCHOs' priorities, reduce duplication, and collect performance data to support measurement of PCHO contributions to achieving long-term outcomes.

The external review published in March 2018 presented 10 recommendations on possible directions for the PCHO suite to address the areas for improvements noted in this synthesis evaluation, as well as other issues identified in the external review. It was decided not to include additional recommendations in this synthesis evaluation, as Health Canada was working on providing a response to the external review at the time of writing this report.

## 1.0 Evaluation Purpose

The purpose of this synthesis evaluation was to assess the relevance and performance of transfer payments, created and sustained by Health Canada, to pan-Canadian health organizations, from April 1, 2014 to March 31, 2018. It was conducted to fulfill requirements, under section 42.1 of the *Financial Administration Act* (FAA), for departments to conduct an evaluation of all ongoing grants and contributions programs every five years. It also fulfills the requirements of the Treasury Board of Canada's *Policy on Results* (2016). A similar synthesis evaluation was previously completed by Health Canada in 2014.<sup>1</sup>

## 2.0 Program Description

Over the last 30 years, the Government of Canada has created and sustained nine pan-Canadian organizations focused on a variety of health care issues. In some cases, the establishment of this arm's length mechanism to address national interests in health care was the result of federal, provincial, and territorial agreements, while others reflect federal initiatives in a particular health care area. Each pan-Canadian organization has a distinct shared governance model involving different mixes of governments, experts, and stakeholders.

Of the nine PCHOs established over the last three decades, one organization, the Health Council of Canada, had a mandate tied to the health accords between the Government of Canada and provincial and territorial governments. It was terminated in 2014 with the expiry of these accords. The eight remaining were still active at the time of this report and were all included in the synthesis evaluation:

- Canadian Centre on Substance Abuse (CCSA);
- Canadian Agency for Drugs and Technologies in Health (CADTH);
- Canadian Institute for Health Information (CIHI);
- Canadian Foundation for Healthcare Improvement (CFHI);
- Canada Health Infoway (Infoway);
- Canadian Patient Safety Institute (CPSI);
- Canadian Partnership Against Cancer (CPAC); and
- Mental Health Commission of Canada (MHCC).

Within Canada's decentralized health care system, these PCHOs were intended to function at arm's length from the Government of Canada, providing national coordination and collaboration to address system-wide priorities. They work with governments, stakeholders, experts, and the public at the regional, provincial, territorial, and federal levels. As presented in Table 1, their roles and scope differ, but they tend to provide either system-wide services and support (such as creating evidence-based advice to support decision making), or act as a catalyst for improvement in priority areas.



They vary in size, with annual expenditures ranging between \$8M and \$119M in 2016-17. Accordingly, Health Canada's annual transfer of payments ranged between \$8M and \$79M during that year.<sup>ii</sup> Overall, during the period examined by this synthesis evaluation (April 1, 2014 to March 31, 2018), Health Canada transferred approximately one billion dollars to the PCHO suite.

**Table 1: Profile of PCHOs**

Organization	Year Created	Financial Information for 2016-17 (millions of dollars)		Focus
		PCHO Expenditures <sup>a</sup>	Health Canada transfer of payments <sup>b</sup>	
Canadian Centre on Substance Use and Addiction (CCSA)	1988	8.3	7.8	Addresses issues around substance use by providing national leadership and coordinating action through partnerships.
Canadian Agency for Drugs and Technologies in Health (CADTH)	1989	27.5	16.1	Provides objective evidence to help make informed decisions about optimal use of drugs and other technologies in health.
Canadian Institute for Health Information (CIHI)	1993-94	102.4	78.9	Collects, analyses, and reports on health data.
Canadian Foundation for Healthcare Improvement (CFHI)	1996-97	13.4	17 <sup>c</sup>	Accelerates improvements in health care and shares health care innovations through partnerships.
Canada Health Infoway (Infoway)	2001	118.7	58.9	Works with partners to accelerate the development, adoption, and effective use of digital health solutions.
Canadian Patient Safety Institute (CPSI)	2003	7.9	7.6	Works with partners to advance improvements in patient safety and quality of care.
Canadian Partnership Against Cancer (CPAC)	2006-07	64.9	47.5	Accelerates action on cancer control by working with provincial and territorial cancer agencies and other stakeholders.
Mental Health Commission of Canada (MHCC)	2007	20.5	14.3	Leads the development and dissemination of programs and tools to support the mental health and wellness of Canadians.

