

**Submission to The World Health Organization  
Draft Global Plan of Action for the Health of  
Indigenous Peoples**



**The George Institute for Global Health**

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## **About The George Institute for Global Health**

The George Institute for Global Health is a leading independent global medical research institute with major centres in Australia, India and the UK, and an international network of experts and collaborators. Our mission is to improve the health of millions of people worldwide, particularly those experiencing inequity. Through a program of research, advocacy, thought leadership, and disruptive social entrepreneurship, we are driving global impact.

Our Guunu-maana (Heal) Aboriginal and Torres Strait Islander Health Program drives meaningful and ethical research and advocacy to transform the health and wellbeing of First Nations peoples and communities. Guunu-maana is led through Aboriginal and Torres Strait Islander ways of knowing, being and doing to generate evidence that privileges Indigenous knowledges and translates to actions that empower peoples and communities.

## **Acknowledgement of Country**

The George Institute for Global Health acknowledges the traditional owners of the lands on which we work, and in particular the Bedegal people, on which our Sydney office is situated. We pay our respects to Elders past, present, and future. We value and respect the ongoing connection of Aboriginal and Torres Strait Islander peoples to Country and seek to work in partnership with communities to deliver better health outcomes.

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## Executive Summary

The George Institute for Global Health supports the WHO Global Plan of Action for the Health of Indigenous Peoples and recommends strengthening it by explicitly embedding Indigenous self-determination as a core guiding principle. Evidence shows that self-determination, including Indigenous leadership in services, research, and decision-making, is essential for improving health outcomes.

Key improvements recommended include:

- Establishing a high-level Indigenous advisory body to oversee development, implementation, and accountability.
- Elevating Indigenous data sovereignty, not just data governance, under Priority 1.
- Recognising and resourcing Indigenous health workers and addressing racism in health systems under Priority 2.
- Shifting Priority 3 from “involving” Indigenous peoples to transferring authority and resources to Indigenous-led organisations.
- Expanding Priority 4 to include the broader cultural determinants of health, such as connection to Country, cultural identity, food systems, and community wellbeing.
- Strengthening Priority 5 to reflect the central role of Indigenous peoples in climate leadership, including the specific impacts on Indigenous women and girls.

Overall, the Plan will be more effective and equitable if it is Indigenous-led, grounded in self-determination, and aligned with UNDRIP across all priorities.

### **General comments on the Draft Plan:**

The George Institute for Global Health supports the draft WHO Global Plan of Action for the Health of Indigenous Peoples.

The Guunu-maana (Heal), Aboriginal and Torres Strait Islander Health Program at The George Institute for Global Health is dedicated to driving ethical, strengths-based research and advocacy to create meaningful change for First Nations peoples and communities.

Led by Aboriginal and Torres Strait Islander ways of knowing, being, and doing, Guunu-maana centres Indigenous knowledges, integrating physical, emotional, social, cultural, and spiritual aspects of health. The program fosters self-determination and transparency while focusing on community-driven priorities that promote empowerment and healing.

The draft Plan contains many of the important priorities and principles that should guide coordinated global efforts to realise the right to health for Indigenous peoples, in line with the UN Declaration on the Rights of Indigenous Peoples (UNDRIP). However, the Plan could be strengthened by more explicit statements on the importance of self-determination and sovereignty for Indigenous peoples, and the direct relationship this has with the right to health, as well as improved health outcomes. We have provided further comment on this in relation to the Plan's priorities and provide context and justification from the experience of Aboriginal and Torres Strait Islander peoples in Australia.

We firmly believe that the Global Action Plan must be led by Indigenous leaders, representing their communities, to be impactful. While the Global Plan itself commits to engaging and partnering with Indigenous peoples worldwide, there is no coordinating mechanism to ensure active participation and leadership of Indigenous peoples is enabled throughout this process. We endorse the [recommendation](#) for the establishment of a high-level Indigenous advisory body, within the UNPFII, that would oversee the Plan's development and implementation, monitor on progress, and ensure Indigenous peoples at the grassroots level are able to lead. Finally, we note that the Global Plan does not include any outcome benchmarks or progress timelines, which will be essential to guide effective implementation and accountability of member states and the WHO Secretariat.

