AUSTRALIAN INDIGENOUS DOCTORS' ASSOCIATION

# SUBMISSION
## Review of the National Agreement on Closing the Gap 2026

**To:** Productivity Commission
**From:** Australian Indigenous Doctors' Association (AIDA)

The Australian Indigenous Doctors' Association (AIDA), the national professional body for Aboriginal and Torres Strait Islander doctors and medical students, welcomes this inquiry. AIDA advocates for a stronger medical workforce and equitable health outcomes through a culturally safe healthcare system free of racism.

**Preamble**

Aboriginal and Torres Strait Islander peoples have consistently articulated the changes needed to improve health, wellbeing and equity. Across generations, professionals, organisations and communities, countless individuals have contributed expertise, cultural knowledge and lived experience to inquiries, reviews, consultations and reform processes. This substantial body of evidence has produced clear recommendations and informed formal agreements and government commitments. Yet too often, those commitments remain unfulfilled, dishonoured, with recommendations only partially implemented or left unanswered, and the same concerns diverted to successive inquiries while the conditions requiring action, and their impact, persist.

Responsibility for this failure rests with governments across the Commonwealth, states and territories. Divisions in funding, policy and service delivery responsibilities must not provide a means of deferring action or avoiding accountability. Agreements must be honoured through sustained investment, implementation and transparent reporting. Where commitments are not met, governments must explain why, identify who is responsible and set out how and when the failure will be addressed. Aboriginal and Torres Strait Islander peoples should not have to continually re-establish the case for reforms that governments have already accepted are necessary.

Participation in these processes carries a substantial and unrecognised cost. Aboriginal and Torres Strait Islander professionals, organisations and communities contribute intellectual and cultural labour, while carrying significant workloads, and the expectations of and responsibilities to community. Sharing lived experience requires people to revisit racism, exclusion, grief and institutional harm. When this knowledge is repeatedly sought but subsequently disconnected from its intended meaning, diluted or met with inaction, the

consequences extend beyond lost time and resources. These experiences can compound trauma and distress, undermine trust and diminish confidence that participation will lead to meaningful change.

This submission is made with an expectation of reciprocal responsibility. Governments must demonstrate how the evidence provided informs decisions, respect the integrity and ownership of Aboriginal and Torres Strait Islander knowledge, and resource meaningful participation and shared decision-making. The measure of genuine engagement is whether it results in accountable implementation and improvements that Aboriginal and Torres Strait Islander peoples can see and experience in our lives.

**Submission position**

This submission sets out priorities for the Productivity Commission's second review of the National Agreement on Closing the Gap. Equitable health outcomes and cultural wellbeing require investment in the growth and leadership of the Aboriginal and Torres Strait Islander medical workforce and reform of health, medical education and training systems.

The review should establish whether governments have transferred decision-making authority, funded their commitments and changed the institutions that shape Aboriginal and Torres Strait Islander peoples' lives. Progress must be assessed through community experience, alongside evidence of changes in budgets, legislation, service delivery and institutional practice. The four Priority Reforms provide an interdependent framework for this work.

The Productivity Commission's 2024 review found that governments had largely failed to fulfil their commitments and called for power sharing, Indigenous Data Sovereignty, fundamental changes to mainstream government systems and stronger accountability. The 2025 independent Aboriginal and Torres Strait Islander-led review identified continuing government inaction, unequal resourcing, cultural load and failures to address structural racism (Productivity Commission, 2024; Lavarch et al., 2025).

Some progress has been made in strengthening partnerships with Aboriginal and Torres Strait Islander representatives and improving funding arrangements for schooling and early childhood development. However, independent auditing found that governments' reporting remains incomplete and does not clearly show how funding is allocated to support Closing the Gap commitments (ANAO, 2026). These findings support examining which institutional changes enable progress and whether they are sustained across portfolios. The Joint Council's 2026 response to the independent review provides a further implementation reference point, but endorsement of actions must be distinguished from their delivery (Joint Council on Closing the Gap, 2026).

