CHARTER OF RELATIONSHIP PRINCIPLES
GOVERNING HEALTH SYSTEM TRANSFORMATION IN THE NISHNAWBE ASKI NATION (NAN) TERRITORY

-between-

Government of Canada

-and-

Government of Ontario

-and-

Nishnawbe Aski Nation (NAN) on behalf of the First Nations in NAN Territory

(Collectively "the Parties")

1.0 **WHEREAS,** Nishnawbe Aski Nation ("NAN"), the Ministry of Health and Long-Term Care, and Health Canada, jointly recognize the need for First Nations communities, Ontario, and the Federal government to work together to address the need for a new responsive and system-wide approach to health for NAN territory;

2.0 **WHEREAS,** this Charter expresses the political commitments of the Parties to develop and sustain a renewed relationship that is a partnership and that the Parties intend to result in immediate, medium, and long-term transformative change to the existing health system at the NAN community level;

3.0 WHEREAS

- Nishnawbe Aski Nation (NAN) is a political territorial organization representing 49 First Nation communities within northern Ontario. NAN's objectives include acting to improve the quality of life for First Nations people residing in its region, including the quality and effectiveness of their health care;
- Ontario, through the Ministry of Health and Long-Term Care, funds, administers and provides leadership for the delivery of health care services to all residents of Ontario pursuant to the province's legislative framework and guided by the provisions of the Canada Health Act; and
- Canada, through the First Nations and Inuit Health Branch of Health Canada, works with First Nations, Inuit and provincial and territorial partners to support healthy First Nations and Inuit individuals, families and communities. Canada also funds or provides a range of community-based health programs, services and non-insured health benefits to improve health outcomes and supports greater control of the health system by First Nations and Inuit.

HISTORICAL CONTEXT

4.0 **WHEREAS,** the Sioux Lookout Area Chiefs Committee on Health (CCOH) and the NAN Chiefs issued a Declaration of Health and Public Health Emergency on February 24, 2016. The Declaration called for a meeting between First Nations leadership and Provincial and Federal Health Ministers;

5.0 **WHEREAS,** on March 31, 2016, a meeting took place between First Nations leadership and Provincial and Federal Health Ministers. At this meeting, the Parties committed to work in collaboration to jointly identify NAN health priorities and undertake joint health planning and strategy development for health system transformation through direct dialogue by establishing a senior level committee of representatives of the Parties to be monitored by NAN's political leadership, the Federal Minister of Health, and the Ontario Minister of Health and Long-Term Care;

6.0 **WHEREAS**, the Truth and Reconciliation Commission Calls to Action call for the Federal and Provincial governments to play a role in closing the gaps in the quality of life and availability of health services between Indigenous Peoples and other Canadians;

7.0 **WHEREAS**, the United Nations Special Rapporteur on the Rights of Indigenous Peoples in a 2004 Report on Mission to Canada recommended that emergency measures be taken to address the critical issue of high rates of diabetes, tuberculosis and HIV/AIDS among Indigenous people; and that the suicides of Indigenous persons be addressed as a priority social issue by the relevant public social service and health institutions;

8.0 **WHEREAS**, the 2015 Auditor General of Canada's report on Access to Health Services for Remote First Nations Communities recommended that "working with First Nations organizations and communities, and the provinces, Health Canada should play a key role in establishing effective coordinating mechanisms with a mandate to respond to priority health issues and related inter-jurisdictional challenges";

9.0 **WHEREAS,** NAN communities have issued and developed numerous declarations, recommendations, resolutions, and studies providing specific and comprehensive solutions to the crises they face; and

10.0 **WHEREAS,** previous and existing bilateral and multilateral Agreements (namely, the Sioux Lookout Four Party Hospital Services Agreement, NAN/Canada Bilateral Agreement on Health Care Relationships, and the Weeneebayko Area Health Integration Framework Agreement) have committed to strengthening relationships among the Parties to those agreements, improving health and health care services, balancing health services between prevention and treatment of illness, and integrating services within communities.

INTENT AND MANDATE

The intent of this Charter is to formalize the commitment of the Parties to develop and sustain a renewed relationship, that is a partnership, and to articulate the Parties' support for a new, responsive and system-wide approach to health for the NAN territory.

This is a relationship-strengthening document, and is not intended to create or alter legal obligations on the part of NAN, First Nations, Canada, or Ontario, or to be a treaty, or to create, redefine, impact the interpretation of, prejudice or affect any rights, assertions of right, or jurisdiction of NAN, the First Nations, Canada, or Ontario. Furthermore, this Charter is without prejudice to any claim to a treaty right to health by any First Nation that is a member of the Nishnawbe Aski Nation. The Parties to this Charter commit to respecting the autonomy and diversity of tribal councils and communities. The parties do not intend for any future agreements flowing from this strengthened relationship to derogate from any First Nations' inherent or treaty rights.

This Charter has been created to acknowledge and guide the work of the Joint Action Table (outlined in the Terms of Reference attached to this document as Appendix A), and is not to be used for any other purpose.

