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Discussion on the six mandated areas of the Permanent Forum (economic and social development, culture, environment, education, health and human rights), with reference to the United Nations Declaration on the Rights of Indigenous Peoples and the 2030 Agenda for Sustainable Development

Restoring Indigenous health by connecting systems through the Indigenous determinants of health: local to global evidence

Note by the Secretariat

The Secretariat has the honour to transmit to the Permanent Forum on Indigenous Issues the study by a member of the Permanent Forum, Geoffrey Roth, on restoring Indigenous health by connecting systems through the Indigenous determinants of health: local to global evidence.

* E/C.19/2026/1.

Please recycle

Study on restoring Indigenous health by connecting systems through the Indigenous determinants of health: local to global evidence

I. Introduction: Indigenous health – a global systemic condition and an indicator of broader policy impacts

1. Indigenous Peoples' conceptualization of health is based on a state of systemic balance, reflecting the integrity of ecology, biodiversity, governance, culture, language, knowledge and intergenerational continuity.[1] Accordingly, Indigenous health is not a sectoral concern confined to clinical services or health outcomes, but rather a state of equilibrium arising from reciprocal relationships among people, territories, waters and institutions in which spiritual, environmental, social and governance dimensions are inseparable. Indigenous health, therefore, functions as a cross-cutting indicator of the impacts and effectiveness of actions (or inactions) across other sectors, revealing how policies related to land, environment, food systems, culture and governance are shaping Indigenous well-being.[2] As it is interwoven with all aspects of policy and governance and cannot be effectively addressed through isolated, sector-specific initiatives, a comprehensive approach to Indigenous health is required.

2. In contrast, within the United Nations system, Indigenous health has often been situated within the clinical and public health mandates. This scope limits recognition of how decisions taken in other policy domains directly and factually affect Indigenous well-being and results in fragmented approaches across institutions and processes.[3] Yet, for Indigenous Peoples, harm to lands, ecosystems, food systems, languages or governance structures is experienced immediately as a harm to health. Environmental degradation, biodiversity loss, climate or conflict-related displacement, forced sedentariness (non-recognition of the right to mobility) and the disruption of Indigenous food systems are therefore not external pressures acting on Indigenous health, but direct manifestations of injury to collective and generational well-being.[4] The lack of coordination, alignment and regard for the Indigenous intergenerational and holistic perspective throughout global agencies has a negative impact on Indigenous health, both direct and indirect.[5]

3. Indigenous Peoples' health should function not only as an outcome of policy interventions but as a cross-cutting indicator of integrity and prosperity throughout the United Nations system.[6] The condition of Indigenous health reflects the cumulative effects of actions taken or omitted by multiple United Nations bodies, especially those responsible for the governance of climate, biodiversity, food, agriculture, education, culture and Indigenous knowledge. As studies show, wherever policies undermine Indigenous rights, territories or self-determination, health inequities deepen.[7] In contrast, wherever Indigenous land stewardship, governance systems and cultural continuity are supported, health and well-being are strengthened.[8] Thus, Indigenous health provides a diagnostic lens through which to

[1] See E/C.19/2023/5.
[2] See https://doi.org/10.3389/fclim.2025.1697881.
[3] See https://www.who.int/news/item/06-05-2025-indigenous-leadership-and-views-must-shape-new-global-health-action-plan.
[4] See https://www.lowitjajournal.org.au/article/S2949-8406(25)00058-0/fulltext.
[5] See E/2025/43.
[6] See E/C.19/2025/5.
[7] See https://www.who.int/publications/i/item/9789240107588.
[8] See https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00354-5/fulltext.

assess the coherence and effectiveness of United Nations engagement with Indigenous Peoples.

4. As stated in the study on Indigenous determinants of health presented to the Permanent Forum on Indigenous Issues at its twenty-second session, in 2023, Indigenous health is intrinsically connected to the health of Mother Earth.[9] This relational understanding has been increasingly affirmed in scientific literature, underscoring the essential role of Indigenous Peoples in sustaining ecosystems, biodiversity and climate resilience.[10] Recognizing Indigenous health as an indicator of the health of Mother Earth therefore offers a grounded, evidence-informed framework for evaluating environmental, social and governance outcomes within the United Nations system.[11]

5. The present study responds to the focus of the twenty-fifth session of the Permanent Forum on Indigenous health by advancing a reframing of Indigenous Peoples' health as a cross-sectoral reference, positioning it as a foundational lens for evaluating decisions across all sectors. The author and contributors do not seek to introduce new mandates or parallel structures but rather to support greater coherence and accountability across existing United Nations processes. Building on previous expert studies presented to the Permanent Forum outlining the Indigenous determinants of health, the United Nations Declaration on the Rights of Indigenous Peoples, and other relevant international instruments, the present study examines how health is affected by, and can inform, policy domains, including climate change, biodiversity, food systems, language, traditional medicine and the governance of Indigenous Peoples' knowledge. By situating Indigenous health as both a systemic condition and a strong, reliable indicator of broader policy impacts, the present study is intended to provide a foundation for more coherent, culturally safe and rights-based engagement with Indigenous Peoples across the United Nations system.

II. The Indigenous determinants of health framework as a compliance platform

6. Sectoral approaches to health have consistently failed Indigenous Peoples, as such approaches fragment realities that are inherently relational, interdependent and rooted in land, governance, culture and collective identity. When Indigenous health is addressed primarily through compartmentalized clinical services, epistemological unilateralism or public health programming, the structural drivers of inequity (including land dispossession, environmental degradation, cultural disruption and the erosion of Indigenous governance) remain unaddressed,[12] as such siloed interventions often focus on treating symptoms while perpetuating the conditions that generate ill health.

7. The Indigenous determinants of health framework provides a rights-based, Indigenous-grounded methodology for interpreting health as a cross-cutting condition rather than a discrete sector. The framework comprises 33 specific indicators directly linked to Indigenous Peoples' health globally. This framework includes both protective and risk indicators.[13] Grounded in Indigenous epistemologies, the framework recognizes

[9] See E/C.19/2023/5.
[10] See https://www.fao.org/family-farming/detail/en/c/1414162/.
[11] See E/C.19/2025/5.
[12] See E/C.19/2023/5.
[13] "Protective indicators" refer to rights-affirming conditions that strengthen Indigenous well-being (e.g. land tenure, governance authority or cultural or language continuity), while "risk indicators" refer to structural factors that undermine health, such as dispossession, environmental harm, exclusion from decision-making or cultural disruption.

health as emerging from the integrity of relationships among people, lands, waters, governance systems, knowledge traditions and intergenerational continuity. In doing so, it aligns with the United Nations Declaration on the Rights of Indigenous Peoples and reflects the approach encouraged by the Permanent Forum, which has called upon Member States and United Nations entities to recognize indigeneity as an overarching determinant of health.

