2025 · 2026

Annual Report
Rapport Annuel

Northwest Territories Health and Social Services Authority

Administration des services de santé et des services sociaux des Territoires du Nord-Ouest

Mot en francais de l'administrateur public et de la chef de la direction

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

Tłı̨chǫ yatı k'ę̀ę̀. Dı wegodı newǫ dè, gots'o gonede.

Tłı̨chǫ

ʔerıhtł'ís Dëne Sųłıné yatı t'a huts'elkër xa beyáyatı theɔ́ą ɔat'e, nuwe ts'ën yółtı.

Chipewyan

Edı gondı dehgáh got'ı̨e zhatıé k'ę́ę́ edatł'éh enahddhę nıde naxets'ę́ edahłí.

South Slavey

K'áhshó got'ı̨ne xədə k'é hederı ɔedı̨htl'é yerınıwę nídé dúle.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit yinohthan jì', diits'àt ginohkhìi.

Gwich'in

Uvanittuaq ilitchurisukupku Inuvialuktun, ququaqluta.

Inuvialuktun

ᑌᖏᐊ ᑎᑎᖅᑲᐃᑦ ᐱᓕᒍᐃᖅᑎᑦ ᐃᓄᖅᑎᑐᓪᓗᒍᑎᓕᓂᖅ, ᐅᕐᓂᑎᓵᓄᑦ ᐅᖃᐅᓕᕆᓚᖓᑐᖅᑐᑎᑦ.

Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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MESSAGE FROM THE PUBLIC ADMINISTRATOR

During 2025–2026, the Northwest Territories Health and Social Services Authority (NTHSSA) remained focused on improving care and services for residents across the Northwest Territories. Guided by a shared commitment to quality improvement and person-centred care, this work emphasized improving equity and access to care, particularly for Indigenous patients and clients. These priorities are closely connected to ongoing efforts to strengthen services in small communities and ensure care is responsive to the unique needs of residents across the territory.

During the 2025-26 year, I continued to visit regions and spend time learning from the people who deliver care and services across the communities we serve. Throughout these visits, I saw the commitment, expertise, innovation, and resilience our teams demonstrated every day.

We continue to operate amid significant change, including ongoing system transformation and shifts in governance. While change brings challenges, it also creates opportunities to reflect and improve. Throughout this transition, our commitment to providing quality, equitable, and culturally safe care remains constant. Across the NTHSSA, teams continue to focus on improving experiences for clients, patients, families, staff, and communities.

This past year, improving the patient and client experience remained central to the NTHSSA's work. This included better understanding and improving the patient journey, strengthening access to primary care, and advancing improvements to medical travel to better support residents across the territory. At the same time, other improvements came from the dedication and innovation of frontline staff and teams.

Since July 2025, through the '52 in 52' initiative, employees across the system have identified and implemented small but impactful improvements that have streamlined workflows, enhanced efficiency, strengthened team processes, and improved experiences for patients, clients, families, and staff. These initiatives demonstrate the power of staff-led problem solving and the important role every team member plays in building a stronger health and social services system.

I am proud to work alongside our Chief Executive Officer as we lead the organization through this period of transition and renewal. Together, our shared focus remains on supporting our teams, strengthening accountability, improving how we work, and ensuring that residents across the Northwest Territories receive the highest-quality care possible.

We will continue to build on this progress throughout the 2026–2027 fiscal year.

Sincerely,

Dan Florizone
Public Administrator
Northwest Territories Health and Social Services Authority

MESSAGE FROM CHIEF EXECUTIVE OFFICER

2025–2026 was another important year for the Northwest Territories Health and Social Services Authority (NTHSSA). We continued to build on lessons learned and advance initiatives to improve access to care, strengthen services, and enhance the overall patient and client experience. This work was approached with a clear understanding of our unique operating environment and the practical steps required to support our teams, improve resident outcomes, and embed cultural safety, equity, and person-centred care across the organization.

Across communities and service areas, staff continued to identify opportunities to improve access, enhance quality, strengthen the workforce, and support more integrated and culturally safe models of care. From expanding virtual services and introducing new approaches to delivering care to improving processes and supporting patients, clients, families, and caregivers, teams demonstrated innovation, resilience, and a strong commitment to continuous quality improvement.

Partnerships remained central to the work this past year. Throughout the year, alongside the Public Administrator and regional leadership, we worked collaboratively to strengthen relationships with community leaders, patients, families, and partners. These relationships are essential to ensuring services are informed by community needs, reflect local priorities, and support culturally safe, person-centred care.

While challenges remain, I am encouraged by the progress made and remain optimistic about the path ahead. I would like to extend my sincere thanks to our employees, physicians, volunteers, Indigenous governments and other partners, communities, and Regional Wellness Councils. Your dedication, expertise, and collaboration continue to strengthen health and social services across the Northwest Territories.

Looking ahead to the 2026–2027 fiscal year, the NTHSSA will continue advancing cultural safety, equity, and person-centred care; improving patient journeys and access to services; engaging communities and staff; strengthening recruitment and retention; enhancing organizational performance and resilience; supporting financial sustainability; and continuing work to align governance and organizational structures.

Our 2026–2027 Operational Plan outlines ambitious goals, and I am confident they are achievable through focused effort, collaboration, accountability, and clear communication. As we move forward, we will continue to monitor our progress, adapt where needed, and remain committed to meaningful engagement across the organization and with the people and communities we serve.

Sincerely,

Kimberly Riles
Chief Executive Officer
Northwest Territories Health and Social Services Authority

MESSAGE DE L'ADMINISTRATEUR PUBLIC

En 2025–2026, l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO) a maintenu le cap sur l'amélioration des soins et des services pour les résidents des Territoires du Nord-Ouest (TNO). Orienté par un engagement commun envers l'amélioration de la qualité et les soins axés sur la personne, ce travail a mis l'accent sur l'amélioration de l'équité et de l'accès aux soins, en particulier pour les patients et les clients autochtones. Ces priorités sont étroitement reliées aux efforts continus pour renforcer les services dans les petites collectivités et faire en sorte que les soins répondent aux besoins uniques des Ténois.

Tout au long de l'année 2025-2026, j'ai continué de visiter des régions et de passer du temps à écouter les personnes qui offrent des soins et des services dans les collectivités que nous servons. Au cours de ces visites, j'ai pu constater l'engagement, l'expertise, l'innovation et la résilience dont nos équipes font preuve chaque jour.

Nous continuons de fonctionner malgré des virages significatifs, entre autres la transformation continue du système et des changements de gouvernance. Bien que ces modifications présentent des défis, elles génèrent également des pistes de réflexion et d'amélioration. Tout au long de cette transition, notre engagement envers la prestation de soins de qualité, équitables et respectueux de la culture demeure constant. À l'échelle de l'ASTNO, les équipes continuent de concentrer leurs efforts sur l'amélioration de l'expérience des clients, des patients, des familles, du personnel et des collectivités.

Au cours de la dernière année, l'amélioration de l'expérience des clients et des patients est restée au cœur du travail de l'ASTNO. Cela s'est traduit par une meilleure compréhension et une amélioration du parcours du patient, le renforcement de l'accès aux soins primaires, et la poursuite des améliorations apportées aux déplacements pour raisons médicales pour mieux appuyer les résidents des TNO. Par ailleurs, d'autres améliorations ont été apportées grâce au dévouement et à l'innovation du personnel et des équipes de première ligne.

Depuis juillet 2025, par l'entremise de l'initiative « 52 améliorations en 52 semaines », les employés du système tout entier ont repéré des éléments à améliorer et apporté de petits changements qui font toute la différence et qui ont simplifié le flux de travail, amélioré l'efficacité, renforcé les processus des équipes et amélioré l'expérience des clients, des patients, des familles et du personnel. Ces initiatives illustrent l'importance de la résolution de problèmes menée par le personnel, et le rôle crucial joué par chaque membre de l'équipe pour bâtir un système de santé et des services sociaux plus fort.

Je suis fier de travailler aux côtés de la chef de la direction alors que nous pilotons cette organisation pendant cette période de transition et de renouveau. Ensemble, nous continuons de soutenir nos équipes, renforcer notre responsabilisation, améliorer nos méthodes de travail et veiller à ce que tous les Ténois reçoivent des soins de la plus grande qualité possible.

Nous continuerons de nous appuyer sur les progrès réalisés tout au long de l'exercice financier 2026-2027.

Cordialement,

Dan Florizone
Administrateur public
Administration des services de santé et des services sociaux des Territoires du Nord-Ouest

MESSAGE DE LA CHEF DE LA DIRECTION

L'année 2025-2026 était une autre année importante pour l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest(ASTNO). Nous avons continué de nous appuyer sur les leçons apprises et de mettre de l'avant des initiatives pour améliorer l'accès aux soins, renforcer les services et améliorer l'expérience globale des patients et des clients. Ce travail a été envisagé avec une compréhension claire de notre environnement opérationnel unique et des mesures concrètes requises pour appuyer nos équipes, améliorer la santé des résidents, et ancrer le respect de la culture, de l'équité et des soins axés sur la personne dans toute l'organisation.

Dans les collectivités et dans l'ensemble des services, le personnel a continué de cibler des occasions d'améliorer l'accès aux soins et d'en accroître la qualité, de renforcer la main-d'œuvre et d'appuyer des modèles de soins davantage intégrés et respectueux de la culture. Qu'elles aient élargi l'offre de services virtuels ou mis en œuvre de nouvelles approches de prestation des soins pour améliorer les processus et soutenir les patients, les clients, les familles et les aidants, les équipes ont fait preuve d'innovation, de résilience et d'un engagement profond envers l'amélioration continue de la qualité.

Les partenariats sont restés essentiels à notre travail au cours de la dernière année. Tout au long de l'année, l'administrateur public, les dirigeants régionaux et moi-même avons travaillé en collaboration pour renforcer les relations avec les dirigeants communautaires, les patients, les familles et nos partenaires. Ces relations sont essentielles pour nous assurer que nos services sont orientés par les besoins des collectivités, qu'ils reflètent les priorités locales, et qu'ils appuient des soins axés sur la personne et respectueux de la culture.

Même si nous avons encore des défis à relever, je me réjouis des progrès réalisés et je demeure optimiste pour la suite. Je tiens à remercier sincèrement nos employés, nos médecins et nos bénévoles, les gouvernements autochtones et nos autres partenaires, les collectivités ainsi que les Conseils régionaux du mieux-être. Votre dévouement, votre expertise et votre collaboration continuent de renforcer les services de santé et les services sociaux aux Territoires du Nord-Ouest.

Tout au long de l'exercice financier 2026-2027, l'ASTNO continuera de faire avancer les notions de respect de la culture, d'équité et de soins axés sur la personne; d'améliorer les parcours des patients et l'accès aux services; d'impliquer les collectivités et le personnel; de renforcer le recrutement et les mesures de maintien en poste; d'accroître le rendement et la résilience de l'organisation; d'appuyer la durabilité financière; et de poursuivre son travail pour aligner sa gouvernance sur les structures organisationnelles.

Notre plan opérationnel pour 2026-2027 comprend des objectifs ambitieux, et je suis convaincue qu'ils sont atteignables grâce à des efforts ciblés, à la collaboration, à la responsabilisation et à une communication claire. Alors que nous allons de l'avant, nous continuons de surveiller nos progrès et de nous adapter là où il le faut, et nous demeurons résolus à favoriser des relations constructives au sein de l'organisation, et avec les personnes et les collectivités que nous servons.

Cordialement,

Kimberly Riles
Chef de la direction
Administration des services de santé et des services sociaux des Territoires du Nord-Ouest

OUR PURPOSE

Better Future:
Stable and Representative Workforce & Quality, Efficiency and Sustainability

Best Health:
Health of the Population and Equity of Outcomes

The provision of quality health and social services across the NWT that are culturally safe, collaborative and centered around continuous improvement.

- Mission Statement

Best Care:
Better Access to Better Services

GUIDING PRINCIPLES

Safe: Aligning cultural safety and staff safety with avoiding harm to patients/clients through the care that is intended to help them.

Connected: Providing care that is built on partnerships and is responsive and reflective of the individual and community needs.

Effective: Providing programs and services based on feedback and knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).

Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status.

Efficient: Avoiding waste of resources (equipment, supplies, ideas, energy, time, and people).

Client Centered: Providing care that is respectful of and responsive to individual's preferences, needs, and values and ensuring that those values guide all care decisions.

VALUES

Caring: We treat everyone with compassion, respect, fairness and dignity, and we value diversity.

Accountable: We report publicly on organization and system measures and assess outcomes.

Relationships: We work in collaboration with all of our stakeholders, partners and staff.

Excellence: We pursue continuous quality improvement through innovation, integration and evidence-based practice.

2025-2026 STRATEGIC PLANNING FRAMEWORK

Throughout 2025–2026, the NTHSSA continued to align its work with its strategic priorities and commitment to continuous improvement. As a key partner in advancing the objectives of the NWT HSS System's Strategic Planning Framework for 2025-26, the NTHSSA, guided by staff and patient feedback, system priorities, and government mandates, has worked collaboratively to advance the objectives under the Department of Health and Social Services (DHSS) Business Plan that is focused on the following strategic priorities:

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YEAR IN REVIEW

The 2025–26 fiscal year was characterized by progress, innovation, and a commitment to building a culture of continuous quality improvement across the Northwest Territories Health and Social Services Authority (NTHSSA).

Teams across the organization focused on identifying opportunities to improve the delivery of care. While some initiatives involved transformation, such as work to enhance access to care and improve service coordination across cabin communities in the Dehcho through training and the implementation of nurse practitioners, many improvements emerged through smaller, locally driven changes.

The NTHSSA focused on expanding training to improve staff outcomes, expanding virtual care, supporting workforce development, and improving coordination across programs and services. Communities and Indigenous partners, including Regional Wellness Chairs (RWCs), continued to play an important role in shaping priorities and ensuring services are responsive to community and regional needs and grounded in cultural safety.

Whether through innovative service models, enhanced training opportunities, or improvements to patient and client experience, staff across the NTHSSA demonstrated a commitment to finding better ways of working and delivering care.

These efforts reflect the NTHSSA's commitment to everyday improvements.

Photo from NTHSSA AGM in 2025

Year in Review: By the Numbers

1,876
Total employees

Average age of employees	44 years old
Percentage of employees that identify as Indigenous	27.9
Employee Average Years of Service	8.1
Total number of new hires	58

566
Births recorded through NTHSSA Facilities

425,955
Lab test performed across NTHSSA facilities to support accurate and timeline delivery of care and services

14,779
Number of Outpatient Laboratory Appointments Booked in Yellowknife

1403 no shows

Diagnostic Imaging procedures completed at NTHSSA facilities

48,009

23,706
Patient Movements

8,705
Patient Movements with Escorts

1,655
Medevac Air Ambulance

STANTON TERRITORIAL HOSPITAL

24,589
Bed days recorded. Each bed day represents one 24-hour period where care was provided

19,567
Emergency department visits

3,630
Patients admitted to in-patient units

449
Births recorded at Stanton Territorial Hospital

33,947
Diagnostic Imaging Procedures Completed at Stanton Teritorial Hospital

Workplace Health and Safety, By the Numbers

In 2025–26, the NTHSSA continued to strengthen workplace health and safety through enhanced training, updated policies, expanded site visits, and increased support for leaders and Joint Occupational Health and Safety Committees across the Northwest Territories.

By the Numbers

- **12** formal OHS site visits conducted across the NWT.
- **495+** employee incident reports reviewed and supported.
- **560+** staff influenza and COVID-19 immunizations administered.
- **360+** N95 respirator fit tests completed.
- **60+** managers and supervisors completed the new Supervisor Safety Familiarization Course.
- **69** JOHSC and OHS Representative meetings supported.
- **173** WSCC Employer Reports of Incident submitted and supported.

Communications Report 2025

NTHSSA WEBSITE

106 Total Newsroom Posts - Includes News Releases, Public Notices, Staff Spotlights, Etc.

MEDIA

343 Media Requests

273 Media Monitoring Emails Issued

SOCIAL MEDIA

Facebook		Instagram	
Total Posts	269	Total Posts	94
Total Likes	10,944	Total Likes	573
Total Views	1,113,260	Total Views	29,410
Total Reach	272,624	Total Reach	7,200

OURNTHSSA

748 OurNTHSSA Submissions

97 OurNTHSSA Newsletters Issued

Building Capacity for the Future

In 2025–26, the NTHSSA continued to invest in workforce development, leadership, and quality improvement to strengthen the health and social services system and support the delivery of safe, high-quality care.

Key initiatives expanded learning opportunities, enhanced leadership capacity, strengthened workforce pipelines, and improved employee engagement across the organization.

By the Numbers

- **1,059** onboarding, offboarding, and employee movement transactions supported through the myLearning platform.
- **7** new eLearning modules developed to support clinical competency, patient safety, and compliance.
- **30** annual training sessions delivered to improve access and digital literacy across the system.
- **317** employees accessed professional development funding.
- **53** employees received academic upgrading support, including **10 graduates.**
- **$105,940** invested in specialized nursing training in high-demand clinical areas.
- **61** affiliation agreements strengthened student placement opportunities and workforce pipelines.
- **350+** workforce insights gathered to inform employee engagement and retention strategies.
- **16** managers completed the inaugural Leadership Essentials program, with more than **90%** reporting high satisfaction.

YEAR IN REVIEW: BY REGION

Throughout 2025–26, regions across the Northwest Territories continued to demonstrate a strong commitment to continuous improvement. From innovative approaches to addiction treatment and primary care delivery to expanded community partnerships and enhanced access to services, teams across the territory focused on identifying opportunities to improve care and strengthen health and social services closer to home.

Beaufort Delta

Throughout 2025–26, the Beaufort Delta Region focused on improving access to care and strengthening community-based services through collaboration, innovation, and culturally responsive approaches.

