



# Economic and Social Council

Distr.: General  
2 February 2024

Original: English

## Permanent Forum on Indigenous Issues

### Twenty-third session

New York, 15–26 April 2024

Item 4 of the provisional agenda\*

**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**

## **Improving the health and wellness of Indigenous Peoples globally: operationalization of Indigenous determinants of health**

### **Note by the Secretariat**

#### *Summary*

At its twenty-second session, the Permanent Forum on Indigenous Issues appointed Geoffrey Roth, member of the Forum, to conduct a study on improving the health and wellness of Indigenous Peoples globally and to present that study to the Forum at its twenty-third session. The Secretariat hereby transmits the study.

The study aims to serve as a culturally informed foundational framework for the implementation by United Nations entities and Member States of the 17 Sustainable Development Goals as they relate to the health of Indigenous Peoples. The aims of the study are to: (a) identify unique determinants of the health of Indigenous Peoples to assist the United Nations system and Member States in meeting the Goals; (b) create a reference for operationalizing work specific to Indigenous Peoples within the United Nations system; and (iii) foster the expansion of research and knowledge on Indigenous Peoples' health and related areas.

\* E/C.19/2024/1.



## I. Introduction

1. The present study on the operationalization of the Indigenous determinants of health builds on the knowledge and guidance set out in the study on Indigenous determinants of health in the 2030 Agenda for Sustainable Development presented to the Forum in 2023 (E/C.19/2023/5), as well as on the recommendations issued by the Permanent Forum on Indigenous Issues over the past two decades. It is in alignment with fundamental policy documents on Indigenous health and rights, such as the United Nations Declaration on the Rights of Indigenous Peoples, the Indigenous and Tribal Peoples Convention, 1989 (No. 169) of the International Labour Organization, the Convention on Biological Diversity, General Recommendation No. 39 (2022) on the rights of Indigenous women and girls of the Committee on the Elimination of Discrimination against Women, and other binding international instruments that protect the rights of Indigenous Peoples.

2. The recent approval by the Seventy-sixth World Health Assembly of resolution 76.16 on the health of Indigenous Peoples reinvigorated the momentum generated by Indigenous global leaders regarding the urgency of addressing Indigenous issues in a culturally safe manner. Therefore, it is critical to ensure that future work at the domestic and global levels does not suffer from the existing dynamics replicating the marginalization of Indigenous Peoples. This study is intended to stimulate change from the prevalent systemic apathy surrounding Indigenous Peoples' issues by contributing content and promoting dialogue in four areas:

- (a) Increasing Indigenous-led health research and practice;
- (b) Expanding the number of policy tools to guide non-Indigenous local, regional and global authorities;
- (c) Recognizing and operationalizing within United Nations system entities the assertion in the Declaration that Indigenous Peoples are rights holders (not stakeholders);
- (d) Engaging and partnering with legitimate Indigenous representatives as co-leads and advisers for policy- and decision-making groups across the United Nations, partner systems and Member States.

## II. Objectives

3. The present study aims to build on the knowledge base on Indigenous determinants of health by expanding the operational guidance for global, national and local non-Indigenous decision makers who implement activities affecting the health and well-being of Indigenous Peoples globally. The present study is also aimed at providing tools for community leaders of Indigenous Peoples to educate officials on the need to approach initiatives involving Indigenous Peoples in a culturally safe manner. As demonstrated in the 2023 study on Indigenous determinants of health (E/C.19/2023/5), Indigenous conceptualizations of health are interconnected with all aspects of everyday life. Therefore, the topics and tools of this work will span beyond the standard colonialist conceptualization of "health" and be inclusive of foundational concerns, such as self-determination, territorial sovereignty and Indigenous identity. The present study is in no manner a comprehensive document for Indigenous Peoples across the globe. Rather, it aims to reflect intervention commonalities that tend to exist across Indigenous Peoples' populations that may well be useful for non-Indigenous officials and community leaders. The present study is also aimed at contributing to fulfilling the Forum's long-standing recommendation that organizations and officials work with Indigenous Peoples separately from other

minorities and local communities. Engagement with Indigenous Peoples should be carried out according to both existing legal international instruments, as well as through the regional norms and practices of Indigenous Peoples, as appropriate.

4. The present study does not elaborate on any specific Indigenous determinants of health but provides guidance on how to build the necessary infrastructure for the determinants to be implemented. It is advised that it be used in conjunction with the 2023 study on Indigenous determinants of health.

### III. Background

5. Following the adoption of the resolution on the health of Indigenous Peoples by the World Health Assembly, expert members of the Forum and Indigenous researchers and community leaders seized the momentum to focus on the operationalization of Indigenous determinants of health in a coordinated effort to:

(a) Recommend a culturally safe and self-determined operationalization plan for the Global Plan of Action for the Health of Indigenous Peoples proposed in the resolution;

(b) Continue the work initiated within the Forum on the separation of Indigenous issues from the affairs of other minorities and local communities;

(c) Create a framework and guide for the World Health Organization (WHO) for working with Member States in need of technical assistance to improve the health of Indigenous Peoples.

6. Discussions took place during the sixteenth session of the Expert Mechanism on the Rights of Indigenous Peoples in which Forum members, the Mechanism and the Special Rapporteur on the rights of Indigenous Peoples agreed to foster a rights-based approach to Indigenous health and work to institutionalize the idea across the United Nations that Indigenous issues need to be addressed separately from issues concerning other minorities and local communities. The group gathered at the Mechanism's session also agreed to propose to the WHO Director-General that the study on Indigenous determinants of health should serve as an essential framework for the Global Action Plan for the Health of Indigenous Peoples and any other WHO initiatives.

7. On the civil society side, the journal *The Lancet* published an article stating that the use and implementation of interconnected Indigenous determinants of health are critically important for both Indigenous and non-Indigenous populations, and in turn for the survival of humanity and the planet.<sup>1</sup> *The Lancet* also published an article on the work of the Harvard T.H. Chan School of Public Health citing Indigenous determinants of health as a means to inform governments of the need for collaborative work and coordination on biodiversity in preparation for the twenty-eighth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change, held in Dubai in 2023.<sup>2</sup> The Planetary Health Alliance, based at Johns Hopkins University (formerly at Harvard University) also published its first policy document with recommendations for the global planetary health community to incorporate the Indigenous determinants of health framework into its ongoing work.<sup>3</sup> Equally relevant are the resolutions by the National Indian Health Board and the

<sup>1</sup> Nicole Redvers and others, "Indigenous determinants of health: a unified call for progress", *The Lancet*, vol. 402, No. 10395 (2023).

<sup>2</sup> Liz Willetts and others, "Advancing integrated governance for health through national biodiversity strategies and action plans", *The Lancet*, vol. 402, No. 10404 (2023).

<sup>3</sup> Planetary Health Alliance, "Rights and knowledge of indigenous peoples and planetary health", May 2023.

National Congress of American Indians, both based in the United States of America, to adopt the Indigenous determinants of health study as part of their operational frameworks.