<sup>a</sup> Source: External review 2018

<sup>b</sup> Source: Supplementary Information Tables: 2016-17 Health Canada Departmental Results Report

<sup>c</sup> The variance between actual and planned spending is mainly due to funding received in-year, which was not included in the 2016-17 planned spending.

<sup>ii</sup> It should be noted that the amount of the annual contribution is not necessarily representative of the share of PCHO expenditures funded by Health Canada, since expenditures for a given year can be funded with contributions deferred from previous years.

## 3.0 Evaluation Description

### 3.1 Evaluation Scope, Approach, and Design

This synthesis evaluation used available information about the relevance and performance (i.e., achievement of expected outcomes, as well as economy and efficiency) of each pan-Canadian health organization (PCHO) over the 2014-15 to 2017-18 period. Main sources of evidence for this evaluation included the following (see Appendix A for a detailed list):

- *Evaluations of individual PCHOs:* Since the 2014 synthesis evaluation, every PCHO except two has commissioned their own evaluation of their relevance and performance (referred to as recipient-led evaluation in this synthesis evaluation). A number of these recipient-led evaluations were approved by Health Canada and posted on the Government of Canada website. The two exceptions were CFHI, which completed its last recipient-led evaluation in 2014, and the MHCC, which was evaluated as part of the horizontal evaluation of mental health and mental illness activities of Health Canada and the Public Health Agency of Canada for the period from 2010-11 to 2014-15. All these evaluations, except the 2014 recipient-led evaluation of CFHI, were used as a source of evidence for this synthesis evaluation.
- *Annual reports on activities and outcomes:* Considering that most recipient-led evaluations did not cover the full period of this synthesis evaluation (2014-15 to 2017-18), annual reports produced by the PCHOs on their activities, outputs, and outcomes were used to complement the recipient-led evaluations. This synthesis evaluation incorporated annual reports produced following the completion of the most recent recipient-led evaluation, up to the most recent year available (2016-17, since the annual report for 2017-18 was not available for most organizations at the time of preparing this synthesis evaluation).
- *2018 external review:* This review was launched by the Minister of Health to explore the future role of PCHOs in light of the critical challenges and priorities facing the health system.<sup>2</sup> The objective was to look forward and examine how the current suite of PCHOs is positioned to address future challenges to the Canadian health system. It was based on consultation with the PCHOs, national Indigenous organization representatives, industry leaders, academic experts, other stakeholders, and senior government officials from across the country, as well as examination of the latest literature and results from commissioned research. It also integrated views expressed in written submissions from organizations and individuals across Canada.

The synthesis evaluation examined the evaluation questions listed in the following table.

**Table 2: Evaluation Questions Addressed in this Synthesis Evaluation**

<b>Core Issue</b>	<b>Evaluation Question</b>
<b>Issue #1:</b> Continued Need for the Program	1.1 To what extent does each PCHO address a continued need?
<b>Issue #2:</b> Alignment with Government Priorities	2.1 To what extent does each PCHO align with Government of Canada and Health Canada priorities?
<b>Issue #3:</b> Alignment with Federal Roles and Responsibilities	3.1 Are the PCHO's objectives aligned with the federal and departmental roles and responsibilities?
<b>Issue #4:</b> Achievement of Expected Outcomes (Effectiveness)	4.1 To what extent has each PCHO achieved its expected outcomes?
<b>Issue #5:</b> Demonstration of Economy and Efficiency	5.1 Has each PCHO undertaken its activities in the most economical and efficient manner?