To support residents travelling for medical appointments, the region introduced a scheduled bus service for clients travelling from Inuvik Airport and the Inuvik Regional Hospital Transient Centre. The initiative helps improve the medical travel experience by reducing wait times and providing more reliable transportation for clients travelling to access care.

Community wellness initiatives also continued to support healthy living and strengthen relationships with residents. Programs such as Heart Health Fairs, Cultural Fridays, and diabetes-focused initiatives promoted wellness while supporting culturally meaningful approaches to health promotion. The region has also continued to focus on building its workforce to avoid service reductions. Over the year, the region welcomed 2 medical students to join their team and had approximately 15 medical residents visit to provide care.

The Inuvialuit Regional Corporation has partnered with the Beaufort-Delta Region on initiatives, including:

- Increasing counselling services for at-risk youth in the region by providing funding for two child and youth counsellors, one community wellness worker in the community of Paulatuk, and a supervisor position
- An approach to eliminate tuberculosis in the Inuvialuit Settlement Region through screening, risk assessment, delivery of a short and effective course of treatment and follow-up with clients at risk, ensuring access to treatment plans and outcomes.

Together, these initiatives demonstrate the region's commitment to improving access, strengthening partnerships and supporting the health and wellbeing of communities across the Beaufort Delta.

Sahtu Region

The Sahtu Region continued to demonstrate how innovation and collaboration can improve access to care in resource-limited settings.

One highlight from this year can be seen in Fort Good Hope, where an Integrated Wrap-Around Expedited Treatment Access model was introduced to strengthen timely and equitable access to addictions treatment within a resource-limited setting. Guided by the principle of

"Making Everyday Count," the initiative streamlined the intake process and strengthened coordination among healthcare providers to ensure clients received timely and comprehensive support.

Through an interdisciplinary and client-centred approach, individuals were supported through assessments, medical clearances, and treatment centre intake processes, significantly reducing delays and barriers to care. The initiative highlighted the power of teamwork and demonstrated how meaningful improvements can be achieved through creative approaches and strong collaboration.

This work reflects the region's ongoing commitment to providing equitable access to care and ensuring residents receive timely support when they need it most.

Dehcho Region

Improving access to health and social services in small and remote communities remained a key priority for the Dehcho Region throughout 2025–26. Supported by efforts across the NTHSSA and in partnership with the Department of Health and Social Services and other GNWT departments, the region advanced several initiatives to strengthen service delivery and improve equitable access to care.

Building on a multi-year initiative, the region continued work to enhance access to health and social services and improve service coordination across cabin communities, including Wrigley, Nahanni Butte, Sambaa K'e, Jean Marie River, Kakisa, and the Kátł'odeeche First Nation. Focus was placed on communities without on-site Community Health Nurses to bring care closer to home and reduce barriers to accessing services.

Progress was made across several key areas, including workforce development, technology and innovation, infrastructure, service delivery, and cultural safety. Community Health Workers participated in expanded education and training opportunities, while the introduction of virtual technologies and point-of-care testing helped strengthen local capacity and support more timely access to care.

In collaboration with the Department of Infrastructure, work also progressed to address infrastructure priorities across multiple health facilities, including: repairs and maintenance, infection prevention and control measures, and accessibility across multiple health and social services sites.

The region also introduced a hybrid Nurse Practitioner service delivery model to improve equitable access to healthcare by combining virtual and in-person care. This innovative approach supports continuity of care and strengthens access to services in underserved communities.

Regional leadership continued to advance cultural safety and anti-racism initiatives through training and professional development opportunities aimed at supporting more inclusive, culturally responsive, and relationship-based care.

Together, these initiatives represent important steps toward strengthening healthcare delivery and ensuring residents across the Dehcho Region have access to high-quality care closer to home.

Yellowknife Region

During 2025–26, the Yellowknife Region focused on strengthening operational stability and long-term system transformation.

A significant focus this year was workforce engagement, development, and cultural safety. With the consolidation of training resources, the region implemented broader, coordinated education initiatives that strengthened alignment across programs and reinforced a shared commitment to improving care transitions and service integration. Initiatives such as palliative care training and cultural safety education helped build a more confident, connected, and responsive workforce.

Throughout the year, the region made progress in expanding interdisciplinary practice, improving same-day access to care, and strengthening quality improvement capacity. Investments in education and training supported a more connected and resilient workforce and promoted greater collaboration across programs and services.

Yellowknife Home Care has further improved the quality and consistency of its services by increasing staffing levels, providing better support for caregivers.

Major milestones include launching the Activity Respite Bag for clients with dementia or cognitive impairments, increasing satisfaction among clients and caregivers, and making strides toward a fully staffed team dedicated to delivering responsive, person-centred care for clients and their families.

During 2025–26, Long-Term Care and Recreation Therapy services focused on resident well-being and quality of life by offering person-centred programs tailored to each resident's physical, cognitive, emotional, and social needs. These included personalized and group activities such as creative arts, movement, music, sensory supports, and virtual experiences. These activities aimed to foster connection, preserve function, and improve quality of life, especially for residents with dementia and complex care requirements.

Over the past year, the Yellowknife Region also worked to strengthen relationships with the communities of Łutselk'e and Deninu K'ue through ongoing engagement, shared decision-making, and direct support to help residents navigate the health system. Consistent staffing and strong community involvement by local health and social services teams helped rebuild trust and foster meaningful connections with residents.

Together, these efforts are helping create a more integrated and responsive health and social services system while improving access and experiences for residents across the region.

Fort Smith Region

Despite ongoing workforce challenges, the Fort Smith Region continued to demonstrate resilience and innovation throughout 2025–26.

Significant vacancies within Laboratory and Diagnostic Imaging Services required close collaboration with territorial partners to ensure continuity of services. With support from Territorial Operations and the dedication of regional teams, including Stanton Territorial Hospital, essential laboratory and diagnostic imaging services continued to be delivered to residents.

The region also implemented several improvements to enhance access and reduce wait times. Centralized ultrasound scheduling and focused catch-up efforts eliminated ultrasound backlogs and improved access to timely diagnostic services.

These achievements reflect the commitment of staff and leaders to maintaining high-quality services while finding creative solutions to operational challenges.

Stanton Territorial Hospital

As the territorial referral centre, Stanton Territorial Hospital (STH) plays a critical role in delivering specialized care and supporting patients from across the Northwest Territories. Throughout 2025–26, teams at STH focused on improving patient experience, strengthening workforce capacity, and supporting timely access to care.

Throughout the year, small but significant enhancements were made to improve the experiences of both patients and staff. Updated and improved signage, along with investments in additional beds, enhanced patient access and comfort, while new furniture, supplies, and equipment supported staff workflows and improved unit work environments.

Patient supports were also expanded through the introduction of on-site Alcoholics Anonymous (AA) and Cocaine and Other Mind-Altering Drugs Anonymous (COMDA) group meetings, providing additional opportunities for connection and recovery.

Maintaining emergency department staffing and clinical readiness remained priorities, supported by regular training, mock events, and ongoing cross-team collaboration. Significant work was also undertaken to strengthen policy and procedure management, including the development of a formalized workplan to support the review and modernization of clinical policies and standard operating procedures and ensure alignment with best practices.

Through continuous quality improvement and the dedication of staff, physicians, and leaders, STH continued to provide safe, high-quality specialized services and serve as a cornerstone of the Northwest Territories health and social services system.

IMPROVING CARE: NTHSSA PROGRAM AND SERVICES HIGHLIGHTS

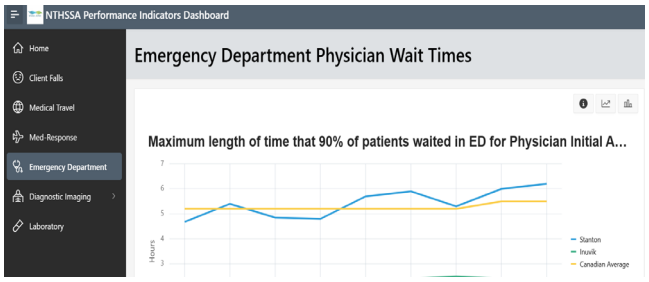
Pictured: Clinical Education Team Leading Basic Life Support Training in the Beaufort Delta (Left) and Infusion Therapy Training in Yellowknife (Right)

Clinical Education

The Clinical Education team has led efforts to strengthen local workforce capacity in small Dehcho communities by developing structured training for Community Health Workers (CHWs) across the Northwest Territories. This includes comprehensive, community-responsive training aligned with territorial priorities. Sessions covered topics like virtual health technologies for remote assessments, opioid overdose response with intranasal naloxone, point-of-care test documentation, Heart and Stroke Foundation First Aid and CPR/AED certifications, emergency response simulations, and education on family violence, suicide, privacy, and confidentiality. These initiatives have created a thorough orientation and ongoing online training framework for CHWs, contributing to a more skilled, confident, and culturally grounded workforce capable of delivering safe, effective care in their communities.

Data

Data plays a critical role in determining where to focus efforts and how NTHSSA services compare with those in other jurisdictions. It also helps identify service gaps and provides evidence to support government requests and other key decisions. During this fiscal year, a performance indicator dashboard was created and is available on nthssa.ca that brings together data from across the organization in a single interactive place, making it easier to explore without searching through multiple reports.



Education Caregiver Group

In summer 2025, NTHSSA's Child Development Team piloted an educational caregiver group on feeding differences in neurodivergent children, mainly autistic preschoolers. This was the first of its kind through NTHSSA Occupational Therapy and Dietetics services.

The interdisciplinary team, including the Territorial Specialist, Autism Spectrum Disorder, a preschool Occupational Therapist, and a Registered Dietitian, provided coordinated support addressing developmental and nutritional feeding issues.

Feeding differences, like limited food acceptance, are common among autistic children and stressful for caregivers. Families often worry about nutrition, when to seek help, and how to create positive mealtimes. The pilot was developed in response to caregiver interest in practical, neuro-affirming strategies.

Hosted in Yellowknife, it brought together five families for collaborative learning through professional input, reflective activities, and shared experiences. Feedback was highly positive, emphasizing connection and practical strategies for the home. The pilot showed the strength of interdisciplinary teamwork and family-centred group education. Plans include expanding to a virtual format to reach more families across the NWT.

HPV Cervical Screening Kits

In partnership with the Canadian Partnership Against Cancer (CPAC), the NTHSSA launched an HPV self-sampling mail-out pilot project—an innovative, community-informed initiative aimed at expanding access to cervical cancer screening and advancing Canada's goal of eliminating cervical cancer by 2040. The approach was co-designed with regional stakeholders to ensure cultural relevance, accessibility, and strong alignment with local needs and priorities.

The pilot was first implemented in the Beaufort Delta Region (BDR), building on lessons learned from the successful rollout of the Territorial Colorectal Cancer Screening Program. Through this initiative, 1,282 HPV self-sampling kits were mailed to all eligible residents, supporting increased screening participation by reducing barriers related to geography and access.

As of March 31, 2026, the project has successfully reached all eight communities in the BDR, strengthening the foundation for future expansion.

Improving Access to Laboratory Services

This fiscal year, significant work was undertaken to improve access to laboratory and diagnostic services, including implementing a Laboratory Services Callback Request Form, QR Web Code image sharing, and streamlining laboratory ordering for patients receiving specialist care in Alberta.

The new callback request process enhanced the patient experience by reducing the need to wait on hold or book appointments in person, while helping ensure equitable access during periods of high demand. At the same time, QR Web Code image sharing enabled physicians in the Northwest Territories and Alberta to securely view diagnostic images simultaneously during emergency consultations, supporting faster clinical decision-making for time-sensitive conditions such as stroke, trauma, and potential transfers for advanced care.

Additional improvements streamlined laboratory ordering for patients returning from Alberta. By recognizing Alberta specialists as part of a patient's circle of care, laboratory tests can now be ordered directly by Alberta providers and completed in the Northwest Territories, with results sent back electronically for follow-up. This change reduced duplicate ordering, avoided unnecessary primary care visits, improved continuity of care, and enhanced overall system efficiency.

Indigenous Wellness Program

In 2025–26, the Indigenous Wellness Team continued to enhance culturally safe, patient-centred care by strengthening access to traditional foods, supporting patients and families during palliative care, and creating welcoming spaces that foster comfort, connection, and healing.

Highlights included the introduction of weekly traditional meals for all patients, promoting cultural connection and overall well-being. Patients and families receiving palliative care were supported by traditional foods and comfort items, helping to create a warm, supportive environment during difficult times. Enhancements to the Sacred Space, including new furnishings, created a more welcoming environment for patients and their families and supported meaningful moments of connection and ceremony.

INVICIBLE Event

In June 2025, the NTHSSA, Child, Family and Community Wellness and Victoria-based INVINCIBLE group hosted a powerful presentation in Yellowknife that highlighted the firsthand experiences of Indigenous youth in care. Presenters used graphic novels, poems, videos, artwork, and journals to highlight their own experiences and emotions within the child and family services system while simultaneously creating space for attendees to share and learn together.

The goal of their project is to inspire other Indigenous children and youth in care and to let them know that they are never alone.

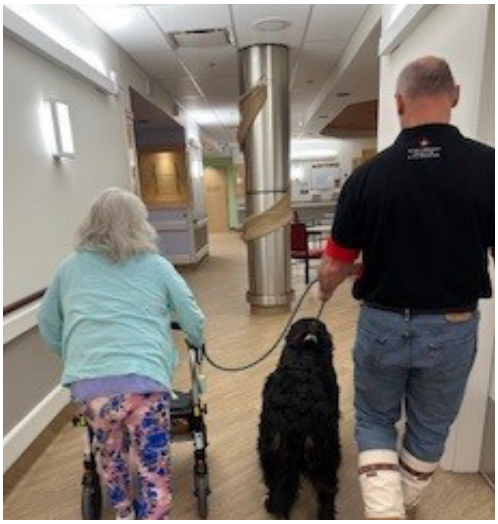
Łıwegǫ̀ati Building Volunteer Program

A key milestone in 2025-26 was the launch of the Łıwegǫ̀ati Building Volunteer Program, designed to enhance the quality of life for Long-Term Care and Extended Care residents while creating meaningful opportunities for community involvement.

The program quickly attracted strong interest, including participation from local students, and has enriched resident experiences through companionship, program support, and pet therapy. Partnerships with the St. John Ambulance Therapy Dog Program and other community organizations further strengthened culturally relevant and intergenerational programming.

Additional initiatives, including virtual travel experiences, sensory supports for residents living with dementia, and expanded movement and music programs, supported resident wellbeing and quality of life. Practice improvements, including updated assessments and outcome tracking, also strengthened the quality of care.

The success of the volunteer program has highlighted the value of community partnerships, and lessons learned will help inform opportunities to expand volunteer engagement across other areas of the organization.



Mental Health and Community Wellness

Throughout 2025–26, the Mental Health and Community Wellness team strengthened suicide prevention and mental wellness efforts across the Northwest Territories. To mark World Suicide Prevention Day, the NTHSSA launched a dedicated suicide prevention webpage on nthssa.ca to provide accessible resources, inspire hope, and support individuals, families, and communities affected by suicide.

Pictured: Staff in Fort Simpson Completed Mental Health First Aid

The team continued to expand evidence-based training opportunities, including SafeTALK, ASIST, and Mental Health First Aid – Northern Peoples (MHFA-NP), to strengthen the ability of healthcare providers and communities to recognize and respond to suicide risk and mental health concerns. In addition, the mental health and community wellness teams enhanced their responsiveness during emergencies and community tragedies, while increasing awareness of available community-based and virtual supports.

This fiscal year also marked a significant transition, with responsibility for direct shelter operations in Yellowknife moving from the NTHSSA to Housing NWT. Throughout this change, the team worked closely with partners to maintain service continuity and ensure a smooth transition for clients and staff.

Together, these efforts helped strengthen community capacity, promote healing, and foster mental wellness across the territory.

Palliative Care

NTHSSA Continuing Care Division partnered with Aurora College on enhancing knowledge on Palliative care in the community and health care system. Staff from NTHSSA gathered with community members, Indigenous Government Organizations, and staff from the other two health authorities to participate in workshops.

In October 2025, 85 staff members from across Primary Care, Long-Term Care, Stanton Territorial Hospital, and Rehabilitation Services also received a comprehensive LEAP (Learning Essential Approaches to Palliative Care in-service training to strengthen staff confidence and competence in providing high-quality, person-centred palliative care. This strong participation reflects both the dedication of our workforce and a growing recognition of palliative care as a vital component of holistic, compassionate healthcare.

Early outcomes from the training have been encouraging, with improvements in interdisciplinary collaboration, earlier identification of palliative care needs, and more consistent application of best practices when supporting patients and families. This initiative reinforces NTHSSA's commitment to delivering timely, coordinated, and compassionate care across the continuum.

Pictured: Staff Training Took Place in Norman Wells

Public Health

Public Health teams continued to protect a nd promote residents' h ealth through immunization programs, disease prevention, and rapid responses to emerging public health concerns.

The NTHSSA RSV Prophylaxis Program continued to demonstrate strong results following the introduction of Beyfortus in 2024. More than 200 doses were administered during 2025–26, contributing to a significant reduction in hospitalizations and severe outcomes among NWT infants and high-risk children.

Public Health teams also played a critical role in managing tuberculosis cases through contact tracing, treatment, and infection prevention measures. Staff also responded rapidly to measles concerns by conducting home visits and follow-up calls, organizing pop-up immunization clinics for students and teachers, establishing specialized serology clinics, and launching targeted clinics for infants and toddlers. These efforts were instrumental in preventing widespread transmission and protecting persons experiencing vulnerability.

Immunization	Total doses administered
Influenza vaccine	8,774
RSV monoclonal antibody	210
COVID-19 vaccine	4,872

As of March 21, 2026, influenza vaccine uptake was approximately 20% among eligible NWT residents and 44% among those aged 65 and older. COVID-19 vaccine uptake was approximately 11% among eligible residents and 30% among those aged 65 and older, underscoring the continued importance of public health outreach and immunization efforts.

