

World Health Organization
Global Plan of Action for the Health of Indigenous Peoples

DRAFT for consultation

Version 1 July 2025

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NOTE: This is a draft of the Global Plan of Action for the Health of Indigenous Peoples for consultation. The final version of the GPA, to be presented to the World Health Assembly, must not exceed 5,000 words, including annexes and footnotes.

The principle of Free, Prior and Informed Consent

Free, Prior and Informed Consent is a human rights principle, rooted in the right of Indigenous Peoples to self-determination, as recognized in the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP).

WHA Resolution 76.16 urges Member States and other relevant actors to take actions for the health of Indigenous Peoples in consultation with Indigenous Peoples, with their free, prior and informed consent. By upholding the principle, Indigenous communities are empowered to shape their own health, well-being, and future.

Every action proposed in this Plan of Action should be considered with this principle in mind.

World Health Organisation (WHO)

Global Plan of Action for the Health of Indigenous Peoples

[DRAFT for consultation]

Background

1. In May 2023, the 76th World Health Assembly adopted [Resolution 76.16](#) on the Health of Indigenous Peoples. The resolution acknowledges that Indigenous Peoples have an equal right to the enjoyment of the highest attainable standard of physical and mental health and recognizes the need to tackle health inequities and inequalities.
2. Resolution WHA 76.16 requests the WHO Director-General to develop a [Global Plan of Action for the Health of Indigenous Peoples](#) (the Global Plan of Action), in consultation with Member States, Indigenous Peoples, relevant United Nations (UN) and multilateral system agencies, as well as civil society, academia and other stakeholders.
3. Pursuant the resolution, the Global Plan of Action was developed through inclusive consultations. *[Details of consultations to be added]*. The Global Plan of Action also draws on an analysis of the health situation of the Indigenous Peoples which was carried out as part of the process to develop the Plan.
4. This Global Plan of Action recognizes the need for health programmes and initiatives to incorporate Indigenous Peoples' vision and priorities. The Global Plan of Action is informed by Indigenous Peoples' conceptualizations of health and their lived experiences. It proposes Indigenous-led solutions to improve their health and wellbeing around the world.
5. The Global Plan of Action refers to "Indigenous Peoples" in line with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), adopted by the

United Nations General Assembly through resolution A/RES/61/295.¹ The Global Plan of Action acknowledges the diversity within regions and countries, and that differences in backgrounds, cultures and historical context have made it challenging to establish a single, authoritative definition for all Indigenous Peoples. Despite the lack of a universal definition, self-identification as Indigenous Peoples is considered a fundamental criterion, and this is the practice followed in the UN and its specialized agencies.

Scope

6. This Global Plan of Action provides a framework that can be adapted to the national context to improve the health and well-being of Indigenous Peoples. It is integral to broader efforts to advance the primary health care approach and universal health coverage, and to reduce health inequities among populations. It recognizes that Indigenous population sizes vary significantly by country, and that implementation of the proposed actions will need to be customized to the specific circumstances of each country and needs of Indigenous Peoples.

7. The duration of the Global Plan of Action is from 2027 to 2040.

Guiding principles and approaches for this Global Plan of Action

1. **Culturally safe approach** recognizes the importance of aligning health initiatives with the preferences and worldviews of Indigenous Peoples. It aims to foster equitable and culturally responsive health services, emphasising the need for ongoing self-reflection by health workers and accountability by health systems to provide culturally safe care.²
2. **Holistic approach to health** recognizes that physical and mental health are inextricably linked, and that well-being is shaped by the interplay between the body, mind, emotions, spirit, and environment. This perspective is aligned with the WHO Constitution which defines health as "a state of complete physical, mental and social well-being".
3. **Strengths-based approach** focuses on the strengths of Indigenous Peoples as a driving force for change. It involves restoring, maintaining and promoting Indigenous cultures, languages, practices, and knowledge systems that enhance

¹ https://documents.un.org/api/symbol/access?j=N0651207&t=pdf&i=A/RES/61/295_0990868

² Curtis et al. International Journal for Equity in Health (2019) 18:174 <https://doi.org/10.1186/s12939-019-1082-3>

health and wellbeing. It supports actions to examine and dismantle the power imbalances and colonial legacies embedded within the field of global health.³