## 3.2 Limitations and Mitigation Strategies

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

**Table 3: Limitations and Mitigation Strategies**

<b>Limitation</b>	<b>Impact</b>	<b>Mitigation Strategy</b>
Reliance on secondary data as the main source of information.	There were inconsistencies in the data available in terms of issues and questions examined, period covered, and organizations examined.	Multiple sources of information (e.g., PCHO-led evaluations, annual reports, external reviews) were summarized together to obtain the most comprehensive assessment possible of a PCHO's relevance and performance.
Available information pertains mainly to each PCHO separately. Very limited information was available on the suite of PCHOs as a whole.	Difficulty in generating conclusions on the suite of PCHOs.	Conclusions were formulated based on individual PCHO relevance and performance. Where possible, information on each PCHO was analysed and summarized to provide conclusions on the suite as a whole.
The absence of output or outcome-specific financial data limited the ability to assess resource utilization.	Information on efficiency varied greatly for each PCHO in terms of issues examined and period examined.	This synthesis evaluation did not provide general conclusions on PCHO efficiency, but rather discussed examples of efficient practices put in place by each PCHO.

Limitation	Impact	Mitigation Strategy
The most recent source of evidence available on performance was the annual report on activities and outcomes submitted by the PCHOs to Health Canada. These reports mainly discussed activities and outputs instead of discussing outcomes.	Recent information on outcomes achieved by the PCHOs was limited.	This synthesis evaluation used the recipient-led evaluations as the main source of evidence on achievement of outcomes and complemented this information with relevant examples of activities documented in recent annual reports.

## 4.0 Findings

### 4.1 Relevance of PCHOs

#### 4.1.1 Alignment with Federal Roles and Responsibilities

##### **PCHO mandates aligned with federal roles and responsibilities.**

Under the *Department of Health Act* (S.C. 1996, c.8), the Minister of Health has a mandate to promote the health of Canadians and protect Canadians against health risks, including:

- The promotion and preservation of the physical, mental, and social well-being of the people of Canada;
- The protection of the people of Canada against risks to health;
- The establishment and control of safety standards and safety information requirements for consumer products and for products intended for use in the workplace;
- The collection, analysis, interpretation, publication, and distribution of information relating to public health; and
- The cooperation of provincial authorities, with a focus on the coordination of efforts for preserving and improving public health.

The recipient-led evaluations generally concluded that the PCHOs' mandates and activities were consistent with federal roles and responsibilities and, in particular, with Health Canada's mandate under the *Department of Health Act*.

#### **4.1.2 Alignment with Government of Canada and Health Canada Priorities**

**The PCHO mandates were aligned with recent priorities set out by the Government of Canada and Health Canada. However, there is room to clarify the purpose and priorities set by and for those organizations.**

Recent priority-setting documents, such as ministerial mandate letters and federal budgets, demonstrated that the mandates of the PCHOs were generally aligned with Health Canada and Government of Canada priorities. For example, priorities identified in the 2017 Minister of Health Mandate Letter<sup>3</sup> included advancing pan-Canadian collaboration on health innovation to encourage the adoption of digital health technology and working with substance use experts to ensure that responses to the opioid crisis are robust, well-coordinated, and effective. These priorities were related to the mandate and activities of Infoway and CCSA.

Budget 2018<sup>4</sup> proposed additional funding to MHCC to help assess the impact of cannabis use on the mental health of Canadians, and to CCSA to support research on cannabis use in Canada. Budget 2017<sup>5</sup> proposed investments in CADTH, CIHI, Infoway, and CFHI, while Budget 2016 proposed investments in CPAC.<sup>6</sup>

While available evidence and recipient-led evaluations demonstrated that the mandate of each PCHO was aligned with Government of Canada and Health Canada priorities, the 2018 external review commissioned by the Minister of Health identified that the suite of PCHOs did not always have a clear purpose and function overall. It noted that each organization tended to set priorities in isolation from each other. Also, the review suggested clarifying the purposes of CIHI, Infoway, and CADTH to ensure their work remains on course.<sup>7</sup>

