Participatory Framework
for Respectful Engagement with Indigenous Peoples on Biodiversity, Health and Traditional Knowledge Systems

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Prepared by

Prepared by the World Health Organization (WHO), through the Department of Environment, Climate Change, One Health and Migration (ECO) and the WHO Global Traditional Medicine Centre (GTMC), through a participatory co-development process with Indigenous Peoples.

Opening note

The Participatory Framework for Respectful Engagement with Indigenous Peoples on Biodiversity, Health and Traditional Knowledge Systems is being launched at the nineteenth session of the United Nations Expert Mechanism on the Rights of Indigenous Peoples (EMRIP), following its presentation as Conference Room Paper (CRP.1) at the twenty-fifth session of the United Nations Permanent Forum on Indigenous Issues (UNPFII) in April 2026. The UNPFII welcomed the development of this Framework and called for its completion and operationalization in partnership with Indigenous Peoples.[1] Since its presentation to UNPFII, the Framework has been substantially strengthened through a series of participatory review processes undertaken with Indigenous Peoples.

The final round of revisions included regional strategic dialogues across the seven Indigenous sociocultural regions, each moderated by a Member of the UNPFII from the region, a final invitation for written peer review submissions, and iterative revisions informed by more than 300 individual comments, reflections and recommendations received through the regional strategic dialogues and the final written peer review process. All substantive inputs were carefully considered and assessed in relation to the objectives, scope and normative foundations of the Framework. The Framework reflects the outcome of this collaborative process and constitutes its final version following the completion of these participatory review processes.

The Framework was developed through a participatory process with Indigenous Peoples, coordinated by the World Health Organization (WHO) through its Department of Environment, Climate Change, One Health and Migration (ECO) and the WHO Global Traditional Medicine Centre (GTMC). It is intended to provide practical guidance for respectful engagement with Indigenous Peoples on biodiversity, health and traditional knowledge systems. This Framework does not create new legal obligations nor does it constitute a negotiated instrument of WHO Member States. Rather, it provides practical guidance to support respectful engagement with Indigenous Peoples in the areas covered by its scope.

Consistent with the principles of respectful engagement, continuous learning and adaptive implementation that underpin this Framework, it is intended to remain

[1] At its twenty-fifth session (2026), the UNPFII welcomed the development of this Framework and recommended its completion and operationalization in partnership with Indigenous Peoples. See Report of the Permanent Forum on Indigenous Issues on its twenty-fifth session, E/2026/43–E/C.19/2026/6, recommendation 107: "The Permanent Forum welcomes the WHO draft framework for respectful engagement with Indigenous Peoples on biodiversity, health and traditional knowledge systems and calls upon WHO, in partnership with Indigenous Peoples, to finalize and operationalize the framework."

a living instrument, to be reviewed and updated periodically with the active involvement of Indigenous Peoples, taking into account evolving knowledge, implementation experience, emerging good practices and relevant developments in international policy and normative guidance.

List of Acronyms

ABS	Access and Benefit-sharing
CARE	Collective Benefit, Authority to Control, Responsibility and Ethics
CBD	Convention on Biological Diversity
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
COP	Conference of the Parties
DSI	Digital Sequence Information
ECO	Department of Environment, Climate Change, One Health and Migration
EMRIP	Expert Mechanism on the Rights of Indigenous Peoples
FAO	Food and Agriculture Organization of the United Nations
FPIC	Free, Prior and Informed Consent
GTMC	Global Traditional Medicine Centre
IDH	Indigenous Determinants of Health
IIFB	International Indigenous Forum on Biodiversity
ILO	International Labour Organization
IPBES	Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services
KMGBF	Kunming–Montreal Global Biodiversity Framework
LCIPP	Local Communities and Indigenous Peoples Platform
MAT	Mutually Agreed Terms
PIC	Prior Informed Consent
SB8J	Subsidiary body on Article 8(j)

SDGs	Sustainable Development Goals
UN	United Nations
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFCCC	United Nations Framework Convention on Climate Change
UNGA	United Nations General Assembly
UNPFII	United Nations Permanent Forum on Indigenous Issues
WHO	World Health Organization
WIPO	World Intellectual Property Organization

I. Introduction

1. This participatory framework is designed to support the safe, ethical, and voluntary sharing of Indigenous Peoples' knowledges and perspectives related to biodiversity and health, including their applications in Indigenous traditional medicine, rooted in their lands, territories and governance systems. It is grounded in the principles of Indigenous Peoples' collective rights, self-determination, trust, transparency and accountability, and aligns with key international instruments, particularly the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and other thematically relevant international instruments and frameworks referenced in this document (See Section III on legal instruments and Annex I).

2. The Framework was developed through a participatory process with Indigenous Peoples, coordinated by the World Health Organization (WHO) through its Department of Environment, Climate Change, One Health and Migration (ECO)[2] and the WHO Global Traditional Medicine Centre (GTMC). It establishes a structure to allow engagement and exchanges with Indigenous Peoples that are culturally grounded and meaningfully guided by rights-based and ethical principles and practices.

3. Developed within the context of international commitments that uphold Indigenous Peoples' rights and protect their knowledge systems, this document will serve to inform regional knowledge exchange workshops on biodiversity, health, and traditional knowledge systems to be held across the seven sociocultural regions. It affirms the interconnections among biodiversity, health, and Indigenous Peoples, and is intended to support respectful engagement between relevant areas of WHO and Indigenous Peoples through equitable, culturally grounded and rights-based approaches to health and biodiversity governance.

II. Objectives

4. To provide practical and ethical guidance for Indigenous knowledge exchange workshops on biodiversity, health, and traditional knowledge systems to be held across the seven sociocultural regions. Its specific objectives are to:

   a) Inform the design of Indigenous knowledge exchange workshops by providing an inclusive and flexible framework that is adaptable to local contexts, while

[2] The WHO ECO department is formerly known as the Department of Environment, Climate Change and Health (ECH).

maintaining a consistent, rights-based foundation across all Indigenous sociocultural regions.

b) Inform respectful engagement with Indigenous Peoples in relevant WHO activities related to biodiversity, health and traditional knowledge systems, using a rights-based approach grounded in FPIC, self-determination and equity.

c) Support culturally relevant knowledge exchange that values and safeguards Indigenous knowledge systems, practices, technologies and worldviews related to biodiversity and health, recognizing their inseparable link to the lands, territories, and collective rights of Indigenous Peoples.

d) Recognize that, where relevant, respectful engagement under this Framework may also encompass biological materials and genetic resources where Indigenous Peoples hold rights, responsibilities, customary authority or stewardship relationships, consistent with applicable international legal instruments, including the Convention on Biological Diversity and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity (Nagoya Protocol).

e) Create safe and inclusive spaces guided by culturally appropriate methodologies and approaches, defined by Indigenous Peoples, where knowledge can be shared on Indigenous Peoples' terms, with respect for language, time, and community-led processes for reflection and input.

f) Foster ongoing collaboration, sustained relationships and mutual learning between Indigenous knowledge holders, WHO, and relevant partners engaged in biodiversity and health, encouraging shared learning processes that uphold respect, reciprocity, and transparency.

g) Promote the ethical documentation and the responsible and transparent use of Indigenous traditional knowledges, including Indigenous traditional medicine, voluntarily shared with the WHO and participating institutions, in accordance with the rights, decisions and customary protocols of the Indigenous Peoples concerned, protecting sacred or secret information, and applying safeguards consistent with FPIC, the Mo'otz Kuxtal Guidelines[3] and relevant international instruments.[4] This involves facilitating the full, effective, and informed decision-making of Indigenous Peoples regarding whether, how, and what knowledge is shared, documented, used and disseminated. This further entails facilitating informed decision-making by Indigenous Peoples regarding

[3] In accordance with Section C, Considerations for the implementation of the Kunming-Montreal Global Biodiversity Framework, subparagraph (a), and the Mo'otz Kuxtal Guidelines 2016.

[4] For example, see Nagoya Protocol, Article 12 (3b).

the potential implications associated with exchanging knowledge in regional and global forums.

h) Ensure that the discussions, initiatives, and documents resulting from these workshops promote protective factors and exclude risk factors specific to the health and well-being of Indigenous Peoples.

III. Legal and Normative Foundations

5. This Framework is grounded in international legal instruments that affirm the rights of Indigenous Peoples, value and safeguard their knowledge systems and consider the intrinsic interconnections with biodiversity, health, and Indigenous-specific determinants of health.[5] It is underpinned by respect for Indigenous cosmovisions, which understand human and planetary health as interdependent and inseparable.

6. In practice, the implementation of these instruments is closely linked to the respect for and guarantee of territorial rights, community governance systems, and the customary laws and practices of Indigenous Peoples, which underpin their capacity to maintain their health and knowledge systems.

7. In contexts where the formal recognition of Indigenous Peoples within national legal frameworks remains contested or incomplete, respectful engagement under this Framework should continue to be guided by international human rights standards, including the principles of self-identification, effective participation, Indigenous governance systems, representative institutions and, where applicable, FPIC.

8. The international instruments referenced throughout this Framework have been adopted through their respective intergovernmental processes and provide its legal and normative foundation. This Framework neither creates new legal obligations nor alters the legal status, rights or obligations established under those instruments. Rather, it provides practical guidance that may inform respectful engagement with Indigenous Peoples in relevant areas of WHO's work on biodiversity, health and Indigenous knowledge systems, including Indigenous traditional medicine, in a manner consistent with internationally recognized human rights standards and the principles reflected in those instruments.

[5] See Study on evaluating institutional structures to improve the health and wellness of Indigenous Peoples globally: the Indigenous Determinants of Health measurement instrument. Contained in E/C.19/2025/5 and presented to the UNPFII at its 24th session. It is available from: https://documents.un.org/doc/undoc/gen/n25/029/09/pdf/n2502909.pdf. The principles included in this study, and other relevant exchanges, will be taken into account in the Indigenous Knowledge exchanges in each of the seven sociocultural regions, in which specific Indigenous Determinants of Health will be further discussed with participants so they may be further grounded in local context.

9. The most relevant instruments notably include:

A. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)

Adopted by the UN General Assembly in 2007, the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) affirms the inherent collective and individual rights of Indigenous Peoples, including self-determination, participation in decision-making, and the maintenance, control, protection, and development of their traditional knowledges and cultural heritage, including collective intellectual property.

10. Within the Declaration, Articles 3 and 4 affirm the right of Indigenous Peoples to self-determination and to freely determine their political status and pursue their economic, social and cultural development. Articles 18 and 19 affirm their right to participate in decision-making through representatives chosen by themselves in accordance with their own procedures, and require States to consult and cooperate in good faith with Indigenous Peoples through their representative institutions. Articles 23 and 24 recognize their rights to determine and develop strategies for exercising their right to development, to be actively involved in developing and determining health programmes affecting them, to their traditional medicines and health practices, and to the highest attainable standard of physical and mental health. Articles 25 and 26 recognize their distinctive spiritual relationships with their traditionally owned or otherwise occupied and used lands, territories, waters and resources, as well as their rights to the lands, territories and resources that they have traditionally owned, occupied, used or otherwise acquired. Article 31 affirms the right of Indigenous Peoples to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora. It further affirms their right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge and traditional cultural expressions. Article 43 confirms that the rights recognized in the Declaration constitute the minimum standards for the survival, dignity and well-being of Indigenous Peoples.

11. Therefore, UNDRIP provides the overarching normative foundation for this Framework. All subsequent principles and modalities of engagement are to be interpreted in light of these rights, with particular attention to Free, Prior, and Informed Consent (FPIC), non-discrimination, and self-determination.

