

# **World Health Organization**

## **Brief overview of the health of Indigenous Peoples globally**

### **Background document to the draft Global Plan of Action for the Health of Indigenous Peoples**

#### **Contents**

#### **Background**

#### **Overview of the health of Indigenous Peoples globally**

- i. Population
- ii. Building on strengths and respecting rights
- iii. Acknowledging the challenges
  - Erasure and invisibility in data
  - Health outcomes
  - Access to health services
  - Underlying determinants
  - Gender inequalities

#### **Background**

1. In May 2023, the 76<sup>th</sup> World Health Assembly adopted [Resolution 76.16](#) on the Health of Indigenous Peoples. The Resolution 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 and multilateral system agencies, as well as civil society, academia and other stakeholders.

2. The Global Plan of Action requested in the resolution WHA 76.16 is currently being developed by the World Health Organization (WHO). As part of this process, WHO conducted a review of existing literature on the health of Indigenous Peoples, in collaboration with Indigenous experts, to support a comprehensive, evidence-informed understanding of the global situation. The findings from this review have informed the development of the draft Global Plan of Action. Drawing on the review and other sources, this paper provides a brief overview of health outcomes, access to

health services and of social and structural determinants that shape Indigenous Peoples' health. The paper serves as a background document to the draft Global Plan of Action.

## **Brief overview of the health of Indigenous Peoples globally**

### Population

3. Indigenous Peoples are estimated to represent over 6% of the world's population (476.6 million people in around 90 countries and belonging to more than 5,000 different groups).<sup>1</sup> The largest proportion of Indigenous Peoples (70.5%), resides in Asia and the Pacific, followed by Africa (16.3%), Latin America and the Caribbean (11.5%), North America (1.6%), and in Europe and Central Asia (0.1%).<sup>2</sup>

### Building on strengths and upholding rights

4. Indigenous Peoples are diverse, with differences between and within communities, shaped by the various environments and social contexts in which they live. Many Indigenous Peoples conceptualize health as a holistic and interconnected equilibrium that extends beyond the physical and mental aspects to include spiritual, environmental, cultural, and social dimensions. For many Indigenous Peoples, the concept of health is intergenerational, linked to the past, present and future generations.<sup>3</sup>

5. Indigenous Peoples' knowledge systems have been the cornerstone of their civilizations, livelihoods and coping strategies over centuries.<sup>4</sup> They have many practices and cultural traditions that are essential to health and well-being. Protecting Indigenous Peoples' rights and ensuring their leadership in health is crucial not only for designing solutions for their health challenges but also for global health and planetary health.<sup>5</sup>

6. Article 24 of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) states that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. It also outlines that Indigenous individuals have the equal right with all other people to the enjoyment of the highest attainable standard of

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<sup>1</sup> Note: Accurately estimating the Indigenous population remains a challenge due to the limited recognition of Indigenous Peoples in some countries and lack of disaggregated data.

<sup>2</sup> ILO, Implementing the ILO Indigenous and Tribal Peoples Convention No. 169 towards an inclusive, sustainable, and just future. Available at: [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms\\_735607.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_735607.pdf)

<sup>3</sup> UNPFII, E/C.19/2023/5 Indigenous Determinants of Health in the 2030 Agenda by Simón Freddy Condo Riveros, Hannah McGlade and Geoffrey Roth.

<sup>4</sup> UN, Traditional knowledge – an answer to the most pressing global problems?

<sup>5</sup> [Indigenous strengths-based approaches to healthcare and health professions education – Recognising the value of Elders' teachings](#), see [Beyond deficit: 'strengths-based approaches' in Indigenous health research](#)

physical and mental health, which includes non-discriminatory access to all health services. These dimensions of the right to health are inextricably linked with the realization of other rights and human rights principles, including the rights to free, prior and informed consent; self-determination; development; culture; land, territories and resources; and language, among others.<sup>6</sup>

### Acknowledging the challenges

7. Due to colonization and other injustices, Indigenous Peoples' approaches to health and wellbeing are frequently disregarded within non-Indigenous health systems, and Indigenous communities often face structural discrimination, racism and significant inequalities leading to profound health inequities and barriers in access to health services.

