

Draft Global Plan of Action for the Health of Indigenous Peoples

Submission to the World Health Organisation (WHO)

Lowitja Institute, October 2025

Dear Director-General,

Re: Response to the Draft Global Plan of Action for the Health of Indigenous Peoples

Lowitja Institute is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of our co-patron, Dr Lowitja O'Donoghue AC CBE DSG. As the only Aboriginal community-controlled research Institute in Australia, we produce high-impact research, tools and resources that contribute to positive health outcomes for Aboriginal and Torres Strait Islander peoples. Our research is built on priorities that have been identified by Aboriginal and Torres Strait Islander peoples.

We welcome the opportunity to provide a submission to the World Health Organisations draft Global Plan of Action for the Health of Indigenous Peoples. Lowitja Institute has long championed national and global recognition of the social and cultural determinants of health and wellbeing. Advancing the health of Indigenous peoples globally requires action to drive systemic changes, central to this is the understanding that policymaking must be grounded in Indigenous ways of knowing, being, and doing, with self-determination as a core principle for achieving holistic health and wellbeing outcomes for Indigenous peoples.

Our vision is aligned with the *United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP)*, which recognises self-determination, and respect for Indigenous knowledge, cultures, and traditional practices as foundational principles for Indigenous health and equity.

For generations, our communities have demonstrated that self-determined, strengths-based, and community-led models deliver the most effective and sustainable outcomes. This submission draws on the research, experience, and knowledge of Aboriginal and Torres Strait Islander peoples which align to these themes.

Recommendations included in this submission should be considered across all five priority areas of the draft Global Plan of Action to effectively advance global Indigenous health.

Please find our submission attached. We would welcome the opportunity to further discuss any of the issues contained therein.

Warm regards,



Paul Stewart

CEO

Lowitja Institute

About Lowitja Institute

Lowitja Institute is a national Aboriginal and Torres Strait Islander Community Controlled Organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge translation, and by supporting Aboriginal and Torres Strait Islander health researchers.

Established in January 2010, we operate on the key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

Lowitja Institute's research is built on priorities identified by Aboriginal and Torres Strait Islander peoples. We aim to produce high impact research, tools and resources that will have positive health outcomes for Aboriginal and Torres Strait Islander peoples. To guide this, we work by five principles that underpin our approach to research.

These principles are:

1. Beneficence, to act for the benefit of Aboriginal and Torres Strait Islander people in the conduct of our research.
2. Leadership by Aboriginal and Torres Strait Islander people
3. Engagement of research end users (Aboriginal and Torres Strait Islander organisations and communities, policymakers, other potential research users)
4. Development of the Aboriginal and Torres Strait Islander research workforce
5. Measurement of impact in improving Aboriginal and Torres Strait Islander people's health.

Input to the draft Global Plan of Action

Recommendations

Listed below are recommendations for consideration by the WHO in finalising the Global Plan of Action. These recommendations are further contextualised throughout this submission.

Lowitja Institute makes the following recommendations:

Recommendation 1: We call on the World Health Organisation to explicitly recognise self-determination as a guiding principle of the draft Global Plan of Action for Indigenous Health, in alignment with Article 3 of the UNDRIP. Embedding self-determination as a foundational principle ensures that Indigenous peoples have the authority to freely determine their political, social, and health priorities, exercise leadership in health governance, and pursue strategies that are culturally safe, community-led, and contextually appropriate. This recognition is essential to advancing equitable health outcomes, respecting Indigenous rights, and operationalising both Indigenous Data Governance (ID-GOV) and Indigenous Data Sovereignty (ID-SOV) within global health frameworks.

Recommendation 2: The draft Global Plan of Action should include a roadmap to guide member states in co-designing new indicators and impact measures that

are led, defined, and governed by Indigenous Peoples. This would ensure that Indigenous health is defined, measured, evaluated, and addressed in ways determined by Indigenous communities themselves.

To support this, the Plan should outline specific steps for member states to strengthen ID-GOV and ID-SOV, enabling a consistent international approach and enhancing accountability mechanisms.