Rehabilitation Services

Throughout 2025–26, Rehabilitation Services continued to strengthen access to care, support workforce sustainability, and advance innovative models of service delivery across the Northwest Territories. Student placements remained an important recruitment pathway, with many current Speech Language Pathologists, Occupational Therapists, and Physiotherapists having completed training within the NTHSSA. By investing in mentorship and academic partnerships, Rehabilitation Services is helping build the next generation of healthcare professionals while supporting continuity of care for residents.

Virtual care remained an integral component of rehabilitation services, with approximately 13% of client encounters delivered through telerehabilitation. Yellowknife physiotherapists also contributed to a national Community of Practice, helping inform evidence-based standards for telehealth delivery across Canada. A collaborative approach between the Yellowknife and Fort Smith regions ensured uninterrupted physiotherapy services during a prolonged vacancy in Fort Smith, combining virtual care, outreach clinics, and mentorship of new graduates.

Occupational Therapy services also expanded community partnerships and strengthened access to specialized care. A new three-year contract for complex seating and wheelchair services will provide greater stability and improved access for residents requiring custom mobility solutions, while partnerships with organizations such as the Yellowknife Wellness Court, Yellowknife Women's Society, and Spruce Bough Housing are helping bring occupational therapy services closer to vulnerable populations. Looking forward, planned outreach to local daycares will further support early intervention and community-based care for children and families.

IMPROVING CARE: NTHSSA PROGRAM AND SERVICES HIGHLIGHTS

The NTHSSA collaborates closely with the Department of Health and Social Services to drive system-wide transformation. While this work is often region-focused initially, the goal is to learn and gradually expand to other parts of the system and regions as capacity allows. This approach helps build strength and ensures sustainable progress over time. Some project highlights from this fiscal year include:

AI Scribe

In 2025–26, the NWT health and social services system launched a pilot of the Mika AI Scribe to explore how technology can help reduce administrative burden and allow healthcare providers to spend more time focused on patient care. Supported by strong privacy safeguards and patient consent, the initiative reflects the system's commitment to continuous improvement and innovative approaches to delivering high-quality care.

Primary Health Care Reform

Primary Care Reform remained a central priority in 2025–2026, with continued advancement toward a population-based, team-driven model of care through the implementation of Team-Based Care Teams (TBCTs). This work reflects a deliberate shift away from physician-centric models toward integrated, interdisciplinary teams designed to improve access, continuity, and equity for a growing and increasingly complex population.

This year, key advances are centred on creating the essential frameworks for sustainable system transformation. Notable progress occurred in governance and system design. A formal Primary Care Reform governance structure was set up to facilitate clear decision-making, accountability, and alignment with the reform's overall vision and goals. This involved enhancing connections between operational leadership, working groups, and regional oversight bodies to promote coordinated progress on priorities.

Core operational redesign work advanced. Drafts for standardized intake and triage are being tested and reviewed, including tools and procedures, with full implementation planned for 2026–2027. This is crucial for equitable patient attachment, connecting clients to suitable providers based on need and complexity rather than just availability. Quality improvement and system flow are supported by early LEAN methodologies, including patient journey mapping for high-volume, high-impact care. This approach helps identify inefficiencies, clarify roles, and optimize care pathways.

While many elements under PHCR remain in early stages of implementation, this work establishes the necessary foundation to advance equitable attachment, improve access, and deliver more coordinated, person-centred care.

Family, Community, and Culture Connections: A Pilot Project

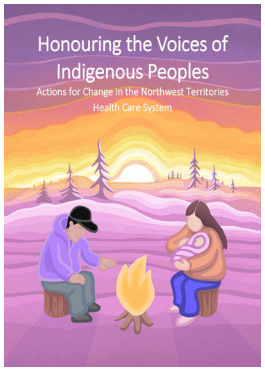
The Child, Family and Community Wellness division piloted the Family, Community, and Culture Connections initiative this year. This initiative was in partnership with the Department of Health and provided cultural specialist supports and services to youth in the permanent care of the Director of Child and Family Services.

Phase one of the pilot project was implemented from September to December 2025. During this phase, four youth from three regions received services focused on mapping family relationships and natural supports, identifying family members who have the potential to be part of a child's circle of care, planning and facilitating community, family, and sibling visits; supporting participation in cultural activities such as Dene hand games; identifying potential pathways for youth to exit care into permanent homes with family; and developing Cultural Support Plans.

Phase two of the pilot will take place throughout 2026.

Honouring the Voices of Indigenous Peoples

The NWT's Cultural Safety Design Collaborative (CSDC) Report, titled "Honouring the Voices of Indigenous Peoples," represented a significant milestone in advancing culturally safe care and reconciliation within the NWT's healthcare system. Led primarily by Indigenous NTHSSA employees and developed in collaboration with all NWT HSS System partners, the report highlighted 13 actionable recommendations across four key areas: supporting patients, supporting staff, improving program design, and enhancing institutional leadership.



This initiative builds on the work of the HSS System's Cultural Safety and Anti-Racism division and aligns with the Cultural Safety Action Plan, emphasizing respect and integration of Indigenous beliefs and practices. The report serves as a guiding document to foster positive change, address systemic racism, and promote culturally safe environments for Indigenous residents.

The NTHSSA is dedicated to reviewing the calls to action for implementation to improve Indigenous health outcomes and reinforce commitments to reconciliation across the health system.

Medical Travel and Med-Response

This past year marked the first year of a new 10-year air ambulance contract, with the primary operational change being an increase in available medical crew. Early results have been positive, with year-over-year statistics showing a 14% improvement in average response times for patient transfers categorized as "yellow."

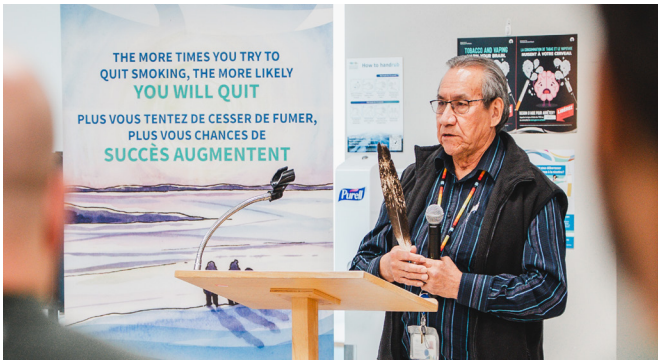
Significant work also supported the Department of Health and Social Services (DHSS), including the Medical Travel Modernization Project through policy guidance for changes anticipated to take effect in Fall 2026 and detailed program mapping.

A rapid improvement project was also undertaken to better understand existing timelines and bottlenecks related to processing medical travel benefits, booking travel, and reimbursing travel expense claims, establishing service benchmarks to measure future improvements.

Smoking Cessation

The Ottawa Model for Smoking Cessation (OMSC) is now available at primary care in Yellowknife and at Stanton Territorial Hospital.

The Ottawa Model of Smoking Cessation is a nationally recognized gold-standard program implemented worldwide. It provides the opportunity to tailor the implementation to our unique environment and communities. It is centred around 3 A's: Ask, Advise, Assist. It provides a simple, systematic approach for addressing Nicotine use and supports quitting/reducing use with the best evidence-based treatment.



52 IN 52 INITIATIVE

As part of the Northwest Territories Health and Social Services Authority's (NTHSSA) Public Administrator's commitment to continuous improvement, the NTHSSA started a "52 Improvements in 52 Weeks" initiative, which is an internal campaign focused on small but meaningful changes across the organization.

Since July 2025, staff across the NTHSSA worked together to implement a range of small but meaningful improvements aimed at enhancing experiences for both clients and employees. These initiatives have ranged from client-centred projects, wayfinding enhancements, and training and workflow improvements designed to strengthen staff performance, boost morale, and support high-quality care.

Throughout the initiative, staff shared their improvement projects and demonstrated how these changes have positively impacted teams, departments, and client experiences. Collectively, these efforts have streamlined day-to-day operations, improved efficiencies across regions, and enhanced the overall experience of working at and visiting NTHSSA facilities.

FINANCIAL SUMMARY

The 2025-26 fiscal year marks the first surplus in the Authority's history, following annual deficits in every year since amalgamation in 2016. This result reflects a targeted deficit reduction plan focused on contract review, position management, enhanced budget monitoring, improved billing and collections, and detailed analysis of the medical travel program that supported a higher federal recovery. The accumulated deficit nonetheless stands at $296.1 million at year end.

The Authority derives substantially all its revenue from government funding and has limited ability to generate revenue independently. Operational efficiency, revenue optimization, and cost containment are necessary contributors to fiscal sustainability, but they cannot on their own close the gap between the funding available to the Authority and the cost required to deliver the programs and services it is mandated to provide. Achieving a balanced budget in 2027-2028 will require that the Authority be appropriately funded by the Government of the Northwest Territories for the programs it delivers, including those historically underfunded at amalgamation, positions added to the health system since inception without corresponding funding, and services delivered on behalf of the federal government.

The approved 2026-2027 operating budget projects revenue of $637.6 million against expenses of $658.109 million, a budgeted deficit of $20.5 million. The Authority therefore enters 2026-2027 in a deficit-funded position, and continued vigilance and prudent financial management will be required throughout the year. The Authority will maintain the disciplined practices established in 2025-26, including monthly financial reporting to leadership and the Public Administrator, active position management, and ongoing program analysis, while continuing to work with the Department of Health and Social Services to develop evidence-based business cases for right-funding key programs.

Continued collaboration with the Department of Health and Social Services and the Healthcare System Sustainability Unit will be critical for achieving these objectives.

LOOKING AHEAD

As the NTHSSA plans for the year ahead, the organization will continue to focus on key priorities, including improving access to care, strengthening workforce sustainability, and advancing cultural safety, while building on quality improvement initiatives and ensuring our teams are equipped with the skills, tools, and supports needed to succeed. We will also continue to support system sustainability and work collaboratively with partners to deliver integrated, person-centred care that meets the needs of residents across the Northwest Territories.

The 2026-27 Operating Plan outlines the priorities and actions that will guide the organization over the coming year as we work to strengthen service delivery, improve the client/patient experience, and support the health and well-being of communities across the Northwest Territories. It reflects a balanced approach that addresses immediate operational needs while advancing long term system improvements.

We anticipate continued progress on our governance structure as we work through the final year of the Public Administrator's workplan, which is embedded in the 2026-27 Operating Plan. Collaboration with partners across the health and social services system, including Regional Wellness Council Chairs, will remain essential to understanding the unique challenges faced by communities and identifying opportunities to improve programs and services.

A culture of continuous improvement will remain central to our work. Staff will continue to be encouraged and empowered to identify opportunities and implement small, practical changes because they are often closest to the challenges and opportunities encountered every day. Their firsthand experience provides valuable insight into what can be improved, often in ways that leadership may not see. By continuing to share ideas, seek opportunities for improvement, and work together, every employee contributes to our collective vision of Best Care, Best Health, and a Better Future.

NTHSSA OPERATIONS, LEADERSHIP & GOVERNANCE

The NTHSSA provides the delivery and operations of health and social services for residents of the Northwest Territories, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operation of the Stanton Territorial Hospital. Services are also provided to residents of the Kitikmeot region of Nunavut through a service agreement with the Government of Nunavut.

The remaining regions in the NWT are served by their respective health and social services authorities: the Tłı̨chǫ Community Services Agency and the Hay River Health and Social Services Authority, who regularly collaborate with the NTHSSA to ensure equitable access to health and social services across the NWT.

The Northwest Territories Health and Social Services is guided by the direction from the Public Administrator, who provides overall leadership to the NTHSSA and helps facilitate the NTHSSA's legislated mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT; manage, control and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human and other resources necessary to perform the NTHSSA's duties.

The Public Administrator oversees the business and affairs of the NTHSSA and provides direction to the CEO.

Regional Wellness Councils (RWCs) bring together residents from each region of the Northwest Territories to provide community voices to the health and social services system. Each council is made up of seven members appointed by the Minister of Health and Social Services. These members ensure that regional perspectives, priorities, and community feedback are reflected in territorial planning. RWCs may also gather input directly from residents on health and social services in their region

Leadership Structure (as of March 31, 2026)

NTHSSA Public Administrator

- Dan Florizone

NTHSSA Executive Leadership Team

- Chief Executive Officer, Kimberly Riles
- Chief Financial Officer, Marissa Martin
- Chief Operating Officer (Beaufort Delta Region), Roger Israel
- Chief Operating Officer (Sahtu Region), Mireille Hamlyn
- Chief Operating Officer (Dehcho Region), Vacant
- Chief Operating Officer (Stanton Territorial Hospital), Lorie-Anne Danielson
- Chief Operating Officer (Fort Smith Region), Lisa Sanderson
- Chief Operating Officer (Yellowknife Region), Jennifer Torode
- Executive Director, Clinical Integration, Joanne Engram
- Executive Director, Corporate and Support Services, Kristy Jones
- Executive Director, Child, Family and Community Wellness, Arlene Lavoie-Stobbs
- Territorial Medical Director, Dr. Keith Menard

Regional Wellness Council Chairs (as of March 31, 2026)

- Ethel-Jean Gruben, Chair, Beaufort Delta
- Gina Dophus, Chair, Sahtu
- Muaz Hassan, Chair, Dehcho
- Dianna Korol, Chair, Fort Smith
- Barb Hart, Chair, Hay River
- Vacant, Vice Chair, Tłı̨chǫ Community Services Agency
- Helna Poruthur, Chair, Yellowknife

Pictured Left to Right: Dan Florizone, Dianna Korol, Barb Hart, Minister Lesa Semmler, Ethel-Jean Gruben, Helna Poruthur and Brian Willows (HRHSSA Public Administrator)

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APPENDIX A

AUDITED FINANCIAL STATEMENTS

NORTHWEST TERRITORIES
Health and Social Services Authority

Management Discussion & Analysis

INTRODUCTION

This Management Discussion and Analysis (MD&A) provide a financial overview of the results of the Northwest Territories Health and Social Services Authority's (NTHSSA) operations and financial position for the year ended March 31, 2026.

The MD&A reports to stakeholders how financial resources are being utilized to provide a client-focused, quality health and social services system that is accessible and sustainable for all Northwest Territories residents. It serves as an opportunity to communicate with stakeholders about NTHSSA's 2025-26 financial performance, as well as cost drivers, strategies and plans to address financial risks and sustainability.

This MD&A has been prepared by and is the responsibility of NTHSSA management and should be read in conjunction with the March 31, 2026, audited financial statements, notes and schedules.

CONTEXT

Fiscal year 2025-26 is the ninth full year of operations for the NTHSSA. Established in 2016, the NTHSSA consolidated the delivery and operations of health and social services for most of the NWT, including the Beaufort Delta, Dehcho, Sahtu, Fort Smith, and Yellowknife regions, as well as the operations of the Stanton Territorial Hospital. The remaining regions are serviced by their respective health and social services authorities: Tłı̨chǫ Community Services Agency and the Hay River Health and Social Services Authority, who are regular collaborators with the NTHSSA in ensuring access to health and social care across the NWT.

As an agency of the Government of the Northwest Territories (GNWT), the NTHSSA is responsible to the Minister of Health and Social Services for governing, managing and providing health and social services in accordance with the territorial plan set out by the Minister, specifically with a role to:

- plan, develop and deliver programs and services;
- ensure operational policies, guidelines and standards of care are within the context of legislation, regulation and Department of Health and Social Services policies;
- provide budget development, funding allocation, monitoring and financial reporting;
- provide quality and risk management;
- ensure recruitment, supervision and retention of professional staff;
- ensure staff training and professional development; and
- report and be accountable in accordance with legislation, regulations, and agreements.

Northwest Territories Health and Social Services Authority

Box 1320, Yellowknife, NT X1A 2L9

NORTHWEST TERRITORIES
Health and Social Services Authority

STRUCTURE OF NTHSSA

The Public Administrator is responsible for the Governance of the NTHSSA. The Public Administrator provides governance-related leadership to the NTHSSA and helps facilitate the NTHSSA's legislated mandate to:

- deliver health services, social services, and health and wellness promotional activities within the NWT;
- manage, control, and operate each health and social services facility for which the NTHSSA is responsible; and
- manage the financial, human, and other resources necessary to perform the NTHSSA's duties.

The Public Administrator is accountable to the Minister of Health and Social Services and provides advice to the Minister on strategic directions for the delivery of projects and programs related to NTHSSA services.

The Public Administrator engages with the following six Regional Wellness Council (RWC) Chairs for advice in executing his mandate:

Ms. Barb Hart – Chair of the Hay River RWC
Ms. Gina Dolphus – Chair of the Sahtu RWC
Ms. Dianna Korol – Chair of the Fort Smith RWC
Mr. Muaz Hassan – Chair of the Dehcho RWC
Ms. Helna Poruthur – Chair of the Yellowknife RWC
Ms. Ethel-Jean Gruben – Chair of the Beaufort Delta RWC

Through NTHSSA's Chief Executive Officer (CEO), operational and financial reporting is provided to Public Administrator. The NTHSSA is structured with seven executive branches that are responsible for delivering health and social services across the NWT. Regional operations in the Beaufort Delta, Dehcho, Sahtu, Fort Smith, Yellowknife region as well as the operations of the Stanton Territorial Hospital, are all supported by Territorial operational branches guided by the CEO office.

Office of the Chief Executive Officer: Corporate leadership; practitioner leadership; corporate workforce planning; system collaboration; governance support.

Finance: Financial leadership; financial reporting; budgeting; financial compliance and operations, facility management, fiscal strategy, contract management and supply chain.

Northwest Territories Health and Social Services Authority
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Clinical Integration: Quality improvement, program and policy support for acute care services, continuing care services; public health; midwifery; and community health and primary care; mental health and community wellness; corrections health services; sheltering services; adult support services; laboratory and diagnostic services.