B. Complementary International Legal, Policy and Normative Frameworks

12. The Framework is also informed by a set of complementary international legal instruments and policy frameworks, such as:

a) The **Convention on Biological Diversity** (CBD, 1992): a legally binding treaty that establishes global commitments for the conservation and sustainable use of biodiversity and recognizes the relevance of Indigenous knowledge through **Articles 8(j) and 10(c);**

b) The **Nagoya Protocol** on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from Their Utilization to the CBD (Nagoya Protocol, 2010): recognizes the right to prior informed consent for access to the traditional knowledges of Indigenous Peoples and local communities, and establishes a basis for equitable benefit-sharing related to genetic resources and associated traditional knowledge systems;

c) The processes of the Intergovernmental Committee of the **World Intellectual Property Organization (WIPO) regarding intellectual property and genetic resources, and traditional knowledges and traditional cultural expressions:** international processes that address the relationship between intellectual property systems, traditional knowledge, and the rights of Indigenous Peoples, including the adoption of the WIPO Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge (WIPO GRATK, 2024), as well as ongoing negotiations on possible international standards regarding traditional knowledges and traditional cultural expressions;

d) The International Labour Organization **(ILO) Convention No. 169** on Indigenous and Tribal Peoples in Independent Countries (1989): a legally binding international treaty that comprehensively addresses the rights of Indigenous and Tribal Peoples, including their participation in decision-making and control over their institutions, lands, and knowledge systems;

e) The **United Nations Framework Convention on Climate Change, 1992 (UNFCCC)**. This is the primary international treaty for addressing climate change, under whose framework the Paris Agreement (2015) was adopted. Within this framework, the Local Communities and Indigenous Peoples Platform (LCIPP) is particularly relevant, as it promotes a space for the exchange of knowledge, ancestral wisdom, and traditional practices, as well as their integration into adaptation and mitigation actions to address climate change;

f) The **UNESCO Convention for the Safeguarding of the Intangible Cultural Heritage (2003)**: which promotes the safeguarding of traditional practices, knowledges, and cultural expressions, including Indigenous

knowledge systems, recognizing their importance for the identity, cultural continuity, and well-being of communities;

g) General Recommendation No. 39 (2022) of the **Committee on the Elimination of Discrimination against Women (CEDAW)** provides comprehensive guidance to States parties on their obligations to protect and fulfill the individual and collective rights of Indigenous women and girls, specifically addressing the intersectional discrimination and gender-based violence they face.

13. Together, these instruments provide a coherent international foundation for rights-based collaboration on biodiversity, health, and traditional knowledges.[6] The Framework does not reinterpret or duplicate them; rather, it aligns WHO's engagement with Indigenous Peoples in ways that are consistent with these commitments and supports their practical application through Indigenous knowledge exchange workshops across sociocultural regions. At the same time, it is recognized that the implementation of these instruments may vary according to national contexts and that, in many cases, Indigenous knowledge systems are maintained and governed through Indigenous Peoples' own institutions, customary norms, and structures. Annex I provides a more detailed summary of the relevant provisions of the primary legal instruments used in the development of this Framework.

14. Among the most relevant normative developments are the Kunming–Montreal Global Biodiversity Framework (2022) and the establishment of the Subsidiary Body on Article 8(j) and Other Provisions of the CBD at COP 16 (2024).[7]

15. Among the most relevant international policy instruments and normative frameworks are the Global Action Plan on Biodiversity and Health (2024) adopted under the Convention on Biological Diversity, as well as the WHO Traditional Medicine Strategy 2025–2034[8]. Also relevant are the Global Action Plan on

[6] The work of the Food and Agriculture Organization of the United Nations (FAO) is also recognized, in particular through its Platform, specifically the Global Hub on Indigenous Peoples' Food Systems, which promotes the visibility and strengthening of Indigenous food systems and their links to biodiversity, health, and traditional knowledges.

[7] The Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services (IPBES), in particular its Global Assessment Report on Biodiversity and Ecosystem Services (2019), which highlights the fundamental role of Indigenous knowledge systems in biodiversity conservation and their links to health.

[8] These policy instruments strengthen institutional recognition of Indigenous Peoples' knowledge, participation, and governance roles. The Kunming–Montreal Global Biodiversity Framework (2022) and the establishment of the Subsidiary Body on Article 8 (j) (2024) enhance Indigenous participation in biodiversity governance; the CBD Global Action Plan on Biodiversity and Health

Climate Change and Health adopted by the World Health Assembly, the WHO Global Plan of Action for the Health of Indigenous Peoples, currently under development, the Indigenous Determinants of Health framework advanced through the work of the UNPFII,[9] and the CARE Principles (Collective Benefit, Authority to Control, Responsibility, and Ethics) for Indigenous Data Governance. The Framework also contributes to the implementation of the Sustainable Development Goals (SDGs), recognizing that the realization of the rights of Indigenous Peoples, the protection of biodiversity, and holistic approaches to health contribute across multiple dimensions of the 2030 Agenda for Sustainable Development. Likewise, it recognizes the human right to a clean, healthy, and sustainable environment, as acknowledged by the United Nations General Assembly in its resolution 76/300 (2022). Finally, it acknowledges the existence of relevant regional instruments and frameworks that contribute to the advancement of the rights of Indigenous Peoples and the strengthening of policies related to biodiversity and health. Although these regional instruments are not explicitly detailed in this document due to the global scope of this Framework, their normative value and important role in implementing actions tailored to specific regional contexts are fully recognized.

IV. Preamble

16. This Framework provides a shared foundation for the recognition, protection, and respectful engagement with Indigenous traditional knowledges relating to biodiversity and health, including traditional medicines, consistent with relevant international legal instruments.

17. It acknowledges that the health of Indigenous Peoples globally continues to be shaped by the ongoing impacts of colonialism, structural racism, dispossession and systemic inequities.

18. Addressing these legacies requires transforming structures and systems that have historically marginalized Indigenous Peoples and failed to recognize their rights or the value of their knowledges, innovations and technologies. Changing this pattern requires institutions to listen, adapt, and work

(2024) provides an operational framework for mainstreaming biodiversity into health strategies through rights-based and holistic approaches; and the WHO Traditional Medicine Strategy (2025–2034) guides Member States in integrating traditional medicine into health systems in safe, effective, and culturally respectful ways.

[9] See the reports of the United Nations Permanent Forum on Indigenous Issues (UNPFII), E/C.19/2023/5, E/C.19/2024/5, E/C.19/2025/5 and E/C.19/2026/5, which have progressively advanced the Indigenous Determinants of Health framework and holistic approaches to the health and well-being of Indigenous Peoples.

alongside Indigenous Peoples to develop appropriate conditions for respectful exchange, rather than imposing externally designed structures. Respectful engagement should recognize the historical and ongoing impacts of colonization, dispossession, discrimination and exclusion that have affected the health and well-being of Indigenous Peoples, as well as their relationships with biodiversity, lands, territories, waters and knowledge systems, and should contribute to building trust, mutual respect and equitable partnerships.

19. For Indigenous Peoples, health, therapeutic treatments, healing, and environmental stewardship are individual, collective, and intergenerational responsibilities. Children learn by observing and participating, carrying forward languages, practices, and responsibilities that sustain Indigenous cultures and knowledges. Safeguarding this transmission supports the continuity and vitality of Indigenous knowledge systems.

20. In Indigenous worldviews, health is understood as physical, emotional, mental, and spiritual, and as inseparable from family, language, land, territory, biodiversity, community, culture, and the relationships that sustain them, as well as the relationships between past, present, and future generations. Moreover, Indigenous traditional knowledge systems, including Indigenous traditional medicine and healing practices, are living, evolving knowledge systems that are sustained primarily through continued practice, intergenerational transmission, the vitality of Indigenous languages, cultural continuity and the exercise of Indigenous rights. These worldviews reflect a holistic, dynamic and intergenerational understanding of health, grounded in the interconnections between people, nature, biodiversity, Indigenous food systems and traditional knowledge systems. They emphasize the maintenance of balance and harmony among these relationships, including the recognition, in many Indigenous systems, of the sacredness of nature and relationships of reciprocity, respect and responsibility towards its constituent elements.

21. These relationships may be expressed in diverse ways across Indigenous Peoples, including among nomadic and pastoralist communities whose seasonal mobility, relationships with animals, and stewardship of lands, territories and biodiversity are integral to their health, well-being and traditional knowledge systems. For many Indigenous Peoples, the protection, transmission and continuity of traditional knowledges, including Indigenous traditional medicine, knowledge relating to medicinal plants and traditional healing practices, are closely linked to the conservation of biodiversity, the integrity of their lands, territories and resources, and the continuity of customary stewardship practices. Policies and programmes should respect and strengthen these interconnections by fostering culturally safe, respectful and enabling environments that support Indigenous

self-determination, collective well-being and the continued transmission of knowledge across generations.

22. Reflecting this holistic understanding of health, this Framework is informed by a holistic, rights-based interpretation of One Health. Within this Framework, One Health is understood as recognizing the interconnected health of people, animals, plants and ecosystems, consistent with Indigenous worldviews, Indigenous knowledge systems, and the interrelationships between biodiversity, lands, territories, waters, Indigenous food systems, cultures and other dimensions of health and well-being. It recognizes Indigenous Peoples not only as rights holders and knowledge holders, but also as essential contributors to the continued evolution and implementation of One Health through their knowledge systems, lived experiences, stewardship of biodiversity and holistic approaches to health and well-being.

23. Within this Framework, Indigenous traditional medicine is understood as an integral component of Indigenous knowledge systems and Indigenous health systems. It encompasses the knowledge, practices, skills and ways of caring for and sustaining health that Indigenous Peoples have developed, maintained and transmitted across generations to support health, healing and well-being, and prevent illness, in close relationship with biodiversity, lands, territories and waters. As a living, evolving system, it is sustained through continued practice, intergenerational transmission, Indigenous languages, cultural continuity and the exercise of Indigenous rights.

24. This Framework strives to create safe, co-designed spaces for dialogue and exchange with Indigenous Peoples, grounded in care and Indigenous worldviews, and recognizing Indigenous knowledge in its own right, alongside, and not subordinate to, Western scientific or biomedical perspectives.

25. Indigenous Peoples have their own authorities, representative institutions, languages and internal consultation protocols. Engagement undertaken under this Framework should respect these institutions and protocols and should be consistent with FPIC and relevant human rights standards, within applicable WHO mandates, policies, capacities and resources.

26. Workshops and dialogues guided by this Framework will be created together with Indigenous Peoples; they will be values-driven and locally grounded, reflecting the traditions, representative institutions and governance systems and decision-making processes of participating Indigenous Peoples. Where appropriate, the co-design of workshops should also take into consideration Indigenous institutions and governance mechanisms established by Indigenous Peoples to govern biodiversity, health and traditional knowledge systems within the scope of this

Framework. They will support Indigenous leadership and emphasize mutual respect, reciprocity, and collective learning.

27. Guided by a shared commitment to understanding and addressing the legacies of colonialism and systemic inequity, the Framework seeks to move from systems that harm to systems that heal; from resilience to thriving; and from exclusion to partnership grounded in dignity, reciprocity, and respect.

V. Guiding Principles

5.1 Core normative principles

28. The following principles are interdependent and mutually reinforcing. They reflect a holistic understanding of rights, knowledge, and health, forming the ethical and operational foundation of this Framework and guiding actions that are rights-based, equitable, and grounded in Indigenous worldviews and relationships with land, biodiversity, and community.[10]

    a) **FPIC**[11] **and self-determination:** Indigenous Peoples have the inherent right to determine their own priorities and strategies for health, well-being, and development, including through their traditional knowledge systems and Indigenous traditional medicines. Engagement will be based on FPIC, understood as a continuous process that embodies respect, trust, and accountability, through their own representative institutions, including their customary laws, governance systems and decision-making processes, as determined by the Indigenous Peoples concerned. The implementation of FPIC should take into account relevant contextual factors that may influence engagement processes and, where appropriate, be accompanied by suitable safeguards developed in consultation with Indigenous Peoples.

    b) **Structural justice, anti-racism and thriving:** Commit to dismantling structural inequities and systemic discrimination. Foster Indigenous

[10] The normative and operational principles contained herein are an outcome of consultations with Indigenous Peoples that importantly align and build upon the culturally safe and rights-based measurement in Indigenous contexts identified in the Indigenous Determinants of Health (IDH) instrument presented to the UNPFII at its 24th session. They also reflect the holistic, culturally safe, and rights-based determinants of health identified by Indigenous Peoples through the IDH instrument, emphasizing well-being as grounded in land, territory, culture, language, and self-determination.