The Global Plan of Action should also consider incorporating the GIDA CARE Principles—Collective Benefit, Authority to Control, Responsibility, and Ethics—as a globally recognised, Indigenous-led framework for ethical data governance that centres Indigenous rights and interests.¹

Recommendation 3:

The draft Global Plan of Action should include actions which call on member States to:

a) Address systemic barriers to health service access and to ensure that services are available, accessible, acceptable, high quality, and culturally safe for Indigenous Peoples, the draft Global Plan of Action should include actions which call on member states to adopt and sustainably fund Indigenous-led, community controlled healthcare models. These models ensure services are accessible, acceptable, high-quality, and culturally safe, while centring self-determination as a key political determinant of health.

b) to support ACCOs in conducting community-led, place-based research that generates high-quality data to inform strategies for improving health and wellbeing outcomes, the draft Global Plan of Action should include actions which call on member states to fund community controlled research institutes.

Recommendation 4: The draft Global Plan of Action should provide a roadmap for embedding cultural determinants of health into policy, planning, and service delivery. This includes establishing foundational structures and systems that integrate Indigenous knowledge systems into the design, governance, and delivery of health policies and programs, moving beyond token recognition of traditional medicines to formalised mechanisms that centre Indigenous ways of knowing, being, and doing in all aspects of Indigenous health and wellbeing.

Recommendation 5: The Global Plan of Action should include clear actions for Member States and stakeholders to implement best-practice co-design with Indigenous Peoples, ensuring that Indigenous voices are embedded in all decision-making processes.

Recommendation 6: The Global Plan of Action should ensure Aboriginal and Torres Strait Islander leadership in all policy making affecting Country, supporting community-led climate strategies and the protection and return to Country as pathways to resilience and wellbeing. Member States should provide long-term, flexible, and sustainable funding to enable initiatives that reflect local priorities and strengthen cultural and environmental health.

Recognising self-determination as a driver for good health

Indigenous peoples have a long and strong history of political engagement and self-governance. For millennia, we have remained focused on building our communities, preserving our cultures, protecting Country, and ensuring that our next generations have bright futures. We have done this work for our communities across generations, despite the destructive impacts of colonisation, which continue to this day. This is because we understand that political agency and empowerment guided by a long-term collective vision has a direct link to our peoples and communities' health and wellbeing.

Increasing evidence supports what our peoples have always known — that self-governed and self-determined approaches are critical drivers of health and wellbeing, recognised globally as political determinants of health.

When Indigenous peoples have authority over systems that shape access to resources and decision-making through self-determined governance structures, we are better positioned to design and deliver policies and programs that reflect our cultural values, community priorities, and definitions of wellbeing.

By rebuilding governance systems that align with Indigenous Knowledge Systems and cultural practices, communities can restore collective strength, identity, and resilience — all of which are essential for holistic health and wellbeing².

In effect, nation building and self-determination are health interventions: they shift power, restore sovereignty, and create the political and structural conditions needed for Indigenous peoples to thrive.

The UNDRIP affirms self-determination as a fundamental right of Indigenous peoples. This principle is central to the entire Declaration — it underpins Indigenous peoples' rights to control their own lives, lands, governance, and development.

To ensure alignment with the UNDRIP and support the implementations of priority areas identified within the draft Global Plan, we make the following recommendation:

Recommendation 1: We call on the World Health Organisation to explicitly recognise self-determination as a guiding principle of the draft Global Plan of Action for Indigenous Health, in alignment with Article 3 of the UNDRIP. Embedding self-determination as a foundational principle ensures that Indigenous peoples have the authority to freely determine their political, social, and health priorities, exercise leadership in health governance, and pursue strategies that are culturally safe, community-led, and contextually appropriate. This recognition is essential to advancing equitable health outcomes, respecting Indigenous rights, and operationalising both Indigenous Data Governance (ID-GOV) and Indigenous Data Sovereignty (ID-SOV) within global health frameworks.

Embedding Indigenous Data Sovereignty and Ethical Data Practices

To advance all priority areas of the draft Global Plan of Action, a robust evidence base is essential. This requires urgent action by all States to collect, collate, and

share relevant data, enabling evidence-based service delivery that is responsive to community needs. Without this foundation, policy and program development will continue to fall short of delivering meaningful outcomes.