Implementation requires substantial reform of mainstream healthcare and medical education, sustained investment in the community-controlled sector, and Aboriginal and Torres Strait Islander authority over decisions and evidence. Cultural safety, freedom from racism and workforce leadership are central to the quality and accessibility of care. They should be treated as responsibilities of health institutions and governments, with measurable obligations and consequences for persistent failure.

This submission addresses the governance questions, each Priority Reform, policy development, community-led implementation, socio-economic outcomes and the proposed review approach in the call for submissions.

**Priority Reform 1: Formal partnerships and shared decision making**

**Partnership decisions and representation**

Partnerships support self-determination when Aboriginal and Torres Strait Islander parties can shape the problem being addressed, determine priorities and influence expenditure before government decisions are settled. The rights to participation through chosen representatives and to determine development priorities provide a basis for this approach. UNDRIP also establishes standards for consultation directed towards free, prior and informed consent (United Nations, 2007, articles 18, 19 and 23).

The Commission should test authority in practice by tracing selected decisions through the policy cycle. It should identify who set the agenda, who could change a proposal, whose approval was required, whether resources followed the decision and how disagreement was resolved. Partnership agreements should define these matters and require governments to explain when agreed advice or decisions are not implemented.

Representation needs to reflect the decisions under consideration. Local communities, Traditional Owners and community-controlled organisations bring distinct authority and expertise. National professional organisations contribute expertise in workforce, education, regulation and mainstream institutions. Participation should accommodate Torres Strait Islander priorities and the voices of women, young people, Elders, people with disability and people accessing services outside their home communities. Representatives should be chosen through legitimate Aboriginal and Torres Strait Islander processes.

Partnership governance through the National Indigenous Health Leadership Alliance (NIHLA) and the Monitoring and Accountability Group (MAG) Working Group should connect agreed priorities to funded implementation and follow-through. The NHRA recognises a pathway for the Monitoring and Accountability Group to escalate matters to the Closing the Gap Joint Council (Australian governments, 2026, clause B26). The Commission should examine

whether such pathways are used, receive timely responses and result in remedial action. Partners need funded preparation, secretariat support and feedback arrangements to sustain this work.

**Governance of the National Agreement**

The governance of the Agreement should enable Aboriginal and Torres Strait Islander peoples to influence decisions and hold governments to their commitments. The review should assess whether Joint Council, the Partnership Working Group and related bodies have the authority, information and resources needed to secure action across mainstream portfolios. Evidence should include decisions made, funding influenced, unresolved matters escalated and implementation followed through. Membership and meeting frequency alone provide limited evidence of shared authority.

Governance bodies need clear responsibilities and a common record of decisions, with a responsible minister or agency, funding source, delivery date and explanation of progress. Accessible reporting back to communities should show what was agreed, what changed and how community concerns affected the decision. Aboriginal and Torres Strait Islander partners should be resourced to consult their constituencies and obtain independent policy and financial advice.

The National Agreement should establish minimum community accountability requirements for shared decision-making arrangements, including representative legitimacy, funded participation, reporting back to communities, publication of decisions and reasons, mechanisms to challenge or review decisions, and ongoing monitoring. Community accountability should require governments to demonstrate what communities said, how that advice affected the decision, what was not accepted and why, who is accountable for implementation and when communities will next receive a report on progress.

**Co design and protection of knowledge**

Shared decision-making needs to begin when policy problems and options are defined and continue through commissioning, delivery, evaluation and redesign. Genuine co-design requires Aboriginal and Torres Strait Islander leadership, authority over decisions and recognition of community priorities and knowledge. These responsibilities must be supported by adequate time, funding, culturally grounded processes and transparent accountability, enabling communities to shape both how policy is developed and what it delivers (Butler et al., 2025).