**Guiding principles and approaches:**

**The guiding principles for implementation of the global action plan are set out to guide the proposed actions for advancing the health of Indigenous Peoples. Please provide feedback on the proposed principles outlined in the draft.**

***Specifically*, please suggest any refinements, change or expansions to their definitions where necessary, or recommend any additional or alternative guiding principles, supported by relevant sources.**

We recommend that "self-determination approach" be added as an additional/alternative guiding principle for the Global Action Plan. The "health equity" principle should be separate to this, focused on fairness, justice and freedom from discrimination. This is particularly important in the context of ensuring access to mainstream services without discrimination or racism and ensuring cultural safety in healthcare settings.

The right to self-determination for Indigenous peoples is in addition to the right to be free from discrimination. The right to self-determination, under international law, enables

Indigenous peoples' autonomy or self-government in relation to their internal local affairs.<sup>1</sup> In a health context this means having local control over health and wellbeing programs that meet community needs, as well as ways to finance their autonomous functions.

While the “health equity” principle mentions self-determination as a determinant of health, the concept deserves to stand alone as a guide for the Action Plan. Robust and consistent evidence shows that structural disempowerment through ongoing colonialism is the root cause of poor health of individuals and communities,<sup>2</sup> and Indigenous peoples continue to be deliberately excluded from decision-making processes which results in long-lasting detrimental social, political, cultural and economic impacts.<sup>3</sup> Not only that, but self-determination has shown to be the only policy approach that has effectively and sustainability improved health outcomes for Indigenous peoples in Australia and around the world<sup>4</sup>.

UN Member States cannot meet the priorities laid out in the Global Action Plan without explicitly enabling the right to self-determination.

### **1. Priority one: Production of evidence on the health of Indigenous Peoples**

While this Priority focuses on enabling “data governance” and including Indigenous peoples in data collection and analysis processes, there needs to be more focus on data sovereignty and Indigenous leadership in data collection, management and ownership. This stems from the proposed principle of “self-determination approach”.

Data sovereignty, while complementary, is distinct to data governance. Indigenous data sovereignty is the inherent *collective right*, enshrined under international law,<sup>5</sup> for Indigenous peoples to own, control, access and steward data in ways that suit their peoples and communities. This includes the right to control, protect and maintain cultural heritage and cultural expressions, and the intellectual property over these.<sup>6</sup> Data governance is the way that right is implemented, through policies and processes to manage and protect data.

Data sovereignty is a core determinant of health for Indigenous peoples. In Australia, colonial and neo-colonial research practices continue to have negative impacts on Aboriginal and Torres Strait Islander peoples<sup>7</sup>. For too long, research has been conducted “by” white researchers, “for” Aboriginal and Torres Strait Islander peoples, undermining Aboriginal and

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<sup>1</sup> UNDRIP

<sup>2</sup> [LI\\_IndNatBuild\\_DiscPaper\\_0822.pdf](#)

<sup>3</sup> [Self-determination and Indigenous peoples | Australian Human Rights Commission](#)

<sup>4</sup> [Self-Determination: Background Concepts](#)

<sup>5</sup> UNDRIP

<sup>6</sup> [Indigenous-Data-Sovereignty-Policy-Brief.pdf](#)

<sup>7</sup> [Indigenous-Data-Sovereignty-Policy-Brief.pdf](#)

Torres Strait Islander knowledges and priorities and resulting with little or no meaningful benefit coming back to communities.<sup>8</sup> Aboriginal and Torres Strait Islander peoples, as the oldest continuous living civilisations in the world, hold immense expertise in designing and leading solutions to health challenges. However, deficit discourse and deficit-based data continue to undermine the solutions developed by Aboriginal and Torres Strait Islander peoples, and inappropriate use of Western methodologies in research perpetuate harmful and ill-informed perceptions.<sup>9</sup>

The Guunu-Maana program at The George Institute for Global Health conducts research through an Indigenous research paradigm centred on Aboriginal and Torres Strait Islander ways of knowing, being and doing. Our research methodologies and practices centre community partnership, which prevents the misinterpretation of Indigenous knowledges and ensures Aboriginal and Torres Strait Islander communities have control over research that is beneficial for them. This includes ensuring that communities maintain control over the use of any data collected through our research.

Data sovereignty is intrinsically linked to Indigenous peoples' leadership, community control and self-determination, and this foundational premise must be included to enable data governance to be implemented ethically.

## **2. Priority two: Ensuring available, accessible, acceptable and quality health services for Indigenous Peoples**

There needs to be more focus in this Priority on recognising the leadership and wisdom of Indigenous peoples in providing health services in their communities and the role of Indigenous health workers in improving access to culturally safe care.

