

Global Alcohol Policy Alliance (GAPA) feedback on the draft Global Plan of Action for the Health of Indigenous Peoples

5 September 2025

Background

In May 2023 the 76th World Health Assembly adopted a resolution [76.16 refers], requesting the World Health Organisation (WHO) Director-General develop a Global Plan of Action for the Health of Indigenous Peoples in consultation with Member States, Indigenous Peoples and other stakeholders. A call for inputs into the draft Global Plan of Action for the Health of Indigenous Peoples (Global Plan) was extended to stakeholders in July 2025.

The Global Plan is intended to provide a framework that can be adapted to the national context to improve the health and well-being of Indigenous Peoples, with an expected duration from 2027 to 2040. The draft outlines a set of guiding principles and approaches, priorities, objectives and proposed actions for Member States, the WHO Secretariat and other stakeholders. There are no binding implications for Members States or other stakeholders.

This statement articulates GAPA's input into the draft Global Plan and has been prepared for this purpose. These comments are consistent with the GAPA Interim policy statement in support of Indigenous-led aspirations for effective alcohol policy and other key GAPA policy positions, and refers to specific sections of the draft Global Plan.

GAPA feedback

Principles and approaches

The 10 high-level guiding principles and approaches for the Global Plan (i.e., cultural safe approach; holistic approach to health; strengths-based approach; human rights-based approach; gender equality approach; disability inclusion; health equity; intersectionality; life course approach; and primary health care approach) seem appropriate. GAPA particularly notes that the principles/approaches recognise the importance of:

- aligning health initiatives with the preferences and worldviews of Indigenous Peoples
- supporting actions to examine and dismantle the power imbalances and colonial legacies embedded within the field of global health
- recognising, respecting and fulfilling the individual and collective rights of Indigenous Peoples, as distinct rights holders and addressing the specific inequalities faced by Indigenous Peoples
- addressing the underlying norms that shape systems and institutions, including structural discrimination
- multisectoral action to address the determinants of health.

These elements of the Global Plan are important considerations for Indigenous health and align with GAPA's policy statement in support of Indigenous-led aspirations for effective alcohol policy. GAPA notes, however, that the principles/approaches would be strengthened by explicitly acknowledging the significant impact of the commercial determinants of health (CDOH) on Indigenous Peoples. The CDOH impact can be especially seen in rates of substance use disorders and noncommunicable diseases (including cancer and heart

disease) attributed to health-harming products (such as alcohol), which disproportionately affect Indigenous Peoples.

Commercial interests and influence in alcohol policy, and inadequate government responses, have tended to thwart or diminish any Indigenous-led efforts to control alcohol use and effects in their communities. So, this needs to be acknowledged in some way in the Global Plan. To address this omission, we suggest including reference to the CDOH in principle/approach 7 (health equity) alongside the social and structural determinants of health as follows:

*“Tackling health inequities requires intersectoral action to address the social, **commercial** and structural determinants of health.”*

We also note that principle/approach 10 (primary health care approach) refers to being a ‘whole-of society approach’. Some caution needs to be taken in using this terminology to ensure that the conflict of interest of private sector actors with vested interests in the sale of health-harming products, such as alcohol, is prevented. Businesses producing health-harming products that disproportionately affect Indigenous Peoples ought to be excluded from developing health policy. For these reasons we would suggest removing reference to ‘whole-of-society approach’ and slightly reframing the beginning of principle 10 as follows:

*“Primary Health Care (PHC) approach **aims** to strengthen health systems...”*

Including consideration of the CDOH in these ways reinforce the protections guaranteed under the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). Consistent with the WHO Global Alcohol Action Plan 2022-2030, it also recognises alcohol industry influence and interference in alcohol policy development and implementation as a major issue.

Priorities and actions

The draft priorities and actions outlined in the Global Plan provide a good foundation to build on. While in some places we note that the wording could be strengthened, or less qualified, we also acknowledge that the priorities and actions provide important guidance to Member States and others for advancing Indigenous health.