[11] UNDRIP, Arts. 10, 11, 19, 28(1), 29 (2) and 32 (2). Also, affirm the right of Indigenous Peoples to give or withhold consent in a manner that is free from coercion, informed by full transparency, and prior to the initiation of any activities affecting their knowledge, health, lands, or territories (UNDRIP Articles 18, 19, 32).

exchanges that recognize the value of self-determined approaches to health and biodiversity governance, ensuring Indigenous knowledge systems are recognized and valued. Transform institutional and dialogue spaces into places that foster thriving and mutual respect. This includes addressing Indigenous Determinants of Health (IDH), such as land dispossession, discrimination, and inequitable access to culturally safe services, as identified in the IDH framework, and recognizing the central importance of lands, territories, and waters, as well as climate justice, for the health and well-being of Indigenous Peoples.

c) **Traditional knowledges, intellectual property, co-creation and innovation:** Uphold Indigenous Peoples' rights—as recognized in Article 31 of the UNDRIP, Article 8(j) of the CBD, and Articles 7 and 12 of the Nagoya Protocol—to maintain, control, protect, and develop their traditional knowledges, including Indigenous traditional medicine and cultural expressions. Support the safeguarding of intellectual property rights, traditional cultural expressions, and community control over how such knowledge is shared and used, in accordance with these instruments and relevant WIPO processes. This includes protecting Indigenous traditional knowledge against unauthorized access, use, misappropriation and inappropriate commercialization, while respecting Indigenous governance systems, customary laws and community protocols. Where access or benefit-sharing arrangements arise, they should be governed by Mutually Agreed Terms (MAT), FPIC, and respect Indigenous worldviews regarding their traditional knowledge systems. Traditional Knowledges are understood by Indigenous Peoples as imprescriptible.

d) **Indigenous traditional medicines and equitable care:** Affirm Indigenous Peoples' right, as recognized in UNDRIP Article 24, to their traditional medicines and to maintain their health practices, including the conservation and sustainable use of the species and ecosystems essential to them. Recognize Indigenous traditional medicines, Indigenous food systems and health systems as integral to the health, well-being, cultural continuity and resilience of Indigenous Peoples, while supporting their continued safeguarding and intergenerational transmission. Support equitable access to quality, culturally safe health services, free from discrimination and grounded in mutual trust. Recognize the role of diverse practitioners of Indigenous health systems, including traditional healers, midwives, and those with spiritual functions, in sustaining physical, mental, emotional and spiritual well-being, transmitting traditional knowledge, safeguarding traditional healing practices, and supporting culturally grounded approaches to individual, family and community healing. Further recognize the leadership and fundamental role of Indigenous women in the conservation of biodiversity, the transmission of

traditional knowledge, traditional medicine, cultural continuity through intergenerational care, and community health and well-being, while recognizing that Indigenous women may experience distinct and disproportionate impacts arising from biodiversity loss, climate change, environmental pollution and land dispossession.

e) **Holistic health, balance and intergenerational responsibility:** For Indigenous Peoples, health and well-being encompass spiritual, emotional, mental, and physical dimensions that are inseparable from relationships with land, water, biodiversity, language, culture, and community. This includes recognizing the role of sacred natural sites in the spiritual, cultural and physical well-being of Indigenous Peoples. It also entails recognizing the roles and responsibilities of Indigenous Peoples as custodians of biodiversity and of associated knowledge systems. Uphold approaches that sustain balance among these interconnections and recognize the reciprocal relationships and responsibilities of Indigenous Peoples towards biodiversity, lands, territories, waters and future generations, embodying reciprocity, environmental stewardship and Indigenous worldviews, consistent with UNDRIP.[12] These links are also affected by land dispossession and environmental changes, including pollution, biodiversity loss, climate change and ecosystem degradation, upon which the collective well-being of Indigenous Peoples and the integrity of their culturally managed territories depend.

f) **Respectful dialogue among knowledge systems:** Within this Framework, respectful engagement should foster equitable, culturally safe and mutually respectful dialogue among Indigenous knowledge systems, including Indigenous traditional medicine, and other relevant knowledge systems, including biomedical and public health approaches, in ways that foster reciprocity, mutual understanding, epistemic justice and complementarity, consistent with the rights of Indigenous Peoples as affirmed in the UNDRIP and with their governance systems, representative institutions and decision-making processes. Such engagement should also respect the authority of Indigenous Peoples to determine whether, how and under what conditions their knowledge systems are represented, documented, stored, digitized, shared and used, consistent with their rights, governance systems and customary protocols. It should also recognize and respect the distinct epistemologies, worldviews, governance systems and integrity of Indigenous knowledge systems, recognizing them as living and evolving systems that continue to be maintained, adapted and applied by Indigenous Peoples, and

[12] In line with the Indigenous Determinants of Health (IDH), this principle reaffirms that the balance among physical, mental, emotional, and spiritual well-being is inseparable from relationships with land, territory, culture, and community governance.

that contribute in distinct and complementary ways to biodiversity conservation, health and well-being, thereby advancing the goal of the highest attainable standard of health. Respectful engagement under this Framework should not make assessment or validation through biomedical models a precondition for engaging with Indigenous knowledge systems or Indigenous traditional medicine.

5.2 Core operational guiding principles[13]

29. These operational principles translate the Framework's normative commitments into practice, providing guidance for Indigenous exchanges grounded in international legal instruments and inputs from consultations across the seven sociocultural regions.[14]

A. Rights-based participation and leadership

- Uphold self-determination[15] and FPIC (UNDRIP Arts. 3–4, 18–19, 32).
- Promote full and effective participation through mechanisms that respect Indigenous institutions, community-defined governance systems, and participation and consultation processes.[16]
- Respect community rhythms and allow adequate time for consultation and collective reflection.
- Provide clear, accessible and culturally appropriate information, in the relevant UN languages and appropriate formats, on the intended uses, potential target audiences and possible implications of the workshops and any resulting documentation, so that Indigenous Peoples may consult with their communities and give or withhold their informed consent.

B. Equity, inclusion, and accountability

- Build relationships based on trust, transparency, and shared responsibility.
- Promote equity and inclusion by recognizing the diversity within Indigenous Peoples, including the distinct rights, roles and contributions of women and girls, youth, Elders, persons with disabilities and gender-diverse persons. Promote their full, effective and meaningful participation, while recognizing

[13] These operational principles reflect cross-cutting themes of reconciliation, equity, trust-building, and intercultural dialogue shared by Indigenous Peoples across regions. They are grounded in international instruments including the UNDRIP, CBD Article 8 (j), Nagoya Protocol, and related frameworks. Additional references are provided in Section III and Annex I.

[14] Implementation of this Framework is also informed by culturally safe and rights-based approaches that are consistent with the IDH instrument, to strengthen coherence between global and community-defined indicators of well-being that will be identified and further tailored to context in Indigenous knowledge exchanges.

[15] UNDRIP Art. 3, 4.

[16] ILO Convention 169, Art. 6, 7.

the role of different generations in the continuity, revitalization and intergenerational transmission of knowledge systems and cultural practices.
- Promote linguistic and cultural inclusion across the seven sociocultural regions.

C. Languages, knowledges, and interconnection

- Recognize Indigenous languages as essential vehicles for the preservation, expression, and intergenerational transmission of traditional knowledge, identity, and cultural continuity (UNDRIP Article 13), and their important role in governance, health, including Indigenous traditional medicine and collective identity.
- Strengthen connections among people, land, and nature, including in displaced and urban contexts.
- Value Indigenous knowledge systems as legitimate, self-standing, and distinct knowledge systems, recognized on their own terms and engaged in equitable and respectful dialogue with other knowledge systems, including Western scientific knowledge systems, where appropriate.

D. Knowledge protection and reciprocity

- Safeguard knowledge and ensure full protection of sacred and secret knowledge in accordance with Indigenous protocols and customary laws (UNDRIP Articles 11–12, 31).
- Prevent misappropriation or unauthorized use of Indigenous knowledge, consistent with the CBD and Nagoya Protocol.
- Recognize that Indigenous knowledge systems have been affected by historical and contemporary processes of marginalization, suppression and appropriation, underscoring the need for their safeguarding, revitalization and ongoing intergenerational transmission.
- Promote reciprocity and mutual learning in all forms of knowledge exchange.
- Promote Indigenous data sovereignty by recognizing that Indigenous Peoples retain control over records and derived data (digital, audiovisual or otherwise) generated during the exchanges, including their access, use, storage and potential dissemination, in accordance with their protocols, FPIC, and the CARE principles for Indigenous data governance.

VI. Modalities for Engagement

30. This section translates the Framework's guiding principles into practical approaches for implementing Indigenous knowledge exchanges. Knowledge exchanges will align with the scope and objectives described herein but should be shaped by the context, languages, governance arrangements and biocultural protocols of the region, and participating Indigenous Peoples concerned.

A. Ethical protocols and governance principles

31. All exchanges will be non-extractive, non-commercial, and not oriented towards commodification. They will be guided by Indigenous rights, values, customary protocols, and cultural contexts, recognizing that Indigenous knowledge systems should be engaged with on their own terms.

32. Regional workshops will follow locally defined cultural and community protocols, scoped in consultation with Indigenous Peoples and their traditional authorities. FPIC will guide all stages of participation through culturally appropriate procedures defined with Indigenous Peoples. Knowledge exchanges should begin from a place of trust, using culturally relevant practices, such as ceremony, story, or other traditional forms of introduction, to foster mutual understanding before technical discussions. Where such practices are included, they should be identified, designed and led by the Indigenous Peoples of the territory in which the workshop is held, in accordance with their cultural protocols, and should never be undertaken solely as symbolic or performative activities.

33. Knowledge shared during the workshops will remain under the authority of the Indigenous Peoples and communities concerned. Sacred or confidential knowledge will not be recorded, shared, or published, and will remain under the customary custodial safeguards of Indigenous Peoples. Participants will have the opportunity to review and, where necessary, modify or withdraw information prior to its inclusion in any product, without prejudice to their rights or future engagement with WHO, consistent with the continuous nature of FPIC. Workshop outcome documents will be shared with participants, seeking in good faith to ensure that participation is collective and consent is free, prior and informed.

34. The design, facilitation and documentation of the workshops should be developed in partnership with participating Indigenous Peoples and be responsive to their context, customary protocols and governance arrangements. Where workshop activities include research or research-related components, applicable community research protocols and relevant ethical requirements should also be respected.

35. Knowledge exchanges will emphasize reciprocity and mutual learning while upholding the distinctiveness of Indigenous knowledge systems. Any dissemination or use of information beyond official workshop documentation will require collective review and agreement by WHO and participants. If benefit-sharing arises, it will follow principles of fairness and equity consistent

with the Nagoya Protocol and other relevant international instruments referenced in this Framework and its Annex I.[17]

B. Contextual risk assessment

36. Before initiating any engagement convened or supported by WHO under this Framework, a contextual risk assessment should be undertaken jointly with the Indigenous Peoples concerned, for example through a questionnaire. This process will seek to identify potential risks associated with criminalisation, reprisals, backlash, stigmatisation, or other harms, especially in hostile or polarised political contexts.

37. Where risks are identified, engagement modalities should be adapted, as appropriate, to safeguard individuals or communities through mitigation measures, such as confidentiality or other measures identified in consultation with Indigenous Peoples where knowledge exchange workshops will be held. In situations involving conflict, violence, criminalisation, displacement or other high-risk contexts, engagement should be preceded by an enhanced contextual risk assessment and appropriate safeguards, developed in consultation with Indigenous Peoples, to avoid exposing individuals, communities or Indigenous Peoples to additional risks.

C. Participation, inclusion, and intergenerational learning

38. Implementation of this Framework will foster inclusive and equitable participation that reflects the diversity of Indigenous Peoples across genders, generations, regions, and knowledge systems. Participation will respect Indigenous authorities and decision-making rhythms, consistent with the ethical principles outlined in Section VI (A).

39. Meaningful inclusion implies creating spaces where Indigenous women, men, Elders, youth, persons with disabilities, and traditional knowledge holders can contribute on their own terms, recognizing their distinctive rights, roles and contributions and the collective nature of knowledge and its custodianship by Indigenous Peoples. Dialogues will take into account Indigenous methodologies, practices, traditional knowledges, and worldviews. Engagement should also recognize the diversity of Indigenous Peoples and, where appropriate, adapt approaches to the specific contexts of Indigenous communities, including nomadic and pastoralist peoples. Engagement should

[17] Reference may also be made in the workshops to international policy instruments such as the KMGBF or CBD Global Action Plan on Biodiversity and Health given their thematic relevance, but this framework is not designed as an implementation tool for these policy instruments.

make every reasonable effort to use culturally appropriate and understandable methods of communication, taking into account Indigenous languages, to facilitate informed decision-making consistent with FPIC. Participation in the workshops does not create any obligation to disclose specific traditional knowledges, species, formulations, or sites (sacred or otherwise); the sharing of practices, principles, or experiences at a general level is also acceptable.

