

D R A F T R E S O L U T I O N # 0 0 / 2 0 1 8

AFN Special Chiefs Assembly, December 4-6, 2018, Ottawa, ON

TITLE: Non-Insured Health Benefits: Ongoing commitment to a joint process

SUBJECT: Health

MOVED BY:

SECONDED BY:

WHEREAS:

- A.** The following articles of the United Nations Declaration on the Rights of Indigenous Peoples state:
- i. Article 18: Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions.
 - ii. Article 19: States shall consult and cooperate in good faith with the indigenous peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative and administrative measures that affect them.
 - iii. Article 21 (1): Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.
 - iv. Article 23: Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.
 - v. Article 24 (1): Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.
 - vi. Article 29 (3): States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.
- B.** Call to Action # 18 of the Truth and Reconciliation Commission of Canada calls upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including Indian Residential Schools, and to recognize and implement the health care rights of Aboriginal people as identified in international law and constitutional law, and under the Treaties.

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- C.** Canada holds Treaty obligations to provide adequate and equitable health care to First Nations that remain outstanding and unfulfilled. The nation-to-nation and Treaty relationship requires these outstanding obligations be met.
- D.** The First Nations and Inuit Health Branch (FNIHB) has moved to the new Department of Indigenous Services Canada (ISC), a move that requires extensive engagement with First Nations rights holders.
- E.** Via the Prime Ministers' mandate letter, the Minister of ISC, Minister Philpott, has been tasked with innovating FNIHB in a manner which supports health and wellness models that are patient-centered, community wellness oriented, and holistic, through mechanisms which bring control and jurisdiction to First Nations themselves.
- F.** The Non-Insured Health Benefits (NIHB) program is FNIHB's national medically necessary health benefit program that provides coverage for benefit claims for a specific range of drugs, dental care, vision care, medical supplies and equipment, mental health counselling and medical transportation for eligible First Nations and Inuit.
- G.** Due to the restrictive and discretionary policies of NIHB and the narrow interpretation of those policies, First Nations do not have equitable access to health care comparable to that of the general population.
- H.** As mandated by AFN Resolution 25/2012, the AFN and FNIHB have undertaken a NIHB Joint Review which started in 2014 and is set to be complete in 2019 with a final report that will include joint recommendations on each benefit area of the NIHB program and a review of Operational and Administrative issues of the NIHB program as a whole.
- I.** Despite successes and the comprehensive recommendation and implementation plans developed by the Joint Review Steering Committee (JRSC) using First Nation engagement feedback, regional reports, client and provider surveys, the JRSC has acknowledged that improving NIHB will require an on-going commitment to continue to address the fundamental program short-comings and to reflect a needs based approach that considers the on-going and historical impacts of colonization on First Nations.

THEREFORE BE IT RESOLVED that the Chiefs-in-Assembly:

- 1.** Call on the Minister of Indigenous Services Canada to commit the First Nations and Inuit Health Branch to continue to fully and meaningfully engage and work with the Assembly of First Nations and First Nations regional partners for the on-going improvement of the Non-Insured Health Benefits Program that is responsive to the high rates of illness and diseases in First Nations, changing health priorities and on the ground realities. This should be done through a formalized process that is jointly determined by the First Nations and Inuit Health Branch and First Nations with a clear understanding of roles and responsibilities.
- 2.** Call on the Minister of Indigenous Services Canada to commit resources to the Assembly of First Nations and First Nations to support the capacity required to ensure ongoing work related to the Non-Insured Health Benefits program is adequately resourced and to provide First Nations with the ability to seek independent advice and content expertise as required.