In addition, the review documented a lack of overall strategic policy direction from Health Canada to the suite of PCHOs. This was seen as contributing to an insufficient focus by the PCHOs on issues aligned with Government of Canada priorities.<sup>8</sup> Of note, the previous synthesis evaluation completed in 2014 noted a similar need on the part of Health Canada to improve clarity in departmental expectations regarding the appropriate role and approach for encouraging the alignment of the PCHOs' strategic direction and activities with federal priorities. While some actions to address this issue were taken following the completion of the previous synthesis evaluation, the findings from the external review indicate that more progress remains to be made in this area.

### 4.1.3 Continued Need of the PCHOs suite

**Both the recipient-led evaluations and the external review generally acknowledged that the broad issues addressed by most PCHOs represent areas where there is still a need to make progress in order to improve the health system. However, the system has evolved since the creation of PCHOs and, as noted in the external review, this suite of organizations would also need to evolve to meet the future needs of the system.**

The recipient-led evaluations, which took a retrospective look at the PCHOs' mandates and activities, generally concluded that each PCHO continued to address a need within the Canadian health care system. For example, they reported a continued need for:

- CCSA to take action to address substance abuse, such as alcohol and opioids, and related harms;
- CIHI to provide comparable health information across provinces and territories, and pertaining to the full spectrum of care;
- Infoway to support a national, multi-jurisdictional approach to eHealth in Canada;
- CPSI to address patient safety in Canada, as persistent rates of harm justify an ongoing focus on patient safety within Canada's health care system; and
- CPAC to provide a sustained and coordinated effort in transforming and improving the cancer control system across Canada.

However, based on a forward-looking perspective, the external review noted that the current suite may not be able to address the needs of the health system in the future. In particular, it noted that at both the individual and collective levels, the roles and responsibilities of PCHOs were not clear and not necessarily well aligned to the vulnerabilities of the health system.<sup>9</sup> These vulnerabilities include: issues related to fragmented and inadequate pharmaceutical policy, the need for robust health data governance and digital infrastructure, the desire to scale up successful health innovations, the need to modernize the suite of publicly funded services to promote equity, the critical importance of strong primary care systems across the country, the need for more meaningful patient and public engagement in health care, and the imperative of working in partnership with Indigenous organizations and communities to improve Indigenous health outcomes.<sup>10</sup> When looking at each organization individually, the external review identified that the level of relevance varied across PCHOs and recommended phasing out some organizations and refocussing the scope of others.

## 4.2 Achievement of Expected Outcomes

### 4.2.1 Overall Findings on Achievement of Outcomes

**There was some evidence available to demonstrate that PCHOs have generally made progress in achieving their expected outcomes. However, there are opportunities to improve both performance data and evaluative information on the achievement of these outcomes.**

Each PCHO pursues different objectives and has its own set of expected outcomes, but these generally consist of the following common elements:

- Improving knowledge through the creation and dissemination of knowledge products and uptake of those products;
- Increasing awareness and understanding of health care issues and evidence based-information;
- Increasing collaboration and coordination across a different range of partners; and
- Improving decision making, policies, and practices.

In general, the evidence derived from recipient-led evaluations and annual reports demonstrated that PCHOs made progress towards achieving their outcomes. Key examples of this progress, as identified from both the recipient evaluations and the annual reports, include:

- CCSA has improved the coordination of action in the field of substance abuse and, more recently, it helped organize a conference and a summit drawing together experts, government representatives, and other stakeholders to confront opioid use in Canada.
- CADTH has improved its collaboration with stakeholders and demonstrated leadership in identifying drug and non-drug topics of importance for customers through broad consultations. The 2016-17 annual report mentioned that use of wireless devices in hospital settings has helped inform policies outlining how mobile devices can be safely used in a primary care setting.
- CIHI has led the development of data infrastructure and paved the way for the introduction of activity-based funding and of other applications that provide evidence to support system improvements within and outside hospital settings. The evaluation noted the emerging impact of CIHI's contributions to the overall body of knowledge that supports decision making in the health care system. For example, in 2014-15, CIHI data supported a standing committee's work on eating disorders in women and girls.
- The annual reports produced for 2014-15 to 2016-17 highlighted CFHI achievements and projects that have contributed to reducing the readmission rate for patients with chronic obstructive pulmonary disease and reducing use of antipsychotic medication in long-term care.



