Evaluation of the Weeneebayko Area Health Integration Framework Agreement (WAHIFA)

Performance Scorecard

Prepared For:

Health Canada

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A. PURPOSE OF THE EVALUATION

The Weeneebayko Area Health Integration Framework Agreement (WAHIFA) was signed by Health Canada, the Ontario Ministry of Health and Long Term Care (MOHLTC) and five First Nations communities located in James Bay Coastal communities in 2007 to better integrate federal and provincial health care services in the region. The activities of the WAHIFA are implemented by the Weeneebayko Area Health Authority (WAHA), which was created in October 2010. WAHA provides a range of health care and related services and programming for about 12,000 residents in seven James Bay Coastal communities.

This evaluation fulfils a requirement stipulated in the WAHIFA, which requires the parties to evaluate the implementation of the agreement and the effectiveness of the integration every five years. The objective of the evaluation is to determine if the integration is achieving its objectives and goals, identify challenges and recommend areas for improvement. The evaluation covers the activities of WAHIFA for the transition period from October 1, 2010 to March 31, 2015.

B. METHODOLOGY

The evaluation was conducted in three phases. The purpose of Phase I was to develop a detailed work plan which was then implemented in the subsequent phases. Phase II consisted of the following field research:

- An extensive review of the documents and files associated with WAHIFA and activities and programming delivered by WAHA;
- Interviews with 45 key informants including 28 representatives of WAHA, 6 staff members of Health Canada, 4 representatives of NE LHIN and MOHLTC, 3 community leaders such as chiefs and mayors and 4 external stakeholders;
- Site visits and community consultations involving focus groups in five of the seven WAHIFA communities, visits to health care facilities and service delivery locations and in-person interviews with service delivery staff and community representatives; and
- A literature review of similar initiatives implemented in Canada and interviews with representatives of such initiatives.

In Phase III, we conducted detailed data analysis to answer the evaluation questions and prepared a draft report of the evaluation findings, conclusions and recommendations.

C. PURPOSE OF THE ASSIGNMENT

The purpose of this assignment was to develop a performance scorecard to help WAHA to track the progress and alignment of future activities to WAHA's with the objectives and goals of the agreement, improve internal and external communications, and monitoring WAHA's performance against strategic goals. This document was developed based on the findings of the evaluation from all lines of evidence and reflects the progress in accomplishing each requirement and provision of the agreement. It will guide the activities of the WAHA to ensure all objectives and goals are aligned with the WAHIFA and accomplished on timely manner.

The following pages provide a performance scorecard to measure performance against WAHIFA's goals and objectives as well as to measure performance against various requirements and provisions of WAHIFA. The following rating categories have been used to measure the progress towards achieving the goals and objectives and various requirements and provisions of the WAHIFA:

	**No/little, progress:** The goal/objective or the requirement/provision of the WAHIFA has not been implemented or the progress has been minimal. Requires significant attention.
	**Some progress has been made but significant areas of concern remains:** Some progress have been made in achieving the goal/objective or implementing the requirements or provisions of the WAHIFA. However, further action is required.
	**Completed:** The WAHIFA goal/objective has been achieved or the requirement/provision has been fully/mostly implemented. No further action required.
	**The evaluation did not review.**

D. PERFORMANCE SCORECARD

Table 1: Performance against WAHIFA's Goals and Objectives

	Goal / Objective	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
1.	Enhance local control of the planning, management and delivery of the Health Care and Related Programs and Services in a manner that:	• Extent to which local control over services and programming has increased		Some progress has been made in enhancing the local control over health care in the region. WAHA is governed by a Board composed of 10 Directors appointed by signatory communities and four representatives of WAHA. The chiefs appoint the board, which gives them local control over the decisions at WAHA. However, the involvement of some First Nations board members in the decision making process is limited.	To be completed by WAHA
2.	Allows better coordination of federal and provincial programs and services;	• The level of coordination provincial and federal programs		Some progress has been made in increasing coordination of federal and provincial programs. In particular, two hospitals, federally run James Bay General Hospital (JBGH) and the federally run Weeneebayko General Hospital (WGH), have been amalgamated under WAHA, which has a single governance structure and management. This amalgamation has improved the coordination. However, both federal and provincial governments continue to fund many programs and services in the region with little coordination with WAHA. There is no common table or discussion board where the WAHIFA signatories come together to coordinate their activities and align programming. Interaction between the federal and provincial government over the programming is rare, ad hoc and depends on initiatives of individual staff members.	
	a. Recognizes the composition, needs and population health gaps of the residents of the Weeneebayko Area; and	• Extent to which the services provided by WAHA have been adjusted to reflect needs of communities.		WAHA has conducted several consultations and surveys with communities in recent years to learn about their needs and health priorities. WAHA has also recently joined Meditech to collect better patient information and benchmark service delivery indicators with peer hospitals. However, the surveillance and performance data on community needs is limited.	

Goal / Objective	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
b. Improves the quality, accessibility, delivery, effectiveness, efficiency and cultural appropriateness of Health Care and Related Programs and Services for the residents of the Weeneebayko Area;	• Improvements in the quality, accessibility, and cultural appropriateness of health care and related programs		Some progress has been made in improving the quality and accessibility of the health care in the region. WAHA has taken a number of actions to improve the health care such as creation of geriatrics clinics, dialysis clinics, a diabetes program, traditional healing program, training of personal support workers in the communities, public health initiatives (e.g., stray dogs), cancer screening, Cree translators, and cultural sensitivity training delivered to staff members. WAHA has also created a quality improvement department to constantly assess and improve the quality of its services and programming (e.g., through incident reporting and client and staff satisfaction surveys). However, the many of the new projects and initiatives have only recently been launched and their impact is uneven across the communities. Under pressure from funders, WAHA has been focused on balancing the budget and reducing the deficit, which has diverted focus from improving quality and accessibility of the services.	
3. Improve the utilization of health professionals, facilities and equipment from the federal and provincial systems, reduce duplication, and achieve gains in the efficiency of Health Care and Related Programs and Services;	• Improvements in utilization of the professionals, facilities and equipment		Some progress has been made in improving the utilization of staff and facilities. More centralized decision-making over staff members, facilities and equipment has helped to better coordinate and improve utilization. The major problems affecting utilization include deteriorating inventory (e.g., the hospital in Moose Factory was built in 1949 and constantly needs major capital improvements), high staff turnover, difficulties with staff recruitment, and inadequate resources for replacing old equipment. The progress on building a new hospital facility in the region has been slow.	
4. Promote the on-going sustainability of the Health Care and Related Programs and Services; and	• Actions to improve sustainability of the care in the region and factors that affect the sustainability		The sustainability of the regions' health care programs has been enhanced by merging the two hospitals' administration and management; however, the ongoing deficit is a major impediment.	