Repeated requests for knowledge, particularly when contributions are diluted or produce no visible action, can undermine trust and add cultural and psychosocial load. The independent

review's findings on cultural load strengthen the case for treating engagement as a resourced responsibility (Lavarch et al., 2025). The Commission should examine how policy processes affect contributors' wellbeing and whether governments return value to the people and organisations whose expertise they use.

Participation in a forum, roundtable or submission process should not be treated as unrestricted permission to reproduce, reinterpret or reuse cultural knowledge. UNDRIP recognises rights to maintain, control, protect and develop cultural heritage, traditional knowledge and associated intellectual property. It has not been incorporated comprehensively into Australian domestic law, making explicit protections in policy and engagement arrangements particularly important (United Nations, 2007, article 31; AHRC, 2025).

Engagement agreements should distinguish organisational policy advice, individual experience and collectively held cultural knowledge. They should specify authority to consent, attribution, permitted uses, opportunities to check interpretation, restrictions on culturally sensitive material and consent for materially different reuse. They should also provide remuneration, culturally safe participation options and practical routes to correct misrepresentation. A response record should explain which proposals were adopted, amended or declined and why.

Health reform creates a further issue requiring scrutiny. NHRA Schedule D provides for freely available reform intellectual property and an intellectual property policy (Australian governments, 2026, clauses D22 and D23). Implementation should explicitly protect pre-existing knowledge and Indigenous Cultural and Intellectual Property, with consent-based conditions for reuse. Public benefit should be pursued through agreed knowledge sharing that respects the authority of knowledge holders.

**Community authority and place-based partnerships**

Place-based partnerships should support locally determined authority, including authority over priorities, commissioning and evaluation. Governments need to provide flexible funding and coordinate portfolios so that communities can address interconnected needs. Local accountability should operate in both directions: funded organisations account for agreed responsibilities, and governments account for commitments, delays and barriers within their control.

Local governments should fulfil relevant responsibilities for infrastructure, planning and service coordination through agreements with legitimate community and Traditional Owner governance. Councils should not displace that authority. National policy partnerships should

receive and respond to local evidence where barriers require changes to national funding, regulation or service systems.

**Priority Reform 2: Building the community-controlled sector**

**Funding reform and sector strengthening**

Community-controlled organisations should have the financial stability to plan services, retain staff and exercise their governance responsibilities. The independent review identified short-term and inflexible funding as a barrier to implementation. Yoorrook's Victorian health inquiry also documented under-resourcing and reporting burdens affecting Aboriginal community-controlled organisations (Lavarch et al., 2025; Yoorrook Justice Commission, 2025).

Funding reform should provide multi-year, indexed agreements that cover the actual costs of delivery, governance, workforce development, infrastructure, data capability and participation in partnerships. Governments should consolidate reporting where possible and align it with measures agreed with organisations and communities. Administrative requirements should be proportionate to funding and risk, with government agencies responsible for coordinating their own demands.

Transitions from mainstream providers to community-controlled services require funded planning and continuity of care. Governments should support organisations to determine the pace and scope of transition, including the transfer of assets, workforce and commissioning authority where appropriate. An organisation's readiness should be considered alongside whether government has supplied the resources and removed the barriers necessary for transition. Sector strengthening should include pay, supervision, leadership development and shared infrastructure, with organisations determining what support they need.

Public reporting should distinguish announced allocations, contracted funding, expenditure and amounts reaching ultimate recipients. It should identify decision-making authority, selection criteria, administration costs and conflicts of interest. Reporting by organisational function and delivery setting would help establish whether investment supports both community-controlled care and transformation of mainstream services.

**Priority Reform 3: Transforming government organisations**

**Addressing racism and ensuring cultural safety**

Racism must be addressed as a determinant of health and a barrier to equitable care. Research involving Aboriginal and Torres Strait Islander scholars in the Mayi Kuwayu study

found substantially higher psychological distress among adults reporting racial discrimination. The cross-sectional analysis supports the need for action while recognising that it does not conclusively establish causality (Thurber et al., 2022).