#### *i. Erasure and invisibility in data*

8. Within the framework of the Sustainable Development Goals, countries are required to collect data, through routine monitoring, on various population groups to identify inequities. However, Indigenous Peoples remain often invisible in national statistics. This is partly due to some countries not recognising Indigenous groups in their territories or denying their existence.<sup>7</sup> As a result, collection of data that is appropriately disaggregated, based upon self-identification, timely, reliable and accessible remains a significant challenge.<sup>8</sup> Much of the available health data is also not sufficiently disaggregated by other relevant characteristics such as sex, age and disability status.<sup>9</sup>

9. Historically, research and data collection about Indigenous Peoples have often taken place without their free, prior and informed consent or meaningful involvement, leading to a narrative that emphasizes disadvantage rather than resilience or cultural richness. This deficit-focused approach has perpetuated stereotypes and injustices.<sup>10</sup> This history has also led to the misappropriation of Indigenous Peoples' traditional knowledges, genetic resources, and cultural heritage — often without consent, benefit sharing, or acknowledgment. Additionally, there is a significant gap in research on Indigenous health regarding gender-specific health concerns. All of this makes it difficult to have a comprehensive assessment of the health status of Indigenous Peoples.

#### *ii. Health outcomes*

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<sup>6</sup> OHCHR, Study by the Expert Mechanism on the Rights of Indigenous Peoples, Right to health and indigenous peoples with a focus on children and youth, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/177/09/PDF/G1617709.pdf?OpenElement>

<sup>7</sup> <https://social.un.org/unpfii/sowip-vol4-web.pdf>

<sup>8</sup> State of the world's indigenous Peoples, implementing the United Nations Declaration on the Rights of Indigenous Peoples.

<sup>9</sup> DESA, State of the world's indigenous Peoples, implementing the United Nations Declaration on the Rights of Indigenous Peoples. Also, ILO, Indigenous Peoples Update Finds "Persistent Invisibility" in Official Statistics.

<sup>10</sup> [Indigenous Peoples' Rights in Data: a contribution toward Indigenous Research Sovereignty, Indigenous Data Sovereignty: The legal and cultural considerations](#), Indigenous Data Sovereignty and data governance,

10. Despite the limited data available, existing evidence indicates that Indigenous Peoples worldwide have significantly worse health outcomes compared to non-Indigenous populations. Globally, Indigenous Peoples face disproportionately high rates of maternal, newborn and child mortality, elevated prevalence of chronic and infectious diseases, and significantly lower life expectancy compared to non-Indigenous populations.<sup>111213</sup> Some Indigenous populations, such as Indigenous migrants, refugees, those living in conflict affected areas and Indigenous persons with disabilities often fare worse.

11. Many communicable diseases, such as HIV, tuberculosis, hepatitis B and malaria disproportionately affect Indigenous Peoples.<sup>14151617</sup> Indigenous Peoples living in forested areas which are favourable to malaria vectors are particularly vulnerable to and at an elevated risk of contracting malaria.<sup>18</sup> For children under-5 in these settings, malaria is the leading cause of death. Incidence rates of tuberculosis are also higher among Indigenous Peoples when compared to non-Indigenous persons.<sup>19</sup>

12. Non-communicable diseases, including cancer, cardiovascular disease, chronic respiratory diseases and diabetes, are also disproportionately affecting Indigenous populations.<sup>20</sup> This is part of an increasing trend related to the ageing of Indigenous populations.<sup>2122</sup> Tobacco smoking, often initiated during adolescence, is a leading cause of disease and premature mortality among some Indigenous communities.<sup>23</sup>

13. Indigenous women's health indicators often lag behind those of their non-Indigenous counterparts and of men in their communities.<sup>24</sup> For example, Indigenous women in some communities tend to have higher rates of cardiovascular disease and/or stroke in comparison to Indigenous men.<sup>25</sup> In some settings, where female

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<sup>11</sup> Anderson I, Robson B, Connolly M, Al-Yaman F, Bjertness E, King A et al. (2016). Indigenous and tribal peoples' health (The Lancet-Lowitja Institute Global Collaboration): a population study. *Lancet*, 388(10040):131–157.