Goal / Objective	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
5. Provide new opportunities for excellence and innovation.	• New innovations, technologies and best practices implemented		Some progress has been made incorporating new technologies and best practices. Since the integration, WAHA has implemented several innovative approaches including use of the OTN (Ontario Telemedicine Network), which allows assessment and diagnosis of patients in remote communities from a distance; joining Meditech, which improved collection and reporting of patient data; and implementation of several innovative ideas such as geriatric clinics, and creation of quality improvement and discharge planning departments within the organization. Although these approaches have positively contributed, WAHA has been overwhelmed with the integration activities and numerous emergencies in the communities (e.g., oil spill in Attawapiskat hospital and fire in Moosonee), leaving little time for innovation. The ongoing deficit and lack of adequate funding have further hampered WAHA's ability to implement innovation.	

Table 2: Performance against Various Requirements and Provisions of WAHIFA

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
SECTION 3 – ESTABLISHMENT OF THE WEENEEBAYKO AREA HEALTH AUTHORITY (WAHA)					
3.1 Establishment of WAHA					
Ontario and the Communities shall undertake the necessary steps to seek establishment of WAHA pursuant to the Special Act.	3.1(1)	• Establishment of the WAHA		WAHA was incorporated on October 1, 2010 pursuant to subsection 4(1) of the Public Hospitals Act, R. S. O 1990 chapter P.40. However, the Special Act has not been implemented.	To be completed by WAHA
The parties intend that WAHA will, subject to and in accordance with applicable provincial and federal legislation and funding or other arrangements with Canada and Ontario:	3.1(2)	N/A	N/A	N/A	
Plan manage and deliver Health Care and Related Programs and Services to the residents of Weeneebayko Area, which historically have been served by James Bay General Hospital, The Weeneebayko General Hospital and the Federal Nursing Program;	3.1(2)(a)	• The success in delivering health care and related programs and services		Today WAHA operates 3 hospital facilities (WGH, Fort Albany Hospital (JBGH) and Attawatiskat Hospital (JBGH)) and one Health Center (Moosonee Health Center in Moosonee) and a range of other programming and services across the region. Emergency services (EMS) are provided to all communities except Peawanuck, which has its own EMS linked to ORNGE. However, resolutions are still pending from Kashechewan and Peawanuck to transfer nursing stations. In these communities, WAHA provides mental health, outreach/visiting services and NIHB services.	
Ensure its board and membership structures represent the Communities; and	3.1(2)(b)	• Representativeness of the board		The Corporation is governed by a Board composed of 10 Directors appointed by signatory communities and four representatives of WAHA including the Chief of Staff; the President of the Medical Staff; the Chief Executive Officer and the Chief Nursing Officer.	

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Ensure its program, services and facilities incorporate Aboriginal beliefs, values and practices such as traditional healing.	3.1(2)(c)	• Extent to which staff members can deliver culturally safe programming; • Incorporation of Aboriginal culture and art effects in WAHA facilities; • Existence of traditional healing program		WAHA is delivering a traditional healing program and its vision statement distinguishes the organization as a provider of quality health services that reflects the distinct needs of all peoples in the Weeneebayko region. However, the Aboriginal culture and believes are not reflected to an adequate level in WAHA operations and services. WAHA needs to enhance the orientation and training program for existing and new staff members to better understand First Nations culture and traditions and provide culturally safe services.	
Until such time as WAHA is established, the Communities shall take all steps reasonably necessary to work with the Steering Committee to advance the planned integration.	3.1(3)	Existence of WAHA		WAHA is established	
3.2 Initial Integration Activities					
The parties intend that the Health Care and Related Programs and Services currently delivered to the residents of the Weeneebayko Area by James Bay Hospital, WHA and the Federal Nursing Program be consolidated and planned, managed and delivered by WAHA following the steps described below:	3.2(1)	N/A	N/A	N/A	
The parties intend that the rights, obligations, assets and liabilities of the JBGH and WGH will be transferred to and assumed by WAHA. The parties intend that the transfer should take place by way of Special Act in respect to JBGH and by way of transfer agreement in respect to WHA.	3.2(1)(a)	• Transfer agreement • Special Act		All the rights, obligations, assets and liabilities of the JBGH and WGH have been transferred to and assumed by WAHA. However, the transfer was not implemented through a Special Act.	
Canada shall deliver a lease of the WGH to WAHA in accordance with Section 3.3.	3.2(1)(b)	• Lease		Was completed on October 1, 2010 by signing of a lease between Health Canada and WAHA.	

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
Canada shall transfer to WAHA, on or before the Canada Funding Date, any patient records in its possession that are health at WGH. For a period of 2 years following this transfer of records, WAHA shall, return any record(s) to Canada as required to comply with privacy and access to information laws in relation to such records. Canada will return such records to WAHA as soon as possible thereafter.	3.2(1)(c)	• Transfer of the patient records		All patient records in the possession of Health Canada have successful been transferred to WAHA on October 1, 2010.	
The Communities through the Steering Committee shall work with JBGH, WHA and WAHA to plan and to the extent appropriate address, in accordance with applicable collective agreements, any workforce adjustment issues of any affected employees of JBGH and WHA resulting from the transfers described above to WAHA.	3.2(1)(d)	• Signing of the new collective agreements		After more than 3 year of collective bargaining, mediation and arbitration, WAHA and the Ontario Nurses Association achieved a first round Collective Agreement between the parties in January 2014. The second collective agreement was signed in 2015. WAHA has also created one payroll system for all employees. WAHA converted numerous legacy hospital systems into one integrated hospital information system (Meditech) that is the standard system among the hospitals within the NE LHIN.	
The Communities intend that all gifts, trusts, bequests, devises and grants of property made to or intended for JBGH or WHA shall be deemed to be gifts, trusts, bequests, devises and grants of property to WAHA for the purpose of carrying out its objects, unless the gift, trust, bequest, devise or grant of property expressly provides otherwise.	3.2(1)(e)	• Transfer of all gifts, trusts, bequests, devises and grants to WAHA		All gifts, trusts, bequests, devises and grants of JBGH or WHA have been transferred to WAHA.	