Yoorrook recommended action to eliminate racism in Victorian health settings, legislated and funded cultural safety standards, consideration of accreditation led by a First Peoples health organisation, and increased workforce leadership and representation. These recommendations arise from Victorian evidence; they offer relevant principles for national reform without implying identical conditions in every jurisdiction (Yoorrook Justice Commission, 2025, recommendations 82 and 83).

Governments should fund and implement the AHRC National Anti-Racism Framework across health, education, justice, workplaces and other sectors. Its whole-of-society approach provides a framework for coordinated action on systemic racism (AHRC, 2024a). Implementation should identify responsible agencies, budgets, milestones and measures agreed with Aboriginal and Torres Strait Islander organisations.

Health services should be required to demonstrate culturally safe care through patient and family experience, independent assessment and evidence of institutional change. Training should sit within broader responsibilities for service governance, clinical practice, complaints, employment and leadership. Aboriginal and Torres Strait Islander peoples must have authority in defining standards and assessing whether services meet them.

NHRA clauses B64, B66 and B69 connect cultural safety to accreditation, hospital reporting and strategies to address racism (Australian governments, 2026). The Commission should examine how these commitments are funded and enforced. Proposed indicators should include the response to racism complaints, patient experience, treatment continuity and implementation of remedial actions. An initial rise in complaints may reflect greater confidence in reporting and should be interpreted with community and workforce evidence.

**Supporting workforce leadership and safe workplaces**

Workforce reform should support Aboriginal and Torres Strait Islander people to enter, remain in and lead health professions. For medicine, this requires coordinated action across universities, clinical placements, internships, specialist training, employment and leadership appointments. Workforce growth and the transformation of these systems should be funded priorities.

Institutions should fund mentoring, supervision, placement support and career progression, while addressing racism in recruitment, assessment and workplace practice. Workforce plans should report retention, progression and seniority alongside recruitment, with safe

self-identification and appropriate data governance. Cultural safety teams need secure budgets and authority within institutional decision-making.

Aboriginal and Torres Strait Islander staff should not carry responsibility for reforming their employers through unpaid or unrecognised cultural work. Cultural expertise and community obligations need recognition through workload allocation, remuneration, supervision and culturally appropriate support. Executive leaders remain responsible for organisational change and for responding to racism. Workforce wellbeing should be assessed as an implementation outcome in its own right.

**Funding workforce and mainstream system reform**

NHRA reform funding offers a practical test of whether funding arrangements match the breadth of agreed reform. Clause B81 requires Aboriginal and Torres Strait Islander leadership of dedicated funding priorities and rules, while B84 provides for partnerships with health professional organisations on workforce plans (Australian governments, 2026). Implementation should provide transparent funding pathways for community-controlled delivery and for national professional, workforce and mainstream-system reform functions.

National medical workforce development, cultural safety, medical education and institutional reform functions require recognition and sustained funding. Funding should reflect agreed responsibilities and costed deliverables. The Commission should examine whether funding allocation and eligibility rules recognise the full range of functions required to implement reform, including community-controlled service delivery, national workforce and professional leadership, cultural safety, medical education and mainstream-system transformation. It should also examine whether diverse Aboriginal and Torres Strait Islander organisations assigned formal responsibilities under national agreements are adequately resourced to exercise those responsibilities, and whether funding governance reflects the relevant range of Aboriginal and Torres Strait Islander authority and expertise.

Aboriginal and Torres Strait Islander governance, workforce and professional leadership should be recognised as part of the infrastructure required to implement health-system reform, rather than treated as an incidental consultation cost. Where national agreements assign Aboriginal and Torres Strait Islander organisations formal roles in policy development, shared decision-making, workforce reform, implementation, monitoring or accountability, those responsibilities should be accompanied by adequate and secure resourcing. This should include capacity to develop independent policy positions, engage members and communities, access technical expertise, coordinate across organisations and participate consistently over the life of the reform. Funding arrangements should support the

independence of diverse Aboriginal and Torres Strait Islander partners and should not be contingent on agreement with government positions.