<sup>12</sup> Barreto CTG, Tavares FG, Theme-Filha M, Cardoso AM (2019). Factors Associated with Low Birth Weight in Indigenous Populations: a systematic review of the world literature. *Rev Bras Saúde Mater Infant* (Online), 19(1):7–23

<sup>13</sup> <https://ccforum.biomedcentral.com/articles/10.1186/s13054-023-04570-y>

<sup>14</sup> [Epidemiological aspects of HIV infection and AIDS among indigenous populations - PubMed](#)

<sup>15</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC6057791/>

<sup>16</sup> [10.1016/j.ianwpc.2024.101116](https://doi.org/10.1016/j.ianwpc.2024.101116)

<sup>17</sup> [Deforestation, drainage network, indigenous status, and geographical differences of malaria in the State of Amazonas | Malaria Journal | Full Text](#)

<sup>18</sup> [Inter-Agency Support Group on Indigenous Peoples' Issues \(2014\) The Health of Indigenous Peoples.](#)

<sup>19</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC6057791/>

<sup>20</sup> [NCD Alliance \(2012\) Health Inequalities and Indigenous People.](#)

<sup>21</sup> <https://www.statcan.gc.ca/o1/en/plus/3920-canadas-indigenous-population>

<sup>22</sup> <https://www.aihw.gov.au/reports/older-people/older-australians/contents/population-groups-of-interest/indigenous-australians>

<sup>23</sup> <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-017-0520-9>

<sup>24</sup> <https://www.un.org/development/desa/indigenouspeoples/publications/2015/09/state-of-the-worlds-indigenous-peoples-2nd-volume-health/>

<sup>25</sup> Indigenous Women's Perspectives on Heart Health and Well-being: A Scoping Review <https://pmc.ncbi.nlm.nih.gov/articles/PMC9869349/> and Miranda JJ, Gilman RH, Smeeth L. Differences in cardiovascular risk factors in rural, urban and rural-to-urban migrants in Peru. *Heart*. 2011 May;97(10):787-96. doi: 10.1136/hrt.2010.218537. Epub 2011 Apr 8. PMID: 21478383; PMCID: PMC3183994.

genital mutilation, polygamy and early marriage are common, Indigenous girls face inequalities, rights violations and health risks, including for HIV.<sup>26</sup> Indigenous women worldwide also exhibit a higher prevalence of HPV infection as well as increased cervical cancer incidence and mortality rates compared to the general population.<sup>27</sup> Indigenous women and adolescent girls often have unmet contraceptive needs and barriers in access to sexual and reproductive health services. At the same time, Indigenous women and girls have faced exploitation and violation of their sexual and reproductive rights in the form of involuntary contraception, forced sterilization and coerced abortions.<sup>28</sup>

14. With respect to maternal health, Indigenous women are, in some countries, three times more likely to die from causes related to pregnancy and childbirth than non-Indigenous women living in the same communities.<sup>29</sup>

15. Mental health among Indigenous Peoples is a growing concern, with common issues including depression, suicide and substance use, particularly among Indigenous youth.<sup>30</sup> An estimated 50% of lifetime mental disorders emerge before the age of 14, and 75% by the age of 24.<sup>31</sup> Many mental health issues have been connected to the historical colonization and dispossession of Indigenous Peoples' lands.<sup>32</sup> Additionally, migration and displacement of Indigenous Peoples have been linked to increased mental health challenges, including heightened risks of suicide.<sup>33</sup>

16. Disability among Indigenous Peoples is higher than among other populations because of many factors, including dangerous working conditions, poor housing or living conditions, and the poor quality of available medical services. Indigenous women are more likely to have a disability than Indigenous men.<sup>34</sup> While there is a lack of disaggregated global data, it is estimated that Indigenous persons with disabilities number more than 54 million.<sup>35</sup>

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<sup>26</sup> [https://stoptb.org/assets/documents/resources/publications/acsm/6\\_27-unops-kpb-indigenous-web.pdf](https://stoptb.org/assets/documents/resources/publications/acsm/6_27-unops-kpb-indigenous-web.pdf)