#### **IV. Intersectional elements framing the operationalization of Indigenous determinants of health**

##### **A. Free, prior and informed consent as a prerequisite for action**

8. As a matter of critical importance, United Nations entities, national authorities and decision makers should respect and guarantee the exercise of the right to free, prior and informed consent before taking any action or operationalizing any policy. Free, prior and informed consent is a specific right granted to Indigenous Peoples, recognized in the United Nations Declaration on the Rights of Indigenous Peoples, that aligns with the universal right to self-determination. In line with that right, Indigenous Peoples can provide, withhold or withdraw consent at any time in respect of initiatives affecting them. Furthermore, the right to free, prior and informed consent means that Indigenous Peoples are entitled to engage in negotiations and shape the design, implementation, monitoring and evaluation of any project.<sup>4</sup> Guaranteeing the right to free, prior and informed consent must be both a prerequisite for any operationalization of Indigenous determinants of health and an ongoing commitment by authorities throughout the process of negotiating any project and its implementation.

##### **B. Establishing appropriate procedures to ensure Indigenous knowledges and Indigenous data sovereignty are respected and protected**

9. In the Declaration, Indigenous data sovereignty refers to the right of Indigenous Peoples to their data, which includes collection, ownership, control and use of data. Prior to initiating any process or initiative involving Indigenous Peoples and/or their data, authorities must work with Indigenous Peoples to ensure clear mechanisms are in place to protect Indigenous data sovereignty through appropriate procedures and protocols. This will ensure that Indigenous knowledges are protected and respected. If no existing protocols have been negotiated or set, the authorities must work with Indigenous Peoples locally to understand their practices and develop the procedures accordingly. In such cases, it would also be advisable to use existing successful Indigenous data sovereignty efforts, such as the CARE (collective benefit, authority to control, responsibility, ethics) Principles for Indigenous Data Governance of the Research Data Alliance, or work on the topic conducted by national Indigenous networks, including Te Mana Raraunga – Māori Data Sovereignty Network, the United States Indigenous Data Sovereignty Network, the Maiam nayri Wingara Indigenous Data Sovereignty Collective (made up of Aboriginal and Torres Strait Islander Peoples in Australia) and the First Nations Information Governance Centre in Canada.

##### **C. Indigeneity as an overarching determinant of health**

10. As proposed in the 2023 study on Indigenous determinants of health (E/C.19/2023/5), the concept of Indigeneity, or being an Indigenous person, must be

---

<sup>4</sup> See [www.fao.org/indigenous-peoples/our-pillars/fpic/en/](http://www.fao.org/indigenous-peoples/our-pillars/fpic/en/).

considered as an overarching determinant of health across the lifespans of everyone and everything. In the context of Indigenous determinants of health, and as provided in the Declaration, it is fundamental that Indigenous Peoples are formally recognized as a distinct population in every country where they reside. Indigeneity embodies Indigenous Peoples' holistic, ecosystem-based and interconnected worldview, as well as the long-term mental, physical, spiritual and epigenetic effects of colonization and neo-colonization.

11. Acknowledging and adopting Indigeneity as a cornerstone of Indigenous health is an essential first step towards optimally operationalizing the Indigenous determinants of health framework. Indigeneity intrinsically creates the need to approach any Indigenous policy, initiative or project:

(a) Through the worldview of Indigenous Peoples (i.e. their perspectives and understandings);

(b) As distinct from those involving other minority or local populations;

(c) From an intersectional perspective, considering aspects usually not included in colonial approaches (e.g. territorial sovereignty, identity and self-determination constituting the foundation of spiritual, physical and psychological balance, etc.) as critical components of Indigenous health.

12. Officially recognizing Indigenous Peoples and their Indigeneity as an overarching framework will provide a foundation for the 33 Indigenous determinants of health conceptualized in the first study, to be implemented and operationalized equitably and effectively.

#### **D. Avoiding unilateral coercive measures impacting Indigenous Peoples' access to health care and self-determination**

13. Unilateral coercive measures negatively affecting Indigenous Peoples have been used more frequently in recent years. While Governments issuing unilateral coercive measures claim that they are making sanctions smarter, tracking the humanitarian impacts of such measures remains difficult. Coercive measures immediately obliterate the ability of Indigenous Peoples in the targeted countries to self-determine their development priorities and to participate in their development actively, freely and meaningfully. Unilateral coercive measures affecting Indigenous Peoples violate articles 3 and 4 of the Declaration. In addition, such measures limit Indigenous Peoples' ability to choose health-care technology and pharmacology, whether for use alone or in combination with traditional health interventions.

### **V. Operationalization framework**

#### **A. Right to representation and meaningful engagement**

##### **1. Decision-making and policy**

14. Indigenous representation in high-level meetings, policy working groups and decision-making convenings is a fundamental aspect of compliance by United Nations entities and Member States with provisions of the Declaration. The lack of procedural measures and human resources specific to Indigenous Peoples within the United Nations has contributed to their exclusion from decision-making processes. United Nations system entities must acknowledge the unique rights of Indigenous Peoples worldwide, regardless of overall demographics (i.e. population numbers and percentages). Proper and independent Indigenous representation measures must be

established in all organizations as the foundational component of the processes to implement the principle of free, informed and prior consent. The optimal implementation of the Indigenous determinants of health framework requires organizations, as prerequisites, to incorporate permanent and transparent processes and procedures that ensure the initial and continuous representation of Indigenous Peoples in any unit or division addressing Indigenous issues; and to conduct continuous training for pertinent staff on the organization's obligations to better ensure appropriate, adequate and meaningful engagement of Indigenous Peoples in a culturally safe manner through all stages and phases of its work.

15. Appropriate, adequate and meaningful engagement leading to proper representation could include the development of institutional infrastructure to better ensure that Indigenous Peoples:

- (a) Are considered and involved from the inception of any initiative;
- (b) Are guaranteed the right to be continuously engaged through the duration of any project or initiative;
- (c) Have a prominent voice in the meetings and webinars they participate in;
- (d) Are vested with voting rights with regard to both the policies to be implemented and the decisions to be made (e.g. they are not engaged only to fulfil an administrative formula);
- (e) Are incorporated in a timely manner (with enough anticipation);
- (f) Receive appropriate resource support to ensure that the presence and participation of Indigenous community members does not become a hardship for them.

16. Equally important, the United Nations and other organizations must:

- (a) Allocate or expand funding for the units leading projects or initiatives relevant to Indigenous Peoples to ensure that they have the staffing and administrative capacity to implement optimal and meaningful engagement measures;
- (b) Avoid hiring Indigenous community members for projects that would compromise their independent decision-making;
- (c) Ensure Indigenous representatives have documented independence to represent their communities;
- (d) Implement procedures to ensure one Indigenous community is not hierarchized in relation to or prioritized over other marginalized Indigenous counterparts.

## **2. Representation in organization staffing**

17. Minimal or null inclusion of Indigenous Peoples prevents their equitable participation despite their status as rights holders under both the Universal Declaration of Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples. Organizations must take internal measures, including implementing hiring preferences, to centre Indigenous Peoples' lived experience and expertise and to avoid paternalistic practices pervasive in colonialist settings that impact units managing projects affecting Indigenous Peoples. It is imperative that we dismantle assumptions that underpin systems as they currently exist, such as the assumption that Indigenous Peoples are unable to learn, understand or adequately function to fulfil tasks within these complex institutional systems.

