

Collaboration on Strategic Health Initiatives

Arrangement Between

NEW ZEALAND MINISTRY OF HEALTH
as represented by the Director-General of Health

and

BRITISH COLUMBIA MINISTRY OF HEALTH
as represented by the Minister of Health

(Collectively, the “Participants”)



Ministry of
Health



WHEREAS the New Zealand Ministry of Health and the British Columbia Ministry of Health (the “Participants”) recognize the value of collaborating on key issues where there is a shared interest to learn from each other and to carry out joint developmental work. The Participants have decided to enter into an Arrangement to develop an exchange of information and innovations in support of quality health services in both jurisdictions;

AND WHEREAS the Participants acknowledge the similarities in population health needs, workforce challenges and the desire to achieve sustainable health care systems to maximize the health status of our respective populations;

THEREFORE the Participants have reached the following understandings:

A. GOALS:

This Arrangement is intended to:

1. Enhance and strengthen the exchange and sharing of information between the Participants.
2. Facilitate the sharing of experience related to:
 - a. best practices to ensure the sustainability of our health care systems; and
 - b. strategic policy and program information which can be used as models to inform the development and implementation of innovations in health policy, planning and service delivery.

B. STRATEGY:

The Participants jointly decide to:

1. Exchange and share information and strategies related to:
 - a. Health promotion and health care for indigenous populations in our respective jurisdictions;
 - b. Primary health care delivery;
 - c. Innovations in health promotion, prevention and health care services;
 - d. Health information and management technologies;
 - e. Timely access to services;
 - f. Quality and effectiveness of services;
 - g. Effective use of fiscal and human resources in our health systems; and
2. Encourage personnel exchanges between our two ministries and our health workforces on the matters in a. to g. above:

C. CONFIDENTIALITY:

Information exchanged and shared under this Arrangement may include non-public information exempt from public disclosure under the laws and regulations of both Participants. Information not intended for public dissemination is only to be shared according to the procedures and policies of the Participants, as permitted by their respective laws. Neither Participant may divulge confidential information without the consent of the other Participant, except where required to do so under the laws governing the Participants.

D. IMPLEMENTATION AND REPORTS TO MINISTERS OF HEALTH:

The Participants will appoint officials to coordinate and facilitate the activities in support of the strategies identified herein. These officials will commence discussions no later than one month from the date of signature of this Arrangement. The Participants will report progress, results, and recommendations to their respective Minister of Health or that Minister's designate at least twice annually.

E. REVIEW:

The goals expressed in this Arrangement may be met by each of the Participants developing separate processes and procedures. Where review of progress under the Arrangement suggests there may be benefits from working in different ways, the Participants may jointly decide to so this, on a case by case basis, to further the goals of the Arrangement.

F. DURATION AND PROCESS:

Cooperation under this Arrangement continues until terminated by either Participant, upon thirty days notification in writing to the other Participant. The Arrangement will be reviewed by the parties after five years to determine whether it should continue.

Signed in Victoria, British Columbia, this 29th day of May, 2008.

HONOURABLE GEORGE ABBOTT
MINISTER OF HEALTH
PROVINCE OF BRITISH COLUMBIA

STEPHEN McKERNAN
DIRECTOR-GENERAL OF HEALTH
for
HONOURABLE DAVID CUNLIFFE
MINISTER OF HEALTH
NEW ZEALAND