Child, Family and Community Wellness: Child and family services; foster care and adoption services; child and youth in-territory placement services; family preservation and healthy families services; quality assurance and training and practice improvement.

Corporate and Support Services: Informatics and health technology support and leadership; strategy and planning leadership; patient movement operations; territorial quality, patient safety, and client experience leadership; system strategic human resource planning; communications support.

Regional Operations: Primary care; community health clinics' operations; home care; mental health and addictions services; health promotion; public health; family violence programs; rehabilitation services; long term care; midwifery; regional acute care; facility operations.

Stanton Territorial Hospital: Acute inpatient services; emergency services, specialty clinics, surgical and obstetric services, dialysis and cancer care, rehabilitation services in partnership with regional operations.

In addition, each of the regions comprising the NTHSSA has a Regional Wellness Council that acts in an advisory capacity to collect community feedback specific to the needs within their regions, to provide residents with an avenue to approach and discuss the NWT health and social services system, and to promote activities that support service delivery for the health and well-being of patients, clients, and families.

Northwest Territories Health and Social Services Authority

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NORTHWEST TERRITORIES
Health and Social Services Authority

FINANCIAL HIGHLIGHTS

RESULTS OF OPERATIONS

The results of operations for the fiscal year ended March 31, 2026, and the financial position as at March 31, 2026, are summarized below:

Description (in thousands of dollars)	Budget 2026	Actual 2026	Actual 2025	Actual 2024	Actual 2023	Actual 2022
Total Revenues	625,352	642,429	588,975	531,545	481,388	463,893
Total Expenses	661,761	637,718	616,958	559,015	533,087	497,655
Annual Surplus (Deficit)	**(36,409)**	**4,711**	**(27,983)**	**(27,470)**	**(51,699)**	**(33,762)**
Financial Assets		109,949	124,114	98,321	95,125	107,602
Less: Liabilities		413,780	434,887	381,472	350,232	313,796
Net Debt		**(303,831)**	**(310,773)**	**(283,151)**	**(255,107)**	**(206,194)**
Non-Financial Assets		7,706	9,937	10,298	9,724	12,510
Accumulated Deficit		**(296,125)**	**(300,836)**	**(272,853)**	**(245,383)**	**(193,684)**

As of March 31, 2026, NTHSSA is reporting an operating surplus of $4.7 million, which is $41.1 million less than the budgeted operating deficit of $36.4 million or 112.9% lower than budgeted amount. This surplus has decreased NTHSSA's accumulated deficit to $296.1 million.

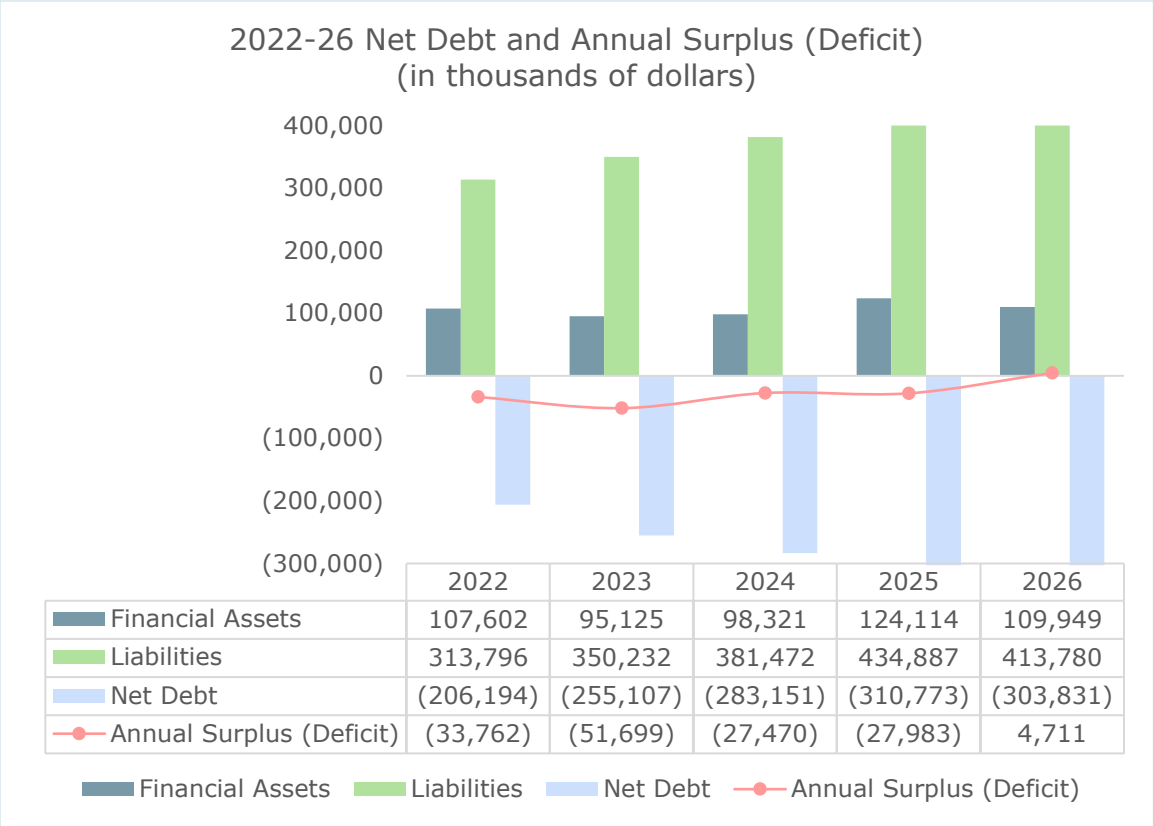
During the year, additional funding of $8.7 million was approved and received from DHSS. The Authority received $35 million from the Department of Health and Social Services as a flow through from the Federal Government. This was a one-time funding for the Medical Travel Program with an increase of $15.6 million from the prior year. Additional funding received covered some of the unexpected and unforeseen cost increases that were not known when the original budget was approved.

NET DEBT AND ANNUAL SUPLUS(DEFICIT)

At the end of the 2026 fiscal year, the Authority is in a net debt position as liabilities exceeded financial assets. NTHSSA's net debt position decreased from $310.8 million to $303.8 million, a decrease of $6.9 million or 2.2% as compared to prior year, driven by the decrease in liabilities to the GNWT. The change in net debt is reflected in the financial statements under the Statement of Change in Net Debt.

Description (in thousands of dollars)	Original Approved Budget 2026	Additional funding from DHSS	Adjusted Budget 2026	Actual 2026	Actual 2025	Actual 2024
Total Revenues	625,352	8,663	634,015	642,429	588,975	531,545
Total Expenses	661,761	1,275	663,036	637,718	616,958	559,015
Annual Surplus (Deficit)	**(36,409)**	**7,388**	**(29,021)**	**4,711**	**(27,983)**	**(27,470)**

The graph below illustrates the Authority's net debt position and annual surplus (deficit) in the last five fiscal years.

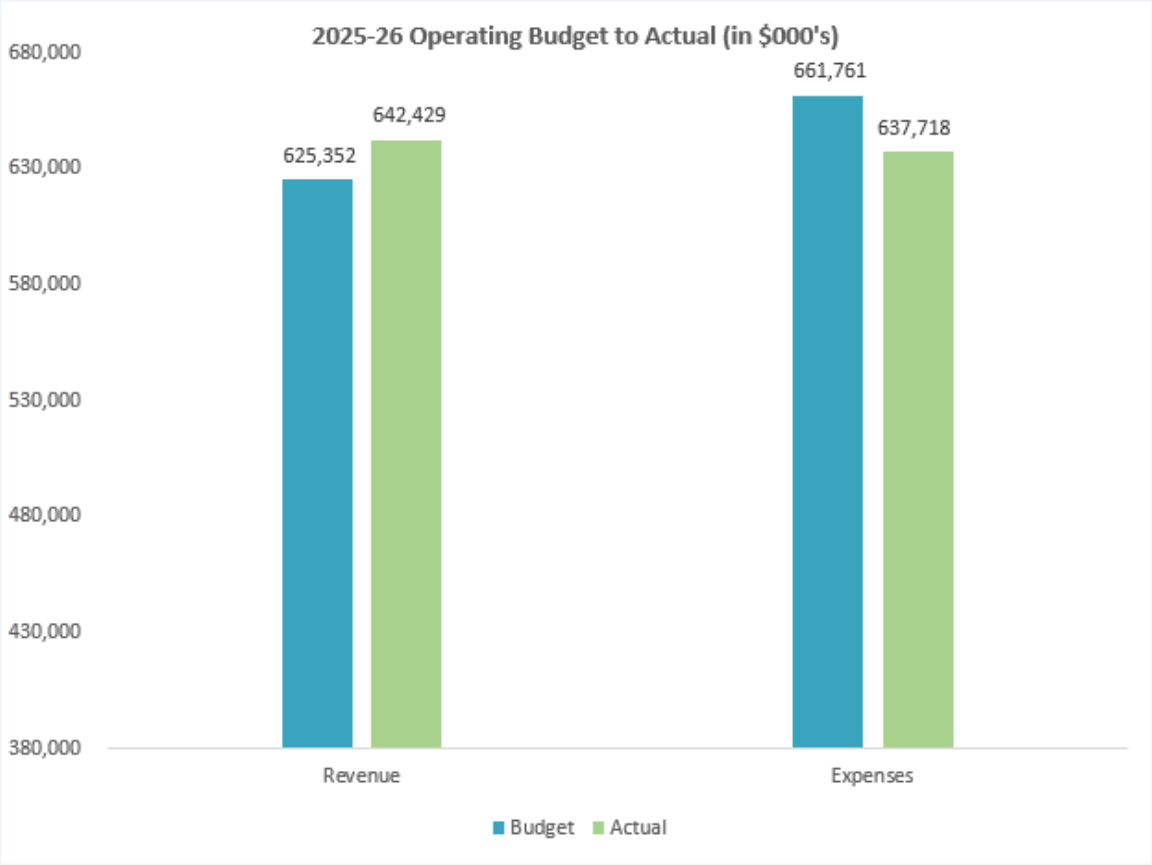


Net assets result when there are financial assets remaining after deducting all liabilities of the Authority. Net debt results when liabilities are more than financial assets. Net debt represents the debt burden on future generations that must be recovered through either future revenues or future service reductions. For fiscal year 2026, the Authority's net debt is $303.8 million. Most of the liability is due to GNWT for resources required to continue the program and services of the authority.

OPERATING REVENUE AND EXPENSES

The revenue for 2025-26 was $17.1 million higher than the original budget, while expenses were $24.0 million lower than budgeted.

The graph below shows the comparison of the budget to the actual amounts for revenues and expenses.



Total actual revenue in 2025-26 is $642.4 million, which is $17.1 million or 2.7% higher than the original budget of $625.4 million. The difference between actual revenues versus budgeted revenues is largely due to $8.7 million supplementary contributions from the GNWT and additional recoveries for the Medical Travel Program of $15.6 million. This was offset by approximately $5.8 million related to less than budgeted claims against Non Core contributions.

Total actual expenses in 2025-26 are $637.7 million, which is $24.0 million or 3.6% less than the original budget. This difference is largely due to $14.2 million vacancy surplus amongst hard to recruit corporate and program positions at NTHSSA such as doctors, nurses, social workers and accountants. This was compounded by $ 7.9 million less than budgeted expenses in Medical Travel resulting from unrealized growth.

KEY FINANCIAL TRENDING

Except in the current year, NTHSSA's annual operating expenses have exceeded annual revenues in each of the past fiscal years. From fiscal year 2021-2022 to fiscal 2025-2026 total revenue increased by $178.5 or 38%. During the same period, expenses grew by $140.1 million or 28.1%, leading to an annual operating surplus in 2025-2026 which slightly reduced the accumulated deficit. This surplus was driven by temporary factors that may not continue into future years. Hence the importance of appropriate funding level to NTHSSA's operations for predictable and sustainable results.

Description (in $000's)	2022	2023	2024	2025	2026
Revenue					
Core Funding	345,923	371,408	385,860	422,155	452,322
Other Revenue	117,970	109,980	145,685	166,820	190,107
Total Revenue	463,893	481,388	531,545	588,975	642,429
Expenses	(497,655)	(533,087)	(559,015)	(616,958)	(637,718)
Annual Operating Surplus (Deficit)	**(33,762)**	**(51,699)**	**(27,470)**	**(27,983)**	**4,711**
Accumulated Deficit	**(193,684)**	**(245,383)**	**(272,853)**	**(300,836)**	**(296,125)**

REVENUE AND EXPENSE GROWTH

Upon amalgamation in 2015-2016, the predecessor Health and Social Services Authorities (HSSA) had a combined operating deficit of $50.8 million which was transferred to the Authority. The annual deficit continued up to 2024-2025 except for the surplus in the current year. The historical deficits were caused by numerous reasons that include cost of overtime due to staffing shortages, underfunded locum costs, unfunded or underfunded programs, unfunded growth in healthcare positions and increase in costs compounded by increase in demand for services. Revenue growth and in particular core funding growth has lagged the growth in expenses resulting in growth in annual deficits in the past.

In 2025-26, NTHSSA received more revenue than the expenses incurred, resulting in the first year where the Authority is reporting a surplus since amalgamation. The surplus is largely due to increased medical travel recoveries received from DHSS through negotiations with the federal government. Although this has resulted in a positive financial impact for NTHSSA, this funding is not certain to continue and will pose sustainability challenges if this funding level is not maintained.

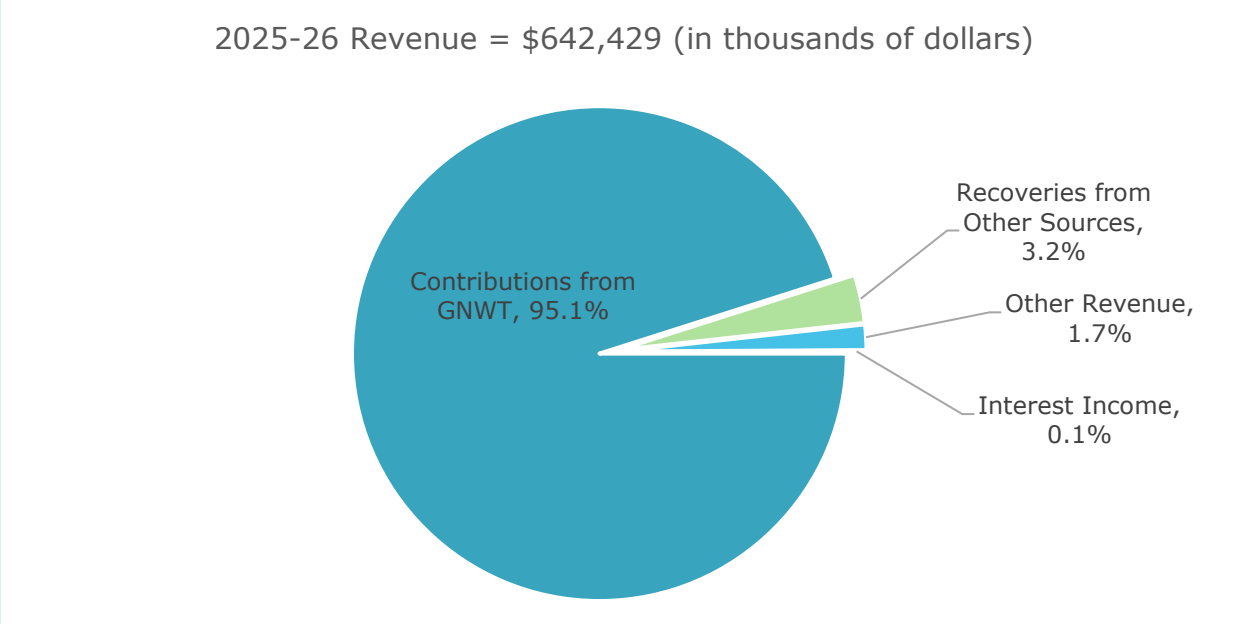
ANALYSIS

REVENUE

NTHSSA reports its results from operations in its financial statements on the Statement of Operations and Accumulated Deficit– by Source for Revenues and by Program for Expenses. Expenses are also shown by Object on note 16.

As shown in the chart below, the GNWT contributions accounted for 95.1% of NTHSSA's total revenue in the 2025-26 fiscal year. This is consistent with 94.3% of total revenue reported in the 2024-25 fiscal year.

Contribution from GNWT as a percentage of total revenue is an indicator of the degree of vulnerability the Authority has because of relying on GNWT contributions.



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The total revenue for the 2025-26 fiscal year is $53.5 million or 9.1% higher than prior year. The $53.5 million increase in actual revenues over prior year is primarily due to $30.0 million additional funding from DHSS and medical travel additional funding of $15.6 million.