Indigenous health to be defined by Indigenous People

Data is a valuable resource and a cultural, strategic and economic asset for Indigenous peoples. However, indicator production is inherently political. Indicators shape how health and wellbeing is defined, measured, evaluated and reported on. This influences how resources are distributed and how governments and stakeholders are held accountable.

When Indigenous people define the indicators, we can ensure these measures reflect our own unique Indigenous Knowledge systems, cultures, values, priorities and aspirations. This supports self-determination and produces data that is meaningful, accurate, and actionable, for Indigenous communities themselves.

To work towards the objectives outlined in draft Global Plan of Action, both Indigenous Data Governance (ID-GOV) and Indigenous Data Sovereignty (ID-SOV) need to be operationalised within global health frameworks, meaning that tangible steps to ensure Indigenous Data is defined, owned, and governed by Indigenous peoples, in ways that reflect locally determined visions for health, wellbeing, and sustainable futures, is essential.

Indigenous Data Governance

Indigenous Data Governance (ID-GOV) is the right of Indigenous peoples to autonomously decide what, how and why Indigenous data is collected, accessed and used.³ Exercising ID-GOV enables Indigenous peoples to accurately reflect Indigenous knowledge, provides the necessary tools to identify what works, what doesn't, and why; and empowers Indigenous peoples to make the best decisions to support communities to meet locally determined needs and aspirations.

Enacting ID-GOV requires Indigenous leaders, practitioners and communities to have the data (including the skills and infrastructure) to advocate and participate across sectors and systems. Robust ID-GOV mechanisms mean that Indigenous communities retain the right to decide which sets of data require active governance, and maintain the right to not participate in data processes (for example, Indigenous peoples retain the right to say no to collection and use of Indigenous peoples data), consistent with ID-SOV principles.

Indigenous Data Sovereignty

Indigenous Data Sovereignty (ID-SOV) is the right of Indigenous people to have ownership over Indigenous Data. This includes ownership of data across the data lifecycle, including the creation, collection, analysis, management and reuse of Indigenous Data.⁴

By centring Indigenous leadership and control, ID-SOV improves data quality, relevance and trust, ensuring that evidence reflects community priorities and agendas. This creates stronger foundations for policy, service design, and accountability and leads to better health and wellbeing outcomes.

Strong ethical framework guiding collection and use of Indigenous data

Inherent to ID-GOV and ID-SOV is Indigenous control, leadership and ownership. Therefore, member States cannot operationalise ID-GOV or ID-SOV within government systems and structures, but only through shifting power and control away from colonial systems can member states can facilitate Indigenous communities to enact and embed ID-GOV and ID-SOV.

This will require member States to relinquish control over Indigenous data and facilitate meaningful power sharing with Indigenous peoples. The Lowitja Institute discussion paper *Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities* includes a model for operationalising ID-SOV and may provide overarching information to support a roadmap.

The World Health Organisation could also refer to the Global Indigenous Data Alliance (GIDA), which works to support ID-SOV globally. GIDA aims to empower Indigenous peoples by shifting the focus from regulated consultation with external organisations & stakeholders, to value-based relationships that position data approaches within Indigenous cultures and knowledge systems to the benefit of Indigenous peoples.

GIDA recognises that the current open data (/open science) movement toward does not fully engage with Indigenous peoples' rights and interests and ignore power differentials and historical contexts. The emphasis on greater data sharing creates a tension for Indigenous peoples who are asserting greater control over the application and use of Indigenous data and Indigenous knowledge for collective benefit. This includes the right to create value from Indigenous data in ways that are grounded in Indigenous worldviews and realise opportunities within the knowledge economy.⁵

The draft Global Plan of Action presents an opportunity to support member States to take real and meaningful steps towards operationalising ID-GOV & ID-SOV. It could also act as a key internationally mechanism in facilitate a consistent approach to ID-GOV & ID-SOV and improve accountability.

With these objectives in mind, we make the following recommendation for inclusions in the draft Global Plan of Action.