18. The assigning of non-Indigenous staff to manage projects without the proper understanding of Indigenous lifeways has become a major barrier for organizations

to fully guarantee the exercise of Indigenous rights. This situation leads to a series of actions that become impediments, including:

- (a) Prioritizing administrative procedures over the proper engagement of Indigenous Peoples;
- (b) Requiring Western-based educational degrees from Indigenous leaders in order for them to participate as experts, voice their opinions in meetings or vote on a decision;
- (c) Engaging non-Indigenous organizations or consultants to generally carry out projects specific to Indigenous people or to expedite internal processes;
- (d) Grouping Indigenous issues with those of other minority groups to fulfil or ease internal administrative procedures.

19. Thus, to ensure the elevation and prioritization of Indigenous issues in all matters, the United Nations and other organizations must take action to open spaces for Indigenous Peoples, such as:

- (a) Ensuring that adequate procedures are in place for consultation with Indigenous Peoples;
- (b) Ensuring the existence and implementation of culturally appropriate measures on free, prior and informed consent;
- (c) Coordinating projects related to Indigenous Peoples across the internal structure and avoiding unnecessary administrative burdens and expenses;
- (d) Connecting local community needs to globally relevant projects and initiatives;
- (e) Elevating Indigenous issues to the highest levels of decision- and policy-making;
- (f) Ensuring the separation of Indigenous issues from those of local communities;
- (g) Conducting outreach and creating long-lasting, mutually beneficial partnerships between organizations and Indigenous Peoples.

### **3. Indigenous advisory bodies**

20. It is vital to incorporate funded Indigenous advisory bodies across United Nations system entities and other organizations to provide policy guidance and ensure respect for Indigenous rights. Decades of mobilization by Indigenous leaders have brought about awareness of the need to elevate Indigenous issues across all levels of relevant organizations.

21. Funded Indigenous advisory bodies are necessary to ensure Indigenous projects and initiatives are:

- (a) Co-designed with cultural perspectives serving as a foundation for the work;
- (b) Structured following procedures and processes that are culturally safe;
- (c) Implemented in compliance with the principle of free, prior and informed consent, with the benefits being defined by the relevant Indigenous community;
- (d) Separated from other minority groups' workstreams.

22. Funded Indigenous advisory bodies will provide organizations with the essential knowledge to guide global initiatives and assist in appropriately orienting the

leadership in creating administrative processes, outreach, Indigenous staffing, and appropriate research and practice protocols. Indigenous advisory bodies will assist in:

- (a) Providing the knowledge necessary for organizations to achieve the Sustainable Development Goals and to meet other international benchmarks and commitments relevant to global crises and health issues, such as those related to climate change, biodiversity loss, food shortages and holistic health;
- (b) Monitoring compliance with the Goals in terms of targets and indicators relevant to Indigenous Peoples;
- (c) Connecting and coordinating work that is relevant to Indigenous Peoples with other organizations inside and outside the United Nations system;
- (d) Ensuring that any unit-based projects are adaptable and have the potential to advance Indigenous causes;
- (e) Developing ongoing educational programmes within organizations to:
  - (i) Enable non-Indigenous staff and leaders to become more culturally informed, including on cultural safety, and thus facilitate more effective work and partnerships with Indigenous Peoples;
  - (ii) Enable and facilitate support for Indigenous community members to navigate the organization.

#### **4. Representation in scientific data and context**

23. The right of Indigenous Peoples to be represented within scientific data has largely not been respected owing to layered systematic barriers including an overall lack of recognition of Indigenous Peoples. This prevents appropriate and relevant data collection. In instances where recognition of Indigenous Peoples has allowed for some degree of data collection, the data are often limited, not reported in disaggregated formats and are inaccessible to Indigenous Peoples. Indigenous scientific data have often been framed within the “five Ds” of data, which refers to a focus on difference, disparity, disadvantage, dysfunction and deprivation.<sup>5</sup> A formalized and embedded structure is required to ensure that local, national and international organizations can collect and develop correct data sets guided by Indigenous leadership while creating suitable and transparent evaluation systems to implement the Indigenous determinants of health and creating true partnerships with Indigenous Peoples. The following data-collection elements identified by Indigenous scholar Maggie Walter can be employed to ensure that Indigenous scientific data are meaningful and relevant to Indigenous Peoples:<sup>6</sup>

- (a) Lifeworld data: data to inform comprehensive and nuanced narratives about Indigenous Peoples, Indigenous resilience and Indigenous goals and successes;
- (b) Disaggregated data: data that recognize Indigenous Peoples’ cultural and geographical diversity and that can provide evidence for community-level planning and service delivery;
- (c) Contextualized data: data that take into account the wider social structural/contextual complexities in which Indigenous disadvantage occurs;

---

<sup>5</sup> Maggie Walter, “The voice of indigenous data”, *Griffith Review*, vol. 60 (January 2018). Indigenous scientific data have also often been framed within the acronym BADDR: blaming, aggregate, decontextualized, deficit and restricted.

<sup>6</sup> Gawaian Bodkin-Andrews and others, “Delivering indigenous data sovereignty”, presentation during the National Indigenous Research Conference, Brisbane, July 2019.



(d) Indigenous priority data: data that do not only measure problems and that address Indigenous priorities and agendas;

(e) Available and amenable data: data that are both accessible and amenable to Indigenous requirements.

24. Additional scientific guidance documents specific to the Indigenous Peoples of North America may be looked to as exemplars of parameters surrounding scientific research considerations within Indigenous regions (see, for example, the report *Northern Research Leadership and Equity: Expert Panel on the Future of Arctic and Northern Research in Canada* of the Council of Canadian Academies).

## **B. Right to meaningful approaches and interventions: flexible, responsive and appropriate paradigms and methodologies**

25. The development and operationalization of meaningful approaches and interventions within health spaces has most often been based on research and analysis that has come from colonial norms and processes. Meaningful approaches and interventions that result in positive health outcomes for Indigenous Peoples require Indigenous knowledges to be promulgated appropriately.

### **1. Colonial systematic killing of Indigenous knowledges**

26. Colonization itself enacted the process of the killing of other knowledges (i.e. epistemicide). That process has been entrenched through the ongoing structures and hierarchies of what constitutes evidence and practice today. Western evidence-based systems have been predicated on colonial understandings of the scientific process and have marginalized Indigenous evidence-informed knowledges that are based on time-tested, holistic, non-linear and dynamic empirical practices. Indigenous Peoples and their knowledges have therefore continued to be devalued in research and practice, and within policy spaces, to the detriment of Indigenous Peoples, Mother Earth, and therefore, to all. The colonially imposed homogenization of knowledge has created a monoculture system of knowing which has resulted in the loss of resilience of the human species. Scientific processes that have implicitly and explicitly put human causes above the health of the very home humans rely on – Mother Earth – and have further separated humans from Nature in our quest for progress.