8. The Indigenous determinants of health framework serves as a practical platform by translating rights recognized in instruments such as the Declaration and the International Labour Organization Indigenous and Tribal Peoples Convention, 1989 (No. 169), into measurable, health-related outcomes. The framework could also function as a diagnostic tool for institutions.[14] By revealing how decisions across sectors accumulate into health impacts, the framework enables organizations to assess whether their policies are coherent and effective or inadvertently reproduce harm. It provides a shared interpretive lens through which organizations working on climate change, biodiversity, food systems, education, culture and traditional medicine can understand how their actions intersect and affect Indigenous health. In an institutional environment characterized by overlapping responsibilities, the framework offers a shared reference point that could enhance policy coherence, benefiting both Indigenous Peoples and overall system efficiency. This could be especially helpful for United Nations bodies where participation for Indigenous Peoples is often tied to holding consultative status with the Economic and Social Council as a non-governmental organization, a fact that greatly constrains Indigenous Peoples' engagement as rights holders across the United Nations system.

9. Importantly, the Indigenous determinants of health framework is not solely conceptual. It has been operationalized through practical tools that support accountability and measurement. For example, the Indigenous Determinants of Health Alliance, an Indigenous-led organization, has developed a metric to assess how institutions, States and agencies implement the framework.[15] This metric moves beyond conventional health indicators by examining (upstream and downstream)[16] domains such as land and territorial integrity, governance participation, cultural continuity, knowledge protection, justice and relational accountability. As Indigenous Peoples are often the first to experience the impacts of environmental degradation, governance failures and cultural disruption, Indigenous health functions as an early warning system for broader systemic breakdown.[17]

10. This operationalization is particularly relevant in the light of World Health Assembly resolution 76.16, in which the World Health Organization (WHO) was requested to develop a Global Plan of Action for the Health of Indigenous Peoples in consultation with Indigenous Peoples, among others. In 2023, acknowledgement of the concept of indigeneity as a determinant of health and equity was a recommendation submitted to the WHO Executive Board for its consideration.[18] Similarly, the Indigenous Peoples' determinants of health were recognized in the WHO *World Report on Social Determinants of Health Equity* as paramount in approaching Indigenous health in a culturally safe and rights-based manner.[19] In 2024, the study on Indigenous determinants of health was included as a reference in

[14] See E/C.19/2024/5.
[15] See E/C.19/2025/5.
[16] "Upstream" refers to structural and governance conditions (e.g. land rights, participation or environmental integrity) that shape health outcomes, while "downstream" refers to the resulting observable health impacts, such as disease burden, food insecurity or mental health disparities.
[17] See https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(21)00354-5/fulltext.
[18] See https://apps.who.int/gb/ebwha/pdf_files/EB154/B154_21-en.pdf.
[19] See https://www.who.int/publications/i/item/9789240107588.

decision 16/19 of the Conference of the Parties to the Convention on Biological Diversity on the implementation of its Global Action Plan on Biodiversity and Health.

11. Ultimately, the Indigenous determinants of health framework could serve to reframe Indigenous health as a unifying reference point across the United Nations system. It supports a shift from fragmented engagement towards coordinated, rights-based action, while centring Indigenous Peoples as rights holders, knowledge holders and stewards of their own health and well-being.

III. Climate change: health impacts across systems

12. For Indigenous Peoples, climate change is not a threat; it is a lived reality. Indigenous Peoples have been advancing climate science through sustained observation of, and spiritual connection with, weather and wildlife, thereby supporting decision-making and governance.[20] Climate change matters for health, particularly for Indigenous Peoples, because it reshapes the foundations of well-being, including stable ecosystems, safe water, nutritious food, secure housing, functioning infrastructure, equitable governance and cultural continuity.

13. Climate change affects every system on the planet and should not be treated as a discrete environmental issue. It functions as a risk multiplier that intensifies pressures across biological, ecological, social, economic and health systems, with disproportionate impacts on Indigenous Peoples. Heat exposure, wildfire smoke, flooding and storm damage can cause acute illness and injury. Drought and flooding degrade water availability and quality, raising risks of waterborne disease and undermining hygiene and infection prevention. Water insecurity also amplifies stress, increases displacement pressure and burdens health systems. As temperature and precipitation patterns shift, the human-environment interface is changing in ways that increase the risk of disease outbreaks. These impacts disrupt cultural practices and displace Indigenous Peoples from their homelands. Ecosystem degradation and increased climate hazards lead to preventable spikes in morbidity and mortality.

14. Disruptions in food production and supply are widespread and affect fisheries, aquaculture, livestock and wild harvesting, contributing to food insecurity and malnutrition. Climate change also has substantial mental health consequences. Evidence links climate change-related disasters to increased post-traumatic stress symptoms, depression, anxiety, substance abuse and other stress-related outcomes. Emerging diagnoses, such as climate anxiety or ecological grief, reflect the psychological burden of sustained threat and uncertainty, particularly for young people.[21] There is a need to step up surveillance, preparedness and local decision-making support.

15. Equity is therefore central to climate and health. The World Health Assembly, in its resolution 76.16, noted the disproportionate burdens related to pollution exposure, limited access to safe water and sanitation and inadequate resilience planning. Such harms are rooted in structural drivers such as dispossession, discrimination and chronic underinvestment, all of which are marked as risk factors under the Indigenous determinants of health framework.[22] Indigenous stewardship can protect biodiversity and health, making equitable policies a matter of rights, governance and self-determination.

[20] See https://arctic.noaa.gov/wp-content/uploads/2025/12/ArcticReportCard_full_report2025.pdf.
[21] See https://doi.org/10.3238/arztebl.m2022.0403.
[22] See E/C.19/2023/5.

16. For instance, in Alaska, United States of America, Typhoon Halong devastated coastal villages, resulting in the relocation of thousands of Indigenous people.[23] Systemic, place-based solutions co-developed with Indigenous Peoples and their governance institutions are required to address the compounding vulnerabilities facing many villages, including increased exposure to severe storm events, coastal and riverine erosion linked to permafrost thaw, limited access to effective weather forecasting systems, rising costs of living and declining availability of food harvested from the land.