Recommendation 2: The draft Global Plan of Action should include a roadmap to guide member states in co-designing new indicators and impact measures that are led, defined, and governed by Indigenous Peoples. This would ensure that Indigenous health is defined, measured, evaluated, and addressed in ways determined by Indigenous communities themselves.

To support this, the Plan should outline specific steps for member states to strengthen ID-GOV and ID-SOV, enabling a consistent international approach and enhancing accountability mechanisms.

The Global Plan of Action should also consider incorporating the GIDA CARE Principles—Collective Benefit, Authority to Control, Responsibility, and Ethics—as a globally recognised, Indigenous-led framework for ethical data governance that centres Indigenous rights and interests.⁶

Indigenous led and controlled models of healthcare to deliver holistic, effective and culturally safe care

Systemic barriers to care, including structural racism, unequal access to health services, education, employment, and safe and secure housing drive the inequitable distribution of poor health outcomes for Indigenous people globally.^{7,8} The upstream structural and social, and political determinants of health, including systemic barriers to care need to be addressed in policy and practice to improve health and wellbeing outcomes.

Factors including housing, income, transport, and access to health care, shape health outcomes. Unsafe housing, poverty, inaccessibility of transport and healthcare are all associated with poorer health outcomes. For Aboriginal and Torres Strait Islander peoples, these inequities are compounded by the ongoing impacts of colonisation, which continue to affect access, affordability, and cultural safety of healthcare.

Mainstream health services have consistently failed in their duty of care towards Indigenous peoples, failures that can be seen in the ongoing impacts of racism within the Australian health system, the poor standard of care many Aboriginal and Torres Strait Islander people experience, preventable deaths, and deaths in custody.⁹ Conversely, Indigenous led and controlled health services achieve better outcomes because they are designed, governed, and delivered by the communities they serve, which builds trust, relevance, and cultural safety.

The Aboriginal Community Controlled model

The model of Indigenous led and controlled services is exemplified by Aboriginal Community Controlled Health Organisations (ACCHOs) in Australia. It offers a transformative, rights-based approach, that operationalises self-determination, cultural safety, and community-led health governance.

ACCHOs have a long-standing reputation for providing the communities they serve with holistic, comprehensive, and culturally safe and appropriate health care. In doing so, ACCHOs consistently support the social, emotional, physical, and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities.¹⁰

ACCHOs play an important role in providing flexible and responsive services that are tailored to the specific needs of Aboriginal and Torres Strait Islander communities. These services are known to provide cost-effective, equitable and culturally safe holistic and person-centred primary health care to Aboriginal and Torres Strait Islander peoples.¹¹ ACCHOs, for example, not only provide a critical role in the provision care for immediate healthcare needs, but frequently support their clients holistically including social factors such as housing, income and employment -social determinants which all have a significant impact on health and wellbeing outcomes. This holistic and comprehensive approach to health embraced by ACCHOs differs significant from that of mainstream services, which deliver health care within a western biomedical view of health, rather than looking at the wider

determinants and how this interrelates with an individual's physical and emotional wellbeing.

The benefits of the community controlled model extends beyond health services, and has been demonstrated by other types of Aboriginal community controlled organisations (ACCOs) as well. One example is that of the Lowitja Institute is a national, Aboriginal and Torres Strait Islander community controlled research organisation that drives health and wellbeing research by and for Indigenous communities. As a community controlled body, we ensure that research priorities, governance, and practices reflect Indigenous knowledge, values, and leadership. By funding and conducting culturally grounded research, the Institute delivers practical benefits including informing policy, improving health services, and strengthening evidence for culturally safe interventions that enhance the wellbeing of Aboriginal and Torres Strait Islander peoples.

Key features of community controlled services

While the ACCO model is based on the Australian context, the structures and systems can be adapted to international settings.