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The parties intend that WAHA will attempt to implement the Integration with a view to minimizing potential tax effects on current or future corporate entities including JBGH, WHA and WAHA in accordance with applicable legislation. The parties acknowledge that responsibility to do so must remain with those corporations.	3.2(1)(f)	• Increased tax burden on WAHA as a result of the integration		The negotiations are underway to ensure the location of the new hospital provided by the town of the Moosonee will be designated as reserve land to ensure the tax implications does not negatively affect the work of WAHA.	
It is expected that WAHA will develop:	3.2(1)(g)	N/A	N/A	N/A	
A single governance framework, including governance structures, policies and practices reflecting good governance practices such as those identified in the Ontario Hospital Association's Guide to Good Governance; and	3.2(1)(g)(i)	• Creation of a single governance structure • Update of all policies and practices within the organization to fit to the new structure.		WAHA has created a single governance structure. WAHA has a Board consisting of 2 representatives from each community (Moosonee, Ft Albany, Attawapiskat, Kashechewan, MoCreebec, Peawanuk) plus the President & CEO, Chief of Staff, President of Medical Staff and VP Patient Care/Chief Nursing Executive. All policies and practices within the organization have also been adjusted to fit the new structure. However, some of the operational manuals, guides and other procedures within the organization still need to be updated.	
A single management structure and medical staff for its operations.	3.2(1)(g)(ii)	• Existence of a single management structure and staffing		The management structure and medical staff of the two previous hospitals have been consolidated under new governance structure. New collective agreements have been signed.	

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The parties intend that all Health Care and Related Programs and Services will be provided by WAHA in a manner that is respectful of the languages, cultures and spiritual beliefs of the individuals to be served. Ontario shall take such steps as are within its powers to exempt WAHA from regulatory provisions under the Health Promotion and Protection Act (Ontario) and any other provincial Act in order to permit WAHA to provide culturally appropriate care to members of the First Nations. Culturally appropriate care specifically includes provision of traditional First Nations foods.	3.2(2)	• Existence of culturally programming and employee training programs. • Steps by Ontario to exempt WAHA from regulatory provisions • Existence of Cree translators and staff • Capacity of the staff and management to work and build positive relations with First Nations people		WAHA has created a traditional healing program and hired Cree translators to ensure its services are respectful of the languages and cultures of the communities. However, the organization is not providing traditional foods. The government of Ontario has not passed a Special Act to exempt WAHA from certain regularly provisions. WAHA lacks robust employee orientation and training program to ensure staff members are able to provide culturally safe services. The facilities operated by WAHA lack Aboriginal culture and art effects to create welcoming environment. The number of Cree translators and Cree speaking staff employed by WAHA is not sufficient.	
WAHA may operate Health Care and Related Programs and Services and locate Health Care Infrastructure on lands constituting a Reserve, subject to applicable laws and Canada's and Ontario's usual requirements concerning Canada and Ontario-funded programs and services, including Ontario's Capital Planning Process where relevant.	3.2(3)			No information is available	
3.3 Lease of the WGH					
Canada will deliver to WAHA on or before 90 days after WAHA has been established, a lease for execution by WAHA of the WGH for purposes related to Health Care and Related Programs and Services ("Lease"). The Lease will be drafted to take effect 120 days after WAHA has been established, will be for a five year term, for nominal rent and will contain such other terms and conditionals as may be acceptable to Canada.	3.3(1)	• Signing of the lease		Was completed on October 1, 2010 by signing of a lease between Health Canada and WAHA.	
The Lease will be signed by Canada on or before the date it is to take effect provided that on or before that time:	3.3(2)	N/A	N/A	N/A	
the Lease is signed by WAHA;	3.3(2)(a)	• Signing of the lease		Was completed on October 1, 2010 by signing of a lease between Health Canada and WAHA. WAHA signed the lease.	

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Canada has carried out any consultations with, or undertaken any accommodation of any First Nation or First Nations that in the opinion of Canada is appropriate in the circumstance of the Lease;	3.3(2)(b)	• Signing of the lease		Was completed on October 1, 2010 by signing of a lease between Health Canada and WAHA.	
Subject to section 3.3(2)(d), WHA and WAHA have entered into a binding agreement transferring the assets, rights and obligations of WHA related to the WGH to WAHA; and	3.3(2)(c)	• Signing of the transfer agreement • Signing of the lease		Transfer agreement was signed between the signatories and all the rights, obligations, assets and liabilities of the JBGH and WGH have been transferred to and assumed by WAHA.	
WHA has surrendered to Canada, any leasehold interest it has, if any, or any other interest it may have, if any, in the WGH.	3.3(2)(d)	• Signing of the lease		No evidence of WAHA having leaseholds and surrendering to Canada.	
Canada's obligation to deliver the Lease is subject to all applicable law, including without limitation, the Canadian Environmental Assessment Act ("CEAA"). In relation to CEAA:	3.3(3)	N/A	N/A	N/A	
Canada has entered into a contribution agreement with WHA to fund WHA to undertake an environmental assessment of the proposed operation of the WGH by WAHA; and	3.3(3)(a)	• Signing of the lease		Was completed on October 1, 2010 by signing of a lease between Health Canada and WAHA.	
provided that the environmental assessment referred to in section 3.3(3)(a) and a report summarizing that assessment which complies with the requirements of CEAA is provided to Canada, Canada intends, within 60 days of receipt of that report, to make a determination under section 20 of the CEAA in relation to the granting of the Lease.	3.3(3)(b)	• Signing of the lease		Was completed on October 1, 2010 by signing of a lease between Health Canada and WAHA.	