In Australia, institutionalised racism, lack of cultural safety and communication with family members and distance to medical treatments negatively affect children's access to burn aftercare. The Guunu Maana team at The George Institute for Global Health has developed a "Safe Pathways" project, which involves integrating an Aboriginal Health Worker in a burns clinic in a children's hospital, to develop a patient-centred model of care for Aboriginal and Torres Strait Islander families. This has creating culturally safe environment for families to navigate the health system and facilitated communication with health staff to enable burns aftercare, discharge, and follow-up.

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<sup>8</sup> Anderst, J & Bennett-Brook, K 2024, 'Knowing, being and doing: Embedding Indigenous ways working in city making', *Cities Institute Agenda Setting*

<sup>9</sup> Anderst, J & Bennett-Brook, K 2024, 'Knowing, being and doing: Embedding Indigenous ways working in city making', *Cities Institute Agenda Setting*

In Australia, Aboriginal Health Workers have played an instrumental role in improving health outcomes, including the uptake of preventive services, screening programs and chronic disease treatment in their communities, by enabling culturally safe care, reducing communication gaps and improving referral linkages.<sup>10</sup> Part of this is understanding how past and ongoing racist policies and practices, such as the cruel practice of separating children from their families, continues to have intergenerational harm for Aboriginal and Torres Strait Islander peoples, which may affect how they perceive mainstream health services.<sup>11</sup> Despite the crucial role Aboriginal Health Workers play, their role is undervalued and underfunded.

We recommend that the role of community-based Indigenous health workers in improving the health of Indigenous peoples and communities worldwide, as well as changing culture of mainstream services, should be reflected in this Priority. This should include UN Member States providing funds to build a sustainable Indigenous health workforce in their countries.

Further, while important that the Priority acknowledges the need to “*address social determinants and Indigenous determinants of health*”, this needs to specifically incorporate the impacts of colonialism and racism on cultural safety in health settings, and how this affects access to, and has contributed to the erosion of trust in, mainstream health services.

Finally, we recommend that passive language in the draft text, for example “*Strengthen multisectoral efforts to address interpersonal violence*” be removed, as it can be dehumanising and undermine the important role of Indigenous peoples and communities in solving health and social challenges.

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

Indigenous peoples have the right to self-determination under international law.<sup>12</sup> As well as being a right, self-determination and autonomous Indigenous governance in policy-making, program design and service delivery has shown to improve health outcomes for Indigenous communities in Australia and overseas.<sup>13</sup>

While the draft Action Plan highlights the importance of “involving” Indigenous peoples in health policy, planning and service delivery, this does not adequately reflect the importance of giving control from the State to Indigenous communities to develop and deliver health

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<sup>10</sup> [“We're on the ground, we know what needs to be done”: Exploring the role of Aboriginal Health Workers in primary health care - PMC](#)

<sup>11</sup> [Bringing them Home - Inter-generational effects](#)

<sup>12</sup> [UNDRIP\\_E\\_web.pdf](#)

<sup>13</sup> [Self-Determination: Background Concepts](#)

services. This includes providing the resources required for Indigenous organisations to lead, and enshrining the *collective right* to health and wellbeing reflected in the UNDRIP.

In Australia, Aboriginal Community-Controlled Organisations (ACCHOs) continue to be at the forefront of community governed service delivery reform. ACCHOs not only play an essential role in addressing healthcare needs but also in addressing the broader social and cultural determinants of health.

Prioritising funding for Indigenous organisations should happen in conjunction with the mainstream health sector's commitments to cultural safety, anti-racism, and improving health wellbeing and safety outcomes. Racism and its consequences within health systems must be prevented. The Guunu-maana (Heal) Team at The George Institute for Global Health is funded by the National Health and Medical Research Council to transform existing tools in implementation science and quality improvement, so they take account of the ongoing colonising context and the need for cultural safety to cultivate anti-racist hospitals in Australia. We believe the development of decolonised tools and frameworks by Indigenous peoples, and the uptake of these tools by health systems can be a means to tackle the major problem of racism within hospitals and promote delivery of safe and quality health care to Aboriginal and Torres Strait Islander people.

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

We support the focus on protecting, promoting and respecting Indigenous traditional medicine systems, in line with UNDRIP, in Priority Four. However, we believe this should go further to discuss the importance of other aspects of culture that are crucial to the health and wellbeing of Indigenous peoples, including social and emotional wellbeing.