40. Exchange with other knowledge systems will be based on equity and mutual respect and will seek to complement, rather than replace or subordinate, Indigenous approaches and knowledge. Likewise, the Framework promotes that health practices resulting from this dialogue are safe and informed by culturally appropriate and plural understandings of of evidence, while protecting public health and without making biomedical validation a precondition of respectful engagement.

41. Participation will bring together community-based indigenous practitioners working at the interface of biodiversity and health (such as traditional healers, Indigenous medical practitioners, and traditional midwives) with Indigenous representatives active in relevant policy, research, education, or governance. This combination strengthens links between lived experience and institutional dialogues and supports equitable exchange among Indigenous knowledge systems and Western scientific or biomedical approaches.

42. Capacity support and affirmation will include logistical and linguistic assistance, within available resources and capacity, to enable full participation while recognizing and valuing existing leadership and expertise within Indigenous communities. Efforts will be made to promote intergenerational learning and reciprocal mentorship.

43. Recognizing that participation often requires leaving behind livelihoods and community responsibilities, WHO and partners will seek, within available resources and capacity, to reduce financial and logistical barriers, and to formally acknowledge the time, labour, and knowledge shared by Indigenous participants.

D. Knowledge integrity and safeguards

44. Following each knowledge exchange, the documentation, storage, digitization, sharing and any future use of knowledge will be governed by safeguards and agreements made with participants and aligned with legal instruments described herein—particularly the provisions of Article 31 of the UNDRIP—respecting the collective intellectual property rights of Indigenous Peoples over their Indigenous and traditional knowledges. If any form of benefit-sharing

should arise from the use of shared knowledge, it will follow principles of fairness and equity consistent with the Nagoya Protocol and other relevant international instruments.

45. In accordance with the CARE Principles (see Annex I) for Indigenous Data Governance, the WHO, through the GTMC, should seek to harmonize, as far as possible, its information systems with community protocols and Indigenous data sovereignty. This includes respecting the decisions made by the Indigenous Peoples and communities concerned regarding how information is recorded, where and for how long it is stored, who has access, and for what purposes it may be used. No workshop results or documentation shall be interpreted as authorization for third parties to access, regulate, or commercialize tangible or intangible Indigenous knowledges without independent and context-specific FPIC, in accordance with the laws and decision-making processes of the Indigenous Peoples themselves.

46. All materials or summaries derived from the workshops will remain subject to the approval of participants who should be afforded the opportunity to review. Participants may, prior to finalization and dissemination, request revisions or indicate limitations on the use of their contributions. Concerns regarding the documentation, use, storage, digitization or representation of shared knowledge should be addressed through culturally appropriate dialogue and engagement processes. Any subsequent use or publication of the shared knowledges will remain under the control of the affected Indigenous Peoples and communities. The use of such knowledges by WHO will be subject to safeguards and agreements established with the participants.

47. Sacred or secret knowledge will not be included in workshop products nor disseminated outside the relevant Indigenous communities. The criteria determining the status of knowledge as sacred or secret shall be decided by the Indigenous Peoples themselves.

E. Applicable intellectual property rights

48. Traditional knowledge and information shared voluntarily by Indigenous Peoples in Indigenous knowledge exchange workshops shall remain under the authority and control of the Indigenous Peoples concerned, consistent with their rights under Article 31 of the UNDRIP.

49. Workshop documentation and products developed under this Framework shall be non-commercial. Any separate subsequent use requires independent,

context-specific FPIC and any mutually agreed terms or benefit-sharing arrangements applicable to that use.

50. Indigenous Peoples may determine conditions, limitations, or the option not to publish or disseminate specific knowledge.

F. Workshop co-design and co-facilitation

51. Workshops will be co-designed and co-facilitated by a WHO representative with relevant technical expertise and an Indigenous representative identified through an appropriate Indigenous-led process, consistent with the governance systems, representative institutions and decision-making processes of the participating Indigenous Peoples. Workshop design should also be undertaken with the active involvement of Indigenous representatives from the region or territories in which the workshop is held to ensure cultural relevance and responsiveness to local contexts, circumstances or Indigenous-defined approaches while maintaining coherence with the scope of this Framework and alignment with international legal instruments.

52. All facilitators and participants will respect cultural safety and respectful engagement, upholding anti-discrimination and humility throughout the process.

53. Each knowledge exchange will normally take place in person within each sociocultural region to facilitate open dialogue and learning and will be adapted to the cultural and linguistic context of the host communities.

54. Flexibility in design and timelines, consistent with the ethical protocols outlined in Section A, will allow processes to respond to community realities and rhythms.

55. Dialogues will follow locally appropriate modalities, such as oral traditions, storytelling, and ceremonial processes reflecting the cultural protocols of the host Peoples. Culturally appropriate spaces will be provided for respectful exchange on Indigenous traditional medicine and health-related knowledge, perspectives, and approaches related to biodiversity, grounded in care, confidentiality, and mutual respect. Each workshop may be opened with reflections, a ceremony, a prayer, a quote, or a teaching from a local Elder or knowledge keeper, grounding the exchange in the land, values, and traditions of the host Peoples. Participants will also be invited to bring or share an item or symbol that represents themselves or their community as part of the opening circle, so that all Indigenous Peoples and worldviews present in the exchange are symbolically reflected.

56. Workshops convened or supported by WHO under this Framework should be planned to provide interpretation in the relevant UN languages, subject to applicable capacities and resources. Where appropriate and feasible, Indigenous languages should also be incorporated, taking into account the needs of participating Indigenous Peoples, to facilitate meaningful participation, culturally safe dialogue and informed decision-making consistent with FPIC. All key documents should be made available in the UN languages used during the knowledge exchange workshop.

57. Elders, traditional healers, and knowledge keepers will play a guiding role in defining ethical practice and respectful engagement within their own cultural contexts, helping to ensure that the workshops remain grounded in Indigenous values and ways of knowing.

G. Channels and processes for the selection of Indigenous participants

58. **Identification of participants:** The identification of indigenous participants will be based on open, inclusive processes led by Indigenous Peoples themselves, in accordance with the right to self-determination and full and effective participation.

59. Participants will be identified through a diversity of mechanisms and processes recognized by Indigenous Peoples themselves, including relevant international networks and platforms such as the International Indigenous Forum on Biodiversity[18], the three United Nations mechanisms on Indigenous Peoples (the Permanent Forum on Indigenous Issues, the Expert Mechanism on the Rights of Indigenous Peoples and the United Nations Special Rapporteur on the rights of Indigenous Peoples), as well as organizations, networks, and other forms of indigenous representation and coordination identified by Indigenous Peoples themselves.[19]

[18] See the Convention on Biological Diversity, Decision V/16 on Article 8 (j) and related provisions, which emphasizes the full and effective participation of Indigenous Peoples and local communities, and recognizes the role of coordination mechanisms led by Indigenous Peoples themselves in the context of Article 8 (j) processes, including the International Indigenous Forum on Biodiversity (IIFB), as a space for coordination and advisory input, without establishing any mechanism as exclusive. This formal relationship established by Decision V/16 has been maintained and reflected in subsequent processes, including those related to the framework of the Nagoya Protocol, digital sequence information on genetic resources (DSI), the Kunming-Montreal Global Biodiversity Framework, and the new subsidiary body on Article 8(j) and its related programme of work.

[19] See also General Assembly in September 2024, Enhancing the participation of Indigenous Peoples' representatives and institutions in meetings of relevant United Nations bodies on issues affecting them and related decisions.

60. **WHO-supported participant-selection processes:** Where WHO supports participant identification or nomination under this Framework, its role should be to facilitate Indigenous-led processes, ensuring balanced participation and alignment with the selection criteria, and in full respect of Indigenous Peoples' self-determination and decision-making systems.

61. **Participant selection criteria:** Selection will prioritize Indigenous Peoples who are both representative of their Peoples or organizations and experienced in biodiversity-related health practices, policies, or traditional medicine, for example, Elders, traditional healers, midwives, community leaders, spiritual leaders and Indigenous traditional medicine practitioners, Indigenous researchers, physicians, and other practitioners with lived experience in biodiversity-related health practices or policies. The identification and selection of participants in each sociocultural region will seek complementarity and equity among the peoples and participant profiles.

62. **Sharing of learning within Peoples and communities:** Workshop participants will be encouraged to share, voluntarily and when culturally appropriate and safe, the learnings obtained in the workshops with their Peoples and communities.

63. **Number of participants:** Workshops will include up to 25 Indigenous participants per sociocultural region, subject to available resources, both to keep costs within allowable limits and to allow for meaningful engagement and exchange. Within this limit, efforts will be made to ensure participation includes a diversity of nations, as well as Elders, women, and traditional knowledge holders with lived experience in biodiversity-related health practices or policies.

VII. Accountability, Adaptive Use and Continuous Learning

64. This Framework is a ***living instrument,*** designed to guide collaboration across diverse sociocultural contexts while remaining grounded in international commitments to Indigenous Peoples' rights. Its legitimacy rests on transparency, reciprocity, trust, and respect for Indigenous Peoples' relationships with lands, territories, waters and biodiversity, and their knowledge systems.

65. While this Framework is iterative and adaptable, its scope is neither open-ended nor specific to any one Indigenous sociocultural region, and it should not reflect the mandates or interests of any particular organization, community or Indigenous People. Rather, its application should uphold coherence across

sociocultural regions while allowing for context-specific adaptation through procedures defined with Indigenous Peoples.

66. Accountability involves translating rights into practice through continuous reflection, dialogue, and iterative learning. It also involves promoting accessible and culturally appropriate approaches for raising concerns, addressing potential harms or misuses, and supporting corrective actions when necessary, as well as fostering the use of success indicators defined by Indigenous Peoples in each sociocultural region, as appropriate and feasible.
67. Monitoring, periodic review and ongoing evaluation of this Framework should continue to be informed by culturally safe, inclusive and meaningful dialogue with Indigenous Peoples concerned, including through Indigenous-defined desired outcomes, indicators of success and context-specific approaches, so that lessons learned may inform its continuous improvement and adaptive application over time.

68. This adaptive approach enables the Framework to remain responsive to the diverse realities, knowledge systems and contexts of Indigenous Peoples across sociocultural regions, while maintaining consistency with WHO's broader mandate.

VIII. Implementation, Review, and updating

69. Implementation of this Framework should be undertaken in partnership with Indigenous Peoples and integrated, as appropriate, into WHO's work on biodiversity, health and Indigenous knowledge systems, including Indigenous traditional medicine. Each engagement undertaken under this Framework should clearly communicate its purpose, the intended use of knowledge shared, applicable safeguards, FPIC processes, arrangements for recording and protecting knowledge shared, and opportunities for ongoing dialogue throughout the engagement process. Where appropriate, implementation should also communicate how knowledge shared may contribute to WHO's work, including policy development, technical guidance, publications or collaboration with relevant United Nations processes, while remaining subject to the safeguards contained in this Framework. Implementation should remain responsive to Indigenous governance systems, cultural protocols and context-specific realities.

70. To support the consistent application of this Framework, and subject to available resources, practical implementation guidance, illustrative examples and other tools may be developed in partnership with Indigenous Peoples, including illustrative examples and other tools that support respectful

engagement across different contexts and areas relevant to this Framework, while remaining consistent with its principles and safeguards.

71. Sociocultural exchange workshops undertaken under this Framework will seek to reflect context-specific protocols defined by Indigenous authorities in the location where the workshop is held. These collective protocols should be applied within the local context rather than incorporated into the Framework itself. Each workshop should also identify, together with participating Indigenous Peoples, any context-specific arrangements necessary for the respectful implementation of this Framework.

72. Each sociocultural exchange workshop should contribute to identifying desired outcomes, lessons learned and, where appropriate and feasible, indicators of success defined by the participating Indigenous Peoples. These should help inform the implementation and adaptive application of the Framework across different sociocultural contexts.

73. Relevant WHO departments and technical areas working within the scope of this Framework will seek to periodically share information on its implementation, including implementation experience, lessons learned and examples of good practice, with Indigenous Peoples and relevant United Nations mechanisms, consistent with applicable mandates, institutional policies and reporting processes.