4. **Human rights-based approach** means that health policies and programmes are designed and implemented in line with a country's human rights obligations under international human rights law. More specifically, an approach focused on Indigenous Peoples' rights focuses on the recognition, respect, and fulfilment of the individual and collective rights of Indigenous Peoples, as distinct rights holders, and to identifying and addressing the specific inequalities faced by Indigenous Peoples. The principle of free, prior and informed consent is a critical part of the human rights-based approach.
5. **Gender equality approach** provides a framework to understand and address the root causes and consequences of unequal power relations based on harmful gender norms that affect the health⁴ of men, women, boys and girls.⁵ This principle emphasizes that Indigenous women and girls should have equal access to resources and opportunities, allowing them to fully participate in cultural practices and in health-related decision-making.⁶
6. **Disability inclusion** refers to the meaningful participation of Indigenous persons with disabilities in all their diversity, the promotion of their rights and the consideration of disability-related perspectives, in compliance with human rights standards.⁷
7. **Health equity** is at the heart of the WHO's work. Tackling health inequities requires intersectoral action to address the social and structural determinants of health. In the context of Indigenous Peoples' health, the equity approach calls for a recognition of the unique determinants of health of Indigenous Peoples, including connection to land, culture, language, and self-determination. The equity approach also puts emphasis on addressing the underlying norms that shape systems and institutions, including structural discrimination, classism, racism, sexism, ageism, able-ism, xenophobia, and homophobia.
8. **Intersectionality** is a concept and a theoretical framework that facilitates comprehension of the ways in which social identities overlap and create

³ W Fogarty, M Lovell, J Lagenberg, M-J Heron, Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing, The Lowitja Institute & National Centre for Indigenous Studies, 2018.

⁴ [UN WOMEN, Strategy for Inclusion and visibility of Indigenous Women.](#)

⁵ [UN WOMEN, Strategy for Inclusion and visibility of Indigenous Women.](#)

⁶ [UN/UNPFII, Gender and Indigenous Peoples](#)

⁷ https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf

compounding experiences of discrimination on the basis of two or more grounds such as race, colour, descent, ethnic origin, sex, age, socioeconomic status, religion, language, place of residence, disability, migration status, gender identity and sexual orientation.⁸⁹ The specific manifestations of intersecting discrimination may vary by context.

9. **Life course approach** aims to ensure people's well-being at all ages by addressing needs, providing health service access, and safeguarding the right to health throughout their lifetime. This approach is a way to understand the health and well-being of individuals and generations over time, and considers how Indigenous Peoples' life trajectories are shaped by social, cultural, and structural factors.¹⁰ For Indigenous Peoples, central to this approach is the intergenerational connection between Elders and Youth, which is vital to cultural continuity, knowledge transmission, and collective well-being.

10. **Primary Health Care (PHC) approach** is a whole-of-society approach to strengthen health systems and to bring services closer to communities. It encompasses multisectoral action to address the determinants of health; to empower individuals, families and communities; and to meet people's essential health needs throughout their lives. For Indigenous Peoples, this includes Indigenous medicine systems and Indigenous health providers.

Priorities of the Global Plan of Action

8. The Global Plan of Action recommends the following priorities and options for action for Member States, WHO Secretariat and other stakeholders (including relevant UN and multilateral system agencies, bilateral development agencies, Indigenous Peoples, civil society, academia, and the private sector). The priorities are aimed at the overall goal of advancing the realization of the right to health of Indigenous Peoples. The Global Plan of Action is to be implemented in line with nationally expressed needs, local contexts, priorities, legal frameworks and financial situations with no binding implications for Member States or other stakeholders.

Priority one: Production of evidence on the health of Indigenous Peoples

⁸ www.ohchr.org/sites/default/files/documents/issues/minorities/30th-anniversary/2022-09-22/GuidanceNoteonIntersectionality.pdf

⁹ <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-recommendation-no-37-2024-equality-and>

¹⁰ [WHO, Life course](#)

9. Objective: To enhance the ethical collection, analysis and use of data on the health and the determinants of health of Indigenous Peoples and to promote Indigenous-led health research in support of evidence-informed health policies and decision-making.

Proposed actions for Member States

- Institutionalize health equity monitoring and reporting, ensuring that data is disaggregated by ethnicity (self-determined by Indigenous Peoples), and other characteristics, including, at a minimum, sex and age.
- Support Indigenous Peoples' data governance by including Indigenous experts in the data collection, interpretation and analysis processes, and by promoting Indigenous data ownership and control of their own data infrastructure.
- Partner with Indigenous Peoples to establish ethical strategies for data collection, analysis and publishing, guided by the "do no harm" and "nothing about us, without us" principles.
- Contribute to and provide resources for capacity-building for Indigenous Peoples so that they may conduct holistic health and environmental monitoring and surveillance in Indigenous territories.
- Support the Indigenous-led collection of data on determinants of health, and incorporate Indigenous physical, mental and spiritual health indicators in assessments carried out in primary care and broader health systems.
- Foster, together with Indigenous Peoples, data-sharing initiatives between health and other sectors to create a holistic understanding of the factors influencing Indigenous health.
- Support Indigenous-led research as well as the application of Indigenous methodologies in health research to better reflect Indigenous realities and concepts of wellbeing.
- Support Indigenous-led research on protective factors for Indigenous Peoples' health, including cultural and land-based practices, and the use of Indigenous languages in health promotion, health services, and in prevention of physical and mental health problems.