17. Indigenous knowledge systems and practices offer concrete climate mitigation and adaptation strategies. Cultural burning involves the intentional application of lower-intensity fire, guided by place-based Indigenous knowledge, seasonal indicators and cultural objectives. Where Indigenous governance authority and enabling conditions are recognized and supported, cultural burning can reduce hazardous fuel accumulation and help to create heterogeneous landscapes that limit the spread of high-severity wildfires.

18. The impacts of climate change observed in Alaska, California, the Amazon and elsewhere in the world underscore the need for current and emerging climate, environmental and biodiversity bodies to ensure an equitable systems approach that secures the effective participation of Indigenous Peoples as rights holders and is implemented as an inherent part of their mandates and in a non-fragmented fashion. For instance, governing bodies to be established under the Agreement under the United Nations Convention on the Law of the Sea on the Conservation and Sustainable Use of Marine Biological Diversity of Areas beyond National Jurisdiction,[24] an implementing agreement of the United Nations Convention on the Law of the Sea, should function in a collaborative fashion with the Convention on Biological Diversity, WHO, the United Nations Framework Convention on Climate Change, the United Nations Environment Programme, the United Nations Convention to Combat Desertification in Those Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa, and other relevant organizations, and with Indigenous Peoples across the globe. As climate-driven ocean acidification, displacement and food insecurity increasingly intersect with ocean governance, incorporating Indigenous knowledge, health perspectives and governance authority into negotiations that support collaborative and cooperative approaches to protecting high seas biodiversity through institutional design[25] is essential for equitable, effective and rights-based implementation of the United Nations Convention on the Law of the Sea.

19. Addressing climate change with a coordinated, non-fragmented, rights-based systems approach is fundamental. While the WHO and Convention on Biological Diversity decisions converge on a mandate to integrate climate, biodiversity and health into policy and planning, it is paramount that these organizations build cross-sectoral capacity that includes Indigenous perspectives at every level and strengthen surveillance and early warning systems. Climate action is the most consequential public health opportunity of the current generation and should be approached as a systems challenge grounded in equity that includes Indigenous rights, leadership and knowledge.

[23] See https://akclimate.org/ex-typhoon-halong-severe-storm-damage-in-western-alaska/.

[24] See https://www.un.org/bbnjagreement/en.

[25] “Institutional design” refers to the structure and operation of international governance bodies, including their mandates, decision-making processes, participation modalities, accountability mechanisms and coordination arrangements, to ensure that Indigenous Peoples are engaged as rights holders and that their knowledge, health perspectives and governance authority are meaningfully integrated.

20. Such cross-sectoral cooperation must be grounded in the internal coherence of these organizations' operations, in terms of respecting and advancing Indigenous rights. For example, current approaches under the United Nations Framework Convention on Climate Change could be more inclusive of the economic and non-economic losses and damage experienced by Indigenous Peoples, including impacts on land-based livelihoods, food systems, cultural practices, languages and governance institutions that disproportionately affect Indigenous women – who are also affected by gender-differentiated harms – elders and young people.[26] Existing mechanisms prioritize quantifiable physical damage while overlooking relational, cultural and intergenerational dimensions of harm that are central to Indigenous well-being. Addressing these gaps by utilizing tools such as the Indigenous determinants of health framework enables organizations to appropriately recognize health, culture, territory and self-determination as inseparable and fundamental to well-being.

21. Equally important is ensuring Indigenous leadership in knowledge co-production and governance. Indigenous knowledge systems are grounded in thousands of years of intergenerational transmission, sustained observation and adaptive practice through continual testing and refinement in direct relationship with lands, waters and ecosystems. These systems have repeatedly generated effective environmental stewardship practices and, in many cases, have informed or anticipated later scientific findings. As articulated in the Indigenous determinants of health operationalization study,[27] Indigenous knowledge holds at least equal standing to younger paradigms such as Western scientific knowledge and must be recognized within the climate-related mandates of United Nations entities. Embedding this recognition into policy design strengthens loss and damage mechanisms and ensures that climate responses are equitable, rights-based and accountable to Indigenous Peoples as rights holders and knowledge authorities.[28]

IV. Biodiversity and land: health and ecological integrity

22. For Indigenous Peoples, biodiversity is not an external environmental concern, but a living foundation of health, culture, governance and identity. Indigenous conceptions of health arise from sustained, reciprocal relationships with land, waters, plants, animals and spiritual ecologies. Biodiversity provides food systems, medicines, ceremonial materials and ecological knowledge that sustain intergenerational continuity. When biodiversity is degraded, access to land is restricted or sacred ecosystems are disrupted, the impacts are experienced immediately as harm to Indigenous health, well-being and collective integrity.[29]

23. From this perspective, biodiversity loss is not merely an environmental indicator, but a measurable determinant of Indigenous health.[30] Disruptions to ecosystems directly undermine Indigenous food sovereignty, traditional medicines, cultural practices and governance systems that have historically regulated sustainable land stewardship. The erosion of these systems contributes to cascading health impacts, including nutritional inequities, chronic disease, mental distress and the weakening of social and spiritual cohesion. Indigenous health thus functions as a diagnostic lens through which biodiversity policies and land governance decisions can be evaluated for their real-world impacts.

[26] See https://www.frontiersin.org/journals/climate/articles/10.3389/fclim.2025.1697881/full.
[27] E/C.19/2024/5.
[28] See https://nsf-gov-resources.nsf.gov/files/2020-03-19-NNA-Letter-Final.pdf?VersionId=W_.Djh55yVN3jFP6t1Qj1QaPKVE6LWyp.
[29] See https://www.lowitjajournal.org.au/article/S2949-8406(25)00058-0/fulltext.
[30] See E/C.19/2023/5.

24. Indigenous Peoples are globally recognized as effective stewards of biodiversity, with Indigenous-managed lands demonstrating higher levels of ecological integrity and resilience.[31] Such outcomes are not incidental but rather the result of Indigenous governance systems that are grounded in relational accountability, collective responsibility and long-term intergenerational ethics. Article 8 (j) of the Convention on Biological Diversity affirms the importance of Indigenous knowledge, innovations and practices in the conservation and sustainable use of biological diversity.[32] However, implementation of the Convention often remains fragmented. Indigenous knowledge is often treated merely as a technical input or formality. Instead, Indigenous governance, land tenure and self-determination should be recognized as foundational conditions for biodiversity protection.