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Canada will offer to renew the lease or enter into a new lease of the WGH from time to time if WAHA continues to require the WGH for purposes related to Health Care and Related Programs and Services and provided that WAHA is not in material breach of its obligations under the Lease or any funding or other agreements with Canada entered into pursuant to or in connection with this Agreement. Any renewal of the Lease or any new lease shall not have a term of more than 10 years. Canada shall not be obligated to grant any renewal of the Lease or enter into any new lease more than 15 years after the commencement of the term of the Lease.	3.4	• Renewal of the lease		The lease was renewed in 2015.	
SECTION 4 - TRANSITION PERIOD AND FUNDING					
4.1 Transition Period					
Canada will reallocate the current Federal Hospital Funding to certain nursing and community based health programs and services to be provided by WAHA in accordance with Section 6.1;	4.1(1)	• Reallocation of Federal Housing Fund to WAHA.		In contribution agreement 1100069 signed by WAHA and Health Canada, Federal Hospital Funding (certain cost for physician and nursing services, hospital administration, equipment, operations and maintenance) were allocated to WAHA at which time hospital operations funds were diverted to Primary Care nursing and Enhanced community based programs (beginning April 1, 2015)	
The parties intend that WAHA will work with Canada and Ontario (and the NELHIN, as applicable) to establish its annual consolidated operating budget, subject to funding arrangements set out in this Agreement;	4.1(2)	• Creation of the annual consolidated operating budget		WAHA has prepared consolidated operating budgets and financial statements that include all federally and provincially funded programs. However, according to results of the contribution agreement audit conducted in 2015, WAHA monitors its budget as whole, instead of managing on a program by program basis. The budget is developed for the entire Authority. That being said, all funds received are allocated throughout the activities that take place in the hospital, regardless of their program under the Health Canada agreement. Funding received from Health Canada should be allocated and monitored by program.	

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The parties intend that WAHA will work with Ontario and others (such as the NELHIN, Ontario Joint Policy and Planning Committee and Small Rural Northern Hospital Council) to improve the recognition of its remote, northern location within the hospital funding formula;	4.1(3)	• Creation of a funding formula that recognizes its remote, northern location		Although WAHA has received some funding "to support small and rural hospitals in Ontario" program and Ontario's 1% increase in small hospital funding, no specific funding formula was created to recognize WAHA's remote, northern location.	
The parties intend that WAHA will undertake all necessary activities, including planning activities, to integrate the operations of JBGH, WGH and Federal Nursing Program activities so as to merge their operations and/or activities into one organization; and	4.1(4)	• Activates undertaken to integrate the operations of the JBGH, WGH and Federal Nursing Program		The integration activities included creation of the single governance structure management systems, policies and procedures; and signing of new collective agreements. However, nursing stations at Kashechewan and Peawanuck have not been transferred to WAHA pending resolutions from the Band Councils.	
The parties intend that WAHA will, during the Transition Period commence work on its Strategic Infrastructure Development Plan, and will submit funding proposals to Canada and Ontario as more particularly set out in Section 5.1.	4.1(5)	• Preparation of the Strategic Infrastructure Development Plan		WAHA developed a Strategic Infrastructure Development Plan (2012) and submitted funding proposals to Canada and Ontario. The complete Stage 1 version of the new hospital proposal was received by Health Canada and the MOHTLC on October 13, 2013. Between August, 2007 and 2014, WAHA has submitted to MOHTLC capital requests for 6 projects.	
4.2 Funding for Initial Integration and Transition Activities					
The parties recognize that WAHA will incur costs in undertaking the initial Integration activities during the Transition Period ("Transition Costs"); which costs are expected to include:	4.2(1)	N/A	N/A	N/A	
Costs related to planning and implementation activities, including support for the development and implementation of WAHA's operations, including one set of practices, policies, procedures, protocols, reporting and	4.2(1)(a)	• Amount of transition cost incurred by WAHA vs. funds received from funders		Post-integration of the two hospitals, WAHA incurred estimated one-time costs of $14.5 million related to a number of extraordinary costs and integration expenses, which was much greater than the cost savings achieved	

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standards for information technology, human resources, health records, facilities management, materials management and similar matters; and		to support the transition.		from the integration. WAHA received an estimated $1.6 million from funders (2010/11, $822,300 from MOHTLC and $821,798 since 2010/2011 from Health Canada through Aboriginal health transition program) to cover cost of transition and managed obtain savings of $1.85 million from integrated administration of the hospitals. However, the costs incurred were much greater than the funding received or cost savings achieved.	
Costs related to the transfer or lease of assets from the JBGH, WHA and Canada to WAHA	4.2(1)(b)				
The parties intend that WAHA will apply for funding for the Transition Costs from all eligible federal and provincial funding sources, including any available federal and provincial Aboriginal health transition program funding.	4.2(2)				
Canada intends to contribute towards the Transition Costs through its "Aboriginal Health Transition Fund" program. Any available funding from this program or from any other applicable Canada transition funding sources, which is applied for by WAHA and approved by Canada shall be provided pursuant to contribution agreements to be entered into in accordance with 6.5.	4.2(3)				
Ontario intends to contribute toward transition cost provided that the transition cost that are funded by Ontario are approved by Ontario in accordance with the policy and process requirements of provincial funding sources including any available provincial Aboriginal health transition program funding.	4.2(4)				
SECTION 5 - STRATEGIC INFRASTRUCTURE DEVELOPMENT PLAN					
5.1 Strategic Infrastructure Development Plan					

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
The parties intend that the proposed members of the first board of directors of WAHA will begin the process of developing a strategic plan for Health Care Infrastructure ("Strategic Infrastructure Development Plan") for the Weeneebayko Area based on the master service plan (of September 2004) and the facilities review (of November 2004). The Strategic Infrastructure Development Plan is expected to be completed after WAHA is established and will be submitted for review and approval by WAHA's board of directors. The Strategic Infrastructure Development Plan is expected to: Provide for phased-in infrastructure development;	5.1(1) 5.1(1)(a)	• Strategic Infrastructure Development Plan • Building of new facilities in the region		WAHA has already prepared and submitted Strategic Infrastructure Development Plan and a Stage 1 Proposal to province. The proposal notes the essential redevelopment of the WGH facilities as the highest capital priority for WAHA to ensure continued availability of services to residents. The submission recommends that the WGH facility be rebuilt on a new site on the mainland in Moosonee and that a Health Centre similar to that currently located in Moosonee be established in Moose Factory. The Proposal began with a robust clinical and capital planning process undertaken in 2011-13. The pre-capital submission was completed in 2012. Part A Service Delivery Model was submitted in August 2013. The full Stage 1 proposal (Part A and Part B Service Support) was submitted in October 2013. WAHA received an endorsement letter in September 2013 from the NE LHIN and a revised letter from the NE LHIN Board endorsing the Program and Service elements outlined in the Stage 1 submission in September 2015. Stage One approval has not yet been granted by the Ontario Ministry of Health and Long Term Care and management reports that there appears to be no clear path for approval of this important redevelopment. Recently, Health Canada, the NE LHIN, the Ontario Ministry of Health and Long Term Care and WAHA agreed to establish a working group to develop timelines with key milestones for each stage that needs to be developed as well as a business case to outline the need for the new hospital. The Strategic Infrastructure Development Plan considers the development of improved facilities for the Kashechewan community a priority.	
Specify WAHA's priorities;	5.1(1)(b)				
Be guided by relationships with other providers, the priorities and needs of the residents of the WA, the availability of and access to resources; and	5.1(1)(c)				
Be based on the Ontario Capital Planning Process.	5.1(1)(d)				
The parties agree that the development of improved facilities for the Kashechewan community is a priority for the WAHA's Strategic Infrastructure Development Plan.	5.1(2)				
The parties agree that WAHA may submit for funding consideration by Canada and Ontario any proposed Health Care Infrastructure projects identified by the Strategic Infrastructure Development Plan.	5.1(3)				