Key features of the ACCO model which can be embedded in service delivery for Indigenous peoples globally include:

Self-Determination in Practice: ACCO's emerged in response to historical and modern barriers to healthcare access, and Aboriginal and Torres Strait Islander peoples and health professionals recognising the unique strengths and deep understanding within these communities to drive their own health outcomes. Therefore, ACCO's are inherently local. ACCOs are initiated, governed, and operated by local Aboriginal and Torres Strait Islander communities.¹² Governance structures ensure Indigenous leadership at all levels and embed Indigenous knowledge systems, values, and perspectives in service design and delivery.

Indigenous Leadership: ACCOs embed Indigenous leadership in health governance and decision-making processes, ensuring Indigenous Peoples are actively involved, and lead, health policy, planning, implementation, and evaluation processes.¹³

Culturally Safe and Holistic Care: ACCOs deliver holistic services that span the life course -from maternal and child health, through youth, adult and elder care - grounded in Indigenous ways of knowing, being and doing.¹⁴ Health is understood as connected to land, culture, language and kinship networks; and healthcare delivery is responsive to the social, economic, historical and political determinants of health.

Community Responsiveness: Aboriginal communities and ACCOs know what they need, the types of supports required, what works for their communities, and how to achieve outcomes. ACCOs are embedded within communities and are responsive to local needs. This model allows communities to determine priorities, adapt programs as needs evolve, and ensure that services are contextually and culturally appropriate.

Proven Outcomes and Cost Effectiveness: Evidence indicates that ACCOs attract and retain more Aboriginal and Torres Strait Islander patients than mainstream

providers, are more effective at improving health outcomes, retain higher rates of sustained employment for Aboriginal and Torres Strait Islander staff and are more cost effective than mainstream models of care.

The community controlled model recognises that Indigenous Peoples are best placed to define, design, and deliver healthcare services that meet our own health and wellbeing needs. With this in mind, we make the following recommendation for inclusions in the draft Global Plan of Action.

Recommendation 3:

The draft Global Plan of Action should include actions which call on member States to:

a) Address systemic barriers to health service access and to ensure that services are available, accessible, acceptable, high quality, and culturally safe for Indigenous Peoples, the draft Global Plan of Action should include actions which call on member states to adopt and sustainably fund Indigenous-led, community controlled healthcare models. These models ensure services are accessible, acceptable, high-quality, and culturally safe, while centring self-determination as a key political determinant of health.

b) to support ACCOs in conducting community-led, place-based research that generates high-quality data to inform strategies for improving health and wellbeing outcomes, the draft Global Plan of Action should include actions which call on member states to fund community controlled research institutes.

Embedding Indigenous Knowledge Systems and Cultural Determinants of Health

Indigenous knowledge systems are inherently local, holistic, and community-led.¹⁵ They play a critical role in strengthening social and emotional wellbeing (SEWB) and embedding Indigenous knowledge systems works towards a decolonising approach to health.

Indigenous knowledge systems:

- Drive participatory practices that strengthen the health of both culture and community.
- Support self-determination, by disrupting systemic power structures and empowering Indigenous Peoples to reclaim and apply their knowledge systems.

This approach acknowledges the ongoing impacts of colonisation, including systemic inequality, racism and intergenerational trauma on Indigenous knowledge systems, and prioritises meaningful action to dismantle colonial structures across sectors.

Centring Indigenous knowledge systems ensures health policies are culturally grounded, effective, and community-driven, and respects the rights and sovereignty of Indigenous peoples as articulated in the UNDRIP.

Centre the cultural determinants of health as a protective factor in health policy

For millennia, Aboriginal and Torres Strait Islander peoples have kept their cultures strong to nurture their health and wellbeing. Connection to Country, cultural expression, self-determination and leadership, Indigenous beliefs and knowledge are key domains that form the cultural determinants of health.

The cultural determinants are anchored in Aboriginal and Torres Strait Islander ways of knowing, being and doing that encompass a holistic understanding of health and wellbeing. Culture is central to this understanding and shapes the relationship between self to Country, kin, community and spirituality - all of which are key factors of health and wellbeing.¹⁶

The cultural determinants of health are inter-related to the social determinants of health -they are rights-centred and are protective factors for the health and wellbeing of Indigenous peoples.¹⁷ Cultural determinants of health, such as connection to Country, living on Country, caring for Country and access to health and traditional foods, work to protect and nurture health and wellbeing, and strengthen resilience. Embedding the cultural determinants of health in health policy and planning, supports better health outcomes, recognising that sound policy making does not occur in the absence of culture.¹⁸ It also acknowledges the interrelationships between the various determinants that shape health, and the need for coordinated, cross-sectoral co-ordination.

