Keewatinohk Inniniw Minoayawin Inc.
Yathe Hotsį Dene ʔ Edenąkaneļnį
Northern Peoples' Wellness

Keewatinohk Inniniw Minoayawin welcomes federal HIV investment, calls for sustained investment in First Nations-led public health in the North

MEDIA STATEMENT
FOR IMMEDIATE RELEASE

Self-testing and peer supports are important tools, but lasting change requires investment in the northern public health systems that connect people to prevention, testing, treatment, and care.

Treaty 5 Territory, Northern Manitoba — September 11, 2026 — Keewatinohk Inniniw Minoayawin Inc. (KIM) welcomes the Government of Canada's $5-million investment to expand access to HIV self-testing and peer-based supports across Canada and is calling for northern First Nations to have a direct role in determining how these resources reach their citizens.

The federal announcement follows Manitoba's declaration of a public health emergency over HIV in May. At that time, KIM called for coordinated federal and provincial action to address longstanding jurisdictional and systemic barriers affecting First Nations access to HIV prevention, testing, treatment and care.

"This is an important investment and a positive response to a very serious public health emergency," said KIM Chief Executive Officer Michelle Monkman. "The next step is making sure these resources reach the people and communities experiencing the greatest barriers to care. Northern First Nations need to be at the table as implementation decisions are made."

HIV self-testing can increase privacy, choice, and control while reducing barriers associated with stigma. Peer workers can provide trusted, non-judgmental support and help people navigate prevention, testing, treatment, and ongoing care.

For northern First Nations, however, equitable access means more than distributing test kits.

Northern First Nations have experienced inequitable access to public health services and resources. Communities continue to face gaps in locally available services, persistent health workforce shortages and barriers to accessing care close to home. Routine health services often require travelling hundreds of kilometres from home.

The HIV emergency highlights a broader issue: the need for sustained and equitable investment in First Nations-led public health systems, including prevention, surveillance, health promotion, harm reduction, testing and early intervention.

"We cannot respond to a public health emergency one program or one funding announcement at a time," Monkman said. "Northern First Nations have strengths, knowledge, relationships and health systems already working in their communities. Sustained and equitable investment is needed to strengthen that work and help prevent public health challenges from becoming emergencies."

Testing Must Lead Somewhere

Self-testing is an important tool, but a test alone is not a continuum of care.

People with a reactive self-test need timely access to confirmatory testing, counselling, treatment, and ongoing support. People who test negative but remain at risk should be able to access prevention services, including PrEP, PEP, harm reduction supports and ongoing testing and screening.

This is particularly important in northern and remote communities, where the next step in care may not be readily available locally.

KIM has previously raised concerns about jurisdictional gaps that can leave First Nations caught between federal and provincial systems when accessing health services. Governments must ensure the introduction of self-testing is accompanied by clear, coordinated pathways to prevention, confirmatory testing, treatment and ongoing care — regardless of which government funds or delivers each part of that continuum.

Peer Supports Should Strengthen Existing First Nations Health Systems

KIM also welcomes the federal investment in peer-based support workers. Northern First Nations and First Nations health organizations should have a direct role in determining where peer resources are located, how workers are trained and supported, and how peer services are integrated with existing community health teams.

When done well, this investment can reduce fragmentation, strengthen continuity of care, care and build on existing First Nations health systems rather than creating another parallel service.

Peer supports should also reflect the communities they serve. People with lived and living experience, Elders and Knowledge Keepers, youth, Two-Spirit citizens, peer workers and local health teams can help guide culturally grounded approaches to HIV prevention, testing and care. Information, education and

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self-testing instructions should also be available in the First Nations languages spoken by the people being served.

“This investment should build on the strengths, knowledge and relationships already present in Northern First Nations,” Monkman said. "The people and health systems doing this work should be properly resourced and supported.”

From Emergency Response to Public Health Transformation

KIM encourages Canada and Manitoba to work directly with northern First Nations and First Nations health organizations to:

- ensure equitable access to HIV self-tests and the newly funded peer-based supports in northern First Nations;
- integrate peer supports with existing First Nations health teams and establish clear pathways to confirmatory testing, treatment, PrEP, PEP, harm reduction and ongoing care;
- ensure First Nations have a direct role in the design, implementation, allocation and evaluation of HIV initiatives, including culturally and linguistically appropriate approaches; and
- commit to long-term, adequate and sustainable investment in First Nations-led public health systems in northern Manitoba beyond the immediate HIV emergency response.

KIM is developing a First Nations-led Public Health Unit to strengthen prevention, surveillance, outbreak response, screening, health promotion and community-based services across northern First Nations. The HIV response presents an opportunity for governments to work alongside and invest in First Nations-led public health systems, build on existing strengths and bring more care closer to home.

“The future of health starts in the North,” Monkman said. “This is an opportunity to move beyond responding to crises and invest in First Nations-led public health systems that can prevent them.”

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Established in 2019, Keewatinohk Inniniw Minoayawin Inc. (KIM) is a First Nations-led and governed health transformation organization working with and on behalf of northern Manitoba First Nations. KIM brings Nations together to strengthen community wellness, advance self-determined health systems, and shape the future of First Nations health.