

Member State information session on:

**Development of a Global Plan of Action for the
Health of Indigenous Peoples (GPoA)**

9 April 2026

Agenda

1. **Opening remarks**
2. **Presentation on the development of the Global Plan of Action for the Health of Indigenous Peoples** – Ms. Alia El-Yassir, WHO Director, Department of Gender, Rights, Equity & Sexual Misconduct Prevention
3. **Q&A Session** – moderated by WHO Secretariat
4. **Closing**

Development of the Global Plan of Action for the Health of Indigenous Peoples

In May 2023, the 76th 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](#).

“...in consultation with Indigenous Peoples, with their free, prior and informed consent”



Home / News / Historic resolution calls for action to improve the health of Indigenous Peoples



Historic resolution calls for action to improve the health of Indigenous Peoples

29 May 2023 | Departmental update | Reading time: 2 min (615 words)

Countries participating in this year's World Health Assembly (WHA76) passed a groundbreaking resolution for the health of Indigenous Peoples. The resolution calls on the Director-General of the World Health Organization (WHO) to develop a comprehensive Global Action Plan for the well-being of Indigenous Peoples and present it at the Seventy-ninth World Health Assembly in 2026. The resolution is a historic one, marking the first time the World Health Assembly has passed a resolution specifically addressing the health disparities

Related

Related documents and publications

Resolution A76/A/CONF.11: The health of Indigenous Peoples

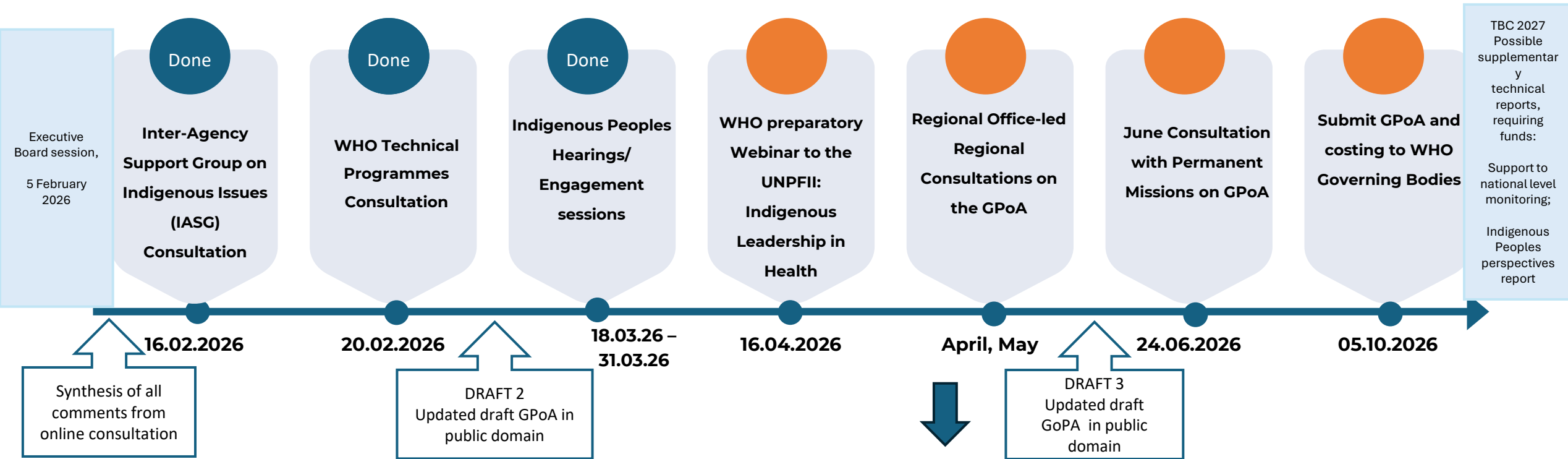
Full resolution 76.16 is accessible at:
https://apps.who.int/gb/ebwha/pdf_files/WHA76/A76_R16-en.pdf

Summary of actions

- **Launched a webpage** on WHO website to communicate progress and provide information about the health of Indigenous Peoples: <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples>
- A **review of existing evidence** conducted with Indigenous and non-Indigenous researchers in 2024. Extracts are featured in this background document: <https://www.who.int/news-room/articles-detail/call-for-inputs--draft-global-plan-of-action-for-the-health-of-indigenous-peoples>.
- An **input session in Mexico City** organized by PAHO* with the Government of Mexico, with Indigenous leaders and representatives working on Indigenous health in Ministries of Health of six countries (Plurinational State of Bolivia, Brazil, Ecuador, Mexico, Peru and Bolivarian Republic of Venezuela);
- A side event at the **UN Permanent Forum on Indigenous Issues in 2025** to raise awareness of the development of the Plan;
- Development of the **first draft**, with inputs from Indigenous experts, followed by a **global online call for inputs in mid-2025**, and cataloguing and cross-analysis of all inputs;
- February 2026 Executive Board agenda item on the GPoA, consultations with and inputs from WHO/HQ programmes, WHO Regional Offices and the Interagency Support Group on Indigenous Issues (IASG);
- Production and release the **second draft** in mid-March 2026; [Microsoft Word - 2nd draft GPA 7Mar2026 Web posting.docx](#);
- Seven **hearings with Indigenous Peoples** (organizations and individuals that work on health) during the second half of March 2026.