74. The Framework may be reviewed and, where appropriate, updated periodically through a process coordinated by WHO with the active involvement of Indigenous Peoples, taking into account implementation experience, lessons learned, evolving good practices, opportunities for continuous improvement, and relevant developments in international policy and normative guidance, while respecting Indigenous Peoples' rights, confidentiality requirements and applicable institutional policies. Any future updates should continue to be informed by meaningful dialogue with Indigenous Peoples across the seven sociocultural regions, consistent with the participatory approach through which this Framework was developed.

Annex I
Summary of Relevant International Legal Instruments

This annex provides a brief overview of the primary international legal instruments that form some of the normative foundation for this Framework. These instruments collectively recognize and protect the rights of Indigenous Peoples and their Indigenous and traditional knowledge systems, including their vital relationships with biodiversity and health. They also inform the ethical and legal safeguards that should guide knowledge exchanges, benefit-sharing, and community engagement processes.

1. United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2007)

UNDRIP establishes a comprehensive international framework for the recognition of Indigenous rights. Key elements for this dialogue include:

- The right to Free, Prior, and Informed Consent (FPIC) (arts. 10, 11(2), 19, 28(1), 29 (2) and 32 (2);
- The right to maintain, control, protect, and develop traditional knowledges, cultural heritage, and cultural expressions (art. 31);
- The right to participate in decision-making in matters affecting Indigenous Peoples, including through their own representative institutions (art. 18);
- The obligation of States to consult and cooperate in good faith with Indigenous Peoples through their own representative institutions before adopting or implementing measures that may affect them (art. 19).
- The Right to health, including the right to traditional medicines and to maintain Indigenous health practices (arts. 23 and 24).
- The right to maintain and strengthen Indigenous Peoples' distinctive spiritual relationships with their traditionally owned or otherwise occupied and used lands, territories, waters and other resources, and to uphold their responsibilities to future generations (art. 25)
- The rights to the lands, territories and resources which Indigenous Peoples have traditionally owned, occupied or otherwise used or acquired, including the rights to own, use, develop and control them (art. 26)

Legal Analysis:
The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), adopted by the UN General Assembly in 2007 after 25 years of negotiations, represents the most comprehensive international instrument for the promotion and protection of the rights of Indigenous Peoples. It was originally adopted by 143 States, with only four votes against, all of which later shifted to support its adoption. UNDRIP is not a Treaty and does not itself create treaty obligations, but it carries

substantive normative authority and is increasingly invoked by international and regional courts, treaty bodies, and other human rights mechanisms as an interpretive guide for existing obligations.

UNDRIP affirms both individual and collective rights of Indigenous Peoples, encompassing self-determination, lands, territories, health, resources, cultures, and knowledge systems. Articles 3 and 4 recognize the right to self-determination, reinforced by provisions on consultation and FPIC, which appear in articles 10, 11(2), 19, 28(1), 29(2), and 32(2). UNDRIP requires or calls for FPIC in specified circumstances, through Indigenous representative institutions, before adopting or implementing measures affecting Indigenous Peoples, particularly with respect to relocation, legislative or administrative actions, and the use of their lands and resources.

The Declaration also contains important provisions on health. Article 23 affirms the right of Indigenous Peoples to determine their own priorities and strategies for exercising their right to development, including the right to develop and administer health programmes through their institutions. Article 24 further recognizes the right to traditional medicines, to maintain health practices, and to access without discrimination all social and health services, as well as the right to the highest attainable standard of physical and mental health.

In addition, article 26 affirms the right of Indigenous Peoples to the lands, territories, and resources they have traditionally owned, occupied, used, or otherwise acquired, while Article 29 recognizes their right to the conservation and protection of the environment. These provisions reflect Indigenous worldviews in which human health is understood as inseparable from the health of Mother Earth. Finally, UNDRIP recognizes the rights of Indigenous Peoples to maintain, control, protect, and develop their cultural heritage, traditional knowledge, traditional cultural expressions, and sciences, technologies, and cultures, including human and genetic resources, seeds, and medicines.

In sum, although not a treaty, UNDRIP provides the principal international normative framework for the rights of Indigenous Peoples and has significantly influenced international, regional and national legal and policy developments. It provides the legal and normative foundations for safeguarding Indigenous Peoples' rights across biodiversity governance, traditional knowledge systems, and traditional medicine. Its provisions on FPIC, self-determination, health, and cultural heritage complement and reinforce the CBD, notably Article 8(j) (approval/involvement of knowledge holders and equitable sharing of benefits), and the Nagoya Protocol (prior informed consent or approval and involvement of Indigenous Peoples and local communities for access to traditional knowledges associated with genetic resources, and benefit-sharing via mutually agreed terms). Taken together with binding

instruments such as ILO Convention No. 169, these frameworks set clear expectations, and, for Parties to CBD/Nagoya Protocol and ILO Convention No. 169, binding obligations to respect FPIC, promote mechanisms that ensure fair and equitable benefit-sharing, and uphold the integrity of Indigenous knowledge systems.

2. Convention on Biological Diversity (CBD, 1992)

The Convention on Biological Diversity (CBD), adopted in 1992 and in force since 1993, is a legally binding treaty with near-universal participation; 196 Parties have ratified it. Its three objectives are the conservation of biodiversity, the sustainable use of its components, and the fair and equitable sharing of benefits arising from the use of genetic resources.

The Convention explicitly recognizes the role and rights of Indigenous Peoples and local communities in the conservation and sustainable use of biodiversity.

Key elements relevant to this Framework include:

Article 8(j): Parties must respect, preserve, and maintain the knowledge, innovations, and practices of Indigenous Peoples and local communities relevant to biodiversity, subject to approval and involvement of knowledge holders and equitable benefit-sharing, subject to national legislation.

Article 10(c): Encourages the protection and use of traditional practices relevant to the sustainable use of biodiversity.

Article 17(2): Calls for the exchange of results of technical, scientific, and socio-economic research, including specialized, Indigenous, and traditional knowledge, and promotes, where feasible, the repatriation of information.

Article 18(4): Encourages and develops methods of cooperation for the development and use of technologies, including Indigenous and traditional technologies, and promotes training and exchange of experts.

Legal Analysis:
Within the CBD, Article 8(j) holds particular importance for Indigenous Peoples and local communities. It requires Parties to respect, preserve, and maintain their traditional knowledge, innovations, and practices relevant to biodiversity conservation and sustainable use. It also calls for the approval and involvement of knowledge holders in matters affecting them and for the equitable sharing of benefits arising from the use of traditional knowledges. Article 10(c) complements this by affirming the need to protect and encourage customary sustainable use of biodiversity in accordance with traditional cultural practices.

For more than two decades, the Ad Hoc Open-ended Working Group on Article 8(j) and Related Provisions served as the main forum for advancing the implementation of these provisions. At COP 16 (2024, Cali, Colombia), Parties decided to establish a

permanent Subsidiary Body on Article 8(j) (SB8J) and Other Provisions of the Convention on Biological Diversity, which will provide advice to the COP and other subsidiary bodies.[20] At the same meeting, Parties adopted a new Programme of Work on Article 8(j) and Related Provisions (2024–2030), reinforcing commitments to:

- the full and effective participation of Indigenous Peoples and local communities,
- the protection of sacred and secret knowledge,
- gender-responsive approaches, and
- coherence with the Kunming–Montreal Global Biodiversity Framework.

Taken together, these decisions represent an important milestone in the recognition of Indigenous Peoples and local communities within the CBD process, ensuring more consistent oversight and forward-looking implementation of Article 8(j).

Article 8 (j) also forms the basis of the Nagoya Protocol on Access and Benefit-sharing (ABS), which operationalizes mechanisms for access to genetic resources and associated traditional knowledge systems. It has influenced domestic legislation on traditional knowledge protection and created a global platform for Indigenous engagement in biodiversity policy development.

In sum, the CBD, and particularly Article 8(j), reinforced by the new Subsidiary Body established at COP 16, provides an international framework linking biodiversity conservation with the rights and participation of Indigenous Peoples. It helps to ensure that traditional knowledges and practices are recognized, respected, and protected, and that benefits derived from their use are shared equitably. Within this Framework, Article 8(j) anchors biodiversity–health frameworks in Indigenous rights, knowledge systems, and co-governance, aligning biodiversity, health, and traditional knowledge systems within an evolving international legal architecture.

3. The Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization (Nagoya Protocol, 2010)

A supplementary agreement to the Convention on Biological Diversity (CBD), the Nagoya Protocol provides a framework for access to genetic resources and the fair and equitable sharing of benefits.
It requires:

[20] This body replaces the ad hoc working group that had operated since 1998 and is tasked with providing ongoing advice to the COP on issues relating to Indigenous Peoples and local communities.

- Prior Informed Consent (PIC)[21] (Arts. 6 and 7) or the approval and involvement of Indigenous Peoples where access to traditional knowledges associated with genetic resources is sought;
- Mutually agreed terms, including benefit-sharing arrangements;
- Recognition of customary laws and community protocols.
- The establishment of codes of conduct, guidelines, best practices, and/or standards.

Legal Analysis:
The Nagoya Protocol, adopted at COP 10 in Nagoya, Japan in 2010 and entering into force in 2014, is a supplementary agreement to the CBD. It elaborates the Convention's third objective: the fair and equitable sharing of benefits arising from the utilization of genetic resources. With more than 142 Parties plus the European Union, it establishes a binding international regime on access and benefit-sharing (ABS).

The Protocol requires that access to genetic resources be subject to the *Prior Informed Consent (PIC)* of the provider country, and that benefits be shared through *Mutually Agreed Terms (MAT)*. Importantly, Article 7 extends these provisions to traditional knowledges associated with genetic resources, requiring either PIC or the approval and involvement of Indigenous Peoples and local communities in accordance with domestic law, while Article 12 recognizes the need to respect their customary laws, community protocols, and procedures. Together, these provisions ensure that Indigenous knowledge systems are protected and that benefits arising from their use are equitably shared.

Article 4(3) emphasizes that the Protocol shall be implemented in a mutually supportive manner with other relevant international instruments. This principle strengthens its coherence with the CBD (especially Article 8(j)) and with human rights frameworks such as UNDRIP and ILO Convention No. 169, ensuring that the rights of Indigenous Peoples are not treated in isolation but integrated across legal regimes.

Furthermore, Article 20 of the Nagoya Protocol encourages Parties, as appropriate, to promote the development, update, and use of voluntary codes of conduct, guidelines, and best practices and/or standards in relation to access and benefit-sharing. Article 20 therefore provides an important precedent for the development

[21] Although the literal text of the Nagoya Protocol uses the term "Prior Informed Consent" (PIC), this Participatory Framework recognizes that, in line with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the evolution of international standards, the current human rights standard requires "Free, Prior and Informed Consent" (FPIC). Therefore, for the purposes of implementing this Framework, compliance with PIC should aim to meet the FPIC standard.

and use of voluntary guidance, codes of conduct and best practices that may support respectful engagement with Indigenous Peoples and the implementation of access and benefit-sharing measures in a manner consistent with this Framework. The CARE Principles (Collective Benefit, Authority to Control, Responsibility, and Ethics), developed by the Global Indigenous Data Alliance (GIDA) in 2019, complement these developments by promoting Indigenous data governance[22] and strengthening safeguards for the access, use of data relating to Indigenous Peoples, their knowledge systems, and associated resources. Together these principles reinforce the recognition of Indigenous data sovereignty and support the implementation of respectful, rights-based approaches to the governance of Indigenous knowledges within this Framework.

In practice, the Nagoya Protocol has provided the legal foundation for many national access and benefit-sharing laws, creating clearer rules for both providers and users of genetic resources. By embedding Indigenous Peoples' rights within a binding framework of access and fair and equitable benefit-sharing (ABS) derived from their use, it advances both biodiversity governance and equity.

In sum, the Nagoya Protocol provides a binding legal framework that operationalizes the CBD's third objective by embedding access and benefit-sharing within international law. Through its provisions on PIC, MAT, and the protection of traditional knowledge, it reinforces Indigenous Peoples' rights and creates clearer rules for both providers and users of genetic resources.