Proposed actions for the Secretariat

- Facilitate coordination, collaboration, and cooperation with Indigenous Peoples and other stakeholders to produce evidence on the health of Indigenous Peoples.
- Provide support to set up Indigenous-led surveillance/information systems that capture indicators established by Indigenous Peoples.
- Support Indigenous-led data collection and health research, including by different groups such as women and youth.

- Support efforts to promote Indigenous methodologies and approaches to research and Indigenous data sovereignty.
- Provide technical assistance to strengthen capacities to generate evidence on health inequalities affecting Indigenous Peoples, including those related to gender, age and other social and structural factors, and make tools and resources available for health inequality monitoring.

Proposed actions for other stakeholders

- Support Indigenous-led health research, based on their priorities, concepts, and worldviews.
- Support Indigenous-led capacity building to enhance Indigenous Peoples' leadership in health evidence production, including different Indigenous groups such as women, youth and those facing other forms of racism and discrimination.
- Support knowledge exchange on Indigenous-led research.
- Foster sustainable funding for Indigenous-led health research.

Priority two: Ensuring available, accessible, acceptable, and quality health services for Indigenous Peoples

10. Objective: To advance the realization of the right to health of Indigenous Peoples through addressing systemic barriers in access to comprehensive, non-discriminatory, culturally safe, and quality health services.

Proposed actions for Member States:

- Co-develop legal and policy frameworks with Indigenous Peoples to protect the health-related rights of Indigenous Peoples.
- Co-develop and implement national health plans, strategies, or other measures with Indigenous Peoples to address barriers to equitable access to quality health services and promote access to culturally safe, inclusive health services that advance gender equality, are disability inclusive and respond to diverse needs throughout the life course.
- Ensure universal access to culturally tailored, respectful, inclusive and rights-based maternal, newborn and child health services as well as to sexual and reproductive health services, including for family planning, information and education.
- Strengthen access to mental health services that consider the social, cultural, and geographic realities of Indigenous Peoples.
- Advance intercultural models and practices as integral components of health service delivery through partnerships with Indigenous representatives,

including women, at every level of design, implementation and monitoring of health services.

- Develop innovative ways of delivering culturally safe primary healthcare services, including telehealth and other digital technologies.
- Incorporate Indigenous languages in health service delivery and in health literacy efforts, including during health emergencies and disasters.
- Strengthen multisectoral efforts to address interpersonal violence, in particular against Indigenous women and girls, and against children.
- Promote accessible and culturally appropriate health information and support health promotion and disease prevention.
- Implement social and employment protections for all, including those working in the informal sector.
- Co-develop Indigenous financial protection arrangements with dedicated, sustainable funding.
- Co-implement workforce development programmes to increase Indigenous representation and meaningful inclusion in health and care workforce.
- Foster collaboration between health and other sectors to address social determinants and Indigenous determinants of health.
- Implement human right-based and disability-inclusive approaches to combat racism and discrimination and to advance gender equality and equal access to resources and opportunities in health delivery from Indigenous Peoples' perspective.
- Co-develop and integrate anti-racism, anti-discrimination, anti-sexism, anti-ageism and ableism and culturally safe practices to the health workforce, especially at primary health care level, including in humanitarian contexts.
- Co-develop curricula for educating health personnel, including on addressing intergenerational trauma, and work effectively with Indigenous Peoples, as partners in managing their own health, and as part of health worker teams, emphasizing cultural awareness, gender equality, and respect of culture and traditional knowledge systems and practices.

Proposed actions for the Secretariat

- Support national counterparts to improve access to health services for Indigenous Peoples.
- Strengthen the Secretariat's collaboration with Indigenous Peoples, relevant UN and multilateral system agencies, human rights mechanisms, civil society, academia and other stakeholders to promote Indigenous Peoples' health.
- Support health related actions in the context of international decades that are relevant to Indigenous Peoples declared by the UN General Assembly.
- Co-develop with Indigenous Peoples, as appropriate, guidance, tools, and training materials to enhance culturally safe practices within health systems, taking appropriate steps to bring Indigenous perspectives into health policy

making and to bridge Indigenous traditional knowledge systems with health policy and practice.