25. When conservation initiatives exclude Indigenous Peoples from decision-making or undermine Indigenous land rights, they not only violate human rights obligations but also actively generate health harms. Conservation models that restrict access to traditional territories, criminalize subsistence practices or commodify ecosystems without Indigenous consent disrupt livelihoods, cultural transmission and social structures. These disruptions are reflected in worsening health inequities and diminished community capacity to sustain ecological stewardship.[33] However, where Indigenous land rights, governance authority and cultural continuity are upheld, both biodiversity and health outcomes are strengthened.

26. Importantly, the capacity of Indigenous communities to engage in biodiversity stewardship is deeply shaped by historical and intergenerational trauma resulting from colonization, forced displacement, land dispossession and the suppression of Indigenous governance systems.[34] These histories have fragmented community cohesion and weakened collective mechanisms for land-based responsibility. As a result, biodiversity initiatives that focus solely on technical conservation measures, without addressing community healing and relational restoration, often fail to achieve sustainable outcomes.

27. Indigenous-led healing processes play a critical enabling role in restoring the social, cultural and governance foundations necessary for biodiversity protection. By strengthening collective identity, rebuilding trust and reaffirming reciprocal relationships with land, healing initiatives support communities in re-engaging with their responsibilities as land and biodiversity stewards.

28. One example is the Ărramăt Project, which supports Indigenous-led initiatives including the Gathering of Native Americans Training of Facilitators sessions conducted in Indigenous communities in Colombia, Guatemala and Turtle Island.[35] These initiatives focus on healing historical and intergenerational trauma while strengthening leadership, governance and relational accountability. Using culturally grounded frameworks, such as the Three Sisters (corn, beans and squash) narrative, participants engage in collective healing processes that explicitly link community well-being to biodiversity, food systems and relationships with Mother Earth. This example demonstrates how healing-centred approaches can mobilize communities to take collective action on land stewardship, biodiversity protection and ecological responsibility.

29. Such initiatives underscore a broader lesson for biodiversity governance: Indigenous health and healing are not peripheral to conservation, but integral to its

[31] See https://unesdoc.unesco.org/ark:/48223/pf0000396938.
[32] See https://www.cbd.int/traditional/default.shtml.
[33] See E/2016/43.
[34] See E/C.19/2024/5.
[35] See https://www.onefireassociates.org/healing-pathways-indigenous-led-models-for-community-wellness.

success. Biodiversity policies that fail to recognize this relationship risk perpetuating fragmentation – attempting to address ecological degradation while failing to address underlying social and historical drivers. By contrast, approaches that uphold Indigenous self-determination, governance authority and culturally grounded healing processes foster the conditions under which both ecosystems and communities can thrive.[36]

30. The recognition of biodiversity as inseparable from Indigenous health and land governance provides the foundation for a coherent, rights-based framework for action. It reinforces the need for United Nations bodies, including those responsible for biodiversity and environmental protection, to align conservation efforts with Indigenous rights, knowledge systems and health determinants. To do so would transform Indigenous health into not only an outcome to be protected, but also a unifying indicator of ecological integrity, justice and sustainability.

V. Food systems: nutrition, culture and health sovereignty

31. For Indigenous communities, food is sacred and central to sustaining life. It is produced and shared for the collective good rather than for the market, reflecting world views in which food is understood as a human right and a foundation for community well-being. Historically, control over food and land has been used as a mechanism of domination, which is why Indigenous Peoples continue to defend food sovereignty as inseparable from dignity, self-determination, governance and health.[37]

32. Indigenous food systems are intrinsically connected to land and biodiversity, shaped by specific ecosystems and guided by ways of life aligned with natural cycles and ecological limits. Across diverse regions, Indigenous communities have preserved food production practices that sustain landscapes rather than impose uniform control. Indigenous nutritional systems are built on belief systems, ancestral cosmovisions and social cohesion.[38] In Andean regions, for instance, crops are cultivated across varied elevations and microclimates in ways that maintain biodiversity and the integrity of mountains and water streams. Multidimensional approaches beyond the dominant, unilateral models of food security, which are increasingly unable to address hunger, health inequities and ecological degradation, are needed.[39]

33. Furthermore, dominant industrial food systems are increasingly unable to respond to overlapping global crises, including climate change, biodiversity loss and the rise in chronic disease. Addressing nutrition transition[40] solely through commercialization and productivity poses serious risks to Indigenous Peoples, ecosystems and social cohesion and undermines progress towards the achievement of Sustainable Development Goals 2 and 3.[41]

34. Food security within Indigenous contexts cannot be separated from food sovereignty. Knowledge of territorial characteristics, climatic variability and resource availability stems from long-standing relationships between Indigenous Peoples and their environments. This knowledge is key to resilient food systems that are adapted to local conditions.[42] Without sovereignty over lands, seeds and decision-making,

[36] See https://www.fao.org/family-farming/detail/en/c/1414162/.
[37] See https://www.fao.org/4/i3144e/i3144e.pdf.
[38] See https://doi.org/10.3390/su141811311.
[39] See https://doi.org/10.1007/S10460-014-9548-9.
[40] "Nutrition transition" refers to shifts from traditional, locally produced diets towards highly processed, energy-dense and commercially marketed foods.
[41] See https://sdgs.un.org/goals.
[42] See https://www.fao.org/family-farming/detail/en/c/1414162/.

food security becomes dependent on external systems that often erode health, autonomy and cultural continuity. Within the Indigenous determinants of health framework, Indigenous food systems function as a core protective factor, strengthening physical, mental, social and spiritual well-being by sustaining relationships to land, biodiversity, culture, governance and intergenerational knowledge transmission.[43]

35. Pastoralists' food systems illustrate this clearly. These systems depend on mobility routes and cyclical sharing of territories and resources with other Indigenous populations, supported by social ties and mutual agreements. Such arrangements sustain access to diverse foods across seasons and help to prevent conflict. Policies that restrict mobility or impose sedentary agricultural models have repeatedly disrupted these systems, leading to food insecurity and declining health outcomes.[44]

36. A holistic understanding of food systems is essential not only for nutrition but also for preserving the health of territories and Indigenous Peoples in all dimensions. Across Indigenous communities worldwide, food is also medicine. Traditional diets, seeds, herbs, fruits and vegetables constitute the first line of care within households and communities.