SECTION 6 - CANADA FUNDING

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
6.1 Annual Contribution Commitment					
Canada currently provides WHA with approximately $12M per year of contribution funding towards the costs of operating the WGH, including certain costs related to physician and nursing services, hospital administration, equipment, operations and maintenance ("Federal Hospital Funding").	6.1(1)	N/A	N/A	N/A	
The parties agree that on the Canada Funding Date, the Federal Hospital Funding Agreement will be terminated and Canada shall offer to enter into a new contribution agreement with WAHA in accordance with section 6.5 for the amount of $12M per year. This contribution shall be for the matters set out in Section 6.1(5) and subject to adjustment as a result of any payments to Ontario made on behalf of WAHA under section 6.6(2). If the initial period of this contribution agreement only covers part of a federal fiscal year (April 1 to March 31), the funding amount for this initial period will be proportionately reduced.	6.1(2)				
Following the initial contribution agreement referred to in section 6.1(2), Canada shall offer to enter into further contribution agreements with WAHA in accordance with Section 6.5 in the amount of $12 million per year on an ongoing basis provided that WAHA is not in material breach of its obligations under any prior funding or other agreement with Canada entered into pursuant to or in connection with this Agreement. This contribution shall be for matters set out in section 6.1(5) and 6.1(6) and subject to adjustment as a result of any payments to Ontario made on behalf of WAHA under Section 6.6(2).	6.1(3)	• Singing of a contribution between WAHA and Health Canada		Health Canada signed a contribution agreement (CA ON1100069) with WAHA for $12 million per year. All terms and conditions of the contribution agreements met the requirements outlined in WAHIFA. In 2015, Health Canada and WAHA amended the existing contribution agreement.	
The "Canada Funding Date" means the date by which all the following have occurred:	6.1(4)				
120 days have elapsed since the establishment of WAHA;	6.1(4)(a)				

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
WAHA has provided evidence to Canada that it has in accordance with section 3.2(1)(a), entered into a binding agreement assuming the rights, obligations, assets and liabilities of WHA relating to WGH;	6.1(4)(b)				
WHA has taken all necessary steps to terminate, on consent with Canada, the contribution agreement for the Federal Hospital Funding; and Canada and WAHA have entered into a binding lease agreement in accordance with Section 3.3 and WAHA has taken possession of the premises	6.1(4)(c) 6.1(4)(d)				
Contribution agreement for the $12 Million Annual Contribution will, subject to any payments to Ontario made on behalf of WAHA under section 6.6(2), provided that the funding shall be used by WAHA for the following matters and based on the following funding ceilings and conditions: Funding for primary care nursing services currently funded by Ontario at the Attawapiskat site and the Fort Albany site of JBGH (up to $5 million per year);	6.1(5) 6.1(5)(a)				
Ingoing ancillary costs of family physician services (up to $1.5 million per year);	6.1(5)(b)				
Hospital operating funding during the Transition Period (up to $6.5 million per year);	6.1(5)(c)				
Funding for enhanced community health contribution programs available from FNIHB from time to time (up to $5.5 million per year); and	6.1(5)(d)				
Capital costs for new or improved Health Care Infrastructure in accordance with Section 6.6.	6.1(5)(e)				

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
For the purpose of further contribution agreements referred to in Section 6.1(3), Canada may adjust the list of funded programs or activities and their various funding ceilings and conditions set out in Sections 6.1(5)(a) through 6.1(5)(d) if necessary to meet new or evolving federal health programs, changes to those programs, as well as health needs identified by WAHA. Such adjustments may be affected by way of introducing new or varied terms to contribution agreements between Canada and WAHA and shall not require an amendment to this Agreement.	6.1(6)				
6.2 Funding Adjustments (Annual Contribution Commitment)					
The amount of $12 Million Annual Contribution is not intended to be subject to an annual adjustment.	6.2(1)	• Annual adjustments in contribution agreements		No annual adjustments were made in the contribution agreement over the period covered under the evaluation.	
There will be a review of Canada's annual contribution commitment under Section 6.1 every ten years following the Canada Funding Date.	6.2(2)	• A review of the contribution agreement		A review of the contribution agreement was conducted in 2015.	
6.3 Additional Funding					
WAHA shall be eligible to receive contributions from Canada in addition to the $12 Million Annual Contribution. Such additional contributions may include funding for the following programs, services, activities or costs where agreed to by Canada and WAHA:	6.3	N/A	N/A	N/A	
Transition Costs, in accordance with Section 4.2;	6.3(1)	• Amounts of funds received by WAHA to cover the cost of transition		WAHA received an estimated $1.6 million from funders (2010/11, $822,300 from MOHTLC and $821,798 since 2010/2011 from Health Canada through Aboriginal health transition program) to cover cost of transition. However, the amount was much smaller compared to one-time cost associated with the integration.	