- Infoway has made progress towards increasing the availability and use of electronic health and medical records. The recipient-led evaluation provided evidence that using electronic medical records has resulted in reduced risks of duplication and improved productivity and quality of services.
- CPSI's work has increasingly informed patient safety curricula across health disciplines and many survey respondents reported making changes to organizational practices as a result of CPSI resources. The evaluation found several examples of policies, standards, and requirements of professional associations and accreditation bodies that were informed by patient safety evidence.
- The recipient-led evaluation provided evidence of CPAC's contribution to several collaborative projects. For example, it played a critical role in facilitating the development of the First Nations, Inuit and Métis Action Plan on Cancer Control to improve the continuity of care for these communities. This conclusion was echoed in the external review, which stated that, due to CPAC's work, the cancer community in Canada has developed a network of strong collaborations. This network of mature cancer agencies across the country has the capacity to support the shared goal of providing world-class cancer prevention, care, and survivorship.<sup>11</sup>
- MHCC's Mental Health Strategy for Canada has assisted in advancing key priorities related to mental health and mental illness. More recently, the implementation of the National Standard of Canada for Psychological Health and Safety in the Workplace in various Canadian organizations has contributed to improvements in mental health promotion and prevention of psychological harm at work.

There were, however, some areas for improvement identified in the recipient-led evaluations. One pertained to awareness of PCHOs' products and work. For example, it was noted that the level of awareness of CCSA and CADTH was not consistent across products or stakeholder groups. Another area pertained to coordination. For instance, the CIHI evaluation indicated that its stakeholder engagement processes could be strengthened through more clearly defined areas of strategic focus and greater central coordination of priority engagement activities.

The most frequent challenge identified in the recipient-led evaluations was the lack of available evidence to demonstrate the achievement of outcomes, especially in relation to improving practices and supporting decision making and policies. The 2014 synthesis evaluation had raised a similar concern about gaps in available evidence on achievement of long-term outcomes. Considering that many recipient-led evaluations completed since then have faced the same challenges, it appears that only limited progress was made over the past four years to improve information available on longer-term outcomes. On a related note, both the external review and the evaluation team, through their review of annual reports, concluded that evaluative evidence on PCHO performance tended to focus more on process metrics than outcomes of activities.<sup>12</sup> The lack of focus on collecting data pertaining to changes resulting from PCHO activities certainly contributed to the difficulty in evaluating achievement of long-term outcomes.



## 4.3 Demonstration of Economy and Efficiency

### 4.3.1 PCHO Budget and Share of Health Canada Transfer Payments

**PCHOs do not have diversified sources of funding.**

Table 4 presents data from the external review on the proportion of PCHO budgets funded by the Government of Canada. As indicated in this table, PCHOs did not have diversified sources of funding and only three received less than 93% of their budget from the Government of Canada. While a breakdown of federal sources of funding was not available, a comparison of this information with data provided in Health Canada's 2016-17 Departmental Results Report indicated that the major part of the federal contribution was from Health Canada. As documented in the external review, other sources of revenue for the PCHOs included provincial and territorial contributions, user fees, and donations.

Notably, the recipient-led evaluations of CCSA and CPSI identified a need for these organizations to diversify their sources of funding.