GUIDING PRINCIPLES FOR A RENEWED RELATIONSHIP

The Parties therefore commit to a renewed multilateral nation to nation relationship that is guided by a mutual, collaborative approach to health planning in accordance with the following principles:

1) Any new approach is intended to address health, and health care service gaps;

2) First Nations must have timely access to culturally safe health services and facilities, regardless of where they live and have a right to equitable access to health services that meet the unique needs of the communities of NAN territory;

3) Joint strategies are needed to identify and address structural barriers to health care delivery to First Nations;

4) Health transformation is a community driven process that engages the expertise of First Nations communities and health care professionals, and collaboratively increases the involvement of First Nations to ensure decision making concerning health services for communities is at the community level;

5) Any new approach for addressing health and wellness would be guided by existing health plans and community directions;

6) The system is intended to be flexible, efficient and accountable;

7) New approaches would build on First Nations' capacities and strengths with an emphasis on local control and authority over health care services;

8) Continuous evaluation is important for measuring progress and systematically assessing, evaluating and improving the structure, process and outcomes;

9) Governance and management of the system is intended to be guided by clear roles and responsibilities at all levels and incorporate First Nations ways and other best practices;

10) Health partners and communities will work together in a coordinated and collaborative manner while respecting the autonomy of tribal councils and communities. Communities will be engaged at all levels (community workers, elders and youth) so that their voices are heard and incorporated into community-based programming;

11) First Nations have an inherent right to self-government and that the relationship between Canada, Ontario and the First Nations must be based upon respect for this right; and an inherent right to self-government may be given legal effect by specific rights recognized and affirmed by section 35 of the *Constitution Act, 1982*, or through negotiated agreements and legislation;

12) The jurisdiction and legal obligations of the Crown are determined by the Canadian constitutional framework, which includes common law and treaties entered into between First Nations and the Crown;

13) The Parties intend to maintain and strengthen a relationship that is based on (a) the special and the fiduciary relationship that exists between Canada and NAN First Nations; and (b) a commitment by Canada and Ontario to uphold the principles of the *Canada Health Act* including the accessibility criteria for First Nations people residing in the NAN Territory; and

14) This Charter is intended to strengthen the relationship between Canada, Ontario and NAN and the Parties will strive to ensure that their work together is respectful.

THE VISION: HEALTH SYSTEM TRANSFORMATION

This system-wide change would see First Nations have equitable access to quality care delivered within their community, in NAN territory, as a priority. The Parties intend the system to include holistic models of care, focusing on wellness planning, population health and health determinants. The system would be patient centred, responsive to community and patient voices, and ensure that health care providers funded by federal or provincial governments would have the skills required to provide responsive, effective and culturally safe care. Communities would be engaged at all levels (community workers, Elders, and youth) so that their voices are heard and incorporated into community-based programming.

The Parties intend to take all reasonable steps necessary to support health system transformation for the First Nations in NAN territory, including, but not limited to:

1) Supporting an alignment process that would bring decision-makers together to move health transformation forward in a deliberate, planned, and measurable way;

2) Creating a framework that would:

a) Include an immediate process that would review the urgent health needs identified by NAN and other First Nations health entities within NAN territory, prioritize actions, and implement a joint action plan with an evaluation program for transparency;
b) Include a joint review and implementation of commitments made by Health Canada in response to the Auditor General of Canada Spring 2015 Report on Access to Health Services for Remote First Nations Communities that are relevant for the NAN First Nations;
c) Include a joint review of the existing health system and funding model, and work towards health system transformation guided by existing system transformation models in the NAN territory that would create new models to improve access to health services;
d) Observe the principle that jurisdictional disputes should not prevent the timely provision of services to First Nations children.

3) Developing new approaches to improve the health and health access of First Nations people in NAN territory and associated communities, including increasing and improving services and access at the community level;

4) Supporting the ability of communities and First Nations institutions to deliver and plan health services;

5) Proposing policy reform, and considering whether legislative changes may be required, to design a new health care system for First Nations in NAN Territory that includes sustainable funding models within a new fiscal arrangement; decision making structures that provide First Nations with authority, control and oversight; and enable multi-sectoral approaches;

6) Removing barriers caused by jurisdictional, funding, policy, cultural and structural issues that negatively impact First Nations' ability to plan, design, manage and deliver quality health care services in their communities and for their members; and

7) Establishing tri-governmental political oversight such that the actions and decisions of all officials within their organization, Department or Ministry are consistent with the political commitments made by their leaders.

GOING FORWARD

The development of relationship principles between the parties is a component of the health transformation process. These principles are meant to guide discussions among the Parties respecting health system transformation. The Parties intend to identify their leads and the resources for an immediate and ongoing planning process and will finalize a structure and work plan for said planning process, including identifying frequency of meetings, as is outlined in the Terms of Reference and attached as Appendix "A".

As the work proceeds, the parties intend to provide regular written updates (at least once per year) to the Chiefs-in-Assembly of the NAN communities.

WHEREOF THE PARTIES hereto have executed this Charter of Relationship Principles as set out below, dated this 24th day of July, 2017

Grand Chief Alvin Fiddler
Nishnawbe Aski Nation on behalf of
The First Nations in NAN territory

Date July 24, 2017

Honourable Jane Philpott
Minister of Health on behalf of
Canada

Date July 24, 2017

Honourable Eric Hoskins
Minister of Health and Long Term Care on
behalf of Ontario

Date July 24, 2017