To centre the cultural determinants in policy, governments and stakeholders must recognise their own limitations and build capacity to understand and engage with Indigenous worldviews, value systems, and ways of being. The cultural burden of bridging two knowledge systems cannot continue to rest solely on Indigenous Peoples. Member states must take active steps to understand the historical injustices, systemic discrimination and cultural trauma that shape Indigenous Peoples' health and wellbeing and implement climate health policy that is Indigenous-led in both design and delivery.

The draft Global Plan of Action provides an opportunity to compel Member States to go beyond siloed recognition of Indigenous traditional medicines, and towards formalised mechanisms that embed Indigenous knowledge systems. In recognition of this opportunity, we make the following recommendation:

Recommendation 4: The draft Global Plan of Action should provide a roadmap for embedding cultural determinants of health into policy, planning, and service delivery. This includes establishing foundational structures and systems that integrate Indigenous knowledge systems into the design, governance, and delivery of health policies and programs, moving beyond token recognition of traditional medicines to formalised mechanisms that centre Indigenous ways of knowing, being, and doing in all aspects of Indigenous health and wellbeing.

Strengthen Foundations: Structures, Systems, and Shared Governance

In policymaking, co-design approaches aim to shift decision making power from government or mainstream institutions to communities, so that community led decision-making shapes and drives the development of priorities and strategies. Best practice co-design aims to empower and actively engage end-users (those who are directly involved and/or affected by an issue) by collaboratively developing solutions that address the issue of concern, from the beginning of the policy and program lifecycle. It has the potential to redress the systemic discrimination and inequity experienced by Indigenous peoples.¹⁹

Co-development is mentioned throughout The Global Plan of Action. To support the implementation of this process, there is a need for the draft Global Plan of Action to present a roadmap for how member states can operationalise co-development or co-design, to support shared decision making to support co-design of policies, frameworks and practices. Without a clear understand of what co-development / co-design is, and how to implement it in practice – there is too much room for misunderstanding and poor accountability.

In recognition of this, we make the following recommendation:

Recommendation 5: The Global Plan of Action should include clear actions for Member States and stakeholders to implement best-practice co-design with Indigenous Peoples, ensuring that Indigenous voices are embedded in all decision-making processes.

Support Indigenous Leadership and Self-Determination in Climate and Environmental Health

Caring for country, Caring for health

For Aboriginal and Torres Strait Islander Peoples, health is not just physical. Connection to Country, cultural expression and continuity, self-determination and leadership, Indigenous beliefs and knowledge are key domains that form the cultural determinants of health, which influence health and wellbeing outcomes for Aboriginal and Torres Strait Islander people.²⁰

By fostering a sense of identity, pride, belonging and autonomy, being on and caring for Country empowers and promotes health. Caring for Country is not just the physical and ecological management of a geographic location, but refers to tending to the values, places, resources, stories and cultural obligations associated with that area as well as processes of spiritual renewal, connection with ancestors, maintenance of kin relations and food provision.²¹

Over generations, Aboriginal and Torres Strait Islander people have been the caretakers of Country, enhancing biodiversity, maintaining habitat, and supporting ecosystem resilience. In return, Country has nourished Aboriginal and Torres Strait Islander people physically, mentally, spiritually, and culturally.²²

Due to the intrinsic relationship between self and Country, when Country is damaged, individual and community health is harmed.