37. Eating is a way of caring for the body, the spirit and others, expressed through gratitude, reciprocity and continuity. Moreover, food is inseparable from ceremony, music, dance and seed stewardship. These practices serve to structure social life and as a means of transmitting ecological knowledge, ethics and responsibility across generations. Ceremonies for seed and harvest, communal food sharing and the preparation of ceremonial foods (for joy, grief or transition) are integral to food systems. Women, as seed keepers and caregivers, sustain these practices, ensuring the intergenerational transmission of health, knowledge and collective responsibility.

38. Despite the demonstrated contributions to health, resilience and sustainability, Indigenous food systems have been consistently marginalized within global food governance. During the United Nations Food Systems Summit +4 Stocktaking Moment in Ethiopia, Indigenous leaders highlighted how Indigenous food systems continue to be sidelined in policy processes, framed as informal or subsistence-based, and excluded from decision-making, financing and implementation pathways.[45]

39. Centring Indigenous food systems within global governance is essential to advancing health equity, protecting biodiversity and promoting sustainable development while upholding Indigenous rights, knowledge systems and self-determination as foundational to resilient food futures.

VI. Language and knowledge transmission: health, identity and continuity

40. Indigenous languages are foundational to Indigenous health, identity and continuity because they function as living knowledge systems rather than neutral tools of communication. They carry place-based ecological knowledge, culturally grounded health practices, and teachings that regulate social responsibilities and relations to land and kin. During the International Decade of Indigenous Languages (2022–2032), the Permanent Forum has emphasized that Indigenous languages

[43] See E/C.19/2023/5.

[44] See https://www.taylorfrancis.com/books/oa-edit/10.4324/9780203105979/pastoralism-development-africa-andy-catley-ian-scoones-jeremy-lind?utm_source=researchgate.net&utm_medium=article.

[45] See https://www.youtube.com/watch?v=cfKsc7PqM_o.

"embody and convey" Indigenous knowledge, culture, history, traditions and values, including critical knowledge of nature and the environment, and that language transmission is integral to sustaining that knowledge across generations.[46] Given the importance of Indigenous languages and biodiversity to maintaining unique medicinal knowledge, language loss promises to be even more detrimental than biodiversity loss.[47] Within the Indigenous determinants of health framework, language operates as a core determinant by sustaining relationships to land and kin, self-determination and intergenerational well-being.

41. Consistent with articles 24 and 25 of the United Nations Declaration on the Rights of Indigenous Peoples and article 12 of the International Covenant on Economic, Social and Cultural Rights, Indigenous and interdisciplinary scholarship consistently affirms that Indigenous languages encode ecocentric and kincentric world views that orient communities towards balance, reciprocity and collective well-being.[48] For instance, studies show that youth suicide rates were dramatically lower, and even zero, where Indigenous language knowledge was retained at a conversational level.[49] A study on Sami Indigenous mental health similarly indicates that language continuity strengthens identity, belonging and social cohesion and functions as a protective factor in contexts shaped by historical and ongoing trauma.[50]

42. Language loss, conversely, has significant health and governance impacts. The erosion of Indigenous languages due to systematic suppression and colonial assimilationist policies disrupts intergenerational transmission of knowledge, weakens culturally grounded systems of care, creates intergenerational trauma and undermines the ability of communities to maintain sustainable ways of life.[51] These traumatic experiences have had long-term consequences for mental health, social cohesion and community capacity, shaping contemporary conditions in which language revitalization should occur. As a result, many Indigenous languages are spoken primarily by elders, with younger generations having been forcibly separated from their linguistic and cultural inheritance.[52] Effective language revitalization is closely linked to immersion-based and land-centred approaches. Language transmission is most successful when learning occurs through everyday cultural practices, traditional economic activities and relationships to territory, allowing knowledge, ethics and responsibility to be conveyed holistically rather than abstractly.[53]

43. The experience of the Coquille Indian Tribe in Oregon, United States of America, provides a concrete illustration of these dynamics in practice. The revitalization of the Miluk and Nuu-wee-ya' languages has been pursued not solely as linguistic recovery but as a strategy for strengthening cultural identity, intergenerational relationships and community well-being. Language initiatives are embedded with broader efforts to restore lands, revitalize traditional food systems and reinforce governance capacity, reflecting an understanding that the realization of the right to health is inseparable from connection to ecology, biodiversity and land resources (as acknowledged in the United Nations Declaration on the Rights of Indigenous Peoples, arts. 25 and 29).

[46] See E/2023/43.
[47] See https://doi.org/10.1073/pnas.2103683118.
[48] See https://doi.org/10.2307/2641288.
[49] See https://doi.org/10.1016/j.cogdev.2007.02.001.
[50] See https://doi.org/10.1080/22423982.2023.2246644.
[51] See https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/historic-trauma.pdf.
[52] See https://jan.ucc.nau.edu/~jar/RIL.pdf.
[53] See https://doi.org/10.1080/01434632.2022.2084548.

44. The connection between language and health, and all aspects of life, is equally well illustrated by the Sami languages in the Nordic countries and the Russian Federation. Sami languages encode detailed knowledge of snow conditions, pastures and reindeer health that directly affects safety, nutrition and mental well-being.[54] Arctic Indigenous Peoples' languages transmit knowledge essential to subsistence, caregiving and ethical relations with the environment, contributing to ecological sustainability and social cohesion. Across world regions, Indigenous languages are foundational to the Indigenous determinants of health, supporting living infrastructure and conveying knowledge and responsibility to all generations.

VII. Traditional medicine and midwifery: Indigenous health systems

45. Indigenous traditional medicine comprises living health systems[55] grounded in collective knowledge of land, water, plants, animals, spirituality and social relationships developed over generations. These systems are not limited to the treatment of illness but oriented towards the active creation and preservation of health across human and ecological communities beyond hospitals and research institutions.

46. Advancing health as a human right requires recognizing health as a process sustained beyond institutional settings. Within Indigenous world views, health is relational and land-based. It is sustained through clean water, nourishing food, healthy air, intact ecosystems and reciprocal relationships with Mother Earth, [56] often described as the first healer. Consequently, Indigenous medicine operates beyond institutional walls and clinical settings, functioning instead as a community-based system of care that integrates physical, emotional, spiritual and environmental dimensions of well-being.

