

Assembly of First Nations

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Assemblée des Premières Nations

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ANNUAL GENERAL ASSEMBLY
July 14-15-16, 2026, Ottawa, ON

Resolution no. 50/2026

TITLE: Call to Action to Address Chronic Kidney Disease in First Nations

SUBJECT: Health

MOVED BY: Chief Tim Ominika, Wiikwemkoong First Nation, ON

SECONDED BY: Chief Patsy Corbiere, Aundeck Omni Kaning, ON

DECISION Approved by the AFN Executive Committee by consensus.

WHEREAS:

- A. The United Nations Declaration on the Rights of Indigenous People states:
- 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.
 - Article 21(2): States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.
 - 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.
- B. The World Health Organization (WHO) has made Chronic Kidney Disease (CKD) a top priority, recognizing it as one of the world's fastest-growing health challenges affecting roughly 850 million people globally.
- C. The Kidney Foundation of Canada reported in March 2026 that Indigenous adults screened had a chronic kidney disease (CKD) prevalence of 25.5%, and the researchers concluded this represented "a 2-fold higher prevalence of CKD in Indigenous Canadians in comparison to the general population."

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50 – 2026

Page 1 of 2

- D. The Kidney Foundation also linked that other national statistics echo that Indigenous populations, including First Nations, experience higher rates of CKD (including pediatric CKD) compared to the general population, in the context of higher burdens of diabetes, obesity, and other risk factors.
- E. The Ontario Renal Network (now part of Ontario Health) focuses heavily on addressing disproportionate kidney disease rates in First Nations communities. Key 2026 updates and initiatives prioritize culturally safe care, early screening, and bringing care closer to home to combat long travel distances.
- F. The Ontario Aboriginal Cancer Strategy III, 2019, concluded that; broader determinants such as poverty, food insecurity, and limited access to healthy foods and physical activity contribute to increased CKD risk, and further; that addressing CKD requires interventions beyond individual behavior change, targeting community and policy levels.
- G. First Nations data sovereignty and stewardship of health information is essential to ensuring that CKD related data, research, monitoring, and evaluation activities respect First Nations rights, priorities, and decision-making authority.

THEREFORE BE IT RESOLVED that the First Nations-in-Assembly:

- 1. Direct the Assembly of First Nations (AFN) to advocate for the development and implementation of a First Nations-led National Chronic Kidney Disease Strategy that advances prevention, early detection, screening, treatment, patient education, and equitable access to culturally safe renal care for First Nations.
- 2. Direct the AFN to call upon Indigenous Services Canada, including the Non-Insured Health Benefits Program, Health Canada, and other relevant federal departments to fulfill their fiduciary and Treaty obligations by increasing sustainable investments in chronic kidney disease prevention, screening, treatment, medical transportation supports, dialysis services, specialist care, patient navigation, and health infrastructure for First Nations.
- 3. Direct the AFN and partners to convene a national dialogue with First Nations, First Nations organizations, Kidney Foundations, health experts, researchers, governments, philanthropic organizations, and other potential partners to identify evidence-based approaches that improve chronic kidney disease outcomes while ensuring First Nations leadership and decision-making authority remain central to all initiatives, subject to available resources/funding and capacity.
- 4. Direct the AFN to call upon federal, provincial, and territorial governments to work collaboratively with First Nations to establish measurable targets and reporting mechanisms related to chronic kidney disease prevention, screening rates, access to treatment, patient outcomes, and quality of life indicators.

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50 – 2026
Page 2 of 2