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MEDIA STATEMENT
FOR IMMEDIATE RELEASE

KIM Calls for Federal Action on HIV Emergency in Submission to Parliamentary Health Committee

Treaty One Territory, Winnipeg, MB — Nov. 23, 2026 — Keewatinohk Inniniw Minoayawin Inc. (KIM) submitted a written brief to the House of Commons Standing Committee on Health (HESA) for its study on rising rates of HIV infections in Canada.

KIM's brief, *A First Nations-Led Response to the HIV Public Health Emergency*, calls for a fundamental shift in how HIV prevention, treatment and public health services are funded, governed, and delivered, combining immediate improvements in access to care with sustained investment, federal and provincial accountability, and meaningful First Nations authority.

Manitoba declared an HIV public health emergency in May 2026. KIM maintains that an effective response must address longstanding inequities in healthcare access, inadequate investment, anti-First Nations racism, and fragmented federal and provincial responsibilities. Both governments must be accountable for ensuring their policies, investments, and services advance equitable health outcomes for First Nations.

"The HIV emergency is not simply a matter of increasing access to testing and treatment. It reflects longstanding gaps in how public health services are funded, governed, and delivered," said Michelle Monkman, chief executive officer of KIM. "First Nations must have meaningful authority in determining the policies, resources, and services intended to protect the health of their citizens."

KIM's submission identifies five priorities for federal action:

- Improve access to HIV prevention and treatment, including testing, medication, harm reduction, mental health and addictions services, and ongoing care.
- Strengthen cultural safety and system accountability through standards, clinical guidance, and First Nations-defined measures of patient experiences and health outcomes.
- Establish a coordinated federal, provincial, and First Nations-led response with clearly defined responsibilities and accountability for equitable access and outcomes.
- Invest in First Nations-led public health systems through predictable, flexible, multi-year funding that reflects the costs of delivering services in northern and remote First Nations.
- Ensure meaningful First Nations participation in federal policy development, including public health priorities, program design, funding criteria, and evaluation.

The submission challenges federal HIV funding restrictions that exclude activities in First Nations (on-reserve), despite high rates of HIV diagnoses and significant barriers to care in northern Manitoba. KIM is calling for investments that reflect epidemiological need rather than geographic and jurisdictional divisions.

KIM Advancing First Nations-Led Solutions to the HIV Emergency

On November 16, 2026, KIM launched its First Nations-led Public Health Unit. Beginning with tuberculosis services, the Unit strengthens disease prevention, surveillance, screening, clinical services, and follow-up, providing a foundation for more integrated HIV and broader public health services closer to home.

"First Nations are already advancing solutions. What is needed is a commitment from both levels of government to address the policies, funding arrangements, and jurisdictional barriers that continue to limit access to care. Public health

transformation must include First Nations authority, not simply changes to how existing services are delivered," said Monkman.

KIM will continue advocating for a coordinated and equitable response to the HIV emergency, grounded in First Nations priorities and authority.

Read KIM's brief, *A First Nations-Led Response to the HIV Public Health Emergency* on the KIM website.

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Keewatinohk Inniniw Minoayawin Inc. (KIM) is a First Nations-led and governed health transformation organization working with and on behalf of 23 First Nations in northern Manitoba.