Funding architecture should not create gaps between support for community-controlled service delivery and support for Aboriginal and Torres Strait Islander organisations undertaking national workforce, professional, governance and mainstream-system reform functions. Both are necessary to give effect to the Priority Reforms. Funding models should therefore recognise the distinct but complementary roles of community-controlled services, professional and workforce organisations, sector-specific leadership bodies and other Aboriginal and Torres Strait Islander institutions contributing to health-system transformation.

**Government capability and embedding the Agreement**

Government capability should therefore be assessed through practice. Staff need time, continuity, delegated authority and support to work with partners. Guidance and training should be reinforced through procurement rules, budget processes and performance expectations. Aboriginal and Torres Strait Islander organisations should be funded to participate in joint learning and provide specialist advice, with government accountable for acting on that advice.

The Priority Reforms should also be built into national agreements and the ordinary business of government. Cabinet and budget proposals should document shared decision-making, effects on Agreement outcomes, funding for implementation and community accountability. Agency heads and ministers should be answerable for delivering these obligations, supported by scrutiny through annual reports and parliamentary processes.

The responsibility for these obligations should be embedded in public-sector legislation and associated accountability instruments so that implementation of the National Agreement and Priority Reforms is a direct and explicit responsibility of agency heads and senior executives, reflected in performance frameworks, annual reporting and parliamentary scrutiny.

**Independent mechanisms to monitor government transformation**

Independent mechanisms should have a statutory mandate, secure funding and appointments shaped by Aboriginal and Torres Strait Islander peoples. They should be able to obtain relevant information, publish findings, require timely government responses and

monitor agreed corrective action. Their design should provide accessible routes for communities to raise systemic concerns without requiring repeated individual complaints. Existing audit and human rights bodies can contribute expertise, but community legitimacy and authority must be explicit in the oversight arrangements.

The review should examine barriers to establishing these mechanisms, including legislative delays, limited powers, funding insecurity and overlap with existing bodies. Corrective action should identify who must act and by when. Consequences for non-performance should focus on institutional leadership and governance; withdrawing essential community services would compound the harms that accountability is intended to address.

**Priority Reform 4: Shared access to data and information at a regional level**

Priority Reform 4 should support Aboriginal and Torres Strait Islander authority over data, as well as access to information held by government. Scholarship and practical guidance from the Maiam nayri Wingara Indigenous Data Sovereignty Collective locate this authority across the creation, collection, stewardship, analysis and use of data (Maiam nayri Wingara Indigenous Data Sovereignty Collective, 2024).

Governments should establish funded data governance agreements with relevant communities and organisations before collection, linkage or secondary use. These agreements should identify decision-making authority, permitted purposes, access conditions, storage, interpretation, publication and dispute processes. Public release or reuse should respect collective interests and culturally restricted knowledge alongside individual privacy.

Communities need timely, locally relevant data in usable formats, with access to analytical expertise and infrastructure. Small populations require careful management of identification risks without using those risks as a blanket reason to deny communities useful information. Local organisations should be supported to interpret findings and connect them to their own priorities.

Mayi Kuwayu provides an example of developing measures through community engagement. Its cultural indicators include connection to Country, language, family and kinship, cultural continuity, and self-determination and leadership (Bourke et al., 2022). The lesson for Closing the Gap is to resource communities to define relevant measures, with permission to use existing instruments and appropriate validation, rather than imposing a uniform account of wellbeing.

The review should also test whether data sharing changes decisions. Useful evidence would include community-defined priorities that influenced budgets or services, time taken to meet data requests, and improvements in local capability and control.

**Progress towards socioeconomic outcomes and targets**

The July 2026 Annual Data Compilation Report records one target met, three improving and on track, five improving but not on track and four worsening. Two show no change and four cannot yet be assessed. Life expectancy is improving but not on track, while adult imprisonment, children in out-of-home care, suicide and early childhood development are worsening nationally (Productivity Commission, 2026b). These patterns require coordinated action across portfolios and attention to government policies that may impede progress.