47. The vitality of Indigenous medicine was made especially visible during the coronavirus disease (COVID-19) pandemic, when Indigenous communities around the world mobilized ancestral knowledge to protect life. Community food-sharing systems, territorial guardianship, Indigenous language radio broadcasts, herbal remedies, traditional care practices and spiritual healing ceremonies were activated to address both physical illness and collective grief. These responses demonstrated the efficacy and resilience of Indigenous health systems, not only enabling survival but sustaining community cohesion and well-being in the face of crisis. Such practices underscore that Indigenous medicine is not a residual or informal, but a functioning, system of health governance rooted in community authority, knowledge transmission and territorial stewardship.[57]

48. Within these systems, midwifery plays a central role in intergenerational health governance. Indigenous midwifery is a sacred practice through which life is welcomed, protected and integrated into the community, culture and territory. Knowledge is transmitted through apprenticeships with elders, ceremonial instruction, lived experience and, in many traditions, spiritual calling. Midwives (often but not exclusively women) serve as guardians of birth, caregivers to mothers and newborns, and holders of knowledge that links pregnancy, childbirth, post-partum care and early life to land, language, ceremony and kinship systems.

[54] See https://doi.org/10.1111/j.1468-2451.2006.00594.x.

[55] "Living health systems" refers to dynamic, land-based and relational systems of care are actively practised, transmitted and adapted across generations, integrating medicine, food, ceremony, knowledge and governance beyond formal biomedical institutions.

[56] See E/C.19/2023/5.

[57] See https://www.mdpi.com/1660-4601/22/9/1432.

49. For Western modern industrialized societies, even the act of birth has become another mechanism to be controlled and manipulated in the strangest ways, disrespecting natural body abilities and needs. Today, many countries have laws that denounce obstetric violence because of the procedures performed on women without consent or disrespecting them. For Indigenous women, it is even worse because racism is part of the violent procedures they confront within conventional institutions that do not consider the Indigenous cultural issues about birthing.

50. The Declaration of Alma-Ata of 1978 (art. VII, para. 7) recommends working with traditional healers and midwives to promote health within communities; it is a global document signed by more than 100 countries.[58] Despite this and other pertinent documents, Indigenous midwives around the globe continue to be mistreated and prosecuted because of a monocultural view of health. It is thus paramount to shift the paradigm and decolonize the conceptualization of midwifery in related United Nations documents, which discuss only professional midwives and do not consider ancestral Indigenous community midwives.

51. In many countries, Indigenous communities organize birthing houses or promote cross-cultural births inside conventional institutions to promote the work of ancestral midwives. For example, in Amazonian territories with a hot climate, they have incorporated a *hamaca* (hammock) for resting and birthing, which respects Amazonian birthing practices. In the Andean cold regions, some conventional practices promote herbal vapours and warm food during birth to preserve warmth and help the baby to be born naturally, as birth is considered a fire/hot event of the body. There are plenty of examples according to every cultural territory, including heating processes, warm baths, warm food, and beverages.

VIII. Knowledge, innovation and intellectual property

52. Knowledge, innovation and intellectual property rights governance are central to the Indigenous determinants of health, as Indigenous health systems are rooted in collective knowledge of medicines, seeds, ecosystems and healing practices developed over generations. Indigenous Peoples' traditional knowledge is used effectively in health, ecology and traditional land use but currently lacks an independent legal regime for protection. Prevailing intellectual property frameworks do not adequately safeguard Indigenous Peoples' rights to their tangible cultural heritage, including medicinal knowledge, environmental stewardship practices, textile patterns and traditional songs, among others.

53. When Indigenous knowledge is extracted, commodified or patented without Indigenous consent and equitable benefit-sharing, the resulting impacts extend beyond cultural loss or economic injustice. Such practices constitute structural and social harms, including when competition is created by commercial drivers, for example when one group agrees to the extraction (for economic purposes) and another does not. This includes orchestrated competition, whether intentional or unintentional, by commercial drivers that undermine Indigenous health systems, food security and self-determination. These drivers can be governments, corporations, or other institutions and individuals.[59]

54. In response to these challenges, the Treaty on Intellectual Property, Genetic Resources and Associated Traditional Knowledge of the World Intellectual Property Organization (WIPO) was adopted with the aim of increasing transparency regarding the origin of such resources and preventing their misappropriation. While the Treaty

[58] See https://www.paho.org/en/alma-ata.
[59] See https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30217-0/fulltext.

is historic for introducing a disclosure requirement linked to Indigenous knowledge and genetic resources, many critiques highlight that it does not yet create new legal protections beyond transparency and that Indigenous Peoples' participation in negotiations and implementation mechanisms remains constrained.[60]

55. An additional challenge is that the Treaty has not yet been widely ratified and is thus not legally binding. As a result, Indigenous Peoples remain subject to a fragmented and uneven patchwork of protections that depend on national laws, many of which do not adequately safeguard Indigenous rights. For instance, in the Russian Federation, traditional knowledge is not recognized as intellectual property in the full sense. Russian legislation contains restrictions on exclusive rights in the interests of security, healthcare or defence (Civil Code of the Russian Federation, arts. 1360–1362). These provisions allow the State to act when access to vital technologies or medicines becomes critical.[61] This means that "people's knowledge" cannot be patented as such; collective rights to a recipe, a treatment method or knowledge about plants or ecosystems cannot be registered. On the other hand, the Plurinational State of Bolivia has a constitutional law (Act No. 459) that officially recognizes traditional ancestral Bolivian medicine and its various specialities (spiritual guides, midwives, natural healers, traditional practitioners).

56. These contrasting national approaches illustrate how the absence of binding, coordinated international standards leaves Indigenous knowledge protections inconsistent and vulnerable across jurisdictions. For instance, enhancing coordination between WIPO and the WHO Global Centre for Traditional Medicine governance could strengthen alignment and ensure that Indigenous Peoples' perspectives are accurately represented, while preventing potential misunderstandings or misappropriation by non-Indigenous stakeholders.[62] Aligning intellectual property and health governance with the United Nations Declaration on the Rights of Indigenous Peoples and Indigenous sovereignty is essential to protecting Indigenous knowledge as a core Indigenous determinant of health.

IX. Fragmentation as the core structural challenge

57. As seen above, Indigenous health is shaped by decisions taken across a wide range of policy domains working directly or indirectly on pertinent domains of Indigenous well-being. However, within the United Nations system, responsibility for Indigenous health remains fragmented across multiple mandates, agencies and processes. In some cases, the leading parties differ and have diverse interests that do not always align with Indigenous Peoples' rights or priorities.[63] This fragmentation has resulted in Indigenous health being addressed unevenly, episodically or tangentially, rather than as a cross-cutting reference point for policy design and evaluation across sectors.

