

Summary report: High-level synthesis of key considerations from Indigenous Peoples hearings that may inform the Development of the Global Plan of Action on the Health of Indigenous Peoples

Introduction

In response to [World Health Assembly Resolution 76.16](#), the World Health Organization (WHO) convened a series of hearings with Indigenous Peoples that may inform the development of the Global Plan of Action (GPoA) on the health of Indigenous Peoples. These hearings formed a key component of the consultation process supporting the refinement of the draft Plan.

Conducted between 18 and 31 March 2026, with inputs from a total of 97 participants, the hearings provided a structured opportunity for Indigenous experts and representatives, engaged across the health sector and related social and environmental determinants of health, to present inputs, perspectives and priorities on the subject matter that may inform the development of the GPoA. In line with WHO rules and policies, including the Framework of Engagement with Non-State Actors, the hearings were held in a listening-only format. They were designed to document and compile an official record, grounded in the meaningful participation of Indigenous Peoples participating as an integral part of the process.

This summary presents a synthesis of the main cross-cutting themes and views that emerged from the hearings. The synthesis is intended to support Member States and WHO governing bodies in their consideration of the Global Plan of Action, including its implementation and monitoring through 2040.

Overview of key issues raised

Indigenous Peoples' leadership, co-creation and governance

Across all hearings, Indigenous Peoples emphasized that their leadership, participation and representation should be ensured in a full, effective and substantive manner throughout the entire lifecycle of the GPoA, including its development, implementation, and monitoring and evaluation, and should not be of a merely symbolic nature.

Participants underscored the need to establish one or more formal mechanisms to enable sustained Indigenous representation and engagement at the global level, recalling relevant recommendations of the United Nations Permanent Forum on Indigenous Issues (UNPFII). The importance of establishing or strengthening comparable mechanisms at regional and national levels was also raised.

It was further highlighted that engagement approaches must respect Indigenous Peoples' own internal governance processes, including procedures for identifying representatives and developing consolidated positions, and that adequate time be allocated for these processes.

Participants identified opportunities to strengthen how the GPoA addresses the role of Indigenous governance structures with competencies in health, including their capacity to lead and guide health initiatives affecting Indigenous Peoples.

There was also a clear call to further reinforce the operationalization of free, prior and informed consent within health systems, noting that Indigenous governance structures play a central role in this process and must be meaningfully engaged.

Accountability, monitoring and evaluation

Participants called for the GPoA to be supported by robust accountability and monitoring mechanisms that ensure the full, effective and equal participation of Indigenous Peoples as partners. Such mechanisms should be developed and implemented in a manner that respects Indigenous Peoples' institutions, timeframes, procedures and protocols.

Discussions also highlighted the importance of developing indicator domains that reflect Indigenous worldviews, to inform and guide implementation and monitoring at the national level.

Holistic conceptions of health

Participants stressed that Indigenous Peoples' worldviews should be embedded throughout the GPoA, reflecting strong and consistent views across the hearings that the health of land, nature and Mother Earth is foundational to the health and wellbeing of Indigenous Peoples and that their health is inseparable from culture (including language), spirituality, and self-determination.

Suggestions to strengthen this dimension of the Plan included:

- clearer recognition of the fundamental role of connection to land and nature in shaping Indigenous health outcomes, including consideration of this as a distinct priority area;
- stronger reflection of non-biomedical conceptions of health, including traditional medicines and healing practices;
- reinforcement of language relating to wellbeing;
- ensuring bottom-up, inclusive and equitable participation, particularly at local and community levels;

- greater emphasis on Indigenous Peoples' health assets and strengths, rooted in traditions, spirituality, culture and relational worldviews;
- expanded recognition of Indigenous languages as protective factors for health;
- more explicit integration of interlinked rights, including land rights, within the framing of health;
- increased use of scholarship by Indigenous researchers on Indigenous determinants of health and planetary health to inform the Plan's priority areas; and
- greater consideration of the specific worldviews and health realities of nomadic, mobile and pastoral Indigenous Peoples.

Environmental integrity, land and Indigenous planetary health

Participants emphasized the importance of ensuring that Indigenous perspectives on planetary health are reflected within the GPoA's cross-cutting principles. Environmental degradation was identified as a major determinant of health, with priority concerns including:

- contamination resulting from mining, extractive industries and waste dumping on or near Indigenous lands;
- biodiversity loss, affecting access to traditional medicines, food systems, spiritual practices, livelihoods, community cohesion, and mental and emotional wellbeing;
- degradation of watersheds and inland and marine water systems, including contamination of freshwater sources, climate-related changes to aquatic ecosystems, flooding, glacial melt, drought, desertification, and ocean warming;
- the intersection of land rights and commercial determinants of health, including the impacts of extractive and private sector activities; and
- the need for safeguards to ensure continuity of Indigenous land rights, cultural practices, traditional medicines and food systems within environmental protection and conservation efforts.

Financing and sustainability of Indigenous-led and culturally appropriate health services

Funding emerged as a recurring theme throughout the hearings. Participants highlighted the need for the GPoA to explicitly address the sustainability, adequacy and transparency of financing for Indigenous-run health services, as well as resourcing for the integration of culturally appropriate service delivery models within national health systems.

Concerns were raised regarding to benefit package design, including on the need to ensure coverage for intercultural care and reimbursement for travel and associated costs, particularly for Indigenous Peoples living in rural, remote, nomadic or pastoral contexts.

In addition, participants called for an expanded focus on prevention within the GPoA. This included strengthening access to culturally appropriate preventive services, including for mental health, and addressing structural access barriers faced by Indigenous Peoples in rural, remote, nomadic and pastoral settings.

Traditional medicines and health workforce

Participants placed significant emphasis on the need to ensure respect for and recognition of traditional medicines, practices and health providers, including within maternal health services. Examples were shared of stigmatization, dismissal, criminalization and lack of recognition of traditional health providers, undermining service utilisation, health outcomes, and associated cultural and social rights.

Concerns were also raised regarding the stigmatization of nature-based traditional practices in some post-colonial settings, affecting their intergenerational continuation.

The hearings also drew attention to critical shortages in health and care workforce, alongside the need to expand Indigenous-led education and training pathways.

Participants also called for strengthened participatory platforms that engage Indigenous Peoples working at community and primary care levels on health determinants.

Rights-holder status and terminology

Indigenous Peoples expressed concern about the conflation of Indigenous rights-holders with non-Indigenous stakeholders, stressing the importance of vigilance as the Plan evolves and transitions to national implementation. Participants underscored that Indigenous Peoples should not be referred to as “stakeholders” within the GPoA, given their status as rights-holders and equal partners.

They also emphasized that racial discrimination should be addressed more prominently in the GPoA, with stronger and more explicit treatment, noting its widespread impact on health inequities and access to care.

Sustaining momentum

Finally, participants suggested building on the current momentum by exploring the potential declaration of a Year or Decade of Indigenous Peoples’ Health, within the broader UN system.