### **2. Equitable recognition of Indigenous knowledges**

27. In order to successfully operationalize Indigenous determinants of health, Indigenous scientific knowledges themselves need to be considered alongside colonialist scientific knowledges through co-production and co-existence. This can be achieved through:

(a) National and institutional memorandums that call for the recognition of Indigenous knowledges as one of the many important bodies of knowledge that contribute to scientific, technical, social and economic advancements that benefit human and planetary well-being;<sup>7</sup>

<sup>7</sup> Arati Prabhakar and Brenda Mallory, Executive Office of the President of the United States of America, “Implementation of guidance for federal departments and agencies on indigenous knowledge”, memorandum for heads of federal departments and agencies, 30 November 2022. Available at [www.whitehouse.gov/wp-content/uploads/2022/12/IK-Guidance-Implementation-Memo.pdf](https://www.whitehouse.gov/wp-content/uploads/2022/12/IK-Guidance-Implementation-Memo.pdf).

(b) Specific recognition that the evidence system for Indigenous knowledges is separate and distinct from colonialist-imposed hierarchies of evidence and should not be compared to it; Indigenous knowledges are stand-alone and do not require colonialist research and practice processes to be valid;

(c) Accountability mechanisms to ensure that a specified urgent timeline for departmental and organizational guidance to be put in place is established; the guidance should follow wise practices that have been established in some country contexts (e.g. in Canada and the United States) for partnering with Indigenous Peoples and their knowledges.

28. Guidance on creating frameworks that meet the needs of the respective Indigenous Peoples and on adapting existing frameworks should be developed in consultation with Indigenous Peoples and their leadership. This can be done through the establishment of an Indigenous advisory body specific to the organization, tasked with developing locally specific or organizational guidance. The following principles may be considered:

(a) Government and organizational programmes and services should be implemented in a manner consistent with the beliefs, customs, knowledge, values and languages of the Indigenous Peoples being served;

(b) Indigenous knowledges should be considered during the design and delivery of governmental and organizational programmes and services;

(c) Indigenous knowledges are best preserved through continued use and practical application;

(d) Oral tradition is a reliable source of information on or about Indigenous knowledges.

### **3. Incorporation of Indigenous methodologies and research practices**

29. Indigenous research methodologies (e.g. tribally based participatory research) have also specifically been described and outlined in many country contexts including in published literature. Novel and innovative Indigenous research methods (e.g. deep listening, Yarning) have been increasingly translated by Indigenous scholars and communities through both community and academic outlets, expanding the body of research relevant to Indigenous Peoples and their health and well-being.<sup>8</sup> Additionally, concepts and processes for weaving together Indigenous and colonialist knowledges through co-production and collaborative models for better health outcomes have been clarified and documented. For example, a “two-eyed seeing” approach is based on a framework that embraces the contributions of both Indigenous and colonialist ways of knowing and has increasingly been used within some health research, practice and policy settings.<sup>9</sup>

30. Some example parameters for successful research and practice surrounding the operationalization of Indigenous determinants of health within Indigenous Peoples may include:

(a) Research and practice “as”, “by” or “with” Indigenous Peoples, as opposed to research “on”, “to” or “for” Indigenous Peoples;

---

<sup>8</sup> Alexandra S. Dawson, Elaine Toombs and Christopher J. Mushquash, “Indigenous research methods: a systematic review”, *International Indigenous Policy Journal*, vol. 8, No. 2 (2017).

<sup>9</sup> Debbie H. Martin, “Two-eyed seeing: a framework for understanding indigenous and non-indigenous approaches to indigenous health research”, *Canadian Journal of Nursing Research*, vol. 44, No. 2 (2012).

(b) Using strength-based approaches (i.e. privileging Indigenous ways of knowing, being and doing) as opposed to deficit-based approaches (i.e. focusing only on the problematization of Indigenous Peoples);

(c) Including indigenously defined decolonizing aims within research, practice and programme implementation which contribute to Indigenous self-determination and sovereignty;

(d) The benefits of research and practice are defined by the relevant Indigenous community;

(e) Indigenous values and protocols are respected at every stage of the process;

(f) Indigenous-specific health and wellness measures and indicators are prioritized in co-led data-collection and tracking efforts;

(g) Interpretation and knowledge-translation efforts are exclusively for Indigenous Peoples and community-specific dissemination methods.

31. The increasing body of available literature surrounding Indigenous and decolonizing research methodologies for research, practice and implementation should be leveraged in context with local Indigenous leaders, knowledge holders and scholars to ensure their relevance and appropriate use, adaptation or adjustment. The parameters listed above are not exhaustive and may need to be adapted to the relevant local context. These exemplar parameters for successful research and practice are built on existing foundational concepts and texts, such as the United Nations Declaration on the Rights of Indigenous Peoples, the principle of free, prior and informed consent, and others highlighted and described above. As noted, Indigenous knowledges are stand-alone and do not require colonialist research and practice processes to be valid.

#### **4. Indigenist community-based participatory research approaches**

32. The role of community-based participatory approaches in improving outcomes and overall well-being and in decreasing institutional and researcher power in implementation approaches has been well highlighted in the literature; however, more relevant engagement methodologies have been outlined for Indigenous Peoples including the Indigenist community-based participatory research. This approach is flexible and adaptable, elevating the specific cultural, geographical, historical and spiritual contexts and strengths from within a respective Indigenous community. In addition, Indigenist community-based participatory research and other similar approaches allow for the example parameters for successful research and practice listed above to be respected and honoured. Overarching approaches may help organizations and institutional bodies to initially understand the framing and context needed for Indigenous-led approaches to research and implementation processes. Ultimately, rights-based frameworks such as the Declaration provide a platform to ensure that Indigenous research, practice and implementation approaches are appropriate for the respective Indigenous community. This means a diverse set of Indigenous approaches and interventions should be expected and will need to be accommodated within organizational and institutional processes and planning.

#### **5. Cultural safety approach**

33. The concept of cultural safety as an approach, practice and implementation framework should be foregrounded in order to meaningfully elevate Indigenous

determinants of health.<sup>10</sup> Current understandings of “cultural competency” within health and policy spaces have led to inappropriate assumptions about what it means to be “competent” in another person’s culture. Cultural safety is an ongoing reflexive practice that promotes individual and organizational responsibility to recognize and examine the structural relationships of power in every context.<sup>11</sup> There is an increasing abundance of Indigenous-specific literature on implementing cultural safety within organizations, institutions and other settings, including on the development of cultural safety measures that can be looked to as exemplars of organizational and institutional accountability processes. Cultural safety provides the context to better ensure respect for Indigenous worldviews, knowledges and ways of being, with inclusive training templates and programmes available that can be referenced for potential co-development and/or adaptation to other national and institutional contexts.<sup>12</sup>

### **C. Right of self-determination: evaluation, data collection and holistic methodologies through an Indigenous perspective**

34. Indigenous Peoples globally are faced with a varied spectrum of political recognition and status, rights and autonomy resulting in inconsistent levels of self-determination. Throughout past and present-day expressions of colonialism, the dynamics underlying federal, state and international policy, as well as that of other structures (including various constitutions, treaties, laws and agreements) greatly influence Indigenous Peoples’ rights to autonomy and self-governance, depending on the geopolitical circumstance.