<sup>27</sup> <https://pmc.ncbi.nlm.nih.gov/articles/PMC11130434/#ref20>

<sup>28</sup> See <https://pmc.ncbi.nlm.nih.gov/articles/PMC8279667/> ; <https://www.ohchr.org/en/press-releases/2024/10/peru-fujimori-governments-forced-sterilisation-policy-violated-womens-rights>; CEDAW/C//89/D/170/2021 <https://jpia.princeton.edu/news/robbing-reproductive-autonomy-forced-sterilizations-americas-and-inter-american-human-rights>; <https://www.tandfonline.com/doi/full/10.1080/08038740.2024.2427817?src=>

<sup>29</sup> <https://bmjopen.bmj.com/content/10/3/e034763#ref-3>

<sup>30</sup> PAHO (2016) Promoting Mental Health in Indigenous Populations. Experiences from Countries

<sup>31</sup> <https://pubmed.ncbi.nlm.nih.gov/15939837/>

<sup>32</sup> UN DESA, Indigenous Peoples: Health.

<sup>33</sup> <https://pubmed.ncbi.nlm.nih.gov/37392003/>, Indigenous and non-Indigenous people experiencing homelessness and mental illness in two Canadian cities: A retrospective analysis and implications for culturally informed action - PMC

<sup>34</sup> A/HRC/57/47, Indigenous persons with disabilities Report of the Special Rapporteur on the rights of Indigenous Peoples, José Francisco Calí Tzay.

<sup>35</sup> A/HRC/57/47, Indigenous persons with disabilities Report of the Special Rapporteur on the rights of Indigenous Peoples, José Francisco Calí Tzay.

17. Indigenous Peoples experience a disproportionate burden of health risks linked to environmental degradation, including biodiversity loss, climate change, and pollution.<sup>36</sup> These environmental risks exacerbate existing health inequities by disrupting traditional food systems, limiting access to medicinal plants, and undermining traditional knowledge systems and holistic worldviews of health and well-being.<sup>37</sup> For example, climate-related events such as droughts, floods, and wildfires contribute to increased rates of malnutrition, mental distress, and displacement, especially among youth and Elders.<sup>38,39</sup> Exposure to pollutants from extractive industries and deforestation further elevates risks of respiratory illness, reproductive harm, and chronic diseases.<sup>40</sup> Climate-related changes also contribute to mental health challenges, including heightened anxiety, sadness, anger, and emotional distress.<sup>41</sup>

### *iii. Access to health services*

18. The accessibility of health services for Indigenous Peoples remains precarious in most regions. Although there are variations across regions, a significant number live in rural areas, with Africa having the highest proportion of Indigenous Peoples living in rural areas (82.1%).<sup>42</sup> Most of them face complex barriers in accessing health services due to the lack of cultural adaptability in service delivery where Indigenous Peoples are located, the absence of services in many areas, limited availability of human resources and inadequate supplies and infrastructure as well systemic inequalities. The cost of transport represents an additional barrier for Indigenous communities living in rural and remote areas,<sup>43</sup> while gender norms in some settings limit Indigenous women's mobility and access to health services. Access to care services is particularly limited by physical and/or cognitive impairments that older Indigenous adults may present, making them a particularly vulnerable subgroup requiring adapted care strategies.

19. Experienced or perceived racism and discrimination within health services may hinder the use of the services by Indigenous Peoples in all contexts. A lack of culturally appropriate health services that respect Indigenous Peoples' worldviews, languages, and healing systems is a major barrier to access. Health services are often designed

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<sup>36</sup> Brubacher, Laura Jane, et al. "Climate change, biodiversity loss, and indigenous peoples' health and wellbeing: A systematic umbrella review." *PLOS Global Public Health* 4.3 (2024): e0002995.

<sup>37</sup> World Health Organization (2015). *Connecting Global Priorities: Biodiversity and Human Health: A State of the Knowledge Review*. WHO/CBD, Geneva. <https://www.who.int/publications/i/item/9789241508537>

<sup>38</sup> IPCC. (2022). *Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report*. Cambridge University Press.