** Note: The draft Plan is also informed by learnings from PAHO's Strategy and Plan of Action on Ethnicity and Health 2019-2025.*

GPoA Development Timeline



EMRO Regional Consultation	20 April
EURO Regional Consultation	22 April
SEARO Regional Consultation	12 May
PAHO Regional Consultation	First week of May (exact date TBC)
AFRO Regional Consultation	27 May
WPRO Regional Consultation	8-9 June
Cross-regional technical meeting	18 May

2nd draft Global Plan of Action

- 2nd draft of the Global Plan of Action went online 16 March

2nd draft GPA, version 7 March 2026



World Health Organization

Global Plan of Action on the Health of Indigenous Peoples (2027-2040)

Table of contents

Background	2
Scope	3
Guiding principles	4
Operational framework	6
<u>Priority 1</u> : Indigenous Peoples' leadership and engagement in developing, determining, administering, and implementing health policies and programmes	7
<u>Priority 2</u> : Health service coverage and financial protection for Indigenous Peoples, including in health emergencies	8
<u>Priority 3</u> : Intercultural, strengths-based and holistic approaches that ensure the right to traditional medicines and maintaining health practices	9
<u>Priority 4</u> : Interlinked environmental and social determinants of Indigenous Peoples' health, and gender inequalities	11
<u>Priority 5</u> : Evidence generation, Indigenous data sovereignty, and joint accountability for the health of Indigenous Peoples	14
Support by the WHO Secretariat	16
Linkages to the wider UN	17
References	18

Guidance for reviewers: The maximum permitted wordcount is 5,000 for any WHO global plan of action to be considered by WHO Governing Bodies. To reflect as much as possible the extensive feedback received on draft 1, this second draft of the Plan is now more than that length, when not considering references and the table of contents. The next draft will need to be within the word count, so we welcome suggestions on where text could be cut and that all requested additions be accompanied by suggestions of where text could be cut. Please refer to the paragraph number and section and/or priority and action area when making comments, and please provide full references with links for supporting documents.

Second draft GPoA – Guiding Principles



Guiding Principles
Free, Prior and Informed Consent
A Human Rights-Based Approach
The right to self-determination
Culturally safe, holistic and strengths-based approaches
Applying approaches that advance health equity, gender equality and disability inclusivity
A Primary Health Care (PHC) approach
A life course approach
A One Health approach

GPoA – Draft Operational Framework (2nd draft)

Goal	To promote, provide and protect the health and well-being of Indigenous Peoples				
Principals and approaches	- Free, Prior and Informed Consent - Human Rights Based Approach - Right to Self-Determination - Culturally safe, holistic and strengths-based approaches		- Applying equity-oriented, gender equality and disability-inclusive approaches - Primary Health Care approach - Life course approach - One Health approach		
Priority areas	Priority 1: Indigenous Peoples' leadership and engagement	Priority 2: Health service coverage and financial protection for Indigenous Peoples	Priority 3: Intercultural, strengths-based and holistic approaches including traditional medicines	Priority 4: Environmental and social determinants of Indigenous Peoples' health, & gender inequalities	Priority 5: Evidence generation, Indigenous data sovereignty, and joint accountability
Action areas	1.1: Leadership and engagement in health policies and programmes 1.2: Indigenous health and care workforce 1.3: Indigenous Peoples role in the global health architecture	2.1: Equitable coverage with quality health services 2.2: Health-related financial protection 2.3: Indigenous Peoples' health needs in emergencies	3.1: Intercultural services including models of integrated health services 3.2: Intellectual property rights to traditional medicines 3.3: Capacity-building for intercultural, non-discriminatory and holistic service delivery	4.1: Environmental determinants 4.2: Indigenous Peoples' food systems and health 4.3: Social determinants including commercial determinants 4.4: Indigenous women and girls 4.5: Indigenous Peoples in "Isolation and Initial Contact"	5.1: Leadership and co-development of health research 5.2: Indigenous Peoples data sovereignty 5.3: Monitoring health inequalities 5.4: Platforms for joint accountability
WHO Contribution	Country support. Tailored support to Member States, upon request, to deliver on the priorities and action areas in the Global Plan of Action				
	Leadership and coordination. Strengthened collaboration with Indigenous Peoples and cross-cutting coordination and engagement with relevant UN and multilateral system agencies, human rights mechanisms, civil society, academia and other stakeholders to promote Indigenous Peoples' health				
	Governance and accountability. Secretariat support reporting to the World Health Assembly on implementation progress, and establishment of an internal WHO cross-cutting coordination mechanism.				
Assumptions and enablers	Development of normative products and capacity-building. Mainstreaming a focus on the health of Indigenous Peoples scaled up across all WHO programmes and levels, and co-development with Indigenous Peoples, as appropriate, guidance, tools, and training materials				
	- Strong coordination and collaboration with Indigenous Peoples, in line with the principle of Free, Prior and Informed Consent - Sustained political commitment by Member States, and of other actors with important roles in the plan - Sufficient financing - An optimized WHO secretariat, at all levels - Strong UN and multilateral system coordination, at all levels				