The review should examine how housing, education, justice, child protection, employment and health decisions interact. It should test whether legislation and funding decisions are assessed for consistency with the Agreement before adoption. A health response to children's contact with justice systems should prioritise early support, disability and developmental assessment, family wellbeing and community services. The AHRC's child justice review supports early intervention and coordinated reform addressing children's rights and unmet needs (AHRC, 2024b).

Targets should retain their accountability function while being complemented by community-defined measures of wellbeing, cultural connection and self-determination. Improvements in a relative gap should be interpreted alongside absolute outcomes. National averages should be examined with regional and population differences, including the experiences of Torres Strait Islander peoples and people facing overlapping service barriers.

The Commission should distinguish resources committed, reforms implemented, changes in service access and experience, and longer-term outcomes. For health, this should include the quality of discharge and follow-up arrangements, timely access to care, culturally safe patient experience, workforce retention and progress in resolving institutional racism. Interpretation of interrupted treatment should consider whether services enabled safe and accessible care.

Community-defined evaluation should explain why an approach worked, for whom and under what conditions. Case studies can identify promising practice, but should be considered alongside implementation costs, reach and limits to transferability. The 2026 Close the Gap Campaign report reinforces the importance of community leadership and calls for public sector reform and stronger accountability (Close the Gap Campaign, 2026).

**Government accountability and confidence in Closing the Gap**

The review should make government accountability its central focus. The July 2026 data show that most targets are not on track, with outcomes worsening in several areas (Productivity Commission, 2026b). Assessment must establish whether governments have implemented agreed reforms and previous recommendations, and whether their decisions have improved outcomes. Meetings, submissions, reports and announced commitments do not, by themselves, demonstrate delivery.

Aboriginal and Torres Strait Islander organisations, communities and individuals have repeatedly contributed knowledge, evidence and practical solutions to policy and review processes. Further requests for advice must be accompanied by a public account of what governments have done with earlier contributions. The Productivity Commission recognised that partially implemented or abandoned reforms have contributed to distrust, fatigue and pressure on already stretched community resources. It also found that governments did not face timely or appropriate consequences for failing to honour the Agreement (Productivity Commission, 2024, pp 28, 82–83).

The 2025 independent review found that the Closing the Gap framework remains broadly sound but is inhibited by government inaction, with under-resourced Aboriginal and Torres Strait Islander parties carrying a disproportionate implementation burden (Lavarch et al., 2025). The AHRC's 2026 assessment likewise identifies inadequate transparency, inconsistent reporting and insufficient consequences for non-performance (AHRC, 2026). These findings require changes to government responsibilities, oversight and funding. Organisations and communities should not be expected to compensate for government failures through further unfunded engagement.

Continued non-delivery risks eroding confidence in Closing the Gap governance and the National Agreement itself. The 2024 review identified trust as foundational to the Agreement and recognised that it was lacking (Productivity Commission, 2024, p iii). Confidence depends on governments demonstrating that participation influences decisions, recommendations lead to funded action, and failures prompt corrective measures. This review should identify where earlier advice has not been acted on, explain the barriers and specify who must resolve them.

Governments should publish responses to this review within three months of its release, with a public implementation register covering relevant outstanding recommendations from earlier reviews. Each entry should record whether a recommendation is accepted, modified or declined, the reasons, responsible minister and agency, committed funding, delivery milestones and evidence of completion. Progress should be reported at least annually and independently assessed, with Aboriginal and Torres Strait Islander partners able to contest unsupported claims of implementation. Missed milestones should trigger published

explanations, funded corrective plans and escalation to independent oversight and parliamentary scrutiny.

The review should build on existing submissions and truth-telling evidence, with permission, and resource participation where further engagement is necessary. Its success should be assessed through verified government action and improvements experienced by communities, alongside evidence of progress towards the targets. The next review must be able to establish what changed, who was responsible and whether outstanding commitments were delivered.