<sup>39</sup> Cunsolo, A., & Ellis, N. R. (2018). Ecological grief as a mental health response to climate change-related loss. *Nature Climate Change*, 8(4), 275–281.

<sup>40</sup> Fernández-Llamazares, Á., Garteizgogeoasca, M., Basu, N., Brondizio, E. S., Cabeza, M., Martínez-Alier, J., ... & Reyes-García, V. (2020). A state-of-the-art review of indigenous peoples and environmental pollution. *Integrated environmental assessment and management*, 16(3), 324–341.

<sup>41</sup> <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002995>

<sup>42</sup> [www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms\\_735607.pdf](http://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40dgreports/%40dcomm/%40publ/documents/publication/wcms_735607.pdf)

<sup>43</sup> <https://pubmed.ncbi.nlm.nih.gov/36878479/>



without the consideration, input or leadership of Indigenous Peoples, resulting in models of care that are not aligned with their needs, values, or rights. These challenges are frequently compounded by structural and legal barriers, including lack of formal recognition of Indigenous Peoples, restrictive documentation requirements, and policies that fail to integrate Indigenous health systems or community health workers into national health frameworks.<sup>44</sup>

20. In addition, in many settings, Indigenous health practitioners and traditional healers are under-recognized or excluded from health systems, despite their critical role in delivering trusted, community-based care.

#### *iv. Determinants of health*

21. The health of Indigenous Peoples is shaped by unique determinants rooted in their cultures, histories, and lived experiences. These determinants must be viewed through the lens of multiple factors, acknowledging the ongoing struggles Indigenous Peoples face to uphold their rights and address their needs. Historic and ongoing colonization, marginalization, structural discrimination and socioeconomic exclusion contribute to health inequities and inequalities that Indigenous Peoples face.

22. Many Indigenous Peoples have an interdependent relationship with their local ecosystems which serves as a foundation for health and well-being.<sup>45</sup> However, Indigenous Peoples are disproportionately impacted by climate change, biodiversity loss, and environmental pollution and degradation<sup>46</sup> with impact on the physical, emotional, mental, and spiritual aspects of their health and wellbeing.<sup>47 48</sup> In some contexts, climate change and biodiversity mitigation efforts that lead to the eviction of Indigenous Peoples from their lands also jeopardize livelihoods and health.<sup>49</sup>

23. Ecosystem changes have significantly impacted Indigenous food and water systems by reducing land productivity, diversity of food and medicinal plants, and freshwater quality and quantity, leading to increased water, food and nutrition

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<sup>44</sup> World Health Organization (2015). Connecting Global Priorities: Biodiversity and Human Health: A State of the Knowledge Review. WHO/CBD, Geneva. <https://www.who.int/publications/i/item/9789241508537>

<sup>45</sup> <https://docs.un.org/en/E/C.19/2023/5>

<sup>46</sup> Redvers, N., Celidwen, Y., Schultz, C., Horn, O., Githaiga, C., Vera, M., Perdrisat, M., Mad Plume, L., Kobei, D., Kain, M.C., Poelina, A., Rojas JN, Blondin B. The determinants of planetary health: An Indigenous consensus perspective. *The lancet planetary health*, 2022, 6(2):e156–e163. ([https://doi.org/10.1016/S2542-5196\(21\)00354-5](https://doi.org/10.1016/S2542-5196(21)00354-5))

<sup>47</sup> Durkalec, A., Furgal, C., Skinner, M.W., Sheldon T. Climate change influences on environment as a determinant of Indigenous health: Relationships to place, sea ice, and health in an Inuit community. *Social science & medicine*, 2015, 136–137:17–26. <https://doi.org/10.1016/j.socscimed.2015.04.026>.