This means that as climate change damages Country, through increased numbers and severity of days of extreme heat, rising sea levels, bushfires, smoke and air pollution, drought, and cyclones and flooding -these have direct and indirect impacts on Aboriginal and Torres Strait Islander people's health and wellbeing. Direct impacts including increasing the risk of deaths, incidence of noncommunicable diseases, the emergence and spread of infectious diseases, and health emergencies. Indirect impacts through the ways that climate change adversely influences many social and cultural determinants of health and wellbeing. For example, forced migration off Country and displacement from home and community, which cause significant harm to our peoples' social and emotional wellbeing.²³

While damages to Country harm Aboriginal and Torres Strait Islander people's health, caring for Country, land and sea management is central to individual and community healing and wellbeing. Being on, and caring for Country including through speaking language, practicing culture, and passing on knowledge have flow of effects that support health and wellbeing.²⁴ Studies measuring the link between caring for Country activities and health and wellbeing show a positive relationship, with improved indicators for diabetes, hypertension, renal disease and psychological distress, and very high life satisfaction and family wellbeing.²⁵

Recognise colonisation and systemic racism as key drivers of climate change and climate vulnerability.

Colonisation created disparities in health and wellbeing between Indigenous and non-Indigenous peoples through dispossession of traditional lands and waterways, suppression of culture and disempowerment. Colonisation continues to function in this way. By continuing to take control of land, waterways and seas, including natural resources. Climate change is compounding the impacts of colonisation and increasing inequities and feelings of powerlessness as communities despair over the desecration of their land, water, and seascapes.²⁶

Colonial practices are not sustainable; they are profit driven rather than driven by a desire to maintain balance and good health and wellbeing. Exclusion from Country and cultural practices due to environmental degradation, government restrictions or industrial development creates and exacerbates cultural loss, grief and trauma which contributes to poor health and wellbeing outcomes for Indigenous Peoples.

Embed Indigenous leadership in climate health adaption and mitigation strategies, and resource Indigenous-led climate and health strategies.

Exclusion of Indigenous Peoples from decision-making regarding Country, including decisions around how lands and waters are managed in the face of climate change entrenches the impacts of colonisation. To work towards improving Indigenous health and wellbeing, and protecting and restoring Country, Indigenous-

led approaches to climate change adaptation and mitigation are essential. The Global Plan of Action must advocate for a decolonising approach, that enables Indigenous peoples to have power and agency in the space, to develop climate policies and adaptation strategies that are trauma-informed and led by Indigenous peoples, in line with Indigenous definitions of wellbeing, resilience and healing.

An Indigenous led approach to climate change not only works to manage the physical impacts of climate change, but also to address the trauma of environmental loss, displacement, and the damage of sacred cultural sites through ongoing impacts of colonisation. For many Aboriginal and Torres Strait Islander people, this means that the climate crisis is also a cultural and spiritual crisis, which compounds historical injustices and has significant flow on effects for individual and community health and wellbeing. Aboriginal and Torres Strait Islander peoples have long maintained sustainable land and water management systems that enhance ecological resilience and community wellbeing for millennia.

Recommendation 6: The Global Plan of Action should ensure Aboriginal and Torres Strait Islander leadership in all policy making affecting Country, supporting community-led climate strategies and the protection and return to Country as pathways to resilience and wellbeing. Member States should provide long-term, flexible, and sustainable funding to enable initiatives that reflect local priorities and strengthen cultural and environmental health.

Endnotes

¹ Global Indigenous Data Alliance (GIDA) *CARE Principles for Indigenous Data Governance*. Available at: <https://www.gida-global.org/care>. Accessed: 29 October 2025.

² Rigney, D., Bignall, S., Vivian, A. & Hemming, S. 2022, *Indigenous Nation Building and the Political Determinants of Health and Wellbeing: Discussion Paper*, Lowitja Institute, Collingwood, Victoria

³ Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities, Discussion Paper, Lowitja Institute, Melbourne. DOI: 10.48455/rtvd-7782

⁴ Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities, Discussion Paper, Lowitja Institute, Melbourne. DOI: 10.48455/rtvd-7782

⁵ Global Indigenous Data Alliance (GIDA) *CARE Principles for Indigenous Data Governance*. Available at: <https://www.gida-global.org/care>. Accessed: 29 October 2025.

⁶ Global Indigenous Data Alliance (GIDA) *CARE Principles for Indigenous Data Governance*. Available at: <https://www.gida-global.org/care>. Accessed: 29 October 2025.

