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PRESS RELEASE
FOR IMMEDIATE RELEASE

KIM launches First Nations Public Health Unit

Treaty One Territory, Winnipeg, MB — Nov. 18, 2026 — Keewatinohk Inniniw Minoayawin Inc. (KIM) is marking a significant milestone in First Nations health transformation with the launch of its First Nations-led Public Health Unit, beginning with the transfer of tuberculosis (TB) services from the Winnipeg Regional Health Authority (WRHA).

Guided by First Nations leadership and supported by Indigenous Services Canada (ISC), the first phase of the transition began Nov. 16, 2026, with KIM Public Health taking responsibility for TB services for 11 First Nations. Through a phased approach, KIM anticipates providing TB services to 57 First Nations across Manitoba by summer 2027.

Chief David Monias of Pimicikamak Okimawin and Chair of the Keewatinohk Inniniw Okimowin Council (KIOC) said the transition represents an important step toward greater First Nations control over health care.

“Our people deserve health care that is accessible, culturally grounded and delivered by people who understand our communities. This transition is more than a change in service delivery; it is a step toward First Nations taking greater control of our own health and well-being. By bringing services closer to our people, strengthening community capacity and working together, we can build healthier communities and protect future generations. Our people must always be at the centre of the decisions that affect their health and lives,” said Monias.

Tuberculosis continues to disproportionately affect First Nations people. According to data published by the Public Health Agency of Canada, the rate of TB among First Nations people in 2023 was more than 45 times higher than among Canadian-born non-Indigenous people in jurisdictions with available data. In 2024, the rate of TB in Manitoba’s Northern Health Region was more than eight times the provincial rate.

“Transferring services alone will not address the longstanding health inequities experienced by First Nations; we must also change how care is designed and delivered. Through KIM Public Health, we are bringing care closer to home and growing a First Nations health workforce. While we are beginning with TB, our vision is to build a comprehensive First Nations-led public health system that supports healthier generations to come,” said Michelle Monkman, CEO of KIM.

Federal Minister of Indigenous Services Mandy Gull-Masty welcomed the launch of KIM’s First Nations Public Health Unit.

“Collaborating with partners like Keewatinohk Inniniw Minoayawin Inc. (KIM) is a priority for Indigenous Services Canada. Supporting First Nations’ vision for the health of their communities, through partnerships with First Nations led health organizations, is an essential step of health transformation. KIM’s innovative model to deliver tuberculosis (TB) case management to on-reserve community members for First Nations in Manitoba will increase health care providers on the ground in First Nation communities. Congratulations to KIM!” said Gull-Masty.

KIM’s model of care brings public health nurses together with community-based diagnostic support workers (DSWs), who are trained members of the First Nations where they work. Drawing upon local knowledge, relationships, language and culture, they will provide direct, on-the-ground support to help individuals and families access care, attend appointments, complete treatment and overcome barriers to care, particularly in northern and remote Nations.

KIM Public Health will focus on preventing TB, identifying and treating TB infection, and diagnosing and treating active TB. The program will also expand contact tracing to identify people who may have been exposed to TB. Finding and treating infection earlier can help interrupt transmission and contribute to the long-term goal of eliminating TB.

“The WRHA has worked collaboratively with KIM over the last several months to transition the care of individuals living with TB in First Nations communities… We recognize this initiative represents an opportunity to support meaningful

reconciliation by empowering First Nations leadership to design services that directly affect their communities," said Bria Foster, executive director of Health Services, Community Health Services with the Winnipeg Regional Health Authority.

First Nations
The first phase of the TB services transition began Nov. 16, 2026, and includes 11 First Nations:

- Berens River First Nation
- Little Grand Rapids First Nation
- Manto Sipi Cree Nation
- Northlands Denesuline First Nation
- Opaskwayak Cree Nation
- Poplar River First Nation
- Sandy Bay First Nation
- Sapotaweyak Cree Nation
- Tataskweyak Cree Nation
- Wuskwi Sipihk First Nation
- York Factory First Nation

Additional First Nations will transition in phases as KIM works with First Nations and partners to support a safe and coordinated transfer of care.

Planned transition timeline
Spring 2027: Regional expansion
KIM plans to expand TB services to an additional 9 First Nations while strengthening contact tracing, investigations, diagnostic services and regional capacity to deploy staff and resources.
Summer 2027: Outbreak response
KIM plans to expand TB services to all remaining First Nations while strengthening its capacity to lead communicable disease outbreak responses, including complex investigations across jurisdictions and ongoing disease surveillance.

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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.

Sources for TB statistics cited in this news release:
Public Health Agency of Canada, Tuberculosis in Canada.
Manitoba, 2025 Health Status of Manitobans Report: A Healthier Manitoba for All.

For more information about KIM Public Health and the phased transition of TB services, visit kimhealth.ca/publichealth

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