**Table 4: Share of Government of Canada Transfer Payments to PCHO Annual Budget**

Pan-Canadian Organization	Proportion of Budget Funded by the Government of Canada (2017-18)
CCSA*	94%
CADTH	58%
CIHI	75%
CFHI	98%
Infoway	100%
CPSI	93%
CPAC	99%
MHCC	73%

\*2016-17 data

Source: 2018 External Review

### 4.3.2 Efficiency of the PCHOs

**PCHOs have put in place measures to increase their efficiency. However there were noted areas for improvement around reducing duplication and clarifying the role, priorities, and strategic direction of some PCHOs in order to improve their efficiency.**

As noted in the recipient-led evaluations, PCHOs have put in place different measures over the last four years to increase their efficiency. Key examples include:

- Leveraging resources and expertise (CCSA and CPSI);
- Consulting with stakeholders to identify priorities (CCSA);
- Improving governance and reporting structure (CADTH);

- Using technology to streamline processes or increase efficiency of activities (e.g., CIHI streamlined data gathering with the implementation of 100% electronic data submissions and CPSI increased the number of staff working virtually, along with downsizing offices);
- Putting in place strategic partnerships which helped CFHI to amplify its impact;
- Using a cost-sharing investment model with partners (Infoway); and
- Sharing information and materials, thus eliminating or reducing the duplication of efforts across jurisdictions to recreate them. (CPAC).

Although progress was made to increase PCHO efficiency, both the external review and the recipient-led evaluations identified various areas for further improvements. The external review found that many PCHO functions and activities overlapped and duplicated those of other organizations across the suite, the public service, and the health sector.<sup>13</sup> These findings echoed the 2015 Advisory Panel on Healthcare Innovation.

Moreover, the recipient-led evaluations documented a need for some organizations to:

- 1) Clarify roles and responsibilities (i.e., CCSA could clarify its role in the substance abuse landscape);
- 2) Improve priority setting (i.e., stakeholders recommended that CPSI focus on a few well-defined priorities in order to achieve greater impact); and
- 3) Improve strategic direction (i.e., CADTH's ability to provide economic value to its customers could be enhanced with improvements to strategic direction setting).

In regard to priority setting and strategic direction, the external review noted that, although most PCHOs conduct broad consultation exercises every few years with their stakeholders in order to set future priorities, the quality of their priority setting can be highly variable. The review also mentioned that the translation of priorities into concrete work plans with meaningful success metrics differed across different organizations.<sup>14</sup>

## 5.0 Conclusions and Recommendations

### Relevance

The available evidence provided a mixed assessment of the alignment of PCHO mandates with Government of Canada priorities. On the one hand, the 2017 Minister of Health Mandate Letter, as well as Budgets 2016 to 2018, have included a range of priorities that were related to the mandates of most PCHOs. On the other hand, the 2018 external review noted insufficient alignment of issues addressed by PCHOs with government priorities, and partly attributed this to a lack of strategic direction from Health Canada, an issue that was also noted in the 2014 synthesis evaluation. Moreover, the external review reported that PCHO governance did not always have a clear purpose and that PCHOs have set their priorities in isolation from each other.

Both the recipient-led evaluations and the external review generally acknowledged that the broad issues (e.g., mental health) addressed by most organizations represented areas where more progress is needed in order to improve the health system. However, as explained in the external review, PCHO structures, mandates, and resources would need to be revised in order to allow the suite to address future needs of the system.

### **Achievement of Outcomes**

In general, the recipient-led evaluations and annual reports demonstrated that PCHOs made progress towards achieving their expected outcomes, but many evaluations have noted a gap in available evidence to demonstrate achievement of longer-term outcomes, especially PCHOs' impact on improving decision making, policies, or practices. Considering that the 2014 synthesis evaluation had raised this issue, it seems that very limited progress has been made over the past four years in terms of improving available performance information on longer-term outcomes.

### **Economy and Efficiency**

PCHOs do not have diversified sources of funding. In terms of efficiency, evidence from the external review and recipient-led evaluations pointed to a need to clarify roles, responsibilities, and the strategic direction of those organizations and their priority setting, in order to improve efficiency.