REVENUE BY SOURCE

Description (in thousands of dollars)	Budget 2026	Actual 2026	Actual 2025	Actual 2024	Actual 2023
Core and Other Contributions GNWT	481,504	484,321	454,917	406,848	387,990
Recoveries GNWT and Non Insured	88,889	104,350	80,262	72,483	38,174
Grant in Kind GNWT	19,742	22,202	20,222	25,338	28,389
Contributions from the GNWT	**590,135**	**610,873**	**555,401**	**504,669**	**454,553**
Recoveries Other Sources	**21,901**	**20,303**	**24,071**	**17,633**	**16,744**
Recoveries Government of Nunavut	9,963	7,711	5,966	5,943	6,303
Contribution Other Sources	1,431	1,492	1,584	1,022	1,302
Revenues Government of Canada	912	504	928	750	1,576
Other Income	-	953	41	72	32
Other Revenue	**12,306**	**10,660**	**8,519**	**7,787**	**9,213**
Interest Income	**1,010**	**593**	**984**	**1,456**	**878**
Total Revenue	**625,352**	**642,429**	**588,975**	**531,545**	**481,388**

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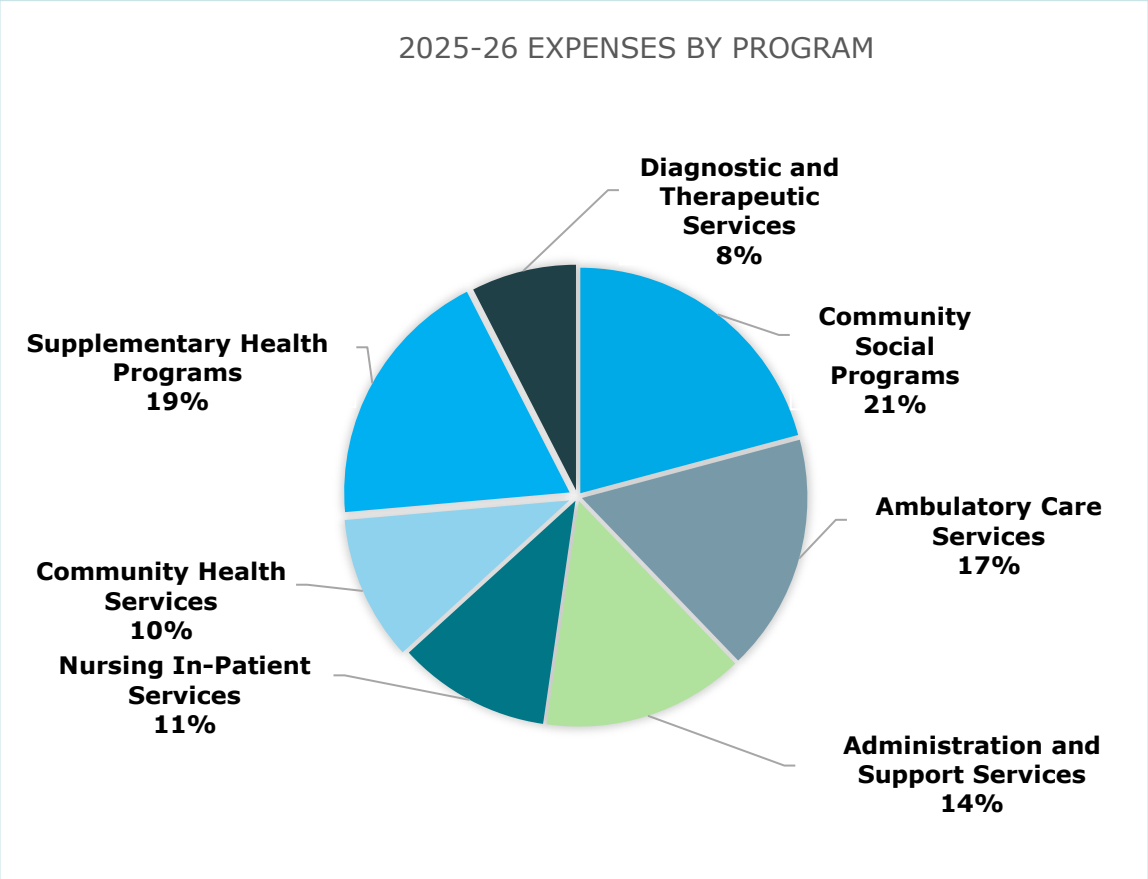
EXPENSES BY PROGRAM

As noted above, the Authority's total expenses 2025-26 are $637.7 million. The percentage distribution of expenses by activity is shown.



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Description (in thousands of dollars)	Budget 2026	Actual 2026	Actual 2025	Actual 2024	Actual 2023	Actual 2022
Community Social Programs	141,357	132,901	137,357	136,441	119,415	116,454
Ambulatory Care Services	112,116	108,235	107,031	97,418	97,612	94,311
Administration and Support Services	98,592	92,362	92,269	81,189	80,306	80,205
Nursing inpatient Services	70,431	69,788	70,629	63,209	65,141	53,916
Community Health programs	64,759	66,136	65,130	60,741	64,608	61,476
Supplementary Health Programs	128,079	120,253	95,724	79,020	64,103	51,968
Diagnostic and Therapeutic Services	46,427	48,043	48,818	40,997	41,902	39,325
Total Expenses	**661,761**	**637,718**	**616,958**	**559,015**	**533,087**	**497,655**

Significant variances between budget versus actual and actual versus prior year are explained as follows:

- Community Social Programs expense is $132.9 million in 2026. This is $8.5 million or 6.0% less than what was budgeted and $4.5 million 3.2% less than 2025. The actual was less than budget and prior year largely due to additional rigor put on the admissions process for this program which resulted in decrease in some of the demands for the Adult out-of-territory support living placement services.

- Ambulatory Care Services expense is $108.2 million in 2026. This is $3.9 million or 3.5% less than what was budgeted and $1.2 million or 1.1 % more than 2025. Ambulatory Care Services expense are less than budget due to vacancies and less Physician services expense due to inability to hire physicians. Ambulatory Care Services expense is consistent with prior year

- Administration and Support Services expense is $92.2 million in 2026. This is $6.2 million or 6.3% less than was budgeted and is $0.1 million or 0.1% higher than 2025 actual. Administration and Support Services is less than budget because of vacant positions totalling approximately $2.4 million, $1.8 million and $0.7 million underspent training & pharmacy software budgets respectively. Administration and Support Services is consistent with prior year.

- Nursing Inpatient Services expense is $69.8 million in 2025. This is $0.6 million or 0.9% less than budgeted and $0.8 million or 1.2% less than 2025. Nursing Inpatient Services expense is consistent with budget and prior year actuals.

- Community Health Programs expense is $66.1 million in 2026. This is $1.4 million or 2.1% more than what was budgeted and $1.0 million or 1.5% more than 2025. This is consistent with budget and prior year actuals.

- Supplementary Health Programs expense is $120.3 million in 2026. This is $7.8 million or 6.1% less than what was budgeted and is $24.5 million or 25.6% more than 2025. The current year expense is less than budget due to lower Medical Travel volumes than budgeted. The budget for

Medical Travel was developed based on an established projection model which incorporates historical trends; however, the forecast did not materialize. The increase in medical travel expense is primarily driven by an increase in air ambulance contract cost, increased cost of airfares and to a lesser degree a slight increase in medical travel volume.

- Diagnostic and Therapeutic Services expense is $48.0 million in 2026. This is $1.6 million or 3.5% more than what was budgeted and $0.8 million or 1.6% less than 2025. This is consistent with budget and prior year.

EXPENSES BY OBJECT

The total expenses for fiscal year 2024-2025 are $637.7 million broken down as follows.

Description (in thousands of dollars)	Actual 2026	Actual 2025	Actual 2024	Actual 2023	Actual 2022
Compensation and benefits	290,850	301,766	267,321	266,459	256,400
Compensation - Locums physician services	40,588	35,716	36,101	31,460	26,591
Medical travel	106,306	80,434	65,848	55,264	53,421
Building, grounds and equipment maintenance services	34,397	34,261	-	-	-
Contracted Out Services*	-	-	84,383	84,640	64,032
Supplies	28,799	27,064	27,288	25,897	23,399
Grant in kind	22,202	20,222	25,356	29,865	31,212
Contributions	16,511	17,084	18,635	18,036	21,434
Change in valuations allowances	851	748	1,183	1,554	3,016
Other Operating costs	36,650	39,455	32,900	19,912	18,150
Adult out-of-territory supported living placement services	46,639	47,157	-	-	-
Training and development services	6,200	5,522	-	-	-
Travel and accommodation services	7,725	7,529	-	-	-
Total Expenses	**637,718**	**616,958**	**559,015**	**533,087**	**497,655**

**In 2024 Contracted out services was broken down into 4 lines, (1)Building, grounds and equipment maintenance services (2) Adult out-of-territory health care placements services (3) Training and development services and (4) Travel and accommodation services*

Significant variances between actual and prior year are explained as follows:

- Compensation expense is $290.9 million in 2026. This is $10.9 million or 3.6% less than 2025. The decrease is largely due to the Collective Bargaining Agreement Retro Pay payments reflected in the 2025 fiscal year.

- Compensation-Locums expenses are $40.6 million in 2026. This is $4.9 million or 13.6% more than 2025. The increase in Locum expense is due to higher compensation rates for Locums and slight increase of Locums usage to address contracted physician shortages.

- Medical and other travel expense is $106.3 million in 2026. This is $25.9 million or 32.2% more than 2025. The increase in medical travel expense is primarily driven by an increase in air ambulance contract cost, increased cost of airfares and to a lesser degree a slight increase in medical travel volume.

- Building, grounds and equipment maintenance expense is $34.4 million in 2026. This is $0.1 million or 0.4% more than 2025. Building, grounds and equipment maintenance services expense is consistent with prior year.

- Supplies expenses are $28.6 million in 2026. This is $1.5 million or 5.6% more than 2025. The increase is primarily due to increased cost of supplies and related to COVID inventory write off.

- Grants in Kind are $22.2 million in 2026. This is $2.0 million or 9.8% more than 2025. The $2 million increase is due to capital lease interest which started in the current year.

- Contributions expenses are $16.5 million in 2026. This is $0.6 million or 3.4% less than 2025. Contribution expense is consistent with prior year.

- Valuation expenses are $0.9 million in 2026. This is $0.1 million or 13.8% higher than 2025. Valuation expense is consistent with prior year.

- Operating cost expenses are $36.7 million in 2026. This is $2.8 million or 7.1% lower than 2025. The decrease is attributable to more than $1.3 million decrease in contracted our medical services. This was compounded by decrease on social program costs due to vacancies.

- Adult out-of-territory support living placement services is $46.6 million in 2026. This is $0.5 million or 1.1% lower than 2025. Adult out-of-territory support living placements and travel expense is consistent with prior year. The growth that has been seen in this area in prior years was curbed in part due to implementation of new admission and policy approaches in this program area.

- Training and development expense is $6.2 million in 2026. This is $0.7 million or 12.3% more than 2025. Training and development expense is consistent with prior year.

- Travel and accommodation services expense is $7.7 million in 2026. This is $0.2 million or 2.6% more than 2025. Travel and accommodation services expense is consistent with prior year.

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OUTLOOK

Over the next several years, NTHSSA will implement several priority initiatives that will support the provision of client-focused quality care that is accessible for all Northwest Territories residents.

NTHSSA aims to improve wait times for primary care and diagnostic imaging and continue to increase and enhance the availability of continuing, community, long-term care and home care options. NTHSSA, in collaboration with the Department of Health and Social Services, will continue to support facilities, equipment, and other infrastructure needed to deliver quality health services.

2026-2027 BUDGET AND PATH TO A BALANCED BUDGET

The Authority's approved 2026-2027 operating budget projects revenue of $637.6 million against expenses of $658.3 million, resulting in a budgeted deficit of $20.6 million. For the first time, the budget includes forecasted medical travel program revenue balanced against the program's budgeted expenses, reflecting the direction that the Authority does not continue to carry a deficit as the delivery agent of this benefit program on behalf of GNWT.

In alignment with the Government of the Northwest Territories' efforts to restore fiscal balance the Authority is committed to achieving a balanced budget in 2027-2028. Continued stabilization of spending through 2026-2027 is an important step towards that objective, supported by the operational priorities set out in the 2026-2027 Operational Plan.

Achieving a balanced position in 2027-2028 will depend on factors described under Risks to Financial Sustainability, several of which are outside the Authority's direct control.

RISKS TO FINANCIAL SUSTAINABILITY

While the 2025-26 surplus represents meaningful progress, several factors outside the Authority's direct control could affect its ability to sustain this position and achieve a balanced budget in 2027-2028.

- Funding uncertainty (reliance on one time versus ongoing funding);
- Growing service demand;
- Unfunded and historically underfunded programming;
- Increasing prevalence of natural emergencies;
- Planned governance transition;
- Recruitment and retention challenges;
- Aging population; and
- Rising costs of goods and services.

NTHSSA will need to manage these risks while implementing its key priority initiatives, controlling cost growth, and improving quality. Several strategies are in place, and they include but are not limited to:

- Implementing the approved People Strategy;
- Strengthening enterprise risk management;
- Implementing performance monitoring; and
- Continuing financial sustainability initiatives.

Continued collaboration with the Department of Health and Social Services (DHSS), the Hay River Health and Social Services Authority (HRHSSA), the Tłı̨chǫ Community Services Agency (TCSA), and the Healthcare System Sustainability Unit (HSSU), will be critical to align the system with the GNWT direction and priorities for providing culturally safe, person-centered, quality care to meet the needs of NWT residents in a fiscally sustainable manner.

FINANCIAL AND OTHER SUSTAINABILITY INTIATIVES

Upon amalgamation in 2016, the predecessor health authorities had an accumulated deficit of $50.8M which was transferred to the NTHSSA and was included in its opening financial position. Each year since, the NTHSSA has incurred annual deficits through carrying out its operations except for fiscal year 2025-2026, resulting in a significant accumulated deficit. Over the years, NTHSSA has worked with NWT HSS System partners and GNWT partners to identify collaborative approaches to address the Authority's deficit.

During the 2025-26 fiscal year, NTHSSA continued to focus its financial sustainability through the creation of a targeted finance-specific plan to reduce the NTHSSA’s deficit. Through these efforts, 2025-26 is the first year where NTHSSA is posting a surplus.

Specific activities carried out under in 2025-26 is as follows:

- Continue to review the drivers of NTHSSA’s deficit including reviewing contracts with third parties to ensure NTHSSA is properly compensated for the services rendered along with the underlying administrative costs, identifying historically underfunded areas of programing such as legacy programs established prior to amalgamation and highlighting the difference between budgeted and funded programs.
- NTHSSA is also continuing to make funding requests outside of the initial approved budget through existing funding pathways in partnership with DHSS and developing requirement-based funding models to provide evidence-based business case for right-funding key programs. This involves continued collaboration with NTHSSA programs to develop program guidelines prior to implementation of new programs.
- Continued detailed analysis of the medical travel program on both revenue and expense basis. This supported by the negotiation led by DHSS with the federal government, which resulted in a higher federal recovery for the program and in turn appropriate funding allocations for the ongoing expenses related to the medical travel program. At this time, the additional funding is for

one-year only and as such NTHSSA will continue to provide support in DHSS's negotiation with the federal government to secure a more sustainable ongoing funding.

- Enhanced efforts in position management by matching and monitoring positions to funding and paving the way to secure funding for unfunded positions that have been added to the health system since NTHSSA's inception to maintain health and social service delivery.
- Enhancing existing budget monitoring processes by introducing a monthly financial update for NTHSSA leadership and the Public Administrator to ensure increased opportunities for management intervention in the event of significant pressures within any area of the Authority.
- Continuing to conduct detailed program analysis (ongoing), uncovering process-improvement opportunities which are continuously implemented. Specific improvements have been made to billing, procurement, and program implementation processes.
- Continuing to improve billing and collection process resulting in increased cashflow and improved collections of outstanding receivables. This includes continuing to leverage competitive bidding (tenders/RFPs) process for goods pricing agreements and equipment and service provision resulting in cost savings.
- Sustained improvements to inventory management standards by implementing supplies standardization, thus increasing consistency of supplies to enhance the Authority's buying power.
- Actively collaborating with Department of Finance in implementing new system improvement initiatives such as the implementation of a paperless Visa system. This system is now allowing direct accountability of Visa purchases through electronic approval process. This new process reduces administrative redtape and provides business information to relevant program for immediate action.

In addition to these Initiatives, the Public Administrator continues to work on enhancing access to care and creating the conditions for long-term sustainability. Guided by a public-facing work plan (the NTHSSA Operating Plan 2026-27), the Public Administrator will continue to work with health system partners and leaders to align the system with the GNWT direction and priorities for providing culturally safe, person-centered, quality care to meet the needs of NWT residents in a fiscally sustainable manner.

The NTHSSA remains committed to delivering high-quality health and social services throughout the Territory in a manner that is fiscally sustainable and aligned with the evolving needs of residents. These efforts are aligned with the broader GNWT pathways for healthcare system sustainability, which focus on governance, financial health, and operational efficiency.

Northwest Territories Health and Social Services Authority

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FINANCIAL REPORTING, CONTROL AND ACCOUNTABILITY

The NTHSSA financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards. In addition, the financial statements include certain disclosures required by the financial directives issued by the Authority. NTHSSA annual reports are available at www.nthssa.ca under "Resources".

An effective and integrated governance model is an essential component to providing the delivery of care services to Northwest Territories residents and the way the organization operates.

The NTHSSA provides governance and financial oversight of operations and activities through the Leadership Council (the Board) and its Finance Committee. The Finance Committee assists the Board in fulfilling their financial responsibilities, including those pertaining to financial reporting and budgeting. More information is available in the Leadership Council Governance Manual. As of December 16, 2024, a Public Administrator was appointed in place of the Leadership Council and assumed all governance-related oversight functions of the Leadership Council and related Committees.

The Office of the Auditor General of Canada is the appointed external auditor of NTHSSA. In addition to expressing an audit opinion on the NTHSSA financial statements, the Office of the Auditor General of Canada also reports recommendations related to NTHSSA to the legislature. The Office of the Auditor General of Canada's reports are available at www.oag-bvg.gc.ca under "Publications".

KIMBERLY RILES, MA BN RN

CHIEF EXECUTIVE OFFICER

29 July 2026

Glossary

GNWT Core Contributions is funding provided by the Government of Northwest Territories for programs and services and comprises approximately 75-80% of total revenues for NTHSSA.

GNWT Other Contributions is funding provided by DHSS through contribution agreements for specific programs.

Grants in Kind GNWT are funds received from the GNWT and Federal Government of Canada and represents the revenue to offset depreciation of fixed assets (buildings and major equipment) and COVID-19 inventory supplies received for free from Canada.

Recoveries Other Sources include amounts recovered for expenses paid by the Authority - relating to hospital services and client medical travel costs.