In Australia, the “cultural determinants of health” involve traditions, knowledges and practices particular to a community that reflect a worldview that emphasises a holistic understanding of health and wellbeing beyond the individual.<sup>14</sup> The Aboriginal and Torres Strait Islander paradigm of health is highly relational, and goes well beyond connection to the body to connection to cultural identity, family, Country, spirit, kinship and community.<sup>15</sup>

New ways of thinking about improving Indigenous health are needed, that prioritise the cultural determinants of health including self-determination, Indigenous knowledges,

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<sup>14</sup> [LI\\_IndNatBuild\\_DiscPaper\\_0822.pdf](#)

<sup>15</sup> Anderst, J & Bennett-Brook, K 2024, ‘Knowing, being and doing: Embedding Indigenous ways working in city making’, *Cities Institute Agenda Setting*

cultural expression, and connection to land practices and Country.<sup>16</sup> We encourage the WHO Secretariat to expand this Priority to include other aspects of cultural expression such as access to Country, and food and food practices as part of the right to health. For example, Connection to Country, including through accessing traditional foods and food practices, is considered central to an Aboriginal and Torres Strait Islander holistic view of health.<sup>17</sup> The ongoing impact of colonialism has disrupted the intimate relationship that Aboriginal and Torres Strait Islander peoples have with Country, and have prevented many peoples and communities from accessing safe, healthy and affordable food.<sup>18</sup>

Another example of the importance of connection to culture and health and wellbeing for Aboriginal and Torres Strait Islander peoples is through dance. The Guunu-Maana program is leading a research project, *Dance2Kinnect*, which explores the experiences of Aboriginal and Torres Strait Islander children connecting with culture through contemporary cultural dance, aimed at reducing risk factors for non-communicable diseases. Dance has been shown to be effective for decreasing symptoms of depression and anxiety, and for increasing self-esteem, body image and subjective wellbeing.

We encourage the WHO Secretariat to include the cultural determinants of health in this Priority, as a mechanism for expanding universal health coverage.

**5. 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 wellbeing**

We believe that Priority Five should strongly assert the leadership of Indigenous peoples as being key to the future of a sustainable planet. While we appreciate the “sharing of Indigenous-led nature-based solutions”, this should go further to adequately reflect the integral role that Indigenous peoples play worldwide as the stewards of the world’s biodiversity. Despite increasing recognition of the importance of Indigenous peoples and traditional knowledges in climate mitigation and adaptation strategies, it has often been

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<sup>16</sup> The Lowitja Institute 2020, ‘We nurture our culture for our future, and our culture nurtures us’, A report for the Close the Gap Committee, accessed at:

[https://www.lowitja.org.au/wpcontent/uploads/2023/05/CtG2020\\_FINAL4\\_WEB-1.pdf](https://www.lowitja.org.au/wpcontent/uploads/2023/05/CtG2020_FINAL4_WEB-1.pdf)

<sup>17</sup> The Lowitja Institute 2020, ‘We nurture our culture for our future, and our culture nurtures us’, A report for the Close the Gap Committee, accessed at:

[https://www.lowitja.org.au/wpcontent/uploads/2023/05/CtG2020\\_FINAL4\\_WEB-1.pdf](https://www.lowitja.org.au/wpcontent/uploads/2023/05/CtG2020_FINAL4_WEB-1.pdf)

<sup>18</sup> [Murradambirra Dhangaang \(make food secure\): Aboriginal community and stakeholder perspectives on food insecurity in urban and regional Australia - PubMed](#)

more symbolic than practical in how it has been applied in climate discourse including at the UN.<sup>19</sup>

The strength, knowledge and leadership of Indigenous peoples is key to addressing the impacts of climate change, biodiversity loss, pollution and environmental degradation. In turn, the health of the planet is intrinsically tied to the health and wellbeing of Indigenous peoples<sup>20</sup> highlighting the imperative of a holistic lens that appreciates cultural practices as being crucial for human health and for the health of the planet.<sup>21</sup>

Finally, the role and impact of climate change on women and girls needs to be addressed under this Priority. The UN CEDAW Committee has been clear about States' responsibilities to ensure that Indigenous women and girls have equal opportunities to meaningfully participate in decision-making related to the environment, disaster risk reduction and climate change.<sup>22</sup>

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<sup>19</sup> [The determinants of planetary health: an Indigenous consensus perspective - The Lancet Planetary Health](#)

<sup>20</sup> [Indigenous determinants of health: a unified call for progress - The Lancet](#)

<sup>21</sup> [The determinants of planetary health: an Indigenous consensus perspective - The Lancet Planetary Health](#)

<sup>22</sup> CEDAW/C/GC/39