### **Conclusion and Recommendations**

The external review published in March 2018 presented 10 recommendations on possible directions for the PCHO suite which address areas for improvements noted in this synthesis evaluation, as well as other issues. It was decided not to include additional recommendations in this synthesis evaluation, as Health Canada was working on providing a response to the external review at the time of writing this report.

## Appendix A – Documents Included in the Synthesis Evaluation

Pan-Canadian Health Organizations	External Review Commissioned by Health Minister		Recipient-Led Evaluation		Year of Annual Reports <sup>a</sup>
	Title and Link	Period covered	Title and Link to the Recipient-led Evaluation	Period covered	
<b>Canada Health Infoway</b>	Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. Retrieved July 2018: <a href="https://www.infoway-inforoute.ca/en/component/edocman/3519-march-2018-independent-performance-evaluation-executive-summary/view-document?Itemid=0">https://www.infoway-inforoute.ca/en/component/edocman/3519-march-2018-independent-performance-evaluation-executive-summary/view-document?Itemid=0</a>	Current period and forward-looking scope	March 2018 Independent Performance Evaluation, Canada Health Infoway Retrieved July 2018: <a href="https://www.infoway-inforoute.ca/en/component/edocman/3519-march-2018-independent-performance-evaluation-executive-summary/view-document?Itemid=0">https://www.infoway-inforoute.ca/en/component/edocman/3519-march-2018-independent-performance-evaluation-executive-summary/view-document?Itemid=0</a>	December 1, 2012 to November 30, 2017	n/a
<b>Canadian Institute for Health Information (CIHI)</b>	Retrieved July 2018: <a href="https://www.canada.ca/content/dam/hc-sc/documents/services/health-care-system/reports-publications/health-care-system/findings-recommendations-external-review-pan-canadian-health-organization/findings-recommendations-external-review-pan-canadian-health-organization.pdf">https://www.canada.ca/content/dam/hc-sc/documents/services/health-care-system/reports-publications/health-care-system/findings-recommendations-external-review-pan-canadian-health-organization/findings-recommendations-external-review-pan-canadian-health-organization.pdf</a>		Evaluation of the Health Information Initiative 2012-13 to 2014-15. Government of Canada. Retrieved July 2018: <a href="https://www.canada.ca/en/health-canada/corporate/about-health-canada/accountability-performance-financial-reporting/evaluation-reports/evaluation-health-information-initiative-2012-2013-2014-2015.htm">https://www.canada.ca/en/health-canada/corporate/about-health-canada/accountability-performance-financial-reporting/evaluation-reports/evaluation-health-information-initiative-2012-2013-2014-2015.htm</a>	2012-13 to July 2014	2014-15 2015-16 2016-17
<b>Canadian Center on Substance Use and Addiction (CCSA)</b>			Evaluation of the Canadian Centre on Substance Abuse's Named Grant Activities 2011-2012 to 2014-2015. Retrieved July 2018: <a href="https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2011-2012-2014-2015-canadian-centre-substance-abuse-named-grant-activities.html">https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2011-2012-2014-2015-canadian-centre-substance-abuse-named-grant-activities.html</a>	2011–12 to 2014–15	2015-16 2016-17
<b>Mental Health Commission of Canada (MHCC)</b>			Evaluation of Mental Health and Mental Illness Activities of Health Canada and the Public Health Agency of Canada March 2010-2011 to 2014-2015. Government of Canada. Retrieved July 2018: <a href="https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2010-2011-">https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2010-2011-</a>	2010-11 to 2014-15	2015-16 2016-17