Second draft GPoA – Guiding Priorities

Priority 1: Indigenous Peoples' leadership and engagement in developing, determining, administering, and implementing health policies and programmes

Action domain 1.1: Member States and other actors promote Indigenous Peoples' leadership and engagement in developing, determining, administering, implementing and monitoring and evaluating health policies, programmes, and initiatives affecting them;

Action domain 1.2: Member States and other actors (including academic institutions and professional associations) create policies, programmes, and initiatives to empower, reinforce and expand the Indigenous health and care workforce;

Action domain 1.3: Actors in the multilateral system scale-up measures to strengthen Indigenous Peoples' role in the global health architecture

Second draft GPoA – Guiding Priorities

Priority 2: Health service coverage and financial protection for Indigenous Peoples, including in health emergencies

Action domain 2.1: Member States ensure Indigenous Peoples' equitable coverage with comprehensive quality health services across the continuum of care;

Action domain 2.2: Member States guarantee health-related financial protection for Indigenous Peoples;

Action domain 2.3: Member States, the multilateral system and other actors meet the needs of Indigenous Peoples' impacted by health emergencies, including in humanitarian and natural disaster contexts.

Second draft GPoA – Guiding Priorities

Priority 3: Intercultural, strengths-based and holistic approaches that ensure the right to traditional medicines and maintaining health practices

Action domain 3.1: Member States and other actors support intercultural services including models of integrated health services, acknowledging Indigenous Peoples' right to maintain, control, protect and develop their traditional medicines and practices;

Action domain 3.2: Member States and all relevant actors respect and protect the intellectual property rights of Indigenous Peoples to their traditional medicines and practices;

Action domain 3.3: Member States and other actors including academia and civil society co-create with Indigenous Peoples capacity-building initiatives for intercultural, non-discriminatory and holistic health service delivery.

Second draft GPoA – Guiding Priorities

Priority 4: Interlinked environmental and social determinants of Indigenous Peoples' health, and gender inequalities

Action domain 4.1: Member States and other actors address the impacts of climate change, biodiversity loss, and environmental degradation on Indigenous Peoples' health, and support Indigenous-led ecosystem stewardship and nature-based approaches that safeguard health;

Action domain 4.2: Member States and other actors support the role of Indigenous Peoples' food systems in enhancing health and wellbeing;

Action domain 4.3: Member States work cross-sectorally and with other actors to address the social determinants, including commercial determinants, of Indigenous Peoples' health;

Action domain 4.4: Member States and other actors increase culturally appropriate approaches for improving the health of Indigenous women and girls;

Action domain 4.5: Member States and other actors recognize and safeguard the health-related rights of Indigenous Peoples in "Isolation and Initial Contact", including the right to isolation.

Priority 5: Evidence generation, Indigenous data sovereignty, and joint accountability for the health of Indigenous Peoples

Action domain 5.1: Member States and other actors including academia promote Indigenous Peoples leadership and co-development of health research;

Action domain 5.2: Member States and other actors strengthen efforts towards Indigenous Peoples data sovereignty and coordination with Indigenous Peoples for inclusion, in relevant national data sources, of indicators reflecting their conceptualization of health and wellbeing;

Action domain 5.3: Member States and other actors expand the generation of disaggregated data and the monitoring of health inequalities to improve understanding of and action for Indigenous Peoples' health;

Action domain 5.4: Member States, the multilateral system and other actors create and/or strengthen platforms for joint accountability for the health of Indigenous Peoples.

Closing remarks

Through its role as Secretariat of the GPoA, WHO remains committed to its contribution to the advancement of Indigenous Peoples' health globally.

For any questions, concerns or additional comments you wish to share, please email us on: gem@who.int