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
The Federal Nursing Program, in accordance with Section 10;	6.3(2)	• Amounts of additional funding received to run the federal nursing program	◆	In contribution agreement 1100069, Federal Hospital Funding, certain costs for physician and nursing services, hospital administration, equipment, operations and maintenance were allocated to WAHA. However, there is no evidence that WAHA received additional funding to run the federal nursing program.	
The NIHB Program, in accordance with Section 8;	6.3(3)	• Amounts of additional funding received to run the NIHB program.	◆	WAHA is involved in providing some NIHB services (e.g., dental care, pharmacy, MS&E etc.) in accordance with the agreement. However, the administrative structure of the program was changed in 2013, which increased the involvement of Health Canada in service delivery.	
Health facility operations funding (including capital equipment purchases, operations and maintenance) for any nursing stations or health centers and support facilities in the Weeneebayko Area;	6.3(4)	• Amounts of additional funding received for health facility operations	◆	A recent assessment by Health Canada (2012) has identified costs over the next 25 years for deferred maintenance / life cycle investments of $82 million for the hospital and outbuildings. WAHA is involved in development of the new hospital in the region. A stage 1 Proposal submission prepared by WAHA addresses the essential redevelopment of the WGH facilities as the highest capital priority for WAHA to ensure continued availability of services to residents.	
CARC funding, in accordance with Section 6.7;	6.3(5)	• Amounts of additional funding received through CARC.	◆	WAHA participation in CARC is valid until August 31, 2020. WAHA has been able to receive some funding through CARC for its operations.	
Local or regional health programs and service supervision, coordination and support functions and any activities recognized by FNIHB as zone activities; and	6.3(6)		◇		
Any other new or expanded health contribution program introduced by Canada from time to time.	6.3(7)		◇		
6.4 Funding Adjustments (Additional Funding)					

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
WAHA will be eligible for any annual adjustments for additional funding programs described in Section 6.3 introduced by Canada from time to time in accordance with regional and National FNIHB contribution Policies.	6.4	N/A	N/A	N/A	
6.5 Funding Terms And Conditions					
Canada shall provide the $12 Million Annual Contribution and any additional funding agreed to by Canada and WAHA under Section 6.3 subject to and conditional upon contribution or transfer agreements to be entered into between Canada and WAHA. Such agreements may require a planning phase and shall require the development of a plan by WAHA to be approved by Canada. Contribution agreements shall be prepared in accordance with Canada's then-existing agreement formats and program terms and conditions as administered by the federal Department of Health, including funding conditions, funding levels (except where this agreement establishes funding levels) and eligible expenses guidelines. The parties acknowledge that Canada contribution agreements for health matters are based on an April 1 to March 31 fiscal year, contain a description of funded programs or services and typically carry a term of between one and five fiscal years.	6.5(1)	N/A	N/A	N/A	

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
Notwithstanding any other provision of this Agreement, or any funding agreement to implement Canada's obligations under this Agreement, is subject to there being a sufficient unencumbered balance of an appropriation made by the Parliament of Canada, which appropriation has to constitute lawful authority for making the said payment during the fiscal year in which the payment becomes due.	6.5(2)	N/A	N/A	N/A	
6.6 Canada Capital Funding					
Subject to the entry into one or more contribution agreements with WAHA, Canada shall provide funding equal to 45 percent of provincially approved Health Care Infrastructure project costs as determined under the Ontario Capital Planning Manual and 100 percent of non-shareable expenses provided such non-shareable expenses are approved by Canada and eligible for reimbursement under Canada's capital facilities funding authorities. Canada's contribution for new or improved Health Care Infrastructure shall be paid to or on behalf of WAHA from the portion of the $12 Million Annual Contribution to be dedicated to capital costs for Health Care Infrastructure under Section 6.1(5)(e) and paid subject to either Section 6.6(2) or 6.6(3).	6.6(1)	• Provision of the 45% approved Health Care Infrastructure project costs by either WAHA or Health Canada.		Contribution agreement between WAHA and Health Canada (CA ON1100069) indicated WAHA to set aside to cover the cost future capital infrastructure projects for provincially approved Health Care Infrastructure. In 2015 audit of the contribution agreement revealed that WAHA has not followed this commitment and has used $6.550 million (cumulative funding from October 1, 2010 to September 30, 2014) allocated by Health Canada for infrastructure improvement to support hospital operations. Consequently, in 2015, Health Canada and WAHA amended the existing contribution agreement to re-profile current future capital funding of $2 million to hospital operations in 2014/15 fiscal year and $1million for hospital operations in 2015/16 fiscal year. WAHA was required to set aside the budgeted $1 million in future capital funding for the 2015/16 fiscal year. Current estimated cost of the new hospital project is in excess of $500 million - the funds contemplated by Health	
Canada's 45 percent share and 100 percent of non-shareable costs, as described in Section 6.6(1) may, subject to Ontario's agreement, be flowed by Canada to Ontario	6.6(2)				

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
by way of contribution agreement. In this case, the amount of $12 Million Annual Contribution to be paid directly to WAHA will be reduced by the same amount. Such amounts will be held by Ontario, together with interest thereon, until such time as required by WAHA for the costs of Health Care Infrastructure, at which time the Canada amount shall be released by Ontario (with the Ontario contribution in relation to the 45 percent share). The full terms and conditions of the contribution agreement to flow such funding to Ontario, and for Ontario's management and release of that funding, shall be acceptable to Canada, Ontario and WAHA. The amount to be flowed to Ontario by Canada under this provision will be determined in accordance with the planning process to be undertaken by WAHA set out in Section 6.5.				Canada ($12M per year) will not cover the 45% share for the Federal Government if a $500 million project is to be approved.	
Canada's 45 percent and 100 percent shares described in Section 6.6(1) may, where such funding is for current Health Care Infrastructure projects and will be expended during the term of the contribution agreement under which it is paid, be flowed by Canada directly to WAHA pursuant to contribution agreements to be entered into between them in accordance with Section 6.5.	6.6(3)				
6.7 CARC					
WAHA may, subject to Section 6.7(2), participate in Canada's Capital Allocation Review Committee ("CARC") process for capital improvements and upgrades to health facilities in the Weeneebayko Area that are currently owned by Canada, such as the WGH, or which have been constructed or maintained in whole or in part with funding from Canada, such as nursing stations or health centres in the Weeneebayko Area.	6.7(1)	• Participation at CARC • Amount of funds received through CARC		WAHA participation in CARC and its membership is valid until August 31, 2020. A representative of WAHA goes to Ottawa regularly to participate at CARC meetings. WAHA has been able to receive some funding through CARC for its operations. The amount is unclear.	
CARC process and associated funding shall:	6.7(2)				