Community Social programs include primarily Child and Family services, homeless shelters, Foster Care, Children Group Homes, Southern Placements and Residential Care Facilities.

Ambulatory Care Services includes Emergency departments, Physician specialty clinics, Physician services and Medical same day services.

Administration & Support Services is comprised of General Administration, Finance, Communications, Information technology and Support services. General Administration includes senior executives and many functions such as Infection control, Quality assurance, Patient safety and Communication. Support services are comprised of Central surgical instrument sterilization, Materials Management including purchasing, central warehousing and distribution, information technology, Health records, plant maintenance, staff learning and development.

Nursing Inpatient services are comprised predominantly of patient care units such as medical, surgical, obstetrics, pediatrics, mental health, emergency, intensive care, and the Northern Women's health program.

Community health programs consist primarily of Public Health, Corrections, Home Care, Healthy Child Development, Cancer Patient Navigation and Wellness programs.

Supplementary Health Programs consist primarily of Medical Travel, Med-Response and Boarding Homes.

Diagnostic & therapeutic Services supports and provides care for patients through clinical laboratories, diagnostic imaging, pharmacy, acute and therapeutic services such as physiotherapy, occupation therapy, respiratory therapy, speech language pathology.

Northwest Territories Health and Social Services Authority

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NORTHWEST TERRITORIES
Health and Social Services Authority

NORTHWEST TERRITORIES HEALTH AND SOCIAL SERVICES AUTHORITY

Financial Statements

March 31, 2026

Northwest Territories Health and Social Services Authority

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Management's Responsibility for Financial Reporting

Management is responsible for preparing the accompanying financial statements in accordance with Canadian Public Sector Accounting Standards ("PSAS"). Where PSAS permits alternative accounting methods, management has chosen those it deems most appropriate in the circumstances. Significant accounting policies are described in Note 2 to the financial statements. Management is responsible for making certain estimates and judgments required for the preparation of the financial statements. Management is responsible for ensuring that financial information presented elsewhere in the annual report is consistent with the financial statements.

Management is responsible for maintaining financial and management systems and practices which are designed to provide reasonable assurance that reliable financial and non-financial information is available on a timely basis, that assets are acquired economically, are used to further the Authority's objectives, are protected from loss or unauthorized use and that the Authority complies with applicable legislation. Management recognizes its responsibility for conducting the Authority's affairs in accordance with the requirements of applicable laws, sound business principles, and for maintaining standards of conduct that are appropriate to an agent of the Territorial Government. Management reviews the operation of financial and management systems to promote compliance and to identify changing requirements or needed improvements.

The Auditor General of Canada provides an independent, objective audit for the purpose of expressing an opinion on the financial statements. She also considers whether the transactions that come to her notice in the course of the audit are, in all significant respects, in accordance with the specified legislation.

The financial statements have been approved by the Northwest Territories Health and Social Services Public Administrator (Public Administrator).

Kimberly Riles, MA BN, RN
Chief Executive Officer

Marissa Martin, B.Com (Hons), CPA, CGA, MBA
Chief Financial Officer

July 29, 2026

Office of the Auditor General of Canada
Bureau du vérificateur général du Canada

INDEPENDENT AUDITOR'S REPORT

To the Minister responsible for the Northwest Territories Health and Social Services Authority

Opinion

We have audited the financial statements of the Northwest Territories Health and Social Services Authority (the Authority), which comprise the statement of financial position as at 31 March 2026, and the statement of operations and accumulated surplus (deficit), statement of change in net debt and statement of cash flow for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Authority as at 31 March 2026, and the results of its operations, changes in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Authority in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter

We draw attention to Note 1 of the financial statements, which provides information on the Authority's financial position, its continued economic dependence on the Government of the Northwest Territories to sustain its operations and its ability to continue as a going concern. Our opinion is not modified in respect of this matter.

Other Information

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Authority's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Authority or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Authority's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

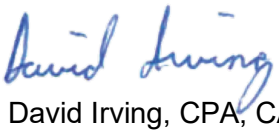
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Authority's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Authority's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Authority to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



David Irving, CPA, CA
Principal
for the Auditor General of Canada

Edmonton, Canada
29 July 2026

Northwest Territories Health and Social Services Authority

Statement of Financial Position

(All figures in thousands of dollars)

As at March 31,	2026	2025
	$	$
Financial Assets		
Cash	**10,159**	13,299
Accounts receivable (note 4)	**14,253**	16,832
Due from Government of the Northwest Territories (note 5)	**85,055**	93,658
Due from Government of Canada	**482**	325
	109,949	124,114
Liabilities		
Accounts payable and accrued liabilities (note 7)	**46,037**	42,793
Due to Government of the Northwest Territories (note 5)	**359,562**	384,335
Due to Government of Canada	**19**	29
Employee future benefits and compensated absences (note 8)	**8,162**	7,730
	413,780	434,887
Net Debt	**(303,831)**	(310,773)
Non-Financial Assets		
Inventory held for use (note 6)	**3,519**	6,010
Prepaid expense	**4,187**	3,927
	7,706	9,937
Accumulated deficit (note 9)	**(296,125)**	(300,836)

Contractual Obligations and Rights and Contingent Liabilities (notes 10 and 11)

Approved on Behalf of the Authority:

Dan Florizone MBA, BComm
Public Administrator

The accompanying notes are an integral part of these financial statements.

Northwest Territories Health and Social Services Authority

Statement of Operations and Accumulated Surplus (Deficit) (All figures in thousands of dollars)

For the year ended March 31,	2026 Budget	2026 Actual	2025 Actual
	$	$	$
Revenues			
Revenues from Government of the Northwest Territories			
Core contributions (note 17)	**443,659**	**452,322**	422,155
Non-core contributions (note 17)	**37,845**	**31,999**	32,762
Recoveries - other	**68,737**	**28,592**	25,779
Recoveries - non-insured health benefits	**20,152**	**75,620**	54,190
Recoveries - prior year expenses	**-**	**138**	293
Grants-in-kind (note 13)	**19,742**	**22,202**	20,222
	590,135	**610,873**	555,401
Other Revenues			
Revenues from Government of Canada	**912**	**504**	928
Recoveries from other sources	**21,901**	**20,303**	24,071
Recoveries from Government of Nunavut	**9,963**	**7,711**	5,966
Contributions from other sources	**1,431**	**1,492**	1,584
Interest income	**1,010**	**593**	984
Other income	**-**	**953**	41
	35,217	**31,556**	33,574
Total Revenues	**625,352**	**642,429**	588,975
Expenses (note 16)			
Community Social Programs	**141,357**	**132,901**	**137,357**
Child and family services	**19,958**	**16,087**	16,878
Program support	**3,233**	**3,367**	3,060
Community addiction and shelter services	**8,608**	**8,241**	6,986
Health promotions and community wellness	**3,826**	**2,930**	3,268
Family presentation	**1,959**	**1,491**	1,597
Foster care	**9,203**	**10,823**	11,032
Youth in territory services	**-**	**3**	1,127
Adult services	**31,856**	**32,537**	33,957
Community mental health	**14,126**	**10,599**	11,899
Southern placements	**48,588**	**46,823**	47,553
Ambulatory Care Services	**112,116**	**108,235**	**107,031**
Administration and Support Services	**98,592**	**92,362**	**92,269**
Administration	**38,719**	**33,627**	37,384
Support services	**59,873**	**58,735**	54,885

The accompanying notes are an integral part of these financial statements.

Statement of Operations and Accumulated Surplus (Deficit) (continued)

(All figures in thousands of dollars)

	2026 Budget	2026 Actual	2025 Actual
Nursing Inpatient Services	**70,431**	**69,788**	**70,629**
Combined medical surgical nursing	**27,120**	**28,233**	30,364
Nursing inpatient services	**5,344**	**4,895**	4,216
Midwifery	**1,479**	**1,302**	1,274
Combined care obstetrics nursing	**8,955**	**6,290**	6,238
Operation room nursing	**7,289**	**7,938**	8,647
Pediatric nursing	**2,534**	**2,710**	2,946
Mental health and addiction nursing	**5,485**	**5,491**	6,012
Long term care	**12,225**	**12,929**	10,932
Community Health Programs	**64,759**	**66,136**	**65,130**
Health services	**3,473**	**2,920**	2,869
Community clinics	**43,842**	**48,219**	45,723
Health promotion and community programs	**17,444**	**14,997**	16,538
Supplementary Health Programs	**128,079**	**120,253**	**95,724**
Sale of goods/rental	**3,812**	**4,190**	6,289
Benefit administration	**124,267**	**116,063**	89,435
Diagnostic and Therapeutic Services	**46,427**	**48,043**	**48,818**
Diagnostic services	**24,752**	**26,833**	27,187
Therapeutic services	**21,675**	**21,210**	21,631
Total Expenses	**661,761**	**637,718**	616,958
Annual Surplus (Deficit)	**(36,409)**	**4,711**	(27,983)
Accumulated Surplus (Deficit), Beginning of Year	**(300,836)**	**(300,836)**	**(272,853)**
AccumulatedSurplus (Deficit), End of Year	**(337,245)**	**(296,125)**	(300,836)

The accompanying notes are an integral part of these financial statements.

Northwest Territories Health and Social Services Authority

Statement of Change in Net Debt (All figures in thousands of dollars)

For the year ended March 31,	2026		2025
	Budget	**Actual**	Actual
	$	**$**	$
Annual Surplus (Deficit) For the Year	**(36,409)**	**4,711**	(27,983)
Adjustments			
Acquisition of inventories held for use	**-**	**(8,949)**	(9,343)
Consumption of inventories held for use	**-**	**11,440**	9,431
Acquisition of prepaid expenses	**-**	**(2,609)**	(2,349)
Use of prepaid expenses	**-**	**2,349**	2,622
Increase (Decrease) in Net Debt for the Year	**(36,409)**	**6,942**	(27,622)
Net Debt, Beginning of Year	**(310,773)**	**(310,773)**	(283,151)
Net Debt, End of Year	**(347,182)**	**(303,831)**	(310,773)

The accompanying notes are an integral part of these financial statements.

Northwest Territories Health and Social Services Authority

Statement of Cash Flow

(All figures in thousands of dollars)

For the year ended March 31,	2026	2025
	$	$
Cash Used in Operating Transactions		
Annual surplus (deficit)	**4,711**	(27,983)
Items not affecting cash:		
Change in valuation allowance for doubtful accounts	**137**	(963)
Changes in operating cash receipts and payments		
Change in accounts receivable	**2,442**	1,115
Change in accounts payable and accrued liabilities	**3,244**	(1,072)
Net change in due to/(from) Government of the Northwest Territories	**(16,170)**	37,585
Change in employee future benefits and compensated absences	**432**	296
Net change in due to/(from) Government of Canada	**(167)**	(19)
Change in inventory held for use	**2,491**	88
Change in prepaid expenses	**(260)**	273
Cash Used in Operating Transactions	**(3,140)**	9,320
Increase (Decrease) in Cash	**(3,140)**	9,320
Cash, Beginning of Year	**13,299**	3,979
Cash, End of Year	**10,159**	13,299

There were no financing, investing, or capital activities during the year.

Total interest received during the year was $593 (2025 - $984).

The accompanying notes are an integral part of these financial statements.

1. Authority and Operations

The Northwest Territories Health and Social Services Authority (the "Authority") operates pursuant to the *Hospital Insurance* and *Health and Social Services Administration Act* (the "Act") of the Northwest Territories ("NWT") and is an agency under Schedule A of the *Financial Administration Act* ("FAA") of the NWT. Accordingly, the Authority operates in accordance with its Act and regulations and any directives issued to it by the Minister responsible for the Authority.

The Authority was established to manage, control and operate the public health facilities and services assigned to it by the Government of the Northwest Territories ("GNWT"). When the Authority was created, six of the eight Health and Social Services Authorities ("HSSAs") were amalgamated under the Authority. The reporting entity comprises the newly created Authority and the operations from six former HSSAs including Beaufort-Delta, Dehcho, Fort Smith, Sahtu, Yellowknife and Stanton Territorial Hospital.

Hay River Health and Social Services Authority ("HRHSSA") and Tłı̨chǫ Community Services Agency ("TCSA") remain outside the Authority; however, the legislation does include provisions to bring the HRHSSA into the Authority at a later date. The Authority serves as a single integrated delivery system for Northwest Territories Health and Social Service programs while recognizing that the TCSA retains a unique role through the provisions of the Tłı̨chǫ Agreement.

As of December 16, 2024 the NTHSSA Leadership Council was replaced with a Public Administrator. Through the Chief Executive Officer, the Authority reports to and takes direction from the Northwest Territories Health and Social Services Public Administrator. The Authority is exempt from taxation pursuant to Paragraph 149 of the *Income Tax Act* of Canada.

Budget

The budgeted figures represent the Authority's original fiscal plan for the year approved by the Public Administrator and the GNWT. To be consistent with the format of the financial statements, presentation changes have been applied as disclosed in note 19.

Going Concern and Economic Dependence

Upon amalgamation in 2016, the predecessor HSSAs had an accumulated operating deficit of $50,824 which was transferred to the Authority and included in its opening financial position. For the year ended March 31, 2026 the Authority had an annual operating surplus of $4,711, (2025 deficit - $27,983), accumulated operating deficit of $296,125 (2025 - $300,836), liabilities of $413,780 (2025 - $434,887) which includes $359,562 (2025 - $384,335) due to the GNWT, and total financial assets of only $109,949 (2025 - $124,114). During the year, the Authority repaid all the payroll processed by the GNWT of $279,741 (2025 - $230, 465) and made a payment against prior years' payroll liability of $23,303 (2025 - $Nil).

The Authority was created as part of a system-wide transformation of the health and social services system in the NWT, including addressing financial pressures. The Authority remains economically dependent upon the annual appropriations received from the GNWT and the GNWT’s authorization for incurring annual operating deficits. The Authority anticipates that the GNWT will continue to provide the current financial support, while working collaboratively with the Authority to identify ways to address the financial pressures.

Since the Authority's inception, the GNWT has increased its funding to the Authority each year. The Authority's operations have also expanded with the opening of a health centre, long-term care facility and hospital. The going concern basis of accounting has been deemed appropriate for the current financial statements. These financial statements do not include any adjustments to the carrying value of assets and liabilities and the reported revenues and expenses.

2. Basis of Presentation and Significant Accounting Policies

Basis of Presentation

These financial statements have been prepared in accordance with Canadian public sector accounting standards as issued by the Canadian Public Sector Accounting Board. Significant aspects of the accounting policies adopted by the Authority are as follows:

(a) Measurement Uncertainty

The preparation of these financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenues and expenses recognized in the financial statements and disclosed in the accompanying notes. By their nature, all estimates are inherently subject to some measurement uncertainty. The estimates are based on facts and circumstances, historical experience and reflect management's best estimate of the related amount at the end of the reporting period. Estimates and underlying assumptions are reviewed annually at March 31.

Measurement uncertainty that is material exists when it is reasonably possible that a material variance could occur in the reported or disclosed amount in the near term. Near term is defined as a period of time not to exceed one year from March 31. Changes in estimates and assumptions will occur based on passage of time and occurrence or non-occurrence of certain future events. Revisions to accounting estimates are recognized in the period in which estimates are revised if revisions affect only that period or in the period of revision and future periods if revisions affect both current and future periods.

Contingent liabilities are subject to measurement uncertainty due to the use of estimates relating to both the outcome of the future event as well as the value of the potential loss. The estimate of the provision for claims is continuously reviewed and refined in light of several factors, including ongoing negotiations, recent settlements and decisions made by the courts. Accounts receivable and Due from GNWT includes accrued receivables based on estimates of patient services provided but not yet assessed for recoverability from third parties. Historical experiences related to these assessments can be inconsistent resulting in challenges predicting future outcomes. This may lead to a greater possibility of a material variance between estimates recognized in the financial statements and the results ultimately realized.

(b) Cash

Cash is comprised of bank account balances, net of outstanding cheques.

(c) Accounts Receivable

Valuation allowances, determined on an individual basis, are based on past events, current conditions and all circumstances known at the date of the preparation of the financial statements and are adjusted annually to reflect the current circumstances by recording write downs or recoveries, as appropriate. Write-downs are recognized when the receivables have been deemed uncollectable. Recoveries are recorded when receivables previously written down are subsequently collected.

2. Basis of Presentation and Significant Accounting Policies (continued)

(d) Tangible Capital Assets

The GNWT retains ownership of all tangible capital assets ("TCA") used by the Authority. The Public Accounts of the GNWT include these TCAs and as such the Authority has no TCAs recognized in its financial statements.

The Authority has recognized grants-in-kind revenue for the use of these TCAs provided free of charge by the GNWT. In addition, the Authority has recognized a corresponding rent expense for these TCAs based on the GNWT's amortization which is the GNWT's cost. This rent expense has been allocated to the Authority's programs in the Statement of Operations and Accumulated Deficit.

(e) Inventories Held for Use

Inventories consist of general supplies including hospital operating room supplies. Inventories held for use are valued at the lower of cost and replacement value. Where inventory has been donated it is measured at fair value at the date of acquisition.

(f) Revenue Recognition

Government Transfers

Government transfers are recognized as revenues when the transfer is authorized, reasonable estimates of the amounts can be determined and any eligibility criteria and stipulations have been met, except for the extent that transfer stipulations give rise to an obligation that meets the definition of a liability. Transfers are recognized as deferred revenue when transfer stipulations give rise to a liability. Transfer revenue is recognized in the Statement of Operations and Accumulated Deficit as the stipulation liabilities are settled.

Recoveries

Recoveries include amounts recovered for expenses paid by the Authority primarily relating to hospital services, medical fees, client medical travel costs and non-insured health benefits.

The recoveries noted above are exchange transactions that have separate performance obligations. Revenue for these recoveries is recognized at a point in time once the service is rendered, amounts can be reasonably estimated, and collection is reasonably assured.