4. International Labour Organization Convention No. 169 (ILO Convention No. 169, 1989)

A legally binding international convention focused on Indigenous and tribal peoples, ILO Convention No. 169 establishes:

- The adoption of special measures to safeguard the environment of the peoples concerned. (art. 4.1).
- The obligation of governments to consult the Indigenous Peoples concerned through appropriate procedures and through their representative institutions whenever legislative or administrative measures that may affect them directly are planned. These consultations must be carried out in good faith and with the objective of reaching an agreement or achieving consent regarding the proposed measures (Arts. 6 and 7). It should be noted that an information meeting, a survey, or other similar procedure does not satisfy the standard of

[22] CARE Principles for Indigenous Data Governance. Global Indigenous Data Alliance. GIDA-global.org

consultation, as has been repeatedly determined by the ILO supervisory bodies.[23]

- The right of these peoples to decide their own priorities regarding the development process and to control their own economic, social, and cultural development (Art. 7).
- The right to lands, territories, and resources and the management of their natural resources (Art. 13).[24]
- The right to health (Art. 25), which stipulates that governments must ensure adequate health services or provide the means to organize and deliver such services under their own responsibility and control so that they may enjoy the highest attainable standard of physical and mental health. The Convention requires that these services be planned and administered in cooperation with Indigenous Peoples, taking into account their economic, geographical, social, and cultural conditions, as well as their prevention methods, healing practices, and traditional medicines.

Legal Analysis:
The ILO Convention on Indigenous and Tribal Peoples (No. 169) is a binding international instrument that explicitly addresses the rights of Indigenous Peoples. Although ratified by a limited number of States, it has been influential in shaping both international law and the legislation of States, and it is frequently cited in conjunction with other UN human rights treaties.

The Convention affirms Indigenous Peoples' rights to maintain their institutions, cultures, and traditional knowledge systems, and its main purpose is to establish mechanisms for participation and consultation. These provisions have been described as "the cornerstone of the Convention," as they "are the fundamental principles of democratic governance and inclusive development" and also "the means by which Indigenous Peoples can fully participate in the decision-making that affects them." The ILO has further emphasized that effective consultation and participation are central to good governance, helping reconcile diverse interests and advance inclusive democracy and stability.[25]

The ILO supervisory bodies have emphasized that the Convention and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), while distinct in nature

[23] It should be noted that an information meeting cannot be considered a consultation that meets this obligation. Excerpts from reports and comments of the ILO supervisory bodies: applying the Indigenous and Tribal Peoples Convention, 1989 (No.169).
[24] When we speak of lands, we also refer to territories and resources (Art. 13.2). Territories include water and other resources related to traditional Indigenous medicine.
[25] ILO publication "Understanding the Indigenous and Tribal Peoples Convention, 1989 (No. 169), Handbook for ILO tripartite constituents".

and scope, are complementary and mutually reinforcing instruments. Together, they strengthen collaboration across the UN system in advancing the rights of Indigenous Peoples, underscoring the binding obligations of ILO Convention No.169 and the broader normative guidance of UNDRIP.[26]

Although its ratification remains limited, ILO Convention No. 169 has guided domestic legislation, constitutional reforms, and peace processes in countries with Indigenous populations. It continues to serve as an instrument for political dialogue and an authoritative reference point in international law.

In sum, ILO Convention No.169 is not an isolated standard. It reinforces the obligation of States and institutions to ensure meaningful participation and consultation with Indigenous Peoples.

5. World Intellectual Property Organization (WIPO)

WIPO's Intergovernmental Committee on Intellectual Property and Genetic Resources, Traditional Knowledge and Folklore (IGC) is negotiating international legal instruments to protect traditional knowledges and traditional cultural expressions. Among them, at the Diplomatic Conference to Conclude an International Legal Instrument Relating to Intellectual Property, Genetic Resources and Traditional Knowledge Associated with Genetic Resources in 2024, which led to the adoption of the World Intellectual Property Organization (WIPO) Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge (WIPO GRATK). It recognizes, among other elements, that the WIPO Treaty Recognizing and other international instruments related to genetic resources and traditional knowledges associated with genetic resources should be mutually supportive (i.e., the Nagoya Protocol and Article 8(j) of the CBD).[27]

Although we are dealing with an international treaty that has not yet entered into force, it is open for ratification by States. Its key principles include:

- Recognition of Indigenous Peoples as custodians of their knowledge;
- Recognition of the need to contribute to the protection of knowledge systems against misappropriation within intellectual property systems;
- Possible establishment of disclosure requirements in patent systems related to origin or source of traditional knowledges and genetic resources.

[26] Excerpts from reports and comments from the ILO supervisory bodies. Available from: https://www.ilo.org/publications/excerpts-reports-and-comments-ilo-supervisory-bodies-applying-indigenous

[27] Preamble of the WIPO GRATK Treaty.

Legal Analysis:
The WIPO Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge, adopted by the Member States of the World Intellectual Property Organization and currently open for ratification, marks a significant advance in the international legal architecture for traditional knowledges (TK) and genetic resources (GRs). While it will enter into force with 15 ratifications and is still at an early stage of implementation, it sets a precedent by recognizing that frameworks such as the Nagoya Protocol and CBD Article 8(j) must operate as mutually supportive instruments. This reflects a growing international agreement that Indigenous Peoples' knowledge systems are not simply cultural heritage but are legally protectable under international law.

The ongoing work of WIPO's Intergovernmental Committee (IGC) also highlights the need to safeguard knowledge that, in many traditions, is sacred, secret, or restricted, including against unauthorized disclosure or use. This is particularly relevant for health-related knowledge, such as traditional medicines and healing practices, which risk commodification without the consent of Indigenous Peoples.

As countries implement the Kunming–Montreal Global Biodiversity Framework, coherence across legal regimes will be essential. The WIPO process demonstrates how intellectual property law intersects with biodiversity law (CBD/Nagoya Protocol).

In sum, WIPO GRATK is not an isolated development. It strengthens the legal basis for protecting Indigenous knowledge systems in ways that respect cultural protocols and rights, and it provides precedent against misappropriation in global health and biodiversity contexts.

6. The United Nations Framework Convention on Climate Change (UNFCCC, 1992)

The United Nations Framework Convention on Climate Change (UNFCCC), adopted in 1992, is the foundational treaty aimed at stabilizing greenhouse gas concentrations to prevent dangerous human interference with the climate system. Its legal architecture includes key instruments such as:

- It is an international treaty focused on stabilizing greenhouse gas concentrations and preventing dangerous human interference with the climate system. Its Secretariat works, among other matters, on the implementation of the Convention.
- The Kyoto Protocol (1997) and
- The Paris Agreement (2015).
- The Local Communities and Indigenous Peoples Platform (LCIPP), which is a space for dialogue and coordination that seeks to strengthen the exchange of

knowledge, ancestral wisdom, and traditional practices to address climate change.

Legal Analysis:
The UNFCCC and specifically, the Paris Agreement recognize that climate action must respect and promote obligations related to the rights of Indigenous Peoples. Through the LCIPP, the climate regime has institutionalized the importance of traditional knowledge systems, not only as a source of information but as a pillar for global climate decision-making.

This framework is important because it directly links climate stability with the protection of Indigenous territories and wisdom. The Platform helps ensure that the global response to climate change integrates Indigenous worldviews, recognizing that their resilience is fundamental to planetary health.

7. General recommendation no. 39 (2022) on the rights of Indigenous Women and Girls of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW/C/GC/39)

General Recommendation No. 39 (2022), adopted by the CEDAW, provides authoritative guidance on the implementation of the Convention on the Elimination of All Forms of Discrimination against Women in relation to the rights of Indigenous women and girls. It recognizes the unique contributions of Indigenous women and girls to the protection of biodiversity, the transmission of traditional knowledge, the practice of traditional medicine, food systems and environmental stewardship, while highlighting the intersecting forms of discrimination they continue to face.

Legal Analysis:

General Recommendation No. 39 affirms that States Parties should respect, protect and fulfil the rights of Indigenous women and girls in accordance with international human rights law, including their rights to participate in decision-making, maintain and strengthen their cultural institutions and knowledge systems, and exercise FPIC. It recognizes the interdependence between Indigenous women's rights, biodiversity conservation, environmental protection, health and sustainable development, and calls for culturally appropriate, gender-responsive and rights-based approaches across these sectors.

This Recommendation is directly relevant to the present Framework because it reinforces the importance of Indigenous women's leadership in biodiversity conservation, traditional medicine, intergenerational transmission of knowledge and the protection of Indigenous Peoples' health and well-being. It complements the Framework's rights-based approach by recognizing Indigenous women as essential knowledge holders, health practitioners and custodians of biodiversity, whose full and

effective participation is fundamental to equitable and culturally grounded engagement.

8. Kunming-Montreal Global Biodiversity Framework (KMGBF, 2022)

In addition to the above international instruments, **the Kunming-Montreal Global Biodiversity Framework (KMGBF).** The KMGBF is the cornerstone of the biodiversity agenda for 2030 under the CBD. By explicitly integrating Indigenous knowledge systems, participation, and benefit-sharing into its goals and targets, it directly bridges conservation and justice. Including the KMGBF contributes towards ensuring that exchanges are aligned with the current biodiversity framework, strengthening Indigenous rights in the contemporary international biodiversity architecture.

Adopted at COP 15, the KMGBF sets out key elements for Indigenous Peoples:

> **Section C** (Guidance for Implementation): Recognizes Indigenous Peoples as custodians of biodiversity and essential partners in its conservation and sustainable use. It explicitly refers to the protection of Indigenous Peoples' rights, traditional knowledge systems, values, and worldviews, including through FPIC and in accordance with international human rights law and UNDRIP.
>
> **Goal C:** Urges the fair and equitable sharing of benefits from the use of genetic resources and associated traditional knowledges, both monetary and non-monetary.

Targets 1, 3, 5, 9, 13, 19(f), 21, and 22[28] are relevant for ensuring Indigenous participation in conservation, equitable governance of biodiversity and natural

[28] ***Target 1:*** Calls for spatial planning and effective management that respects the rights of Indigenous Peoples.; ***Target 3:*** Calls for 30% of terrestrial and marine areas to be conserved through well-connected systems of protected areas and other effective area-based conservation measures, with full recognition and inclusion of Indigenous governance; ***Target 5:*** Focuses on halting loss of wild species through sustainable, safe, and legal use that includes Indigenous and local knowledge; ***Target 9:*** Calls for sustainable use of wild species and safeguarding customary sustainable use; ***Target 13:*** Calls for increased Sharing of Benefits From Genetic Resources, Digital Sequence Information and Traditional Knowledge; ***Target 19(f):*** Promotes the development and use of indicators that integrate traditional knowledges and participatory approaches; ***Target 21:*** Commits to ensuring Indigenous Peoples' full, equitable, inclusive, and gender-responsive participation in biodiversity decision-making; ***Target 22:*** Calls for respect and legal protection of Indigenous Peoples' rights, knowledge, practices, innovations, and worldviews, and the protection of their rights and roles in biodiversity governance.

resources, the protection of customary sustainable use, and the safeguarding of traditional knowledges, innovations, and practices under the FPIC standard.

9. Global Action Plan on Biodiversity and Health (2024)

The Global Action Plan on Biodiversity and Health adopted by decision 16/19 at COP 16 (Cali, 2024) is directly relevant. This plan complements the Kunming–Montreal Global Biodiversity Framework by providing a voluntary roadmap with 23 targets for integrating health and biodiversity through a One Health approach, including explicit recognition of Indigenous Peoples, their knowledge systems, and traditional medicine. As such, it provides a normative reference to promote that biodiversity–health links are addressed in a rights-based, inclusive, and culturally appropriate manner.

Other key frameworks within the global health architecture are also relevant, including the WHO Traditional Medicine Strategy 2025–2034 and the WHO Action Plan on Climate Change and Health, both adopted by the World Health Assembly in 2025, as well as the forthcoming WHO Global Action Plan on the Health of Indigenous Peoples, currently under development. Taken together, these instruments underscores the need for an integrated rights-based approaches that recognize biodiversity, Indigenous Peoples' knowledge systems -including traditional medicine- and the Indigenous Determinants of Health as essential to advancing the health and well-being of Indigenous Peoples, strengthening resilient and culturally appropriate health systems, and supporting planetary health

The Indigenous Determinants of Health framework also reflects an evolving body of work developed through successive sessions of the UNPFII. Reports of the 22nd – 25th sessions (E/C.19/2023/5, E/C.19/2024/5, E/C.19/2025/5 and E/C.19/2026/5) have progressively advanced international understanding of Indigenous Determinants of Health, holistic approaches to health and well-being, and their relevance to the rights of Indigenous Peoples, biodiversity and health.