<sup>48</sup> <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002995> and <https://www.mdpi.com/2071-1050/14/24/16502>

<sup>49</sup> <https://social.desa.un.org/sites/default/files/publications/2025-04/State%20of%20the%20World%27s%20Indigenous%20Peoples%20Vol%20VI%20Climate%20Crisis.pdf>

insecurity, erosion<sup>50</sup> of traditional food cultures and diets, and, in some cases, climate-induced migration or displacement.<sup>51</sup>

24. Climate change has gendered impacts on the health and well-being of Indigenous Peoples due to differing household and community roles. Women often face higher exposure to climate-related diseases through caregiving responsibilities, and are at greater risk of metabolic disorders, micronutrient deficiencies, and lasting mental health effects from climate-induced displacement. Men, in turn, have been reported to experience disruption of land-based activities such as hunting, and to have higher suicide rates, anxiety and stress.<sup>52</sup>

25. Despite growing impacts of climate change and biodiversity loss on Indigenous Peoples' health, Indigenous-led adaptation strategies and early warning systems are rarely integrated into health policy or programming.<sup>53</sup>

26. Commercial determinants of health play a role in shaping the health of Indigenous Peoples. For example, businesses involved in mining, oil and gas, and intensive agriculture and aquaculture operating on or near the territories of Indigenous Peoples without their free, prior and informed consent have, in some cases, degraded and despoiled Indigenous lands, waterways and fisheries or deprived Indigenous Peoples of ownership and stewardship over them.<sup>54</sup> Due to their connection with the environment, they suffer disproportionate and intergenerational harm, including mental health consequences, birth defects and cancers, and rarely have access to legal remedies or adequate health responses.<sup>56</sup>

27. Businesses involved in health-harming products have also disproportionately impacted on the health of Indigenous Peoples. Gambling, tobacco, alcohol, and health-harming food and beverage businesses have been found to have engaged in marketing, pricing and retailing practices that target Indigenous Peoples and exploit preexisting vulnerabilities in their communities.<sup>57</sup> These practices have contributed to noncommunicable diseases, substance use disorders and the further displacement

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<sup>50</sup><https://journals.plos.org/climate/article?id=10.1371/journal.pclm.0000284>

<sup>51</sup> <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002995> and <https://pubmed.ncbi.nlm.nih.gov/37726000/> and <https://pubmed.ncbi.nlm.nih.gov/37726000/>

<sup>52</sup> <https://journals.plos.org/globalpublichealth/article?id=10.1371/journal.pgph.0002995> and <https://www.tandfonline.com/doi/abs/10.1080/03670244.2021.1916925>

<sup>53</sup> WHO and IUCN, 2025, Nature-based Solutions for Health: leveraging biodiversity to create health-promoting environments (in print). <https://friendsofseba.com/wp-content/uploads/2025/01/Nature-based-Solutions-for-Health-Leveraging-biodiversity-to-create-health-promoting-environments.pdf>

<sup>54</sup> Scheidel A, Fernández-Llamazares Á, Bara AH, Del Bene D, David-Chavez DM, Fanari E, et al. Global impacts of extractive and industrial development projects on Indigenous Peoples' lifeways, lands, and rights. *Sci Adv* 2023;9:eade9557. <https://doi.org/10.1126/sciadv.ade9557>.

<sup>55</sup> [The commercial determinants of Indigenous health and well-being: a systematic scoping review](https://docs.un.org/en/A/77/183)

<sup>56</sup> <https://docs.un.org/en/A/77/183> and <https://pubmed.ncbi.nlm.nih.gov/38502923/>

<sup>57</sup> UNPFII, E/C.19/2023/5, Indigenous determinants of health in the 2030 Agenda for Sustainable Development.

<sup>58</sup> [The commercial determinants of Indigenous health and well-being: a systematic scoping review](https://docs.un.org/en/A/77/183)



of traditional food systems.<sup>5960</sup> Some businesses involved in the pharmaceutical industry have engaged in practices that increase dependency risks or limit access to essential medicines. The former includes direct-to-consumer marketing and other promotional practices for opioids and other pharmaceuticals that increased the risk of drug dependency and related harms.<sup>61</sup> The latter includes pricing and distribution practices that reduce access to essential medicines among Indigenous Peoples.<sup>62</sup>

28. The absence of robust regulations on social media platforms allows for the spread of harmful content, including racism and cyberbullying, which disproportionately affects the health of Indigenous youth.<sup>63</sup> Studies show that Indigenous youth are more likely to experience hurtful treatment online, impacting their mental health.<sup>64</sup> At the same time, many Indigenous communities remain digitally excluded from positive health resources and support networks.