#### **1. Incorporating culture, language and spirituality in evaluation methods to heal and maintain wellness**

35. Colonialist approaches currently dominate health data collection for the purposes of evaluation, with expected outcomes framed from a colonialist lens and worldview.

36. While the concept of values is at the root of the term “evaluation”, Indigenous Peoples’ values are rarely incorporated into contemporary evaluation methodologies and frameworks. Incorporating Indigenous values into evaluation plans provides an opportunity to develop effective, culturally relevant health programmes.

37. Spirituality, culture and language have a powerful impact on healing, necessitating the incorporation of cultural beliefs and practices in health research and evaluation relating to Indigenous Peoples. Methodologies for evaluation must include Indigenous perspectives, through the following:

(a) Processes, outcomes and data collection that are in alignment with Indigenous cultures, languages, spiritualities and worldviews;

(b) Recognition and acknowledgement of the interconnectedness of mental, physical, spiritual and environmental factors;

<sup>10</sup> Elena Curtis and others, “Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition”, *International Journal for Equity in Health*, vol. 18, No. 174 (2019).

<sup>11</sup> Joan Anderson and others, “‘Rewriting’ cultural safety within the postcolonial and post national feminist project toward new epistemologies of healing”, *Advances in Nursing and Science*, vol. 26, No. 3 (July 2003).

<sup>12</sup> See <https://sanyas.ca/>.

(c) Acknowledgement that holistic health factors affect multiple generations (i.e. consideration of intergenerational impacts).

38. Evaluation methodologies that consider Indigenous values require United Nations entities to move beyond the linear approach to research and evaluation in health care by recognizing the diversity of the cultures of Indigenous Peoples.

39. We recommend evaluation methods that:

(a) Address needs that truly reflect Indigenous community experience and priorities;

(b) Identify and act on Indigenous issues as they arise during the implementation of programming and make changes accordingly;

(c) Focus not only on outcomes but also consider process and Indigenous community priorities;

(d) Consider impacts that also include cultural and ecological impacts.

40. The author and contributors to the present study are currently working on an evaluation framework specific to Indigenous determinants of health, to be issued within the next two years. However, Indigenous scholars have produced diverse research and evaluation frameworks that can be adapted to local needs.<sup>13</sup>

## 2. **Combating institutional racism through the promotion of trauma-informed educational programmes created by Indigenous Peoples and data collection**

41. Institutional racism across entities and organizations presents significant barriers to the self-determination of Indigenous Peoples globally. Agencies and institutions need to acknowledge and recognize that racism is an Indigenous determinant of health that is often invisible and not adequately investigated or addressed. It is therefore essential that organizations and institutions develop and implement a research and practice framework that acknowledges the ongoing

<sup>13</sup> Nicole R. Bowman, Carolee Dodge Francis and Monique Tyndall, “Culturally responsive indigenous evaluation: a practical approach for evaluating indigenous projects in tribal reservation contexts”, in *Continuing the Journey to Reposition Culture and Cultural Context in Evaluation Theory and Practice*, Stafford Hood, Rodney Hopson and Henry Frierson, eds. (Charlotte, North Carolina, Information Age Publishing, 2015); Gladys Rowe and Carla Kirkpatrick, *Na-gah Mo Waasbishkizi Ojijaak Bimise Keetwaatino Singing White Crane Flying North* (Winnipeg, Canadian Centre for Policy Alternatives, 2018); Melanie Nadeau and others, “Creating and implementing an indigenous evaluation framework process with Minnesota tribes”, *Canadian Journal of Programme Evaluation*, vol. 38, No. 1 (June 2023); Larry Bremner and Nicole Bowman, “Evalindigenous origin story: effective practices within local contexts to inform the field and practice of evaluation”, *Canadian Journal of Programme Evaluation*, vol. 34, No. 3 (Special Issue 2020); Joan LaFrance and others, “Reframing evaluation: defining an indigenous evaluation framework”, *Canadian Journal of Programme Evaluation*, vol. 23, No. 2 (September 2008); Paula T. Morelli and Peter J. Mataira, “Indigenizing evaluation research: a long-awaited paradigm shift”, *Journal of Indigenous Voices in Social Work*, vol. 1, No. 2 (December 2010); Nicole Bowman and Carolee Dodge-Francis, “Culturally responsive indigenous evaluation and tribal governments: understanding the relationship”, *New Directions for Evaluation*, vol. 159 (Fall 2018); Fiona Cram, Kataraina Pipi and Kirimatao Paipa, “Kaupapa Māori evaluation in Aotearoa New Zealand”, *New Directions for Evaluation*, vol. 159 (Fall 2018); Fiona Cram, “Lessons on decolonizing evaluation from Kaupapa Māori evaluation”, *Canadian Journal of Programme Evaluation*, vol. 30, No. 3 (Special Issue 2016); Nan Wehipeihana, “Increasing cultural competence in support of indigenous-led evaluation: a necessary step toward indigenous-led evaluation”, *Canadian Journal of Programme Evaluation*, vol. 34, No. 2 (Fall 2019); [www.indigenouseval.org/](http://www.indigenouseval.org/); and [www.greatplaintribalhealth.org/great-plains-tribal-epidemiology-center/indigenous-evaluation-toolkit-133.html](http://www.greatplaintribalhealth.org/great-plains-tribal-epidemiology-center/indigenous-evaluation-toolkit-133.html).

institutional racism experienced by Indigenous Peoples. Clear and explicit acknowledgment of the following points is required:

(a) Institutionalized racism and discrimination are built into many systems serving Indigenous Peoples, including health-care, justice and educational systems;

(b) Racism and discrimination play a significant role in the health and well-being of Indigenous Peoples;

(c) Inaction by organizations and entities continues the idea that racism against Indigenous Peoples is acceptable.

42. Addressing institutional racism and discrimination across organizations must be an area of focus in data systems and tracking.

43. One significant factor affecting the health and well-being of Indigenous Peoples and their communities is the colonially caused traumas that Indigenous Peoples have and continue to face in contemporary society. Western research on epigenetics supports Indigenous Peoples' understanding that what happened in previous generations is passed through genetic expression in subsequent generations. It is important to overcome a common myth that a person must experience a trauma firsthand to be affected by it. Organizations should approach this reality in a culturally safe way by:

(a) Nurturing Indigenous-developed, trauma-informed programmes to educate policymakers, educators, and providers to increase understanding and foster compassion;

(b) Promoting the creation of trauma-informed educational programmes developed by Indigenous Peoples for use in non-Indigenous systems that have an impact on Indigenous Peoples' health, including schools, universities, health and justice systems, and beyond;

(c) Ensuring that the responsibility for implementing such education is not placed solely on the minoritized or Indigenous population.