58. United Nations entities frequently engage with Indigenous Peoples through issue-specific entry points, such as climate adaptation, biodiversity conservation, food security or traditional knowledge. While these efforts are important, the cumulative health impacts of such engagements are not always systematically considered. Strengthening coordination across sectors could help to ensure that policies and initiatives affecting Indigenous lands, livelihoods and governance

[60] See https://iwgia.org/en/world-intellectual-property-organization-wipo/5722-iw-2025-wipo.html.

[61] See https://rospatent.gov.ru/ru/news/19-06-2025intellektualnaya-sobstvennost-na-strazhe-farmotrasli.

[62] See https://drive.google.com/file/d/14fV5isuFF7Qcruk0Hl0HfaoDB2Q_fbQn.

[63] See https://link.springer.com/article/10.1007/s00267-021-01566-8.

structures fully account for Indigenous health and well-being.[64] Although accountability across the United Nations system is complex due to its decentralized structure, more coherent cross-agency approaches combined with systematic monitoring and Indigenous Peoples' participation can provide pathways for engagement, in order to raise concerns and advocate for their rights. United Nations organizations could clarify responsibility for health outcomes and better support Indigenous Peoples in safeguarding their rights and well-being.

59. The burden of this fragmentation falls disproportionately on Indigenous Peoples themselves. Indigenous Peoples are routinely required to engage separately within multiple United Nations bodies, expert groups, and processes, which often use different terminologies, frameworks and participation modalities. This fragmentation places the burden on Indigenous Peoples to articulate interconnected realities that are treated as discrete issues within the system. Indigenous Peoples are inequitably burdened with the responsibility of obtaining visas or risk their safety just to translate holistic views into disjointed institutional languages while absorbing the financial, temporal and cultural costs of sustained engagement.[65]

60. Furthermore, if and when able to meaningfully participate, Indigenous leaders face the persistent conflation with "local communities" across environmental and climate-related processes.[66] While local communities may be geographically tangential and face significant vulnerabilities, these groups do not share the holistic, spiritual, cultural and historical evolution of Indigenous Peoples.[67] More importantly, local communities differ from Indigenous Peoples in terms of rights, since Indigenous Peoples are rights holders in accordance with the United Nations Declaration on the Rights of Indigenous Peoples, while local communities are vested only as stakeholders. The routine and institutionalized conflation of Indigenous Peoples with stakeholders obscures these rights and dilutes accountability for obligations specific to Indigenous Peoples, including those related to health, cultural survival and intergenerational well-being.

61. In addition to systemic barriers for funding, equitable engagement and meaningful representation, and procedural compliance with the principle of free, prior and informed consent, Indigenous Peoples face ongoing challenges when having to negotiate the operationalization of policies that have a direct impact on their populations, with local communities that do not share the same perspectives in terms of climate change, biodiversity, food systems, Indigenous knowledge and other pertinent topics. Despite the distinct rights vested under the United Nations Declaration on the Rights of Indigenous Peoples, the recommendation made by the three mechanisms for Indigenous Peoples (the United Nations Declaration on the Rights of Indigenous Peoples, the Expert Mechanism on the Rights of Indigenous Peoples and the Special Rapporteur on the rights of Indigenous Peoples)[68] and the multiple recommendations made by the Permanent Forum,[69] State-led, intergovernmental processes implemented by United Nations entities including those under the Convention on Biological Diversity and the United Nations Framework Convention on Climate Change, the WHO Global Centre for Traditional Medicine,[70] the Pan

[64] See https://doi.org/10.3389/fclim.2025.1697881.
[65] See E/C.19/2024/7 and E/C.19/2024/5.
[66] See https://drive.google.com/file/d/1dfQ6_huyGSJCwUyL_e2GfvnxC3yVhNHC/view.
[67] See https://www.globalgovernanceproject.org/meaningful-indigenous-representation-across-the-globe-a-call-to-action/geoffrey-roth/.
[68] See https://www.culturalsurvival.org/news/three-un-indigenous-peoples-mechanisms-joint-statement-about-local-communities.
[69] See the reports of the Permanent Forum (E/2022/43, E/2023/43, E/2024/43 and E/2025/43).
[70] See https://drive.google.com/file/d/14fV5isuFF7Qcruk0Hl0HfaoDB2Q_fbQn/.

American Health Organization,[71] WIPO and the Food and Agriculture Organization of the United Nations continue to structure policy implementation through work groups that couple Indigenous Peoples with other stakeholders. In 2025, this institutional conflation continued to complicate policy discussions central to Indigenous Peoples, including traditional medicine, traditional knowledge, food systems and the guardianship of biodiversity.

62. Even when Indigenous wisdom and ancestral practices are the foundation of the knowledge acumen of these topics, Indigenous Peoples who can attend, or are selected to participate, are forced to negotiate and even compromise on terminology, intellectual property or millennial practices with stakeholders who share a different perspective and seek other approaches.[72] This conflation has practical consequences for Indigenous health; for example, projects framed around community resilience or ecosystem services may proceed without recognizing Indigenous governance systems, land tenure or Indigenous health priorities. Likewise, having to negotiate funds distribution with other groups regarding environmental and biodiversity-related initiatives taking place primarily on Indigenous territories works to the detriment of Indigenous self-determination, governance and cultural rights.