Recoveries of Prior Years' Expenses

Recoveries of prior years' expenses and reversal of prior years' expense accruals in excess of actual expenditures are reported separately from other revenues on the Statement of Operations and Accumulated operating Deficit. Pursuant to the FAA, these recoveries cannot be used to increase the amount appropriated for current year expenses.

Other Revenues

Other revenues are recognized when the service is performed or the goods are provided. The Authority may provide uninsured medical services for which revenue is recognized including recoveries for providing uninsured services and sale of food at its hospital cafeterias.

2. Basis of Presentation and Significant Accounting Policies (continued)

(g) Employee Future Benefits and Compensated Absences

Under the terms and conditions of employment, employees may earn non-pension benefits for resignation, retirement and removal costs. Eligible employees earn benefits based on years of service to a maximum entitlement based on terms of employment. Eligibility is based on a variety of factors including place of hire, date employment commenced and reason for termination. Benefit entitlements are paid upon resignation, retirement or death of an employee.

The expected cost of providing these benefits is recognized as employees render service. Termination benefits are also recorded when employees are identified for lay-off. The benefits under these two categories are valued using the projected unit credit methodology. Compensated absences include sick, special, parental and maternity leave. Accumulating non-vesting sick and special leave are recognized in the period the employee provides service, whereas parental and maternity leave are event driven and are recognized when the leave commences. Benefits that accrue under compensated absence benefits are actuarially valued using the expected utilization methodology. An actuarial valuation of the cost of these benefits (except parental and maternity, annual, and lieu time leaves) has been prepared using data provided by management and assumptions based on management's best estimates. Unamortized actuarial gains or losses are amortized over the employees' average remaining service life which is 10.6 years (2025 - 10.3 years).

(h) Pensions

The Authority and its eligible employees make contributions to the Public Service Pension Plan administered by the Government of Canada. These contributions represent the total liability of the Authority and are recognized in the financial statements as expenses when they are incurred. The Authority is not required under present legislation to make contributions with respect to actuarial deficiencies of the Public Service Pension Plan.

The Authority and its contracted physicians make contributions to a physician directed investment fund administered by the Canadian Medical Association. These contributions represent the total pension liability of the Authority and are recognized in the financial statements as expenses when they are incurred.

(i) Financial Instruments

The Authority classifies its financial instruments at cost or amortized cost.

This category includes cash, accounts receivable, due (to) from the Government of the Northwest Territories, due (to) from Government of Canada, accounts payable and accrued liabilities. They are initially recognized at cost and subsequently carried at amortized cost using the effective interest rate method, less any impairment losses on financial assets. Transactions costs related to financial instruments in the amortized cost category are added to the carrying value of the instruments. Write-downs on financial assets in the amortized cost category are recognized when the amount of a loss is known with sufficient precision and there is no realistic prospect of recovery. Financial assets are then written down to net recoverable value with the write down being recognized in the Statement of Operations and Accumulated Deficit.

(j) Non-Financial Assets

Non-financial assets are accounted as assets by the Authority as they may be used to provide services in future periods. These assets do not normally provide resources to discharge the liabilities of the Authority unless they are sold.

2. Basis of Presentation and Significant Accounting Policies (continued)

(k) Contractual Obligations and Contingencies

The nature of the Authority's activities requires entry into operational contracts that can be significant in relation to its current financial position or that will materially affect the level of future expenses. Contractual obligations are commitments for operating, commercial and residential leases. Contractual obligations are obligations of the Authority to others that will become liabilities in the future when the terms of those contracts or agreements are met.

The contingencies of the Authority are potential liabilities which may become actual liabilities when one or more future events occur or fail to occur. If the future event is considered likely to occur and is quantifiable, an estimated liability is accrued. If the occurrence of the confirming future event is likely but the amount cannot be reasonably estimated, the contingency is disclosed. If the occurrence of the confirming event is not determinable, the contingency is disclosed.

(l) Expenses

Expenses are reported on an accrual basis. The cost of all goods and services received during the year is expensed, except for certain assets and services provided without charge. Assets provided at no cost are described in Note 13.

(m) Related Parties

Related party transactions are in the normal course of operations and have been valued in these financial statements at the exchange amount which is the amount of consideration established and agreed to by the related parties, except for certain services and other contributions provided by the GNWT at no cost. The Authority is related in terms of common ownership to all GNWT created departments, public agencies and key management personnel and close family members. Key management personnel are those having authority and responsibility for planning, directing and controlling the activities of the Authority.

Services provided at no cost, which are part of the central agency role of the GNWT and cannot be reasonably estimated are not recorded in these financial statements. These services include building utilities, repairs and maintenance, payroll processing, insurance and risk management, legal counsel, construction management, records storage, computer operations, asset disposal, project management and translation services.

Other assets and services provided at no cost by the GNWT are recorded in the financial statements. Use of assets which include buildings, leasehold improvements, equipment, and vehicles, are recorded as described in Note 2 (d). Donated assets are recognized as grants-in-kind in the Statement of Operations and Accumulated Deficit, when received. Operating costs paid on the Authority's behalf are recognized as contracted services expense and grants-in-kind in the Statement of Operations and Accumulated Deficit. Grants-in-kind are measured using the cost incurred by the GNWT.

2. Basis of Presentation and Significant Accounting Policies (continued)

(n) Accounts Payable and Accrued Liabilities

Liabilities are present obligations arising from past transactions or events, the settlement of which is expected to result in the future sacrifice of economic benefits.

Accounts payable and accrued liabilities primarily include obligations to pay for goods and services acquired prior to year-end, reimbursement of medical related travel expenses, and to pay for employee compensation earned prior to year-end.

Annually, employees earn vacation and in lieu credits in accordance with their respective collective bargaining agreement or contract. Any unused credits that have not been paid out are recorded as payable at the employees' pay rate at year-end.

(o) Future Accounting Standards

Effective April 1, 2026, the Authority will be required to adopt the new Conceptual Framework for Financial Reporting in the Public Sector. Early adoption of the new framework is permitted. The Authority is currently assessing the impact of this new framework on the financial statements.

Effective April 1, 2026, the Authority will be required to adopt PS 1202 Financial Statement Presentation. The standard sets out general and specific requirements for the presentation of information in financial statements. The financial statement presentation principles are based on the concepts in the Conceptual Framework. Early adoption is permitted if the Conceptual Framework for Financial Reporting in the Public Sector is early adopted. At the reporting date of these statements, the Authority completed its assessment of the impact of these changes. The Authority intends to adopt the Conceptual Framework and the related standards concurrently.

3. Designated Assets

The Authority records financial information in individual funds that are internally segregated for the purpose of carrying on specific activities or attaining certain objectives. These funds are included in cash on the Statement of Financial Position totaling $69 (2025 - $88). Funds established by the Authority include a special project reserve of $69 (2025 - $88) which are donations made to the Authority under non-contractual conditions.

Notes to the Financial Statements (All figures in thousands of dollars)

4. Accounts Receivable

	Accounts receivable	Allow. For Doubtful Accounts	2026	2025
	$	$	$	$
Trade receivables	**15,919**	**(7,395)**	**8,524**	8,491
Government of Nunavut	**2,938**	**(38)**	**2,900**	4,337
Due from Workers' Safety and Compensation Commission	**409**	**-**	**409**	476
Due from related parties (note 15)	**2,420**	**-**	**2,420**	3,528
Total accounts receivable	**21,686**	**(7,433)**	**14,253**	16,832

The total amount of impaired account receivable is $7,433.

5. Due from/(to) the Government of the Northwest Territories

For core funding, the Authority receives transfer payments from the GNWT on a monthly basis. For other recoveries, the Authority receives payments within 30 days of submitting an invoice.

Due from the Government of the Northwest Territories

	2026	2025
	$	$
Health and Social Services	**81,761**	87,243
Finance	**216**	1,433
Justice	**92**	13
Education, Culture and Employment	**-**	42
Infrastructure	**3**	-
Municipal and Community Affairs	**2,983**	4,927
Total due from the Government of the Northwest Territories	**85,055**	93,658

Notes to the Financial Statements (All figures in thousands of dollars)

Due to the Government of the Northwest Territories	2026	2025
	$	$
Payroll liabilities	**352,958**	376,261
Health and Social Services	**2,747**	2,338
Finance	**3,857**	5,500
Justice	**-**	4
Infrastructure	**-**	232
Total due to the Government of the Northwest Territories	**359,562**	384,335

The due to Government of the Northwest Territories is unsecured, without interest and due on demand. During the year the Authority repaid all payroll processed by the GNWT, $279,741 and made a payment against prior years' payroll liability of $23,303.

6. Inventory Held for Use

The Authority carries several types of inventories for use in operations.

	2026	2025
	$	$
General supplies	**1,868**	4,165
Pharmaceutical	**1,651**	1,845
	3,519	6,010

7. Accounts Payable and Accrued Liabilities

	2026	2025
	$	$
Trade payables	**32,036**	28,998
Annual leave and lieu time	**13,993**	13,729
Due to related parties (note 15)	**8**	66
Total accounts payable and accrued liabilities	**46,037**	42,793

8. Employee Future Benefits and Compensated Absences

The Authority provides severance (resignation and retirement), removal and compensated absence (sick, special, maternity and parental leave) benefits to its employees. The benefit plans are not pre-funded and thus have no assets, resulting in a plan deficit equal to the accrued benefit obligation. Severance benefits are paid to Authority employees based on the type of termination (e.g. resignation versus retirement) and appropriate combinations that include inputs such as when the employee was hired, the rate of pay, the number of years of continuous employment and age and the benefit is subject to maximum benefit limits. Removal benefits are subject to several criteria, the main ones being location of hire, employee category and length of service.

Compensated absence benefits generally accrue as employees render service and are paid upon the occurrence of an event resulting in eligibility for benefits under the terms of the plan. Events include but are not limited to employee or dependent illness and death of an immediate family member. Benefits that accrue under compensated absence benefits, excluding maternity and parental leave, were actuarially valued using the expected utilization methodology. Non-accruing benefits include maternity and parental leave and are recognized when leave commences.

Notes to the Financial Statements (All figures in thousands of dollars)

8. Employee Future Benefits and Compensated Absences (continued)

Valuation Results

The most recent actuarial valuation was completed as at February 12, 2025. The results were extrapolated to March 31, 2026. The effective date of the next actuarial valuation is March 31, 2028. The table below provides details on the change in the accrued benefit obligation as well as the liability for employee future benefits and compensated absences.

	2026	2025
	$	$
Accrued benefit obligations, beginning of year	**9,030**	7,920
Current period benefit cost	**610**	602
Interest accrued	**385**	426
Benefits payments	**(1,217)**	(994)
Actuarial loss	**(450)**	1,076
Accrued benefit obligations, end of year	**8,358**	9,030
Unamortized net actuarial gain/(loss)	**(1,740)**	(2,753)
Employee future benefits & compensated absence liability - actuarially valued	**6,618**	6,277
Other compensated absences liability - not actuarially valued	**1,544**	1,453
Total employee future benefits and compensated absences	**8,162**	7,730

Benefits Expense	**$**	$
Current period benefit cost	**610**	602
Interest accrued	**384**	426
Amortization of actuarial loss	**564**	332
	1,558	1,360

The discount rate used to determine the accrued benefit obligation is an average of 4.7% (2025 - 4.3%).

Notes to the Financial Statements (All figures in thousands of dollars)

9. Accumulated Deficit

	2026	2025
	$	$
Accumulated operating deficit upon amalgamation in 2016	**50,824**	50,824
Addition to the accumulated deficit since amalgamation	**245,301**	250,012
Accumulated deficit	**296,125**	300,836

10. Contractual Obligations and Rights

The Authority has entered into agreements for equipment, operations and services (GNWT Medical travel program) or is contractually committed to the following amounts which are currently expected to become liabilities subsequent to March 31, 2026:

	Expires in Fiscal Year	2027	2028	2029	2030	2031	2032+	Total
		$	$	$	$	$	$	$
Equipment leases	**2031**	214	140	120	100	8	-	582
Operational leases	**2030**	3,220	1,262	943	24	-	-	5,449
Service contracts	**2035**	118,602	90,175	47,241	46,751	47,843	197,637	548,249
Contribution agreements	**2028**	1,950	164	-	-	-	-	2,114
		123,986	91,741	48,304	46,875	47,851	197,637	556,394

Contractual rights are rights of the Authority to economic resources arising from contracts or agreements that will result in both assets and revenues subsequent to March 31, 2026 when the terms of those contracts or agreements are met.

	Expires in Fiscal Year	2027	2028	2029	2030	2031	2032	Total
		$	$	$	$	$	$	$
Contribution agreements	**2028**	18,708	13,394	-	-	-	-	32,102

11. Contingent Liabilities

In the normal course of operations, the Authority is subject to claims and pending and threatened litigation against the Authority and its staff. At year-end, the Authority estimated the total claimed amount for which the outcome is not determinable at $16,362 (2025 - $22,200). No provision for such claims has been made in these financial statements as it is not determinable that any future event will confirm that a liability has been incurred as at March 31, 2026.

12. Trust Assets Under Administration

The authority administers $548 (2025 - $430) of trust assets, consisting of cash held on behalf of patients, which are not included in the reported Authority's assets and liabilities.

13. Grants-in-Kind

The Authority utilizes capital assets owned by the Government of the Northwest Territories at no cost. The estimated value of this in-kind contribution has been recognized in the financial statements based on the annual amortization expense attributable to the assets used by the Authority.For the year ended March 31, 2026, grant-in-kind revenue and the corresponding expense recognized in the Statement of Operations and Accumulated Surplus (Deficit) amounted to $22,202 (2025 – $20,222).

14. Pensions

All eligible employees participate in Canada's Public Service Pension Plan ("PSPP"). The PSPP provides benefits based on the number of years of pensionable service to a maximum of 35 years. Benefits are determined by a formula set out in the legislation; they are not based on the financial status of the pension plan. The basic benefit formula is two percent per year of pensionable service multiplied by the average of the best five consecutive years of earnings.

The PSPP was amended during 2013 which raised the normal retirement age and other age-related thresholds from age 60 to age 65 for new members joining the plan on or after January 1, 2013. For members with start dates before January 1, 2013, the normal retirement age remains age 60. The employer contribution rate effective at the end of the year is 1.02 times (2025 – 1.02) the employees' contributions for employees who started prior to January 2013 and 1.0 times (2025 – 1.0) the employees' contributions for all other employees.

The Authority and the contracted Physicians contribute to the Physician Retirement Income Benefit ("PRIB"). The Physicians' contribution rate is 7.5 percent of the Physicians' base salary, less the Physicians' contribution to the Canada Pension Plan. The Authority contribution rate is 15 percent of the Physicians' base salary, minus the Employer's contribution to the Canada Pension Plan on behalf of the Physician. The Authority contributed $15,317 (2025 – $16,001) to PSPP and $1,494 (2025 – $1,700) to the Physicians' fund. The employees' contributions were $15,148 (2025 – $16,098) and $686 (2025 – $762) respectively.

Notes to the Financial Statements (All figures in thousands of dollars)

15. Related Party Balances and Transactions

Related party transactions not disclosed elsewhere are as follows:

Due from Related Parties:	Accounts receivable	Allowance for doubtful accounts	Net 2026	Net 2025
	$	$	$	$
Hay River Health and Social Services Authority	**824**	**-**	**824**	2,732
Tłı̨chǫ Community Services Agency	**542**	**-**	**542**	261
Stanton Territorial Hospital Foundation	**1,054**	**-**	**1,054**	535
	2,420	**-**	**2,420**	3,528

Due to Related Parties:	2026	2025
	$	$
Tłı̨chǫ Community Services Agency	**-**	12
Hay River Health and Social Services Authority	**-**	42
Fuel Services Division	**4**	4
Northwest Territories Power Corporation	**4**	8
	8	66

Revenues from Related Parties:	2026	2025
	$	$
Hay River Health and Social Services Authority	**3,326**	3,042
Tłı̨chǫ Community Services Agency	**1,183**	940
Northwest Territories Power Corporation	**153**	-
Workers' Safety and Compensation Commission	**780**	-
Education Councils and Authorities	**-**	2
Stanton Territorial Hospital Foundation	**1,418**	1,013
Ulukhaktok Housing Association	**1**	-
	6,861	4,997

Notes to the Financial Statements (All figures in thousands of dollars)

15. Related Party Balances and Transactions (continued)

Expenses Paid to Related Parties:	2026	2025
	$	$
Hay River Health and Social Services Authority	**242**	291
Tłı̨chǫ Community Services Agency	**193**	-
Government of the Northwest Territories	**12,829**	15,466
Aurora College	**1,017**	1,192
Northwest Territories Power Corporation	**159**	134
Northwest Territories Housing Corporation	**54**	52
Non-Insured Health Benefits	**47**	64
Fuel Services Division	**57**	62
Northwest Territories Liquor and Cannabis Commission	**2**	2
Housing Associations and Authorities	**176**	371
Education Councils and Authorities	**2**	3
	14,778	17,637

16. Expenses by Object

	2026	2025
	$	$
Compensation and benefits	**290,850**	301,766
Compensation - locums physician services	**40,588**	35,716
Medical travel	**106,306**	80,434
Building, grounds and equipment maintenance services	**34,397**	34,261
Supplies	**28,799**	27,064
Grants-in-kind (note 13)	**22,202**	20,222
Contributions	**16,511**	17,084
Change in valuation allowances	**851**	748
Other operating costs	**36,650**	39,455
Adult out-of-territory supported living placement services	**46,639**	47,157
Training and development services	**6,200**	5,522
Travel and accommodation services	**7,725**	7,529
Total Expenses	**637,718**	616,958

Other operating costs are: general administration expense of $12,636 (2025 - $9,439), Foster care expenses $10,829 (2025 - $12,595), Other $9,771 (2025 - $12,705) and Other contracted out medical services $3,414 (2025 - $4, 716).