### **3. Research and policy on the important role of the family in strength and resilience**

44. Family plays a critical role in the health of Indigenous Peoples in a broad sense. Disruptions to the family unit have a significant impact on the health and well-being of the members of that family; thus, organizations conducting research with Indigenous Peoples must co-design and co-develop methodologies that incorporate the role of the family through the lens of Indigenous Peoples. This includes research and policy based on the understanding that:

(a) Family well-being can support the resiliency and stability of every member of the family;

(b) Generational health and family safety, including freedom from violence, unjust incarceration and slavery (e.g. trafficking), are some of the most significant issues for Indigenous Peoples;

(c) In contemporary society, Indigenous children are still being taken from Indigenous families through the foster care system and adopted to non-Indigenous families who cannot provide the teachings of Indigenous languages and cultures;

(d) Standardizing the tracking of the safety and well-being of Indigenous families should be supported as a component of health care;

(e) The right of Indigenous children and peoples to learn and practice their traditional cultural ways, safely in their own communities must be respected.

#### **4. Incorporating a holistic approach to healing, health and well-being, including land and space**

45. A holistic approach to health also includes Mother Earth, and the land and space where we exist. For Indigenous Peoples, the role of land in health and healing practices is infinite in nature, ranging from the impact of microbes in soil on mental and physical health, to the effects of air quality on brain functioning, to the electromagnetic impacts of the earth's ions and magnetism. Thus, it is critical that research, policy and evaluation support understanding that:

(a) Traditional Indigenous healing practices derived from Mother Earth, beyond pharmacological and colonialist approaches, are valid and useful approaches for Indigenous Peoples;

(b) Institutionalized racism in health systems still exists for Indigenous Peoples, who are often labelled and tracked as “non-compliant” for not following colonialist treatments;

(c) Indigenous healing practices that have stood the test of time across generations have been systematically excluded from colonialist health systems;

(d) Traditional Indigenous medicines and practices, including the use of plants, have in some cases been criminalized;

(e) Indigenous healing practices have often been co-opted, and not addressing the co-opting of Indigenous knowledges has allowed for the commercialization and further extraction of the resources of Mother Earth.

46. United Nations entities should:

(a) Officially recognize and utilize Indigenous data-collection instruments to address challenges in neocolonial systems, such as challenges related to accessing homes, Indigenous lands and sacred sites. Mother Earth is sacred and critical to health and wellness;

(b) Create mechanisms in laws, systems, policies and practices for Indigenous Peoples to access and defend sacred sites and national resources;

(c) Track the laws and policies that are supportive of Mother Earth as an important part of supporting the self-determination of Indigenous Peoples and their communities to maintain intergenerational holistic healing.

#### **D. Right to know and care for their lands and environment: to be in relationship with their surroundings**

47. In the context of global Indigenous self-determination, the rights of Indigenous Peoples to know and care for their lands and the environment are recognized as fundamental in various international bodies and agreements. The United Nations Declaration on the Rights of Indigenous Peoples, for example, emphasizes the rights of Indigenous Peoples to their lands, territories and resources, which includes the right to maintain and protect their cultural and natural heritage. Indigenous Peoples have deep traditional ecological knowledges that have sustained their communities for generations. They possess valuable insights into sustainable land management practices and environmental conservation methods which are also underscored in the Declaration. Recognizing and respecting these practices is crucial not only for the

preservation of Indigenous cultures but also for global biodiversity and environmental sustainability.<sup>14</sup>

## 1. Determinants of planetary health

48. Indigenous Peoples' health in the context of Indigenous determinants of health has been identified as a clear determinant of planetary health.<sup>15</sup> If the health and well-being of Indigenous Peoples is ensured, they can continue stewarding 80 per cent of the remaining biodiversity left on the planet and one third of the remaining old-growth forests. In this regard, Indigenous Peoples' health must be seen and acknowledged holistically, not only for their own benefit but also for the benefit of the health of the planet and, therefore, for the health of all. The planet's health thus requires the health of Indigenous Peoples and recognition of that requirement. It also depends on:

- (a) Respect for Indigenous land tenure rights;
- (b) Recognition and support for Indigenous languages (the blueprint of traditional ecological knowledges);
- (c) Recognition of Indigenous elders and children (e.g. the intergenerational transmission of traditional knowledges);
- (d) Respect for the feminine (i.e. women and other female identifying genders as key knowledge holders with respect to ecology and traditional medicine);
- (e) Recognition of human interconnectedness with Nature (i.e. human health is completely and utterly dependent on a healthy planet);
- (f) Recognition of Indigenous natural law (i.e. "a comprehensive ethical framework that defines the codes of conduct necessary for maintaining a peaceful, thriving, and co-operative society grounded in love and reciprocity"<sup>16</sup>).

## 2. From human-centric to eco-centric approaches

49. Although Indigenous rights have to some extent been recognized at the international level (e.g. in the Declaration, the Indigenous and Tribal Peoples Convention, 1989 (No. 169), etc.), many Indigenous Peoples face ongoing challenges, including land eviction and encroachment,<sup>17</sup> environmental degradation owing to resource extraction, pollution and insufficient legal protections.<sup>18</sup> These challenges often lead to conflicts with governments, corporations or other entities seeking to exploit the natural and cultural resources within Indigenous territories without proper consultation or consent. United Nations entities and Member States must support efforts to uphold Indigenous Peoples' rights to know and care for their lands and environment. Such efforts involve:

- (a) Advocating for legal recognition;
- (b) Promoting sustainable development practices;

<sup>14</sup> Eugenia Recio and Dina Hestad, "Indigenous peoples: defending an environment for all", Earth Negotiations Bulletin Policy Brief, No. 36 (International Institute for Sustainable Development, 2022).

<sup>15</sup> Nicole Redvers and others, "The determinants of planetary health: an indigenous consensus perspective", *The Lancet: Planetary Health*, vol. 6, No. 2 (February 2022).

<sup>16</sup> Nicole Redvers and others, "Indigenous natural and first law in planetary health", *Challenges*, vol. 11, No. 2 (2020).

<sup>17</sup> Hayden King, Shiri Pasternak and Riley, *Land Back: A Yellowhead Institute Red Paper* (Yellowhead Institute, 2019).

<sup>18</sup> Arnim Scheidel and others, "Global impacts of extractive and industrial development projects on indigenous peoples' lifeways, lands, and rights", *Science Advances*, vol. 9, No. 23 (2023).



(c) Fostering partnerships between Indigenous Peoples and various stakeholders;

(d) Ensuring the implementation and enforcement of laws and agreements that safeguard these rights.

50. Ultimately the challenges faced have often been perpetuated by systems that have implicitly or explicitly put humans before the planet. Many Indigenous Peoples have land or country-based pedagogies (learning approaches) and land or country-based healing approaches that have been used and passed on for millennia. The land or country in the all-encompassing sense (i.e. inclusive of earth, air, water, non-human relations, etc.), is looked to as an active participant in the learning and healing process for Indigenous Peoples.<sup>19</sup> This means that the health of the planet is fundamental to the health of Indigenous Peoples and therefore to the health of all. Understanding the interconnectedness of people, communities and the planet through the lens of Indigenous determinants of health should be positioned as a “planetary health in all policy” approach by:

(a) Organizations re-defining health to encompass the clear understanding that the health of the planet is fundamental to the health of humans;

(b) Reorganizing the Sustainable Development Goals to symbolically demonstrate that all of the Goals are completely dependent on Goal 6 on clean water, Goal 13 on climate action, Goal 14 on life below water and Goal 15 on life on land;

(c) Moving from hierarchical practices to communities of practice: from one way of knowing to ecologies of knowing, from domination to participation, from disconnection to reconnection, from “me” approaches to “we” approaches; acknowledging the need for relational care of people and planet;<sup>20</sup>

(d) Considering the impact on the planet in all projects and initiatives across organizations;

(e) Formally acknowledging land and land-based activities or practices as an evidence-informed healing tool and practice relevant to Indigenous Peoples that demands adequate funding and consideration in implementing Indigenous determinants of health.

