



WHEREAS, the Sioux Lookout Area Chiefs Committee on Health (CCOH) and Nishnawbe Aski Nation (NAN) Chiefs issued a Declaration of Health and Public Health Emergency on February 24, 2016 in order to call attention to the ongoing crises at the community level and across the health care system within NAN territory.

WHEREAS, First Nations in NAN territory are asserting their jurisdiction and control over health care through the development of the NAN Health Transformation process with the goal of developing a new, responsive and system-wide approach to health care for NAN territory.

WHEREAS, PIH Partners In Health Canada (PIHC) is a nonprofit organization dedicated to developing long-term relationships with partners to transform health systems and improve health outcomes through a holistic approach to addressing disease, social determinants of health and health equity.

WHEREAS, NAN and PIHC jointly acknowledge that innovative approaches, grounded in health equity, are required to remove barriers to safe and effective health care delivery.

WHEREAS, the NAN Health Transformation process is a NAN community-led and community-driven process whereby NAN First Nations will be engaged to ensure their voices are heard and incorporated into building a new NAN First Nations health system and developing community-centered programming.

1. The objective of this Relationship Accord is to guide discussions concerning potential collaboration between NAN and PIHC as they proceed with the NAN Health Transformation process.
2. NAN and PIHC intend to discuss developing mutually supported initiatives within NAN territory to build capacity and transform the health system.
3. The NAN Health Transformation process will be led by NAN First Nations.

4. NAN and PIHC envision working together to bring meaningful change to health care in NAN territory and support NAN First Nations in reaching their objectives for improved health and health outcomes.
5. NAN and PIHC agree to enter into written memorandums of understanding for mutually-agreed projects, and that the Parties' commitments are subject to available resources and funding.

1. Support the vision for NAN Health Transformation and to be guided by the principles contained in *the Charter*.
2. Respect the principle of self-determination and the traditions and languages of the people of NAN territory.
3. Support the capacity, skill building, leadership and training of NAN health care providers, managers and workers throughout the health system in NAN territory.
4. Provide leadership and advocacy on the improvement of health outcomes and health equity by addressing barriers to safe and effective care in NAN territory.
5. Develop holistic approaches to addressing disease, social determinants of health and health equity.
6. Foster the development of relationships and partnerships with other entities in support of the mutual objectives articulated in this Relationship Accord.

Except to the extent that is otherwise agreed by the First Nations concerned, none of the provisions referred to in this Relationship Accord abrogates or derogates from:

- a. The federal fiduciary responsibility for First Nations; or
- b. The First Nations, treaty or other rights or freedoms that pertain to the First Nations of NAN, including:
 - i. Any rights or freedoms that have been recognized by the Royal Proclamation of October 7, 1763,
 - ii. Any rights or freedoms that now exist by way of land claims agreements or may be so acquired,
 - iii. Inherent right to self-government referred to in section 35.1 of the *Constitution Act*, 1982 and the powers and jurisdictions set out in self-government agreements, and
 - iv. Any rights or freedoms relating to the exercise or protection of their languages, cultures or traditions.

Signed in Robinson-Superior Treaty Territory, this 23rd Day of January, 2019.


Grand Chief Alvin Fiddler


National Director Mark Brender