Consistent with GAPA’s Indigenous policy position, Indigenous Peoples ought to be sufficiently resourced to lead and define their pathway for health and wellbeing. We note that in several places reference is made to supporting Indigenous-led research and data collection (for example). While ‘support’ can include ensuring that adequate resources are also provided, we suggest that you be more explicit about the provision of resources by amending references, to ‘support’ Indigenous-led activity to *“support **and sufficiently resource**”* Indigenous-led activity, throughout the proposed actions.

In other places, the term ‘co-develop’ has been used in relation to legal and policy frameworks and other initiatives (e.g., priority two). We would suggest including in those statements, explicit wording that ensures that those co-development initiatives, appropriately ‘privilege’ Indigenous paradigms throughout the development process. As an example, priority two – bullet point one under the proposed actions for Member States – could be amended to:

*“Co-develop legal and policy frameworks with Indigenous Peoples, **which draw primarily from Indigenous paradigms** to protect the health-related rights of Indigenous Peoples.”*

In line with our earlier comments on the CDOH we would suggest amending the fourth bullet point toward the end of the list of proposed actions for Member States under priority two as follows:

*“Foster collaboration between health and other sectors to address social **and commercial** determinants and Indigenous determinants of health.”*

Under priority three, the proposed actions for the Secretariat include facilitating the inclusion of Indigenous perspectives, as appropriate, in the Secretariat’s work, and to work with Member States, Indigenous Peoples and others to promote policies and programmes that reflect the views, values and approaches of Indigenous Peoples. While the Global Plan has no binding implications for Member States or other stakeholders, we assume that this action would include the Secretariat actively promoting and encouraging Member States and others, to recognise and provide for the principles, approaches, priorities and actions suggested in the Global Plan. We believe that a similar role could also be undertaken by the Secretariat to ensure that the implementation activities of other WHO Global Action Plans come into alignment with the final Global Plan of Action for the Health of Indigenous Peoples, and request this role be made explicit as an ‘overall’ proposed action for the Secretariat in the Global Plan.

Using the WHO Global Alcohol Action Plan 2022-2030 as an example, this plan only has three references to Indigenous Peoples. Two of these references, refer to Indigenous Peoples as one of many population groups to target. The other reference pertains to the unique circumstances of Indigenous Peoples requiring special culturally appropriate efforts to address levels and patterns of alcohol consumption, alcohol-related harms and social and economic factors that influence the impact of alcohol consumption on their health and well-being. Significantly, there is no explicit reference to the systemic and structural issues that perpetuate alcohol-related harm, nor to the importance of Indigenous-led action based on their perspectives and worldviews. As such, these weak references to Indigenous Peoples in the Global Alcohol Action Plan do not give sufficient recognition to the rights and protections guaranteed under UNDRIP, nor are they aligned to the draft Global Plan of Action for the Health of Indigenous Peoples. This, we believe, needs to be addressed as a priority in the review of the Global Alcohol Action Plan before 2030 and as part of the Secretariat’s actions on implementing the Global Plan of Action for the Health of Indigenous Peoples, in the interim.

Our final comment pertains to the objective under priority four (i.e., to promote Indigenous People’s right to their traditional medicine systems and practices....and to identify opportunities for bridging between Indigenous specific health models and national health services to enhance holistic, culturally appropriate healthcare). We consider this to be an important objective, however, bridging different knowledge systems requires continuous effort to ensure that national health services that are based on Western understandings ‘complement’ rather than ‘dominate’ Indigenous knowledge and perspectives on health. Arguably, to achieve holistic, culturally appropriate healthcare requires the ‘privileging’ of Indigenous knowledge and worldviews. Accordingly, and consistent with our earlier comment on co-development, we suggest using more direct and stronger wording in the proposed actions under this objective to appropriately capture these sentiments.

We appreciate the opportunity to provide input into the draft Global Plan, but note the difficulty we have experienced being able to access information on the Global Plan’s development to date. We ask that you please seek to involve us in any further iterations of this Global Plan. Importantly, in April 2026 we plan to have a pre-event for Indigenous Peoples at our Global Alcohol Policy Conference and would like to ensure that any further discussion and feedback among Indigenous Peoples on this Global Plan is duly considered.