## **E. Right to just policy processes and procedures for Indigenous Peoples**

51. Implementing just and adequate policy processes and procedures for Indigenous Peoples is critical for any entity, including the United Nations and Member States. The studies on Indigenous determinants of health can provide an optimal framework across sectors to better ensure that the principle of free, prior and informed consent is understood and adhered to and that health-related policy interventions can find success. Policymakers must:

(a) Make visible and operationalize plans to address the inherent structural and institutional causes perpetuating the ongoing exclusion and marginalization of Indigenous Peoples (e.g. racism (internalized, interpersonal, institutional and

<sup>19</sup> Jennifer Redvers, “‘The land is a healer’: perspectives on land-based healing from indigenous practitioners in northern Canada”, *International Journal of Indigenous Health*, vol. 15, No. 1 (2020).

<sup>20</sup> Nicole Redvers, Carlos A. Faerron Guzmán and Margot W. Parkes, “Towards an educational praxis for planetary health: a call for transformative, inclusive, and integrative approaches for learning and relearning in the Anthropocene”, *The Lancet: Planetary Health*, vol. 7, No. 1 (January 2023).

structural), sexism, ableism, explicit and implicit bias (personal and structural), White privilege and supremacy, etc.);

(b) Identify the overall current structural deficiencies within organizations that affect the Indigenous determinants of health and address them, including by ensuring that culturally safe approaches are promoted;

(c) Design or replicate ad hoc and feasible policy solutions specific to the situation in partnership with the local Indigenous community;

(d) Implement the policies, including procedural tools;

(e) Assess the implementation through rigorous Indigenous-informed evaluation;

(f) Refine policy solutions to improve their efficiency in serving Indigenous Peoples.

### **Policy formulations aligned with the United Nations Declaration on the Rights of Indigenous Peoples and Indigenous determinants of health**

52. All policy decisions that affect Indigenous Peoples must include processes and measures that prevent the exacerbation of Indigenous health inequities and foster factors that protect Indigenous determinants of health. Adopting Indigeneity as a guiding policy principle (following the processes set out in paragraph 11 above) is a fundamental step to formulating measurable organizational policy processes. Indigeneity as an overarching health determinant recognizes the uniqueness of Indigenous Peoples' circumstances and lays the foundation to address Indigenous issues accordingly.

53. United Nations system entities, as well as Member States, need to further promote the right of Indigenous Peoples to be included separately and distinctly from any other population during the policy development process. Regardless of the proportion of the total population Indigenous Peoples comprise, the right to have separate and distinction-based special treatment is enshrined in the Declaration. In addition, policy restructuring is often necessary to equitably incorporate Indigenous Peoples' issues in their capacity as special rights holders.

54. Following the same logic, building adequate organizational policy to ensure culturally safe processes and procedures for Indigenous representation and engagement should be prioritized. Policies to be implemented must ensure that the Indigenous representation infrastructure encompasses both ad hoc and ongoing embedded structural components at all levels (see the organizational staffing and engagement measures relating to Indigenous advisory bodies set out in paragraph 28 above).

55. The creation of this infrastructure must also consider an educational component to ensure that the policies, processes and procedures are well understood and appropriately implemented by the organization's officials.

56. While setting up an Indigenous advisory body will better assist in ensuring that proceedings generally affecting Indigenous Peoples protect Indigenous rights, incorporating Indigenous staff with experience holds the potential to expedite the systemic change needed to address Indigenous affairs appropriately and respectfully. Greater efforts must be made to establish measures to ensure that internal positions for Indigenous Peoples exist at all institutional levels – from the executive leadership to managerial and administrative positions – and across organizational objectives. Specific hiring-preference procedures should be set as an equity measure. Correspondingly, clear and transparent procedures must be developed regarding

culturally safe outreach and engagement so that organizations steer clear of paternalistic and discriminatory practices.

57. The entire policy formulation cycle must consider the general categories of Indigenous determinants of health (intergenerational holistic healing, the health of Mother Earth, and re-Indigenizing culture) as the guiding principles to design processes and procedures for projects and initiatives. Any project or initiative carried out must incorporate measures and Indigenous evaluation components reflecting the factors relating to Indigenous determinants of health affecting Indigenous Peoples.

58. The United Nations system currently operates within a colonialist perspective in terms of research, policies and projects. It is paramount that Indigenous-based methodologies, data, indicators and measurements are equally incorporated. For instance, the co-development of data-collection and measurement instruments and the co-creation of databases and baselines that can assist in tracking endpoints of Indigenous determinants of health could take into account:

(a) The impact of intergenerational trauma as a risk factor for the development and prevalence of chronic diseases;

(b) Indigenous spiritualities, identity, language and cultural safety as protective factors positively affecting health outcomes;

(c) The role of sacred land and resource ownership in the health outcomes of Indigenous Peoples across generations;

(d) The effectiveness of cultural and land-based interventions, decolonized processes and re-Indigenized educational curricula.

59. It is important to stress that the above list is neither prescriptive nor exhaustive but merely offers examples. Agencies and national authorities should collaborate with Indigenous Peoples to develop and set institutional policies, processes and procedures that are appropriate to the respective Indigenous Peoples they address.

60. Equally important is that authorities not avoid focusing on and openly acknowledging and addressing the roles of discrimination and racism when setting policies and procedures affecting Indigenous Peoples. Both discrimination and racism are prevalent and deeply ingrained in institutions worldwide and need to be recognized in the policy systems and processes infrastructure being built.

## VI. Conclusions and recommendations

61. The present study is the result of the work and contributions of 22 Indigenous leaders and 4 allies in Indigenous health across all seven sociocultural regions. This includes expert members of the Permanent Forum, Indigenous scholars and community representatives. The author took special care to ensure that the present study provides practical guidance for local implementation, and that it aligns with international instruments protecting the rights of Indigenous Peoples. As such, it is aimed at assisting United Nations system entities and national institutions in taking steps towards creating health system infrastructure where Indigenous Peoples' health and well-being is equitably prioritized, separate from non-Indigenous approaches, and addressed in a culturally safe manner that fully complies with the Declaration and the 2030 Agenda.

62. The author, likewise, placed special emphasis on ensuring that the present study takes into account the 2023 study on Indigenous determinants of health (E/C.19/2023/5) and is structured to provide a foundational framework for the drafting and operationalization of the WHO Global Action Plan for the Health of

Indigenous Peoples, to be completed by 2026. Throughout the study there is both an implicit and explicit recognition of how critical it is for Indigenous Peoples to be represented at all levels and across thematic areas that affect their lifeways, from project implementation on the ground to the highest decision-making groups, such as the proposed Indigenous advisory body to provide WHO officials with practical guidance on the Global Action Plan, and, by extension, the Sustainable Development Goals.