Notes to the Financial Statements (All figures in thousands of dollars)

17. Contributions from the Government of the Northwest Territories

	2026 Budget	2026 Actual	2025 Actual
	$	$	$
Core Contributions	**443,659**	**452,322**	422,155
Territorial Health Investment Fund - System Non Sustainability	**7,468**	**7,325**	7,103
NWT Agreement to Work Together to Improve Health Care for Canadians Action Plan	**8,287**	**7,562**	6,975
Home and Community Care	**9,002**	**6,658**	7,476
NIHB Administrative Costs	**5,194**	**4,328**	5,194
Aging with Dignity	**2,449**	**3,071**	2,704
Territorial Health Investment Fund - System Sustainability	**895**	**1,063**	844
French Language Services	**826**	**755**	812
Federal Navigator	**503**	**-**	367
Family, Community and Culture Connection Project	**-**	**281**	437
Smoking Cessation	**337**	**497**	135
Youth Transition & Navigation Worker	**-**	**-**	218
Collective Kitchen	**168**	**135**	152
Lactation Program	**157**	**153**	89
Canadian Hospitals Injury Reporting and Prevention Program	**152**	**122**	152
Community Health Representative Education and Development in Health Promotion	**80**	**49**	65
Fort Smith Region Mold Remediation	**-**	**-**	32
Stop the Drugs: Take Back Our Community	**-**	**-**	7
Other	**2,327**	**-**	-
Total Non-core Contributions	**37,845**	**31,999**	32,762
Total Contributions from the GNWT	**481,504**	**484,321**	454,917

Notes to the Financial Statements (All figures in thousands of dollars)

18. Financial Instruments

The Authority is exposed to credit and liquidity risks from its financial instruments. Qualitative and quantitative analysis of the significant risk from the Authority's financial instruments by type of risk is provided below:

(a) Credit Risk

Credit risk is the risk of financial loss of the Authority if a debtor fails to make payments of interest and principal when due. The Authority is exposed to this risk relating to its cash and accounts receivable.

The Authority holds its cash with federally regulated chartered banks who are insured by the Canadian Deposit Insurance Corporation. In the event of default, the Authority's cash is insured up to $100.

Accounts receivables are due from various governments, government agencies, corporations and individuals. Credit risk related to accounts receivable is mitigated by internal controls as well as policies and oversight over arrears for ultimate collection. The Authority has determined that accounts receivable include amounts that are past due and considered to be impaired. These amounts are as disclosed in Note 4.

Due from the GNWT is for operational funding and recoveries. There is minimal credit risk on amounts due from the GNWT. All amounts due from the GNWT and Canada are current and not impaired.

The aging information for the Authority's accounts receivable that are past due and not impaired is as follows:

	31 - 60 days	61-90 days	Over 90 days	Total
Accounts receivable	2,105	1,163	1,947	5,215

The Authority's maximum exposure to credit risk is represented by the financial assets for a total of $109,949 (2025 - $124,114).

Concentration of credit risk

Concentration of credit risk is the risk that one or more customers has a significant portion (more than ten percent) of the total accounts receivable balance and thus there is a higher risk to the Authority in the event of a default. The Authority does have concentration of credit risk. At March 31, 2026, receivables from the GNWT comprised 85% of the total outstanding accounts receivables (2025 - 85%). The Authority manages this risk by monitoring overdue balances.

(b) Liquidity Risk

Liquidity risk is the risk that the Authority will not be able to meet all cash outflow obligations as they come due. The Authority mitigates this risk by monitoring cash activities and expected outflows through budgeting, deferring repayment to the GNWT (Note 1) and maintaining an adequate amount of cash to cover unexpected cash outflows should they arise. Accounts receivables are due within 30 days, due to the GNWT is due on demand and accounts payable are made within 30 days.

18. Financial Instruments (continued)

Total financial assets are $109,949 (2025 - $124,114) and financial liabilities are $405,618 (2025 - $427,157). All financial liabilities are due on demand. The Authority has disclosed contractual obligations in Note 10. There have been no significant changes from the previous year in the exposure to risk or policies, procedures, and methods used to measure the risk.

Notes to the Financial Statements (All figures in thousands of dollars)

19. Budget

The Authority's budget is approved at the start of the fiscal year. Adjustments to the budget relating to GNWT funding are approved throughout the fiscal year through Notice of Target Adjustments ("NOTAs"). The revised budget at the end of the year is detailed below:

	Original Budget	NOTAs	Revised Budget	Actual Amount	Over (Under) Budget
	$	$	$	$	$
Revenues					
Revenues from Government of Northwest Territories					
Core contributions	443,659	8,663	452,322	452,322	-
Non-core contributions	37,845	-	37,845	31,999	(5,846)
Recoveries - other	68,737	-	68,737	28,592	(40,145)
Recoveries - non-insured health benefits	20,152	-	20,152	75,620	55,468
Recoveries - prior year expenses	-	-	-	138	138
Grants-in-kind	19,742	-	19,742	22,202	2,460
	590,135	8,663	598,798	610,873	12,075
Othe Revenues					
Revenues from Government of Canada	912	-	912	504	(408)
Recoveries from other sources	21,901	-	21,901	20,303	(1,598)
Recoveries from Government of Nunavut	9,963	-	9,963	7,711	(2,252)
Contributions from other sources	1,431	-	1,431	1,492	61
Interest income	1,010	-	1,010	593	(417)
Other income	-	-	-	953	953
	35,217	-	35,217	31,556	(3,661)
Total Revenues	625,352	8,663	634,015	642,429	8,414
Expenses					
Community Social Programs	141,357	598	141,955	132,901	(9,054)
Ambulatory Care Services	112,116	-	112,116	108,235	(3,881)
Administration and Support Services	98,592	-	98,592	92,361	(6,231)
Nursing Inpatient Services	70,431	-	70,431	69,788	(643)
Community Health Programs	64,759	-	64,759	66,136	1,377
Supplementary Health Programs	128,079	-	128,079	120,254	(7,825)
Diagnostic and Therapeutic Services	46,427	677	47,104	48,043	939
Total Expenses	661,761	1,275	663,036	637,718	(25,318)
Annual Operating Surplus (Deficit)	(36,409)	7,388	(29,021)	4,711	33,732

19. Budget (continued)

Furthermore, the budget figures presented in the statement of operations are based on the budget approved by the Minister for the year ended March 31, 2026. The approved budget was prepared on a basis consistent with the presentation of the financial statements, except that certain amounts have been reclassified to conform to the financial statement presentation.

The approved budget differs from the budget presented in the statement of operations because the approved budget allocated certain cost as being central overhead costs that supports program delivery. Common program costs were allocated to activities based on expenditures. As a result, budget amounts have been reclassified for financial statement presentation purposes. These reclassifications do not change the total approved budget.

20. Comparative Figures

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted for the current year.

APPENDIX B
FORGIVENESS OF DEBT

FORGIVENESS OF DEBT

The total debt forgiveness during the fiscal year ended March 31, 2026 was $826,176.

	$		$
ABDULLAHI, HATIM	5,674	CHISHOLM, JOHN	2,075
ABRAHAM, WILFRED	309	CHOCOLATE, GORDON	192
ABUBAKAR, BAKAL	11,118	CHONG, CHAU HA	127
ADAMS, LARRY G	29,094	CHRISTIAN, JAHVON	5,524
ADAMS, MARY JANE ELLEN	200	COLBORNE, SARAH	101
ADJUN, COLIN	132	COOK, EDWARD JOSEPH JR.	21,969
ADJUN, COLIN NICHOLAS	14,896	DASTOU, KENDALL LEE	101
ADZIN, OUDZIBEE	135	DAVISKIBA, TASSIE T	170,358
AKPOE, MARC	9	DENEYOUA, EDWARD	330
ALLEN, DORCAS	60	DENEYOUA, JAMES	6,389
ALLEN, FOSTER S	359	DENEYOUA, RAYMOND	6,795
ALLEN, WILLIAM	170	DESIRE TESAR, BLESSING	53
AMAGONALOK, EDWIN ALLEN YURANGUQ	70	DEVOST-THOMAS, HUGO DAVID	450
ANABLAK, JESSICA C	2,008	DOBBS, CHANTALLE THERESE	400
ANAKANERK, MONICA TABLU	2,837	DOOLEY, KATE	247
ANGASUK, DEBBIE IDA	1,391	DREW, JAMES MICHAEL	10
ANGIVRANA, ROBERT KOMEK	11,348	DRYBONES, EDWARD	100
ANGOHIATOK, CAROLYNN FAYE	2,837	EDDY, KODI RAYMOND	200
ANGOTTITAURUQ, MARILYN ANGIE UBLURIAQ	14,185	EGOTIK, ANNIE KAHAPINA	17,022
ANSDELL, JOHN	359	EKOTLA, ISADORE	253
ANTOINE, DARLENE	3,616	EL BEKAI, ABDALLAH	8
ANTOINE, FOSTER R.	560	EL SAIS, AHMED	716
AQUPTANGUAQ, DYLAN	2,837	ENZOE, AUGUSTIN	249
ASHCROFT, JESSICA	386	ESTATE OF WALCER, MICHAEL	12,666
ASHTON, CHRISTOPHER WEILLIAM	17,022	ESTATE OF BEAULIEU, FRED N.	7,095
ATATAHAK, ABBY	2,837	ESTATE OF CLARK, WILLIAM C	7
BALKAR, CHAND	16	ESTATE OF EDITH HAOGAK	10,178
BARNET, JUSTIN DONALD	400	ESTATE OF ESTHER GREENLAND	3,777
BAROT, PURAB JAYESHKUMAR	134	ESTATE OF GODDARD, SHEILA	1,388
BEAULIEU, ROCKY DANNY	526	ESTATE OF IRENE W. EDKINS	2,763
BEBER, ERIKA	667	ESTATE OF KAGYUT, JEAN	844
BEKALE, CHASTITY PAIGE	25	ESTATE OF MABBITT, GRACE	11,276
BERREAULT, ANGELA M	387	ESTATE OF MCLEOD, KRISTINE E	160
BESSETTE, BRITTNEY DEANNA	135	ESTATE OF PETER FRANCIS	17,719
BETSIDEA, MAURICE	1,570	ETOKTOK, VIOLET HIKTAK	2,837
BETTHALE, GERMAINE	1,123	FABIEN, STEVE TYRONE	1,600
BJORNSON, HALLI	400	FLEMING, JASON	401
BLOIS, JAMES RYAN WILLIAM	400	FOSTER, TZENA A	56,924
BOCK, PATTY	359	FOSTY, SAMANTHA MARILYN HELEN	200
BOE, ALAN	1,650	FOX, HUNTER ERIC WALTER	400
BOLT, PAULINE EVEGHOAK	2,837	FRAMPTON, CHER LYNN	1,455
BOUCHER, BRAYDEN HENRY ABEL	135	GARGAN, STEPHANIE I	192
BOUCHER, ERNEST	249	GARDEN, KATHY	36
BOURQUE, MYLES	934	GAUTHIER, RAYMOND	76
BOZYNSKI, JOSEPH EDWARD	8	GOMM, RAY	7
BRUCE, SHAWN	550	GOVORCIN, MASTER DRAGAN	3,540
CAPOT-BLANC, JULIE	809	GRANDJAMBE ROSIE	107
CARTER, TRACY	53	GREEN, JUDY G. M.	2,708
CATHLOLIQUE-CASAWAY, DEZ SAUL MARK	244	GREENE, JASON L	143
CATHOLIQUE, HANNA	2,979	GUINN, CLAYTON DAVID	552
CATHOLIQUE, ROBIN DEDLINE	323	GUMMESEN, LARRY	400
CHAISSON, HANNAH	107	HALUSHKA, ADRIAN M	559
CHISHOLM, ADELE	359	HARDISTY, IRENE	936

FORGIVENESS OF DEBT

	$
HASHI, YUSUF MOALIM	526
HASSAN, AISHA	500
HATZIS, APOSTOLOS	143
HAWKINS, MARY ANNE	678
HERON, DIGGER RYAN FRANCIS	1,703
HOBEN, BRADLEY	163
HOLLAND, MARY ELAINE	16
HOLZER, JOSEPH L.	400
HUBERT, GARRY ALBERT	160
JEN, RANDY	668
JIBRIL, ZACK	53
JOYCE, JOHN DONALD JAMES	200
KABANZI, DORRIS	226
KAMINGOAK, NBF	1,694
KAMINGOAK, SIOBHAN KELLY	8,511
KANIAK, JACK AJION	313
KASKAMIN, SHYOWA B	1,967
KASPERS, KINGSTON CLIFFORD ROBERT	2,593
KELLY- COTCHILLY, BRANDIN	18,728
KELLY-WILSON, JILL	504
KENDI, WILLIAM	2,000
KENDO, DOUGLAS ESTATE OF	4,971
KILLEEN, CAROLE DIANNE	200
KLENGENBERG, JAXYN	77
KOCHON, DESMOND W P	359
KOCHON, KYRA	105
KOMAK, EVA	2,837
KRUGER, MEG DARBY	400
KUDLAK, AMELIA	610
LACORNE, STEPHANIE ROSE	8,511
LAFFERTY, DOUGLAS GARRY	69
LAFFERTY, EVELYN ROSE	15
LANDRY, JEREMY C	20,104
LAROCQUE-MURPHY, LEXIE JAYNE	135
LEE, JEFF	72
LENNIE, KARLA ANN	1,030
LETAWSKI, SEAN	135
LIN, CHUN-HUNG	424
LOCKHART, RODNEY	77
LOGGIE, ALEXANDER	119
LUCASSIE, MOSESIE SIMIONIE	2,837
MACQUARRIE, JANET	12,303
MAMGARK, SAVANNAH I	91
MANN, JODIE	135
MANTLA, KEVIN BRIAN	9,053
MANTLA, SHARLENE MOLLY	2,837
MARTEL, RENELLIE RUTH	252
MARTIN, ROSE	45
MCARTHUR, BRUCE	98
MCDONALD, LISA	67$
MCSTRAVICK, DAN F	326
METALIOS, MARKOS	520
MEYOK, AUDREA MARIE K	2,837
MIKUS, ROBERT	125
MINUTE, MARK DWAYNE	400
MOHAMED, AHMED	53
MOORE, RYLEY JON ANTHONY	202
MORGAN, LAURA	174
MORLEY, SUSAN	12
MORRISON, DANA	635
MOUSE, ROY	11,173
NADLI, MAURICE	549
NANORDLUK, JACKIE	2,837
NANORDLUK, LEO COLUMBAN	5,674
NANORDLUK, MYLES BRYSON	847
NEYELLE, FREDA M.	97
NIGIYOK, MABEL	12,355
NIPTANATIAK, DELORES	77
NITSIZA, ALBERT	1,009
NITSIZA, ARTHUR	73
NORWEGIAN, MARY	1,099
OHIKTOOK, DANIEL NAPACHEE	12
OKADO, GRACE ACHOLA	10,566
OLEEKATLIK, SALLY UTTAQ	2,837
OOGAAQ, DEBBIE ANGIE	2,837
PANAKTALOK, GARRET	85
PAUL, WAYDE SHERLOCK	481
PETERSON, ABRAHAM	263
PIERROT, HARLEY JAMES	352
PURDY, DIANE E P	11
QI, WEI	1,044
RABESCA, GILBERT JOHN	1,127
RABESCA, LARRY JAMES	135
RABISCA, CORA	83
RAYMOND, ESTHER	148
REEVES, KEVIN WAYNE	238
REID, REBECCA	350
RICHARDS, BRIAN W	2,575
RICHARDSON, FRANCES	8
RIVERA, JENNI	593
RODERICK, SUGUITAN	610
ROSS, ELIZABETH	6
ROSS, RANDOLPH (RANDY)	181
ROY, JEAN	101
SABOURIN, JANICE	263
SABOURIN, MARGARET (MARGUERITE)	16
SAGE, TYLER B	269
SALFI, RUSSELL VICTOR	2,001
SANCHIONI, ELAINE	12,915
SANDERSON, TIFFANY LOTOYA	5,413
SANGUEZ VILLENE, JADIS LAURA VICTORIA	1,280
SEYA, JIM ALBERT	4,061
SHEEHAN, MELVIN	1,030
SHEHATA, HOSNIA	3,676
SIDHU, RAVEENA KAUR	7,191
SIMPSON, LUTHER ARTHUR	747
SINCLAIR, LILLIAN	160
SMALLGEESE, JOHN JAMES	106

FORGIVENESS OF DEBT

	$
SNOOK, DUSTIN GORDON JOHN	135
SOLDAT, RAYMOND	160
SPARTAN BIOSCIENCE INC.	20,025
STEENSTRA, MATHEW WILLIAM	135
STEPHENSON, MARK	2,726
STRAND, CHRISTINA LEE	125
SWEATMAN, BEAU DOUGLAS DENISON	10
TATTI, TONY	8,898
TOBAC, JONATHAN L	12,344
TOLOGANAK, LEA VALERIE AVADLUK	1,694
TOLOGANAK, MICHELLE ROSE MAFA	5,674
TRESSOR, SHANNON KELLY	66
TSETSO, COURTNEY P.	224
UNKA, LISA VERNA ALLISON	1,706
UNKA, MATHEW TOM	386
VANDELL, ROSEMARY	6,366
WALTON, MYLES	131
WASHIE, KELLY	155
WATSON, ANTHIA CHRISTINE	351
WILLIAMS, JARETT CLARK	20
WILSON, CAMERON LEE	531
WOLSKI, HENRYK	377
WRIGHT, MARTHA	107
WU, HIN TING	460
WU, WEI	460
WU, YUNLIN	460
XING, LIU	412
YANG, MEILIAN	460
YASSIN, YUSOF	27,708
YIMAM, HABTAM	718
YOUNG, WILLIAM T	400
YU, JAMES HON PO	65
YU, WENSHUANG	62
YUAN, YANG	807
YUKON, ERIC J	817
TOTAL FORGIVENESS	826,178

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