- Facilitate the sharing of good practices and lessons learned on Indigenous-led health solutions.

Proposed actions for other stakeholders

- Raise awareness and combat racism and discrimination towards Indigenous Peoples in the context of health, with a particular focus on ensuring the representation and effective leadership and participation of diverse Indigenous individuals, including women and youth.
- Advocate for the health-related rights of Indigenous Peoples in line with UNDRIP and other human rights instruments.
- Engage in dialogue and cooperate with relevant sectors to integrate human rights-based, equity-oriented and disability inclusive approaches that address harmful gender norms and inequalities in all policies that address the underlying determinants of Indigenous Peoples' health.
- Promote the co-creation with Indigenous Peoples of capacity-building initiatives for health professionals on holistic approaches to health care, human rights, intercultural health, gender equality, and disability inclusion.

Priority three: Participation of Indigenous Peoples in health-related decision-making through representatives chosen by themselves in accordance with their own procedures

11. Objective: To promote the meaningful leadership and participation of Indigenous Peoples in health governance as well as in the development, implementation, monitoring and evaluation of health programmes.

Proposed actions for Member States:

- Create inclusive health policy platforms where Indigenous Peoples can have ownership, on an equal footing, in health policy-making.
- Promote the full, effective and equal participation of Indigenous Peoples in the co-design, monitoring and evaluation of health policies and programmes, including the administration of such programmes, as far as possible, through their own institutions.
- Work with Indigenous Peoples to adapt and implement the Health in All Policies approach to meet the needs and to include the perspectives of Indigenous Peoples at the local level.
- Conduct with Indigenous Peoples community-based dialogues using Indigenous methodologies to identify and address the health needs of Indigenous Peoples.

- Promote actions to enable equal participation by Indigenous women, men, youth and Indigenous persons with disabilities, among others in health policy development.
- Create pathways for the attraction, training, recruitment and retention of Indigenous Peoples as health and care workers.

Proposed actions for the Secretariat

- Facilitate consultation, collaboration, and inclusion of the perspectives of Indigenous Peoples, as appropriate, in the Secretariat's work.
- Work with Member States, Indigenous Peoples and other relevant partners to promote policies and programmes that reflect the views, values, and approaches of Indigenous Peoples, fostering an enabling environment for Indigenous-led health leadership.
- Facilitate the sharing of good practices on meaningful engagement of Indigenous Peoples in health policy-making and programme implementation, with a focus on ensuring equitable representation of Indigenous Peoples, including Indigenous women, youth and persons with disabilities.
- Internally and publicly champion the involvement of Indigenous Peoples in health policy discussions.
- Align the work of relevant WHO Collaborating Centres, as appropriate, to collaborate with Indigenous Peoples.
- Support capacity building for Indigenous health professionals, leaders, and organizations in designing, implementing, and managing health initiatives.

Proposed actions for other stakeholders

- Advocate for legal and policy frameworks that ensure Indigenous representation in health decision-making bodies.
- Advocate for the recognition of Indigenous governance structures in health systems.
- Develop scholarships and mentorship programmes for Indigenous individuals pursuing careers in health and care professions in coordination with universities and Indigenous Peoples' institutions.

Priority four: Promoting intercultural and holistic approaches and the recognition of Indigenous knowledges and Indigenous traditional medicine for advancing universal health coverage

12. Objective: To promote Indigenous Peoples' right to their traditional medicine systems and practices in line with UNDRIP and the WHO Traditional Medicine Strategy, including the stewardship and sustainable use of associated biodiversity, and to identify opportunities for bridging between Indigenous

specific health models and national health services to enhance holistic, culturally appropriate healthcare.

Proposed actions for Member States:

- Co-develop policies, and/or strategies to recognize, respect, protect, and support Indigenous traditional medicine alongside national health systems.
- Co-develop intercultural health models that respect, value, and strengthen the traditional medicine systems and practices of Indigenous Peoples.
- Promote initiatives supporting the revitalization of the value of culture and Indigenous traditional practices to promote health and wellbeing.
- Take actions that enable Indigenous Peoples to maintain, control, protect and develop their traditional medicine and healing practices.
- Promote actions, in line with international instruments, to protect the intellectual property rights of Indigenous Peoples over their traditional medicine, safeguarding their knowledge against misuse or exploitation.
- Ensure the equitable sharing of benefits derived from the use of Indigenous traditional medicine, in line with existing international instruments¹¹ as well as relevant country and local level treaties.
- Engage Indigenous Peoples as equal partners in developing evidence-based and safety protocols for traditional medicine, ensuring that validation studies respect and incorporate their knowledge and worldviews.
- Where public funds support research, include Indigenous-led research, protection and promotion of Indigenous traditional medicine.
- Explore ways, including through the development of protocols for healthcare providers, to integrate, as appropriate, safe and evidence-based traditional medicine services within national and/or subnational health systems, particularly in primary healthcare, maternal health and mental health services.
- Promote partnerships to bridge Indigenous Peoples' traditional health with non-Indigenous health systems through cultural safety training and shared decision-making in order to provide holistic care options.
- Make space for Indigenous methodologies in pre-service training of health and care workers, where appropriate.
- Support the Indigenousizing and decolonizing curricula for health professionals to promote the value of Indigenous knowledges.

Proposed actions for the Secretariat

- Strengthen the Secretariat's collaboration with representatives of Indigenous Peoples and their institutions to promote the revitalization of Indigenous traditional medicine in line with the WHO Traditional Medicine Strategy.

¹¹ Including Convention on Biological Diversity and the Nagoya Protocol on Access and Benefit-sharing

- Promote the sharing of good practices, policies and experiences related to the bridging of Indigenous traditional medicine systems and Indigenous knowledges with national health systems.

Proposed actions for other stakeholders

- Promote the recognition, respect, and protection of Indigenous knowledges including Indigenous traditional medicine systems in national health systems.
- Collaborate with international organizations, regional bodies, and relevant stakeholders to share good practices in the bridging and partnering of Indigenous traditional medicine systems and providers with national and local health systems.
- Promote mechanisms to prevent the exploitation of Indigenous knowledges and ensuring equitable benefit-sharing in line with international instruments.
- Promote, alongside Indigenous Peoples, the collaboration between health institutions and Indigenous Elders, healers, and knowledge holders to co-design and deliver health-related courses.
- Promote Indigenous languages and knowledge systems in health worker education.

Priority five: Addressing the impacts of climate change, biodiversity loss, pollution and environmental degradation on the health of Indigenous Peoples and promoting resilient health systems, sustainable livelihoods and community well-being

13. Objective: To address the health impacts of climate change, biodiversity loss and environmental degradation on the health of Indigenous Peoples and promote Indigenous-led actions that strengthen culturally appropriate and ecologically resilient health systems, sustainable livelihoods, health and wellbeing.

Proposed actions for Member States:

- Recognize the unique challenges faced by Indigenous Peoples in health aspects of climate mitigation and adaptation strategies, and climate risk assessments, ensuring Indigenous Peoples' full participation in their co-design and co-evaluation.
- Partner with Indigenous Peoples to design and implement solutions to address health impacts of climate change, pollution and biodiversity loss and to implement policies with health, climate environmental and financial co-benefits.
- Respect and protect Indigenous Peoples' right to land and natural resources, consistent with UNDRIP.
- Partner with Indigenous Peoples to support healthy and sustainable diets, rooted in traditional food systems, food preferences, territorial management practices, and Indigenous food sovereignty.

- Partner with Indigenous Peoples on research on the risks and harms posed by hazardous substances to Indigenous Peoples' health and ecosystems.
- Develop healthcare plans and strategies, in collaboration with Indigenous Peoples, for addressing the interlinked cultural, environmental and health harms associated with extractive activities, toxic exposure, climate change related risks and biodiversity loss.

Proposed actions for the Secretariat

- Facilitate the sharing of Indigenous-led nature-based solutions that address the impacts of climate change, biodiversity loss and environmental degradation on health, and support knowledge exchange between Indigenous Peoples and health policymakers.
- Support Indigenous-led research that documents the effectiveness of Indigenous practices in building climate-resilient health systems, and supporting Indigenous data sovereignty.
- Collaborate with other UN agencies and intergovernmental bodies to advance Indigenous Peoples' rights in the context of health, including relevant health related aspects regarding environmental protection, climate change and biodiversity conservation efforts.
- Provide support to Member States in developing policies that recognize Indigenous-led solutions in national health adaptation plans and nationally determined contributions in response to climate change as related to health.

Proposed actions for other stakeholders

- Invest in research to document Indigenous climate and biodiversity adaptation and resilient strategies, promoting appropriate recognition for Indigenous knowledge holders.
- Support Indigenous-led health research and climate adaptation and the sustainable management and use of biodiversity.
- Organize international forums and workshops to facilitate intergenerational knowledge exchange on climate resilience, environmental stewardship and health, bringing together Indigenous leaders, Elders, knowledge holders and youth.