AUDITOR'S REPORT

To the Nunavut Minister of Health and Social Services

I have audited the 30 health indicators presented in the Government of Nunavut report on comparable health indicators of November 2004, as prepared by the Nunavut Department of Health and Social Services. The report is published pursuant to the 2003 First Ministers' Accord on Health Care Renewal, which builds on the 2000 First Ministers' Meeting Communiqué on Health. The Conference of Deputy Ministers of Health identified and defined 18 featured indicators required for reporting and an additional 52 optional non-featured indicators to be reported to Canadians. Reporting health indicators is the responsibility of the Government of Nunavut which has reported 10 featured and 20 non-featured indicators.

My responsibility is to express an opinion on the completeness, accuracy and adequacy of disclosure of the 30 health indicators presented in the 2004 Government of Nunavut comparable health indicators report, based on my audit. However, my responsibility does not extend to assessing the performance achieved by the Nunavut health care system, nor the relevance or sufficiency of the health indicators selected for reporting. My work on the analysis and discussion of the health indicators presented in this report was limited to reading such information to make sure that it was not inconsistent with the result of the audited indicators. I did not audit the territorial data for the 'incidence of chlamydia' indicator because the Government of Nunavut decided to report its own data rather than Health Canada data after I had completed my audit work. As well, my audit was limited to information related to the most recent year for which each indicator was reported.

Except as explained in the following paragraph, I conducted my audit in accordance with the standards for assurance engagements established by the Canadian Institute of Chartered Accountants. Those standards require that I plan and perform an audit to obtain reasonable assurance whether the health indicators presented are free of significant misstatement. To this end, I audited these health indicators to determine whether they meet the criteria of completeness, accuracy and adequate disclosure, as presented in Annex A of my report. My audit includes examining, on a test basis, evidence supporting the health indicators and disclosures. My audit also includes assessing significant judgments made in the 2004 Government of Nunavut report by management of the Department of Health and Social Services.

Data for the following six disease surveillance indicators were provided by Health Canada:

- invasive meningococcal disease incidence rate,
- measles incidence rate,
- haemophilus influenzae b (invasive) disease incidence rate for children,
- tuberculosis incidence rate,
- reported HIV diagnosis,
- verotoxogenic E. coli incidence rate.

Health Canada has no legislative mandate to collect data and, while there are some agreements on data sharing, participation in these databases is voluntary. Therefore Health Canada can not ensure that data are submitted in a timely and consistent format. The quality

assurance processes for these databases are inadequate to ensure the accuracy of the data. Therefore, I am unable to form an opinion on the accuracy of the data.

In my opinion, except for my inability to express an opinion on the accuracy of the six indicators described in the preceding paragraph, the health indicators included in the comparable health indicators report present fairly, in all significant respects, the required information that is complete, accurate and adequately disclosed, using the criteria in Annex A. Further, in my opinion, the report adequately discloses and explains any departures from the criteria; specifically, that eight of the 18 featured health indicators could not be presented because Nunavut is not included in applicable surveys, certain health services are not available in the territory, the data are not available, or there are data quality issues.

My work included auditing the data for the indicator of "hospitalization rate for ambulatory care sensitive conditions." I was unable to form an opinion on this indicator in my 2002 report because a study on data quality had not been completed. This study has now been completed and I am able to form an opinion that, in the 2004 Government of Nunavut report on comparable health indicators, this indicator presents fairly, in all significant respects, the required information that is complete, accurate and adequately disclosed, using the criteria in Annex A.

The Government of Nunavut report includes comparative health indicators relating to other governments (provincial, territorial and federal). I audited the health indicators for the federal report and the other two territorial reports. While health indicators for some provinces have been audited by their legislative auditors, for other provinces, legislative auditors have been engaged to perform specified auditing procedures. Annex B includes an explanation of the difference between these two types of engagements and details regarding the nature of the engagement performed in each of the jurisdictions. The auditors' findings and any reservations resulting from engagements in other Canadian jurisdictions are included in their respective governments' reports and are not reproduced in the Nunavut report.

I am encouraged by the work undertaken by the Department of Health and Social Services in the preparation of this report.

Ronald C. Thompson, CA
Assistant Auditor General
For the Auditor General of Canada

Ottawa, Canada
November 18, 2004

ANNEX A

Audit criteria

The Government of Nunavut has acknowledged the suitability of the following criteria:

Complete

According to the 2003 First Ministers' Accord on Health Care Renewal, the Conference of Deputy Ministers approved 70 indicators, including a subset of 18 indicators that all jurisdictions are to feature in their 2004 reports. All health indicators reported comply with the definitions, technical specifications and standards of presentation as approved. All 18 featured health indicators are reported.

Accurate

The health indicators reported adequately reflect the facts, to an appropriate and consistent level of accuracy, including the ability to make comparisons between jurisdictions and between the 2002 and 2004 reports within each jurisdiction, where applicable.

Adequate disclosure

The health indicators are defined and their significance and limitations on the data are explained. The report states and properly describes departures from what was approved by the Conference of Deputy Ministers and explains plans for the future resolution of the departures.

ANNEX B

Verification of Comparative Information from Other Jurisdictions

The governments of Canada, the Provinces and the territories have adopted different approaches to meet the *2003 First Ministers' Accord on Health care renewal* requirement for "third party verification" for their comparable health indicator reports. Some have engaged their legislative auditor to provide audit assurance on the information contained in their health reports and others have asked for specified auditing procedures to be applied. The paragraphs below outline the major differences between an audit assurance engagement and a specified auditing procedures engagement. For a complete comparison, please refer to the Canadian Institute of Chartered Accountant (CICA) Handbook section 5025 for audit assurance engagements and section 9100 for specified auditing procedures engagements. I believe, for the reasons described in the following paragraphs, that an audit under CICA Handbook section 5025 is the advisable approach.

In an audit assurance engagement, the auditor's responsibility is to offer assurance to users, in the form of an audit opinion, on the information contained in a report prepared by management. The auditor determines the nature, extent, timing, appropriateness and sufficiency of audit procedures, which, in the auditor's judgment, are necessary to provide a high level of assurance concerning the subject matter, or the information contained in the comparable health indicators report in the present context.

In a specified auditing procedure engagement, the auditor's responsibility is to report the results of applying auditing procedures specified by management. As the extent of specified auditing procedures may vary from engagement to engagement, such engagements are difficult to compare. And since the extent of the procedures performed is not sufficient to constitute an audit, the reports do not provide an audit opinion. Reports state those procedures actually applied and only the factual results of those procedures, leaving the reader to determine the fairness of the information.

The following is a list of jurisdictions that have engaged their legislative auditor to provide audit assurance on the information contained in their comparable health indicator reports and those that have asked for specified auditing procedures to be applied.

Audit opinion CICA 5025	**Specified Auditing Procedures CICA 9100**
British Columbia	Alberta
Saskatchewan	Ontario
Manitoba	New Brunswick
Quebec	Prince Edward Island
Nova Scotia	Newfoundland and Labrador
Yukon	
Northwest Territories	
Nunavut	
Canada	