⁷ Gatwiri K, Rotumah D, Rix E. BlackLivesMatter in Healthcare: Racism and Implications for Health Inequity among Aboriginal and Torres Strait Islander Peoples in Australia. *Int J Environ Res Public Health*. 2021 Apr 21;18(9):4399. doi: 10.3390/ijerph18094399. PMID: 33919080; PMCID: PMC8122304.

⁸ Dudgeon, P., Gibson, C., Walker, R., Bray, A., Agung-Igusti, R., Derry, K., Gray, P., McPhee, R., Sutherland, S. & Gee, G. 2025. *Social and Emotional Wellbeing: a Review*, Lowitja Institute, DOI: 10.48455/4f9e-3v29

⁹ Watego, C; Singh, D & Macoun, A; 2021, *Partnership for Justice in Health: Scoping Paper on Race*,

Racism and the Australian Health System, Discussion Paper, The Lowitja Institute, Melbourne.

¹⁰ NACCHO, n/d, 'Aboriginal Community Controlled Health Organisations (ACCHOs), NACCHO, accessed 7 October 2025, <https://www.naccho.org.au/aboriginal-community-controlled-health/>

¹¹ Australian Institute of Health and Welfare, n/d, Healthy for Life – Aboriginal Community Controlled

Health Services Report Card, IHW 97, Canberra

¹² NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021.

¹³ NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021.

¹⁴ NACCHO. Core Services and Outcomes Framework: The Model of Aboriginal and Torres Strait Islander Community-Controlled Comprehensive Primary Health Care. National Aboriginal Community Controlled Health Organisation, Canberra, ACT: June 2021.

¹⁵ Dudgeon, P; Bray, A; Darlaston-Jones, D; Walker, R; 2020, *Aboriginal Participatory Action Research: An Indigenous Research Methodology Strengthening Decolonisation and Social and Emotional Wellbeing*, Discussion Paper, The Lowitja Institute, Melbourne.

¹⁶ Lowitja Institute, 2020, *Culture is Key: Towards cultural determinants-driven health policy*, Lowitja Institute

¹⁷ Lowitja Institute, 2020, *Culture is Key: Towards cultural determinants-driven health policy*, Lowitja Institute

¹⁸ Lowitja Institute, 2020, *Culture is Key: Towards cultural determinants-driven health policy*, Lowitja Institute

¹⁹ Butler, T., Anderson, K., Black, O., Gall, A., Ngampromwongse, K., Murray, R., Mitchell, L., Wilkinson, K., Heris, C. & Whop, L.J. (2025) *Co-design versus faux-design of Aboriginal and Torres Strait Islander health policy: A critical review*. Melbourne: Lowitja Institute. ISBN 978-1-922885-15-9.

²⁰ Dudgeon, P., Gibson, C., Walker, R., Bray, A., Agung-Igusti, R., Derry, K., Gray, P., McPhee, R., Sutherland, S. & Gee, G. 2025. *Social and Emotional Wellbeing: a Review*, Lowitja Institute, DOI: 10.48455/4f9e-3v29

²¹ Lowitja Institute, 2020, *We nurture our culture for our future, and our culture nurtures us*, Close the Gap Campaign Steering Committee, p36

²² HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne

²³ HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne

²⁴ Garnett, S. T., Sithole, B., Whitehead, P. J., Burgess, C. P., Johnston, F. H. & Lea, T. 2009, *Healthy Country, Healthy People: Policy implications of links between indigenous human health and environmental condition in tropical Australia*, *Australian Journal of Public Administration*, vol. 68(1), pp. 53–66. DOI: 10.1111/j.1467- 8500.2008.00609.x

²⁵ Burgess, C. P., Johnston, F. H., Berry, H. L., McDonnell, J., Yibarbuk, D., Gunabarra, C., Bailie, R. S. 2009, *Healthy Country, Healthy People: The relationship between Indigenous health status and "caring for country"*, *Medical Journal of Australia*, vol. 190(10), pp. 567–72. DOI: 10.5694/j.1326-5377.2009.tb02566.x

²⁶ HEAL Network & CRE-STRIDE, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne, p.6