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
Be available for the WGH for a period of ten years following the execution of this Agreement, after which time funding for capital repairs, improvements and upgrades for these facilities will be paid pursuant to arrangements to be made between WAHA and Ontario;	6.7(2)(a)				
Not apply to new or replacement hospital facilities; and	6.7(2)(b)				
Not apply to those portions or percentages of any Health Care Infrastructure funded by Ontario (for greater certainty, portions or percentages paid by Ontario do not include any Canada funding held and released by Ontario under Section 6.6(2)).	6.7(2)(c)				
Any funding to be offered for capital upgrades and improvements agreed to by Canada and WAHA through CARC process will be offered by Canada pursuant to contribution agreements to be entered into in accordance with Section 6.5.	6.7(3)				
SECTION 7 - ONTARIO FUNDING					
7.1 General					
Ontario's obligations to fund WAHA under this Agreement are subject to:	7.1 (1)	N/A	N/A	N/A	
WAHA having complied with all planning, operating, reporting and other requirements of Ontario applicable to public hospitals in Ontario, including the Ontario Capital Planning Process; and	7.1 (1)(a)	• WAHA's compliance with requirements of Ontario		WAHA has been able to comply with most planning, operating, reporting and other requirements of Ontario. Operational Review conducted in 2015/16 has identified a list of areas where WAHA needs improved supports. The NELHIN funding of WAHA was initially delayed.	
The availability of an appropriation of the Legislature of Ontario for the fiscal year in which the payment is to be made by Ontario or the payment having been charged to an appropriation for a previous fiscal year.	7.1 (1)(b)	• Terms and conditions of Ontario Funding		The North East LHIN has an accountability agreement with WAHA. This sets out, among other things, the terms and conditions of funding. The LHIN negotiates an Accountability Agreement (HSAA) with the hospital on an annual basis.	

Agreement's Text	Clause #	Performance Measure	Rating	Supporting Evidence, New or Remaining Issues	Progress after 2015
Once established, it is intended that WAHA will prepare an integrated multi-year operating plan in accordance with Ontario's process and the Commitment to the Future of Medicare Act, 2004 (Ontario), with the goal of establishing a hospital accountability agreement between WAHA and Ontario or the NELHIN, as applicable.	7.1 (2)	• Existence of WAHA's multi-year operating plan		The North East LHIN has an accountability agreement with WAHA. This sets out, among other things, the terms and conditions of funding. The LHIN negotiates an Accountability Agreement (HSAA) with the hospital on an annual basis.	
7.2 Funding Commitment to WAHA					
For the purpose of this section, "Base Funding" shall mean the total of all approved annualized funding from Ontario for the fiscal year 2007/2008 to:	7.2 (1)	N/A	N/A	N/A	

James Bay General Hospital under its accountability agreement; and	7.2 (1)(a)			
WHA and Canada in respect of the Weeneebayko General Hospital.	7.2 (1)(b)			$3,931,800 in additional base funding (which was previously provided to Health Canada for the federally-funded James Bay General Hospital) was provided to the NE LHIN in September 2010. For the period of October 1, 2010 to March 31, 2011, the prorated base funding of $1,965,900 was provided. WAHA has received the following base funding allocations from the province: • 2011/2012 - $21,639,186 • 2012/2013 - $21,744,253 • 2013/2014 - $22,628,415
Subject to the Public Hospitals Act (Ontario), the Commitment to the Future of Medicare Act, 2004 (Ontario) and the Local Health System Integration Act, 2006 (Ontario), Ontario agrees to provide WAHA with funding in an amount not less than Base Funding on an annual basis.	7.2 (2)	• Amount of base funding provided by the province		
7.3 Adjustments To WAHA Funding				
Ontario will provide new operating funding to WAHA early in the Transition Period with a view to replacing the current federal funding of hospital operations as follows:	7.3 (1)			
$2.5 million annual increase to Base Funding starting in 2008/2009; and a further	7.3 (1)(a)	• Increase in WAHA funding from the province		The ministry provided $6 million in additional base funding to fulfill the Ontario funding commitment to WAHA under this section of the WAHIFA. For the period from October 1, 2010 to March 31, 2011, the pro-rated base funding amount of $3 million was provided. WAHA has received the following base increases since integration: • 2012 -2013 - 0.5% • 2013-2014 - 4.1%
$3.5 million annual increase to Base Funding starting in 2009/2010.	7.3 (1)(b)			
WAHA shall be eligible for annual adjustments in accordance with hospital and program operating adjustments made periodically by Ontario.	7.3 (2)			
WAHA shall be eligible for additional funding for new or expanded programs and services as is any other public hospital in Ontario.	7.3 (3)			No assessment was conducted
7.4 Ontario Capital Planning Process				
Ontario will provide funding up to 55 percent of project costs as determined by the Ontario Capital Planning Process for approved Health Care Infrastructure projects.	7.4 (1)	• Fulfillment of Ontario's contribution to capital planning process		WAHA is involved in development of the new hospital in the region. A stage 1 Proposal submission prepared by WAHA addresses the essential redevelopment of the WGH facilities (Main hospital in Moosonee and Ambulatory care hospital on Moose Factory Island) as the highest capital priority for WAHA to ensure continued availability of services to residents. Ministry staff are reviewing the Stage 1 submission but there is no progress on approvals.
Ontario will pay its capital contribution in instalments in accordance with Ontario's Capital Planning Manual.	7.4 (2)			