63. The absence of coherent accountability mechanisms across the United Nations system also undermines cultural safety. Policies developed in isolation may inadvertently, or purposely, reproduce colonial assumptions, pathologize Indigenous practices or marginalize Indigenous knowledge systems, particularly when health is treated as an outcome to be measured rather than a relational state to be safeguarded[73] by addressing symptoms in one sector while perpetuating drivers of ill health in another. These challenges become even more dire when the lack of coordination across global agencies gets compounded with trade and intellectual property issues, since Indigenous leaders have to first discuss and agree with local communities on how to negotiate life-preserving issues for Indigenous Peoples (biodiversity, ecology, traditional foods and medicine) with corporate stakeholders in forums with asymmetric power dynamics.[74]

64. Addressing fragmentation and compliance with Indigenous representation and self-determination rights does not necessarily require new institutions, but a paradigm shift in the approaches, one that recognizes that Indigenous health is a cross-cutting indicator of system integrity and, as such, requires a separate mechanism within the existing United Nations mandates. For instance, in 2024, pursuant to the Convention to Combat Desertification, an Indigenous Peoples' Caucus separate from local communities was formally established.[75] This milestone was accomplished through a joint effort between the Permanent Forum leadership and the Convention secretariat. In addition to equipping the agency to comply with the United Nations Declaration on the Rights of Indigenous Peoples, it provides a structured mechanism to adequately integrate Indigenous knowledge systems into implementation, monitoring and evaluation of issues related to sustainability, land restoration and drought resilience. This separate approach allows for the policy coherence needed to advance Indigenous rights and effectively address the fragmentation of Indigenous health across the United Nations system. Bodies such as the Permanent Forum should continue to

[71] See https://iris.paho.org/items/34f1e663-7244-41ee-8e5d-82eb8e680a69.
[72] See https://untoday.org/indigenous-peoples-and-intellectual-property/.
[73] See E/C.19/2023/5.
[74] See A/HRC/39/17.
[75] See ICCD/COP(16)/24/Add.1, decision 5/COP.16.

advance this work, such as through calls from other United Nations agencies for further cooperation and coherence.[76]

X. Towards coherence: Indigenous health as a unifying lens

65. Indigenous health provides a powerful unifying lens across agencies because it is inherently cross-sectoral. The mandate of the Permanent Forum spans health, environment, education, culture, human rights and economic and social development, reflecting the reality that Indigenous Peoples' well-being is shaped by interdependent systems rather than discrete policy domains. Framing Indigenous health as a shared reference point, therefore, supports institutional coherence by aligning agency mandates around outcomes that are relational, rights-based and grounded in Indigenous priorities. The Indigenous determinants of health framework advances this coherence by positioning Indigenous well-being as an integrative outcome of governance, land, culture, knowledge systems and self-determination. This approach is consistent with existing United Nations system commitments. The system-wide action plan for ensuring a coherent approach to achieving the ends of the United Nations Declaration on the Rights of Indigenous Peoples[77] was explicitly designed to promote coordinated implementation of the Declaration through joint programming, mainstreaming across sectors, and strengthened accountability.

66. While the Indigenous determinants of health provide a substantive framework for operationalizing these commitments, the Permanent Forum can play a convening role in advancing this coherence, and Member States can embed these measures through governance reform, resourcing Indigenous institutions, and ensuring meaningful Indigenous participation. By taking the Indigenous determinants of health framework into account, agencies such as those under the Convention on Biological Diversity and the United Nations Framework Convention on Climate Change, WIPO and the WHO Global Centre for Traditional Medicine can provide concrete pathways for advancing Indigenous rights, significantly improving Indigenous health, and implementing measures for institutional accountability. Framed this way, Indigenous health serves not only as a sectoral priority but as a unifying lens through which coherent, rights-based action can be realized.

67. The Coquille Indian Tribe provides a substantial and practical example of compliance with the United Nations Declaration on the Rights of Indigenous Peoples and alignment with the Indigenous determinants of health. In 2025, the Tribe passed chapter 146 of its Tribal Code,[78] The Indigenous Determinants of Health Ordinance. This landmark ordinance placed the healthcare of the Coquille People at the forefront as law, to:

> refine its vision of Coquille Self-Determination through multiple holistic initiatives designed to promote a healthy Coquille community, including Tribal citizens and families residing on and off its Reservation. This Ordinance reflects the Tribe's commitment to reassume responsibility for the health of its members and their families, exercising its rights to self-determination and self-governance.

[76] See e.g. https://www.un.org/bbnjagreement/sites/default/files/2025-06/Open%20call%20for%20inputs%20from%20relevant%20legal%20instruments%20and%20frameworks_0.pdf.

[77] See https://social.desa.un.org/issues/indigenous-peoples/system-wide-action-plan-swap.

[78] See https://www.coquilletribe.org/wp-content/uploads/2025/09/CITC-Chapter-146-Indigenous-Determinants-of-Health-Ordinance.pdf.

68. The ordinance protects the intent and priority of leaders of the Tribe to recognize the concept of health as a cross-cutting condition, a state of balance through the vision of self-determination:

> where individual and community needs are met, while maintaining an equilibrium with its lands and resources; where tribal citizens, families, resources, and culture are resilient to adversity and grounded in spirituality, language, culture, and shared through generations.

69. The ordinance ensures that internal operations, outward-facing actions, and external agencies whose decisions affect the Tribe are aligned with promoting the health and well-being of their citizens and are grounded in the domains of self-determination, collective rights, intergenerational knowledge and relational accountability. The Indigenous determinants of health framework provides an optimal structure for guidance and ensuring cultural safety and for coordination across internal and external agencies, ensuring healthy, rights-based compliance.

XI. Conclusion: Indigenous health as a measure of system integrity

70. The present study affirms that Indigenous Peoples' health is not a discrete sectoral outcome but a measurable expression of system integrity and prosperity across the United Nations. Indigenous health improves when rights are upheld, biodiversity and territories are protected, languages are transmitted and Indigenous governance is respected. These conditions reflect justice, sustainability and resilience across systems. Conversely, policies that erode land tenure, disrupt food systems, extract Indigenous knowledge or conflate Indigenous Peoples with stakeholders deepen health inequities and expose systemic failure.

71. Moving forward, United Nations entities could discuss a shared approach to coherence by integrating the Indigenous determinants of health framework into implementation, monitoring and evaluation. This requires agencies, including those working on climate, biodiversity, food systems, education, culture, intellectual property, and traditional medicine, health and knowledge, to explicitly assess the impact of their policies and programmes on the Indigenous determinants of health risk and protective factors, including land and territorial integrity, self-determination, cultural continuity, Indigenous knowledge protection, justice, and participation as rights holders. Agencies should treat such risk factors as early warnings of harm, and such protective factors as conditions to be strengthened through the resourcing of Indigenous institutions and governance systems.

72. This could be facilitated through the Inter-Agency Support Group on Indigenous Peoples' Issues through existing mechanisms (including the system-wide action plan), establishing monitoring of Indigenous health impacts, and ensuring that Indigenous Peoples are not grouped with local communities and are engaged as rights holders, particularly in United Nations bodies and processes outside the Economic and Social Council system, where Indigenous participation remains limited to observer or stakeholder modalities.

Annex

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