Annex II
Development of the Framework, Participatory Review Process and Cross-cutting Findings

A. Foundations

The Participatory Framework for Respectful Engagement with Indigenous Peoples on Biodiversity, Health and Indigenous Knowledge Systems builds upon more than a decade of WHO's work at the intersection of biodiversity, health, and Indigenous knowledge systems. It reflects the growing recognition within WHO and across the United Nations system that respectful engagement with Indigenous Peoples is fundamental to advancing health and well-being, conserving biodiversity, strengthening Indigenous knowledge systems, and realizing the rights of Indigenous Peoples.

The WHO–CBD Joint Work Programme on Biodiversity and Health[29] established an important institutional foundation for this work by promoting collaboration across sectors and highlighting the interdependence of biodiversity and health. Building on this foundation, the establishment of the WHO Global Centre for Traditional Medicine in 2022 created new opportunities to strengthen work relating to Indigenous traditional medicine, biodiversity and Indigenous knowledge systems.

In 2023, two landmark WHO initiatives further advanced this agenda. The First WHO Global Workshop on Biodiversity, Health and Traditional Knowledge Systems, held in Rio de Janeiro, Brazil, provided the first global WHO forum specifically dedicated to exploring the interconnections among biodiversity, health and Indigenous knowledge systems. Shortly afterwards, the First WHO Global Summit on Traditional Medicine, held in Gandhinagar, India, culminated in the Gujarat Declaration, which established biodiversity, Indigenous Peoples and Indigenous knowledge systems as one of the six strategic pillars for the future work of the WHO Global Centre for Traditional Medicine.

The Ottawa Indigenous Dialogue on Traditional Knowledges, Biodiversity and Health: Restoring Trust, Strengthening Partnerships and Advancing Indigenous-led Pathways, convened by WHO in collaboration with the Indigenous Peoples' Centre for Documentation, Research and Information (Docip), the Ărramăt Project on Biodiversity and Health, and the Government of Canada in October 2025, represented a pivotal milestone in the development of the Framework. It served as

[29] The WHO–CBD Joint Work Programme on Biodiversity and Health was implemented through the long-standing collaboration between the Secretariat of the Convention on Biological Diversity and the World Health Organization, including through the Inter-agency Liaison Group on Biodiversity and Health, coordinated by the WHO Department of Environment, Climate Change and Health (ECH), now the Department of Environment, Climate Change, One Health and Migration (ECO) and the CBD.

the first dedicated dialogue to co-design its conceptual, ethical and operational foundations. Rather than consulting on a pre-existing WHO document, the Dialogue was established as a participatory co-design process based on the recognition that a framework for respectful engagement could itself only be developed through respectful engagement with Indigenous Peoples. Indigenous knowledge holders, Elders, youth, community leaders, Indigenous organizations and United Nations partners collectively shaped the initial purpose, scope, guiding principles, safeguards and operational modalities that continue to underpin the Framework.

Building on initial text emerging from the Ottawa Dialogue, the Framework underwent successive rounds of written peer review with Indigenous Peoples from the seven Indigenous sociocultural regions, ensuring that its continued development remained grounded in Indigenous rights and perspectives.

B. Participatory Development Process

Building upon these foundations, the Framework was developed through a structured, multi-stage participatory process undertaken between October 2025 and July 2026. Each stage had a distinct purpose and progressively strengthened the Framework through dialogue, peer review and co-development with Indigenous Peoples from the seven Indigenous sociocultural regions, in accordance with the principles of respectful engagement, reciprocity and continuous learning that underpin the Framework.

Stage 1. Ottawa Indigenous Dialogue (October 2025)
The Ottawa Indigenous Dialogue constituted the foundational co-design stage of the Framework. Participants worked collectively to establish its purpose, scope, guiding principles, safeguards, governance arrangements and operational modalities. The recommendations emerging from the Dialogue informed the preparation of the first complete draft of the Framework. The recommendations emerging from the Ottawa Dialogue informed the preparation of the first complete draft of the Framework and shaped every subsequent stage of its development.

Stage 2. First global peer review and technical dialogue (October–December 2025)
The first complete draft of the Framework was circulated for voluntary written peer review among Indigenous participants of the Ottawa Dialogues and Indigenous Peoples from the seven sociocultural regions. It was further discussed during the first meeting of the Subsidiary Body on Article 8(j) of the Convention on Biological Diversity and at the Second WHO Global Summit on Traditional Medicine. Together, these processes generated over 170 written comments, as well as additional legal, technical and policy recommendations that informed the next revision of the Framework.

Stage 3. Presentation to the United Nations Permanent Forum on Indigenous Issues (April 2026)
A substantially revised and updated version of the Framework was presented as Conference Room Paper CRP.1 to the twenty-fifth session of the United Nations Permanent Forum on Indigenous Issues. The presentation enabled further dialogue with Indigenous Peoples, Member States, United Nations entities and Indigenous organizations. The Permanent Forum welcomed the presentation of the Framework and encouraged WHO to finalize and operationalize it in partnership with Indigenous Peoples. This recommendation provided an important institutional basis for the final phase of review and refinement undertaken before its launch.

Stage 4. Final participatory review (April–June 2026
Following the UNPFII session, WHO, in collaboration with Docip, launched a final written peer review and convened seven regional strategic dialogues, each moderated by a Member of the United Nations Permanent Forum on Indigenous Issues representing the applicable sociocultural region. These strategic dialogues discussed Framework elements across diverse legal, sociocultural and governance contexts, identified remaining gaps and generated recommendations for its final refinement. Across these processes, more than 300 additional comments, reflections and recommendations were received and individually assessed in relation to the Framework's objectives, scope and legal and normative foundations.

Stage 5. Finalization and launch (July 2026)
The final Framework reflects the outcome of this iterative process. It incorporates revisions arising from successive stages of co-design, peer review, regional validation and technical review while maintaining coherence with its objectives, legal and normative foundations and WHO's institutional mandate. The Framework was formally launched during the nineteenth session of the Expert Mechanism on the Rights of Indigenous Peoples in July 2026.

C. Participation and co-development

The Framework was developed through an extensive participatory and co-development process involving Indigenous Peoples from across the seven Indigenous sociocultural regions, coordinated by the World Health Organization (WHO) through its Department of Environment, Climate Change, One Health and Migration (ECO) and the WHO Global Traditional Medicine Centre (GTMC). The process combined global, regional and bilateral engagement through dialogues, written peer review, technical exchange and partner-led events to which WHO contributed. The various stages of dialogue, written peer review, regional engagement and bilateral exchange included, among others:

- The *Ottawa Indigenous Dialogue on Traditional Knowledges, Biodiversity and Health: Restoring Trust, Strengthening Partnerships and Advancing Indigenous-led Pathways* (Ottawa, Canada, October 2025);
- Two global written peer review processes (October 2025 through June 2026);
- WHO side events and dialogues organized during the First Meeting of the Subsidiary Body on Article 8(j) and Related Provisions of the Convention on Biological Diversity (Panama City, Panama, October 2025);
- Dialogues on biodiversity, health and traditional knowledge systems held during the Second WHO Global Summit on Traditional Medicine (New Delhi, India, December 2025);
- presentation of Conference Room Paper (CRP.1) to the twenty-fifth session of the United Nations Permanent Forum on Indigenous Issues (UNPFII) (New York, United States of America, April 2026);
- Seven regional strategic dialogues, each moderated by a Member of UNPFII (April–June 2026);
- bilateral exchanges with Indigenous experts, Indigenous organizations and partner institutions throughout the development process (October 2025–July 2026)
- other relevant side events and dialogues organized and co-organized by WHO and by partner organizations to which WHO contributed throughout the development process.

Participants included Indigenous Elders, knowledge holders, Indigenous traditional medicine practitioners, youth, community leaders, Indigenous legal experts, representatives of Indigenous organizations and institutions, members of relevant United Nations mechanisms and entities, partner institutions and technical experts. The participatory process also benefited from the engagement of Docip, the Ărramăt Project on Biodiversity and Health, the Indigenous Determinants of Health Alliance (IDHA) and the ICCA Consortium, whose membership and engagement span multiple Indigenous sociocultural regions, as well as numerous Indigenous organizations, institutions and networks operating at regional, national and community levels across each region.

These formal participatory processes were complemented by numerous bilateral discussions, technical exchanges, and partner-led dialogues involving WHO, Indigenous experts, Indigenous organizations, United Nations mechanisms and entities, partner institutions and technical experts, reflecting the continuous and iterative nature of the Framework's development.

Taken together, these successive stages of engagement generated nearly 500 substantive contributions across all dialogues, consultations, bilateral exchanges and written peer review processes, including written comments, verbal interventions, reflections and recommendations, all of which were individually reviewed, assessed

and considered in relation to the objectives, scope and legal and normative foundations of the Framework. The resulting Framework, first presented to the twenty-fifth session of the UNPFII, subsequently strengthened through a final round of written peer review and seven regional strategic dialogues, and formally launched during the nineteenth session of EMRIP, reflects the outcome of this extensive participatory process. As a living instrument, it will continue to benefit from implementation experience, meaningful dialogue with Indigenous Peoples and periodic review, consistent with the principles of accountability, continuous learning and adaptive use that underpin the Framework.

D. Cross-cutting Findings from the Regional Strategic Dialogues

The seven regional strategic dialogues provided a unique opportunity to explore common perspectives among Indigenous Peoples from the seven Indigenous sociocultural regions while fully recognizing the diversity of their histories, cultures, governance systems, legal contexts, languages and knowledge systems. Although each dialogue reflected distinct regional realities, participants were invited to respond to a common set of guiding questions through an interactive participatory process designed to identify recurring concepts, shared values and common conditions for respectful engagement.

The remarkable degree of convergence observed across all seven regions demonstrated that, while Indigenous Peoples are extraordinarily diverse, there are fundamental principles and relationships that consistently underpin Indigenous understandings of biodiversity, health and Indigenous knowledge systems. These points of convergence provided an important source of guidance for refining the Framework and reaffirmed the appropriateness of a common rights-based framework capable of supporting respectful engagement across diverse sociocultural contexts, while also remaining sufficiently flexible to accommodate context-specific implementation.

Health

Across all seven sociocultural regions, health was consistently understood as holistic, relational and inseparable from the health of lands, territories, waters, biodiversity and future generations. Participants described health not merely as the absence of disease but as a dynamic state of balance and reciprocal relationships encompassing physical, mental, emotional, spiritual, cultural, environmental and collective well-being.

Common concepts emerging across regions included well-being, balance, spirituality, cultural identity, Indigenous languages, food systems, water, healing, reciprocity, community, responsibilities to future generations and harmonious relationships with Mother Earth (see Figure 1). These perspectives reaffirmed that Indigenous concepts

of health are deeply embedded within broader ecological, cultural and spiritual relationships that cannot be understood in isolation.

Indigenous rights and respectful engagement

Across all seven regions, self-determination consistently emerged as the core foundational principle underpinning respectful engagement.

Participants emphasized that respectful engagement requires recognition of Indigenous governance systems, representative Indigenous institutions, FPIC, Indigenous languages, Indigenous traditional medicine, Indigenous knowledge systems, lands, territories and waters, cultural continuity and Indigenous data sovereignty. Participants also consistently highlighted the importance of ethical safeguards, respect for sacred and secret knowledge, transparency, equitable sharing of benefits, reciprocal relationships and Indigenous authority over decisions concerning the collection, documentation, interpretation, use and dissemination of Indigenous knowledges.

Collectively, these perspectives reinforced that respectful engagement is not achieved through consultation alone, but through relationships founded on trust, reciprocity, shared intergenerational responsibility and full respect for the rights of Indigenous Peoples.

Biodiversity and health

Across all seven sociocultural regions, participants consistently described biodiversity and health as intrinsically interconnected and mutually reinforcing. Biodiversity was recognized not only as the ecological foundation of Indigenous food systems and Indigenous traditional medicine, but also as fundamental to cultural identity, spirituality, resilience, livelihoods, language, governance systems and collective well-being.