29. Barriers in access to education for Indigenous Peoples, such as the absence of cross-cultural understanding, culturally relevant curricula, and lack of Indigenous language integration in schools, can hinder their health literacy and access to healthcare.<sup>65</sup>

30. Health systems are themselves important determinants of health and health equity. They can perpetuate inequities by reflecting discriminatory attitudes and practices of the wider society. Systemic racism and gender bias, misinformed clinical practice, and/or discrimination by health professionals can contribute to health inequities for Indigenous Peoples.<sup>66</sup>

#### *v. Gender inequalities*

31. Although cultural norms regarding gender differ from one Indigenous community to another and from one country to another,<sup>67</sup> gender inequality is a significant structural determinant of health for Indigenous women globally.

32. Indigenous women often face multiple forms of discrimination, not only on the basis of gender and ethnicity, but also on the basis of their cultures and identities. They are often not only left out of local and national political processes but can also be under-represented in decision-making processes within their communities and households.<sup>68</sup>

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<sup>59</sup> UNPFII, E/C.19/2023/5, Indigenous determinants of health in the 2030 Agenda for Sustainable Development.

<sup>60</sup> [The commercial determinants of Indigenous health and well-being: a systematic scoping review](#)

<sup>61</sup> [The commercial determinants of Indigenous health and well-being: a systematic scoping review](#)

<sup>62</sup> [The commercial determinants of Indigenous health and well-being: a systematic scoping review](#)

<sup>63</sup> <https://www.gayaadhuwi.org.au/wp-content/uploads/2024/11/Impact-of-Social-Media-on-Children-Position-Paper-Board-Endorsed.pdf>

<sup>64</sup> <https://www.inspq.qc.ca/sites/default/files/2024-04/3337-en-indigenous-youth-health-wellness-social-media.pdf>

<sup>65</sup> [http://www.nccah-ccnsa.ca/docs/fact%20sheets/social%20determinates/NCCAH fs\\_education EN.pdf](http://www.nccah-ccnsa.ca/docs/fact%20sheets/social%20determinates/NCCAH_fs_education_EN.pdf);

<https://www1.racgp.org.au/ajgp/2022/august/assessing-health-literacy>

<sup>66</sup> [WHO, Strengthening primary health care to tackle racial discrimination, promote intercultural services and reduce health inequities](#)

<sup>67</sup> [Briefing Notes Gender and Indigenous Women](#)

<sup>68</sup> [IWGIA, The Indigenous World 2020](#)

Indigenous women and girls may lack access to education and formal employment, leading to economic disempowerment and dependence, as well as to lower levels of health literacy. These inequalities are often exacerbated for Indigenous women with disabilities and others facing intersecting forms of discrimination.<sup>69</sup>

33. Indigenous women and girls face gender-based violence linked to patriarchal structures shaped by colonial legacies, racial and ethnic discrimination and socioeconomic status. Evidence shows that Indigenous women have been exposed to forced sterilization as well as to trafficking and sexual violence in the context of displacement or migration, harmful traditional practices, and to gender-based violence in the context of conflict.<sup>70</sup>

#### *vi. Conclusion*

34. Everyone has a right to health, yet Indigenous Peoples continue to face significant challenges in accessing appropriate and culturally safe health services, contributing to persistent health inequities and disadvantage. Achieving equitable health outcomes requires approaches that recognize Indigenous Peoples' cultures, worldviews, and holistic understandings of health as strengths that contribute to their health and well-being. It is also important to work in genuine partnership and to recognize that Indigenous leadership and Indigenous-led solutions are crucial for addressing Indigenous Peoples health.

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<sup>69</sup> [DESA, Indigenous Women](#)

<sup>70</sup> <https://docs.un.org/en/A/HRC/50/26>, <https://iris.who.int/bitstream/handle/10665/252276/9789241511537-eng.pdf?sequence=1>