**References**

Australian Human Rights Commission (AHRC) 2024a, National Anti-Racism Framework, AHRC, Sydney.

Australian Human Rights Commission (AHRC) 2024b, 'Help way earlier!' How Australia can transform child justice to improve safety and wellbeing, AHRC, Sydney.

Australian Human Rights Commission (AHRC) 2025, UN Declaration on the Rights of Indigenous Peoples, resource guide.

Australian Human Rights Commission (AHRC) 2026, Australian Human Rights Assessment 2026: First Peoples, AHRC.

Australian governments 2026, Addendum to the National Health Reform Agreement 2026–2031, consolidated agreement, Federal Financial Relations.

Australian National Audit Office (ANAO) 2026, Closing the Gap in Schooling and Early Childhood Development — Partnership and Reporting, Auditor-General Report No 19 of 2025–26, Canberra.

Bourke, S, Chapman, J, Jones, R, Brinckley, MM, Thurber, KA, Calabria, B, Doery, K, Olsen, A and Lovett, R 2022, 'Developing Aboriginal and Torres Strait Islander cultural indicators: an overview from Mayi Kuwayu, the National Study of Aboriginal and Torres Strait Islander Wellbeing', International Journal for Equity in Health, vol 21, article 109.

Butler, T, Anderson, K, Black, O, Gall, A, Ngampromwongse, K, Murray, R, Mitchell, L, Wilkinson, K, Heris, C and Whop, LJ 2025, Co-design Versus Faux-design of Aboriginal and Torres Strait Islander Health Policy: A Critical Review, Lowitja Institute, Melbourne.

Close the Gap Campaign 2026, Community Voices: The Pathway to Justice, Equality and Healing, Close the Gap Campaign Report.

Gao, Y, Roe, Y, Hickey, S, Chadha, A, Kruske, S, Nelson, C, Carson, A, Watego, K, Reynolds, M, Costello, J, Tracy, S and Kildea, S 2023, 'Birthing on country service compared to standard care for First Nations Australians: a cost-effectiveness analysis from a health system perspective', The Lancet Regional Health – Western Pacific, vol 34, article 100722.

Joint Council on Closing the Gap 2026, Response to the Aboriginal and Torres Strait Islander-led review of the National Agreement on Closing the Gap, May.

Lavarch, L, Coombes, L, Gray, K, Anthony, C and Nolan-Smith, S 2025, Independent Aboriginal and Torres Strait Islander-led Review of Closing the Gap, Jumbunna Institute for Indigenous Education and Research, University of Technology Sydney.

Maiam nayri Wingara Indigenous Data Sovereignty Collective 2024, Taking Control of Our Data: A Discussion Paper on Indigenous Data Governance for Aboriginal and Torres Strait Islander People and Communities, Lowitja Institute, Melbourne.

Productivity Commission 2024, Review of the National Agreement on Closing the Gap, Study report, volume 1, Canberra.

Productivity Commission 2026a, Closing the Gap Review 2026 Call for submissions, Canberra, September.

Productivity Commission 2026b, Closing the Gap Annual Data Compilation Report July 2026, Canberra.

Thurber, KA, Brinckley, MM, Jones, R, Evans, O, Nichols, K, Priest, N, Guo, S, Williams, DR, Gee, GC, Joshy, G, Banks, E, Thandrayen, J, Baffour, B, Mohamed, J, Calma, T and Lovett, R 2022, 'Population-level contribution of interpersonal discrimination to psychological distress among Australian Aboriginal and Torres Strait Islander adults and to Indigenous–non-Indigenous inequities: cross-sectional analysis of a community-controlled First Nations cohort study', The Lancet, vol 400, no 10368, pp 2084–2094.

United Nations 2007, United Nations Declaration on the Rights of Indigenous Peoples, General Assembly resolution 61/295.

Yoorrook Justice Commission 2025, Yoorrook for Transformation: Third Interim Report, health findings and recommendations 82 to 85, Melbourne.