Participants consistently emphasized stewardship, reciprocal relationships with nature and responsibilities towards Mother Earth as essential foundations for sustaining healthy peoples and healthy ecosystems. At the same time, participants highlighted the growing impacts of biodiversity loss, climate change, pollution, land degradation and the loss of access to lands, territories and waters as major threats to Indigenous health, knowledge systems and cultural continuity.

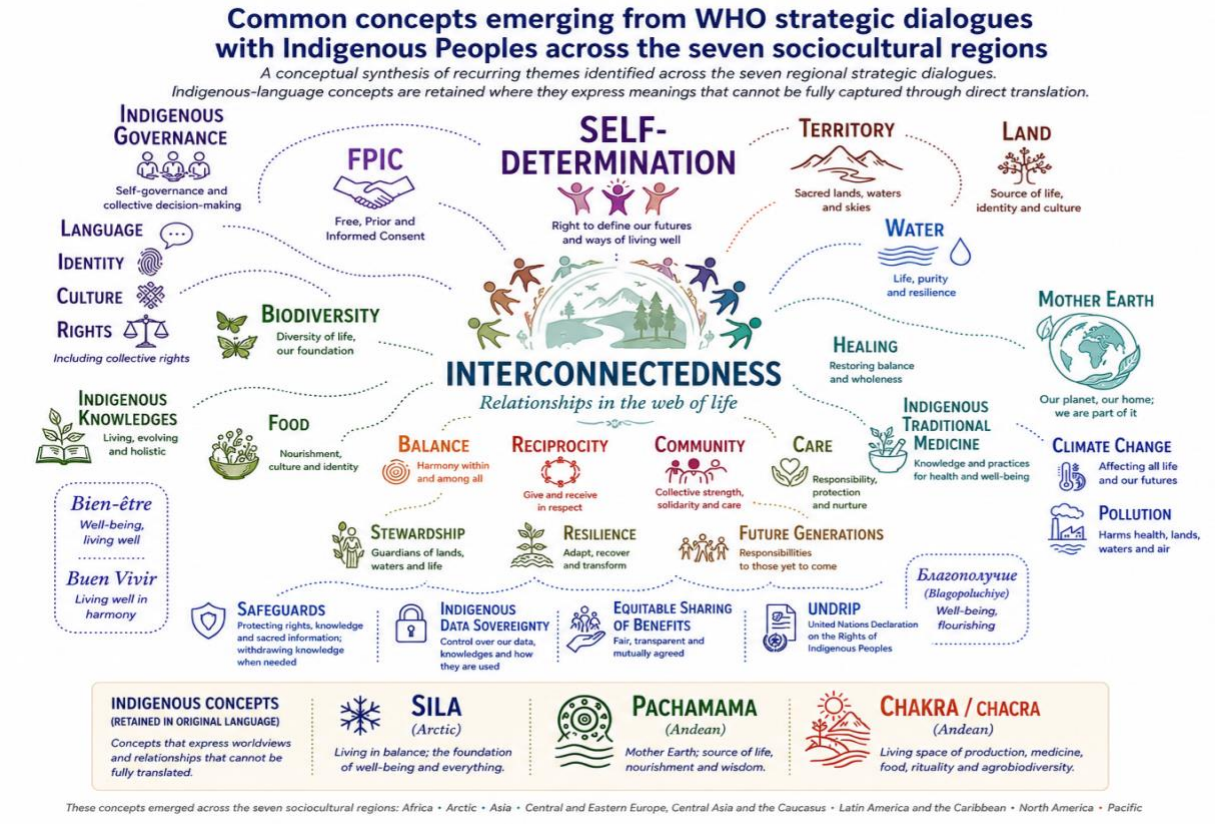
Overall synthesis

Taken together, the strategic dialogues demonstrated a remarkable degree of convergence across the seven Indigenous sociocultural regions. While recognizing the diversity of Indigenous Peoples and the importance of context-specific

implementation, participants consistently affirmed holistic understandings of health, the centrality of self-determination and Indigenous governance, the importance of Indigenous rights and safeguards, and the intrinsic interconnections between biodiversity, health and Indigenous knowledge systems.

These cross-cutting findings significantly informed the refinement of the Framework and reinforce its rights-based, intercultural and relational approach to respectful engagement. They further demonstrate that respectful engagement with Indigenous Peoples can be guided by a coherent set of shared principles while remaining responsive to the distinct realities, governance systems, knowledge systems and cultural contexts of Indigenous Peoples across the seven sociocultural regions.

See Figure 1. Common concepts emerging from WHO strategic dialogues with Indigenous Peoples across the seven sociocultural regions.



Acknowledgements

The Participatory Framework for Respectful Engagement with Indigenous Peoples on Biodiversity, Health and Indigenous Knowledge Systems is the result of an extensive collaborative process of co-creation undertaken progressively in partnership with Indigenous Peoples over several years. It reflects the knowledge, experience, leadership and generous contributions of hundreds of Indigenous participants, Indigenous organizations, experts and partners from across the seven Indigenous sociocultural regions. WHO expresses its profound gratitude to all those who contributed their time, expertise, lived experience and guidance throughout the co-development of this Framework.

The Framework also reflects the collective wisdom, trust and generosity of those who shared their knowledge, perspectives and lived experiences throughout the participatory process. While not every contribution can be acknowledged individually, every contribution helped shape the Framework presented here.

In keeping with the principles of respectful engagement, FPIC, confidentiality and Indigenous data sovereignty reflected throughout this Framework, individual contributors are generally acknowledged collectively unless they served in formal leadership, moderation or institutional roles, or have otherwise been acknowledged by name with their knowledge or agreement. This approach seeks to balance appropriate recognition with respect for the diversity of contexts in which Indigenous Peoples participated throughout the development of the Framework.

Indigenous Peoples and knowledge holders

WHO expresses its deepest appreciation to the Indigenous Peoples, Elders, knowledge holders, Indigenous traditional medicine practitioners, midwives, youth, community leaders, representatives of Indigenous organizations and institutions, Indigenous legal experts and other Indigenous experts from the seven Indigenous sociocultural regions who participated in the Ottawa Indigenous Dialogue, the written peer review processes, regional strategic dialogues, consultations, side events and ongoing exchanges. Their knowledge, leadership, lived experience and generous sharing of perspectives fundamentally shaped this Framework and strengthened its grounding in Indigenous rights, Indigenous knowledge systems and Indigenous realities.

Leadership and Contributions from United Nations Indigenous Mechanisms

WHO gratefully acknowledges the UNPFII Secretariat and Members of the UNPFII who provided Indigenous leadership, including through the moderation of the seven regional strategic dialogues. Particular thanks go to:

- Aluki Kotierk (Chair of the UNPFII – Arctic)
- Amina Amharech (Africa)
- Jennifer Tauli Corpuz (Asia)
- Valentina Sovkina (Central and Eastern Europe, the Russian Federation, Central Asia and Transcaucasia)
- Rodrigo Paillalef Monnard (Central and South America and the Caribbean)
- Lea Nicholas-Mackenzie (North America)
- Emma Rawson-Te Patu (Pacific)

WHO also gratefully acknowledges the valuable support and guidance of former UNPFII members Mariam Wallet Aboubakrine (former UNPFII Chair), Geoffrey Roth and Vital Bambanze. WHO further acknowledges Anexa Alfred-Cunningham (2025 Chair of EMRIP) and other EMRIP members, whose contributions supported different stages of the participatory process.

WHO also gratefully acknowledges Dr. Albert K. Barume, United Nations Special Rapporteur on the rights of Indigenous Peoples, and H.E. José Francisco Calí Tzay, former United Nations Special Rapporteur on the rights of Indigenous Peoples and Permanent Representative of Guatemala to the United Nations Office at Geneva, for their valued engagement in support of the launch of the Framework.

Their leadership and thoughtful engagement ensured that the regional dialogues remained firmly grounded in Indigenous leadership and perspectives.

Indigenous organizations and partners

WHO gratefully acknowledges the collaboration of the Indigenous Peoples' Centre for Documentation, Research and Information (Docip), in particular Remi Orsier and Lorena White, whose partnership was instrumental throughout the participatory process, including outreach to Indigenous Peoples, multilingual coordination, interpretation, documentation and overall support to the regional strategic dialogues.

WHO also gratefully acknowledges the many other Indigenous organizations, institutions, networks and community organizations from across the seven Indigenous sociocultural regions that contributed to consultations, peer review, regional strategic dialogues, side events and knowledge exchange.

Indigenous legal and technical expertise

WHO expresses its sincere appreciation to Indigenous experts Rodrigo Paillalef Monnard and Rodrigo de la Cruz for their legal, technical and strategic guidance throughout the development of the Framework, which substantially strengthened its grounding in Indigenous Peoples' rights and international legal frameworks.

Key dialogues and consultations

WHO sincerely thanks all speakers, moderators, Indigenous knowledge holders, Elders, participants and partner organizations whose contributions to the following dialogues, consultations and participatory processes informed the development of this Framework:

- the WHO Global Workshop on Biodiversity, Health and Traditional Knowledge Systems (Rio de Janeiro, Brazil, 2023);
- the first WHO Global Summit on Traditional Medicine (Gandhinagar, India, 2023);
- Side events and dialogues co-organized by WHO during the sixteenth meeting of the Conference of the Parties to the Convention on Biological Diversity (CBD COP16) (Cali, Colombia, 2024);
- the participants of the Ottawa Indigenous Dialogue on Traditional Knowledges, Biodiversity and Health: Restoring Trust, Strengthening Partnerships and Advancing Indigenous-led Pathways (Ottawa, Canada, 2025);
- the side events and dialogues co-organized by WHO during the first meeting of the Subsidiary Body on Article 8(j) and Related Provisions of the Convention on Biological Diversity (Panama City, Panama, 2025);
- the Second WHO Global Summit on Traditional Medicine (New Delhi, India, 2025);
- the WHO side events organized or co-organized during the twenty-fourth and twenty-fifth sessions of the UNPFII (New York, USA, 2025 and 2026);
- the meeting of the Facilitative Working Group of the Local Communities and Indigenous Peoples Platform (LCIPP) under the United Nations Framework Convention on Climate Change (UNFCCC) (Bonn, Germany, 2026);
- the side event and launch event held during the eighteenth and nineteenth sessions of the EMRIP (Geneva, Switzerland, 2025 and 2026);
- the seven regional strategic dialogues on the development of this Framework; and
- all written peer review processes, together with other partner-led side events and dialogues that informed the development of this Framework and to which WHO contributed.

United Nations partners

WHO gratefully acknowledges the longstanding collaboration of colleagues across the United Nations system, in particular the Secretariat of the Convention on Biological Diversity, including colleagues from Article 8(j), Nagoya Protocol, and the cross-cutting area of work on biodiversity and health, whose partnership has significantly advanced collaboration at the interface of biodiversity, health and traditional knowledge systems over the years.

WHO also acknowledges the continued engagement of past and present members of UNPFII, and EMRIP and successive mandate holders of the United Nations Special Rapporteur on the Rights of Indigenous Peoples, whose work has helped strengthen international dialogue and cooperation in support of the rights of Indigenous Peoples.

Within WHO

Within WHO, the development of the Framework greatly benefited from the leadership and guidance of Dr Shyama Kuruvilla, Director a.i., WHO Global Traditional Medicine Centre, and the longstanding support of Dr Maria Neira, former Director of the Department of Environment, Climate Change and Health.

WHO also acknowledges the contributions of Geetha Krishnan, Lori McDougall and Manjeet Saluja from the WHO Global Traditional Medicine Centre; Marina Maiero and Diarmid Campbell-Lendrum from the Department of Environment, Climate Change, One Health and Migration; and colleagues across WHO that provided strategic advice and institutional support. Special thanks are extended to Arkyn Kornell for her dedicated volunteer support to the strategic dialogues across the seven Indigenous sociocultural regions.

The technical drafting of the Framework and the coordination of its participatory development, peer review and regional strategic dialogue processes were led by Cristina Romanelli (WHO), working in close partnership with Indigenous Peoples, the Indigenous Peoples' Centre for Documentation, Research and Information (Docip), Indigenous legal experts and partner organizations throughout the process.

WHO looks forward to building on the partnerships established through the co-development of this Framework to strengthen respectful engagement, ongoing dialogue, mutual learning and its implementation in partnership with Indigenous Peoples.