			<a href="https://www.canada.ca/en/health-canada/public-health-agency-canada.html?_ga=2.238415488.1804216069.1531747973-1931464712.1507731398">2014-2015-mental-health-mental-illness-activities-health-canada-public-health-agency-canada.html?_ga=2.238415488.1804216069.1531747973-1931464712.1507731398</a>		
<b>Canadian Agency for Drugs and Technologies in Health (CADTH)</b>			Evaluation of the Canadian Agency for Drugs and Technologies in Health Activities 2012-2013 to 2015-2016. Retrieved July 2018: <a href="https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2012-2013-2015-2016-canadian-agency-drugs-technologies.html">https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/2012-2013-2015-2016-canadian-agency-drugs-technologies.html</a>	2012-13 to 2015-16	2016-17
<b>Canadian Partnership Against Cancer (CPAC)</b>			Evaluation of the Canadian Partnership Against Cancer Activities 2012-2013 to 2015-2016. Retrieved July 2018: <a href="https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2012-2013-2015-2016-canadian-partnership-against-cancer-activities.html">https://www.canada.ca/en/public-health/corporate/transparency/corporate-management-reporting/evaluation/2012-2013-2015-2016-canadian-partnership-against-cancer-activities.html</a>	2012-13 to 2015-16	2016-17
<b>Canadian Patient Safety Institute (CPSI)</b>			Evaluation of the Canadian Patient Safety Institute Activities 2013-2014 to 2016-2017. Retrieved July 2018: <a href="https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/canadian-patient-safety-institute-activities-2013-2014-2016-2017.html">https://www.canada.ca/en/health-canada/corporate/transparency/corporate-management-reporting/evaluation/canadian-patient-safety-institute-activities-2013-2014-2016-2017.html</a>	2013-14 to 2016-17	N/a
<b>Canadian Foundation for Healthcare Improvement (CFHI)**</b>			Five-Year Evaluation of the Canadian Foundation for Healthcare Improvement Retrieved July 2018. <a href="https://www.cfhi-fcass.ca/sf-docs/default-source/reports/cfhi--five-year-evaluation-e.pdf?sfvrsn=790df44_2">https://www.cfhi-fcass.ca/sf-docs/default-source/reports/cfhi--five-year-evaluation-e.pdf?sfvrsn=790df44_2</a>	April 1, 2009 to March 31, 2014b	2014-15 2015-16 2016-17-

\*The most recent annual report is usually available on each PCHO's website. Reports for 2017-18 were not available for every PCHO.

<sup>b</sup>The CFHI recipient-led evaluation was not used as it was completed before the period examined in the synthesis evaluation.

## Endnotes

- <sup>1</sup> Health Canada. (2014). Synthesis Evaluation of Transfer Payments to Pan-Canadian Organizations 2008-2009 to 2012-2013. Government of Canada. Retrieved July 2018:  
<https://www.canada.ca/en/health-canada/corporate/about-health-canada/accountability-performance-financial-reporting/evaluation-reports/synthesis-evaluation-transfer-payments-canadian-organizations-2008-2009-2012-2013.html>
- <sup>2</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada.
- <sup>3</sup> Minister of Health Mandate Letter (2017). Prime Minister of Canada. Retrieved July 2018:  
<https://pm.gc.ca/eng/minister-health-mandate-letter>
- <sup>4</sup> Department of Finance Canada. (2018). Budget 2018. Retrieved in July 2018:  
<https://www.budget.gc.ca/2018/home-accueil-en.html>
- <sup>5</sup> Department of Finance Canada. (2017). Budget 2017. Retrieved in July 2018:  
<https://www.budget.gc.ca/2017/docs/plan/budget-2017-en.pdf>
- <sup>6</sup> Department of Finance Canada. (2016). Budget 2016. Retrieved in July 2018:  
<https://www.budget.gc.ca/2016/docs/plan/budget2016-en.pdf>
- <sup>7</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. p. 92
- <sup>8</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. 78.
- <sup>9</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. 80.
- <sup>10</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. p. ix.
- <sup>11</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. p. xiv
- <sup>12</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. p. 74
- <sup>13</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. p.72
- <sup>14</sup> Forest, P.G. and Martin, D. (2018). Fit for Purpose: Findings and Recommendations of the External Review of the Pan-Canadian Health Organizations. Summary Report. Government of Canada. p. 73