63. The right of representation must be guaranteed through Indigenous Peoples' representation in data sets produced at the global level in United Nations agencies, funds and programmes, including the World Bank, the Food and Agriculture Organization of the United Nations, WHO and the Pan American Health Organization. These data sets are critical for developing and operationalizing meaningful approaches, interventions and evaluations in an equitable and culturally safe manner.

64. The guidance provided in the present study for organizations to incorporate flexible, responsive and appropriate paradigms and Indigenist participatory methodologies is aimed at providing practical tools to expedite systemic change through platforms that directly address institutionalized racism and discriminatory barriers. It is, thus, fundamental that the United Nations system work together with Indigenous Peoples to open institutional spaces and design and implement intergenerational and holistic methods while fostering the equitable recognition of Indigenous scientific knowledge, addressing the role of family, language and Indigenous spirituality.

65. Equally consequential is the practical guidance provided regarding determinants of planetary health (see paragraph 48 above), which encompass the rights and abilities of Indigenous Peoples to control the ecological, contextual, environmental and cultural elements supporting the bases of Indigenous health and well-being. Indigenous Peoples' right to care for their lands and environment is intrinsically connected to just policy processes and procedures for Indigenous Peoples. It is thus paramount that the pertinent officials follow the guidance on policy formulation cycles in alignment with the Declaration and Indigenous determinants of health.

66. Lastly, the author strongly encourages United Nations system entities and national institutions to implement the framework on Indigenous determinants of health in order to fully comply with the Declaration. In that regard, annex I to the present study offers a practical tool in the form of a chart to assist in ensuring that all operationalization components of Indigenous determinants of health discussed in the present study are met.

## Annex I

## Implementation tool on Indigenous determinants of health

<i>Area</i>	<i>Component</i>	<i>Operationalization</i>	<i>Implementation level</i>	<i>Funding</i>	<i>Timeline</i>
<b>Intersectional elements</b>					
A	Official recognition of Indigenous Peoples and their communities (countries)	National policy	National		
B	Adoption of the Indigenous determinants of health framework	Institutional policy	Organization's leadership		
C	Indigeneity as an overarching determinant of health	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
D	Free, prior, and informed consent	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
E	Indigenous knowledges and Indigenous data sovereignty	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
<b>Right to representation and meaningful engagement</b>					
F	Adoption of an organizational policy on overall Indigenous Representation based on free, prior and informed consent	Institutional policy	Organization's leadership		
G	Establishment of Indigenous advisory bodies	Institutional policy, processes and procedures manual	Organization's leadership, management		
H	Incorporation of Indigenous staff preference measures	Institutional policy, processes and procedures manual, training	Management, human resources		
I	Incorporation of Indigenous Peoples engagement measures	Institutional policy, processes and procedures manual, training	Management, human resources		
J	Adoption of a scientific framework ensuring Indigenous representation in data sets	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		

<i>Area</i>	<i>Component</i>	<i>Operationalization</i>	<i>Implementation level</i>	<i>Funding</i>	<i>Timeline</i>
<b>Right to meaningful approaches and interventions: flexible, responsive and appropriate paradigms and methodologies</b>					
K	Equitable recognition of Indigenous knowledges (countries)	National policy	National		
L	Adoption of organization-wide recognition of equitable scientific and technical validity of Indigenous knowledges and systems	Institutional policy	Organization's leadership		
M	Establishment of Indigenous-led governance boards to guide organizational implementation of Indigenous knowledges	Institutional policy	Organization's leadership		
N	Incorporation of Indigenous research methodologies and practices	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
O	Adoption of a culturally safe approach	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
<b>Right to self-determination: evaluation, data collection and holistic methodologies from the Indigenous perspective</b>					
P	Adoption of a circular and holistic Indigenous evaluation framework based on culture, language and spirituality	Institutional policy	Organization's leadership		
Q	Development of Indigenous evaluation methods specific to cover the constructs of Indigenous family, land, space and holistic wellness	Institutional policy, processes and procedures manual, training	Management, human resources		
R	Adoption of a trauma-informed approach	Institutional policy, processes and procedures manual, training	Management, human resources		
S	Policymaker education based on Indigenous evaluation results	Report developed and disseminated	Management		

<i>Area</i>	<i>Component</i>	<i>Operationalization</i>	<i>Implementation level</i>	<i>Funding</i>	<i>Timeline</i>
<b>Right to know and care for their lands and environment: to be in relationship with their surroundings</b>					
T	Establishment of just Indigenous land tenure rights	National policy	National		
U	Instrumentation and monitoring of land tenure rights	Institutional policy	Organization's leadership		
V	Adoption of an Indigenous-based planetary health determinants framework	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
W	Incorporation of human-centric to eco-centric approaches	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
<b>Right to just policy processes and procedures for Indigenous Peoples</b>					
X	Assessment of systemic racism and discrimination against Indigenous Peoples, based on the Universal Declaration of Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples (country and United Nations entities)	National, United Nations entity	National/ organization		
Y	Adoption of an anti-racism and discrimination policy based on the assessment, the Universal Declaration of Human Rights and the United Nations Declaration on the Rights of Indigenous Peoples	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		
Z	Adoption of a policy addressing Indigenous issues separate from those of local communities, based on the United Nations Declaration on the Rights of Indigenous Peoples	Institutional policy, processes and procedures manual, training	Organization's leadership, management, human resources		

## Annex II

### Acknowledgements

The author would like to thank the following individuals for their dedicated support in conceptualizing, organizing, co-writing, reviewing, consulting and editing the present study (listed in alphabetical order):

Alejandro Bermúdez-del-Villar, Cedar Rock Alliance  
Allison Kelliher, Johns Hopkins University\*  
Amina Amharech, Amazigh Indigenous leader and activist\*  
Benjamin Olmedo, Guardian Health/Indigenous PACT\*  
Dave Panana, Indigenous PACT\*  
Donald Warne, Johns Hopkins University\*  
Hanieh Moghani, Forum expert member\*  
Hannah McGlade, Forum expert member\*  
Hannah Neufeld, University of Waterloo  
Jacob Taylor, PhD student, University of North Dakota\*  
Jacqueline Mercer, Native American Rehabilitation Association of the Northwest  
Jami Bartgis, One Fire Associates\*  
Jared Ellsworth, State of New Mexico\*  
Loretta Grey Cloud, Johns Hopkins University\*  
Makanalani Gomes, Global Indigenous Youth Caucus\*  
Malia Sosefo Drouet-Manufekai, New Caledonia Indigenous leader\*  
Mariam Wallet Aboubakrine, University of Ottawa\*  
Myra Parker, University of Washington\*  
Nicole Redvers, Western University\*  
Papaarangi Reid, University of Auckland\*  
Seira Duncan, International Arctic Science Committee\*  
Stacy Bohlen, National Indian Health Board\*  
Toni Lodge, The NATIVE Project\*  
Vivian Tatiana Camacho Hinojosa, Government of Bolivia\*  
Zaira Zambelli Taveira, Ārramāt Project

---

\* Indigenous person.