Ontario's capital funding obligations are subject to Canada funding its capital contribution in accordance with this Agreement.	7.4 (3)	• Fulfillment of Health Canada's contribution to capital planning process		Current estimated project cost is in excess of $500 million - the funds contemplated by Health Canada ($12M per year) will not cover the 45% share for the Federal Government if a $500 million project is to be approved.
7.5 Funding Commitment to the Weeneebayko Area				
In addition to any other Ontario funding commitments under this Agreement, Ontario commits to continue to provide annual funding for non-hospital based health services in the Weeneebayko Area in an amount that is not less than the total amount Ontario funded such services in the fiscal year 2006/2007 (Ontario).	7.5	• Funding of non-hospital based health services by Ontario		Ontario has been providing WAHA with funding to support non hospital based services. From 2010/2011 to 214/15, Ontario provided WAHA with a total $37.9 million for to implement specifically-funded Provincial programs. Examples of such programs include, $1.0 million in 2006/07 from the MOHLTC to support its community mental health program/s, $1.1 million from the NE LHIN in 2013/14 to support community mental health and problem gambling services.
SECTION 8 - NON-INSURED HEALTH BENEFITS (NIHB) PROGRAM				
Canada and the communities intend that WAHA will provide certain NIHB services currently provided by WHA (certain medical transportation, dental and audiology components) subject to contribution agreements to be entered into in accordance with Section 6.5.	8	• Implementation of the NIHB programming by WAHA.		WAHA is involved in providing some NIHB services (e.g., dental care, pharmacy, MS&E etc.) in accordance with the agreement. However, the administrative structure of the program was changed in 2013, which increased the involvement of Health Canada in service delivery. At present, the NIHB program is one of the biggest areas of dissatisfaction for all communities in the region, particularly the booking of medical appointments and arranging of medical transportation.
SECTION 9 - LONG-TERM CARE				
Ontario commits to work with the Communities, through WAHA, to determine the long-term care needs of the residents of the Weeneebayko Area. A special coordination process for long-term care should be put into place to work with the Communities to develop and strengthen the existing long-term care services in the Weeneebayko Area and to assist in their future development.	9	• Quality and availability of the long term care programming		Some progress has been made in the provision of long-term care services for the elderly. Care for the elderly (including the possibility of long-term care beds) is being considered as part of the new hospital development. In addition, since 2013, NE LHIN, together with WAHA and the Red Cross, has been delivering geriatric services that include needs assessment and the development of community elderly care plans, training of personal support workers and elderly support services. The lack of proper long-term care facilities and services to be one of the most critical issues in the region. Of the

				seven communities served by WAHA, 4 have access to some type of long-term care beds (or chronic care in Attawapiskat and Fort Albany). The situation in all other communities is very problematic. Elderly residents needing care have to be transported outside of their communities to live in long-term care facilities. This is very traumatizing for many elderly, especially residential schools survivors, who often do not see their families anymore. In many cases, the elderly refuse treatment and decide to die with their families rather than live in a long-term care facility. The elderly prefer to be treated and cared for within their own communities and with their own family members.
SECTION 10 - FEDERAL NURSING PROGRAM TRANSFER				
Canada and the Communities intend that WAHA will deliver the Federal Nursing Program, subject to transfer arrangements to be entered into in accordance with Section 6.5	10(1)	• Transfer of nursing program to WAHA		In contribution agreement 1100069 signed by WAHA and Health Canada, Federal Hospital Funding (certain cost for physician and nursing services, hospital administration, equipment, operations and maintenance) were allocated until March 31, 2015 at which time hospital operations funds were diverted to Primary Care nursing and Enhanced community based programs (beginning April 1, 2015). However, resolutions are still pending from Kashechewan and Peawanuck with respect to transfer of operating responsibility for their nursing stations. In these communities WAHA provides mental health, outreach/visiting services and NIHB services.
Canada commits to facilitate such transfer arrangements. Canada and the communities intend that WAHA will:	10(2)			
Undertake all necessary planning activities for this transfer and apply to Canada to undertake the necessary planning to prepare for this transfer; and	10(2)(a)			
Apply to Canada for funding to undertake the necessary planning to prepare for this transfer.	10(2)(b)			
Initial transfer funding levels for the Federal Nursing Program shall be in accordance with FNIHB nursing transfer policies and based on the full actual costs of the Federal Nursing Program at the date of transfer.	10(3)			

Transfer of the Federal Nursing Program will be conditional upon WAHA obtaining band council resolutions, permits and any other rights or authorizations as may be required to use and occupy nursing and/or other health facilities necessary for delivering the Federal Nursing Programs in the Communities.	10(4)			
SECTION 11 - PUBLIC HEALTH				
The parties acknowledge that a tri-party group, comprised of representatives of Canada and Ontario, has been established to report on opportunities for improving public health in Weeneebayko Area (the "Tri-Party Working Group").	11(1)			
To build on the work of the Tri-Party Working Group, the parties agree to continue to investigate and support the improvement of public health in the Weeneebayko Area by establishing a task force.	11(2)			
The task force will review the integration and improvement of public health care delivery in the Weeneebayko Area as part of a process separate from the Integration contemplated by this Agreement. As part of this work, the task force will include in its review, the final report of the Tri-Party Working Group.	11(3)	• Establishment of the tri-party group • Actions undertaken to investigate and support public health initiatives • Actions to improve the delivery of public health programming		In 2011, WAHA established a tri-party working group to examine regional public health service delivery, identify gaps in programming gaps, and develop a service model – a conceptual framework for strengthening public health in the Weeneebayko Area. The working group developed a work plan to guide public health programming in the region and introduced several public health projects such as an oral health dental hygiene pilot project and a dog control pilot project for the WAHA region. Some WAHA-implemented public health projects have resulted in positive impacts in the communities. In particular, the dog control pilot project is viewed by stakeholders as contributing to a reduced number of stray dogs in the communities. Nevertheless, WAHA-implemented public health activities are not systemic, are uncoordinated with other stakeholders in the region, and are not sufficient to address the needs of the communities. Most of the public health activities identified in the conceptual framework developed by WAHA are not being implemented. The region is also experiencing significant gaps in all areas of public health programming (e.g., community specific research and surveillance, mental health, chronic diseases, sexual health, food safety, rabies control, etc.). There is lack of coordination among the providers of the public health services, and lack of formally delegated authority to set priorities for public health services and programs.
The parties agree to review the results of the task force's work and to subject this work to community consultation.	11(4)			

SECTION 12 - DISCUSSION AND EVALUATIONS				
12.1 Annual Tri-Party Discussions				
Canada and Ontario will discuss the implementation of this Agreement, progress with Integration and issues or changes in the operating environment for WAHA with WAHA, and such other persons as may be agreed to from time to time, on an annual basis or at such other times as agreed.	12.1	The level of dialogue and discussion between the signatories		Although there has been some degree of communication between the signatories, the efforts have been not systemic, ad hoc and dependent on efforts by individual staff members. The lack of tri-party committee for regular discussion and guidance has been one of the most critical issues negatively affecting the success of the agreement.
12.2 Five-Year Evaluation				
The parties intend that WAHA, in consultation with Canada and Ontario, shall evaluate the implementation of this Agreement and the effectiveness of the integration every five years.	12.2(1)	• Evaluation of WAHIFA		This evaluation fulfills the commitment
The parties intend that WAHA will, as soon as practicable after it is established, establish and maintain such data collection and other measurement and reporting systems as may be reasonably necessary for future evaluations.	12.2(1)			Will be implemented once the evaluation is completed