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**Promotion and protection of all human rights, civil,
political, economic, social and cultural rights,
including the right to development**

Indigenous persons with disabilities

Report of the Special Rapporteur on the rights of Indigenous Peoples, José Francisco Calí Tzay

Summary

The present report is submitted to the Human Rights Council by the Special Rapporteur on the rights of Indigenous Peoples pursuant to his mandate under Human Rights Council resolution 51/16. In the report, the Special Rapporteur provides a thematic analysis of the rights and the situation of Indigenous persons with disabilities.



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I. Introduction

1. Worldwide, there are an estimated 1.3 billion persons with disabilities, or 16 per cent of the world's population.¹ While there is a lack of disaggregated global data on Indigenous persons with disabilities, it is estimated that they number more than 54 million.² The rate of disability among Indigenous Peoples is higher because of many factors, including dangerous working conditions, lower standards of living and the poor quality of the medical services available to them.
2. Indigenous persons with disabilities often experience multiple forms of individual and structural discrimination that create barriers to the full enjoyment of their rights, based on their Indigenous identity and their disability. Intersecting layers of discrimination can limit their access to the justice system, development programmes and funds, education, employment, health care, communications, and transportation services. Owing to marginalization, poverty and "invisibility", Indigenous persons with disabilities are not always able to voice their concerns and exercise their rights.
3. The Special Rapporteur on the rights of Indigenous Peoples identified the theme of the present report after hearing directly from Indigenous persons with disabilities about the challenges that they face in exercising their rights. Pursuant to Human Rights Council resolution 51/16, the Special Rapporteur is to pay special attention to the human rights and fundamental freedoms of Indigenous persons with disabilities in carrying out his mandate.
4. The present report builds upon the findings and reports of the Permanent Forum on Indigenous Issues, the Expert Mechanism on the Rights of Indigenous Peoples, the Office of the United Nations High Commissioner for Human Rights (OHCHR), the Special Rapporteur on the rights of persons with disabilities and the International Labour Organization.
5. In the preparation of this report, the Special Rapporteur issued a call for input to Member States, Indigenous Peoples' organizations, academics and non-governmental organizations.³ He expresses his gratitude to all those who provided written contributions, as well as everyone who participated in and contributed to the consultations held online on 2 and 3 May 2024. The Special Rapporteur also reviewed official United Nations documents and thematic studies and drew on information gathered during country visits.

II. International legal instruments

6. International legal standards recognizing the rights of Indigenous persons with disabilities are set out in numerous instruments, including but not limited to the United Nations Declaration on the Rights of Indigenous Peoples, the International Labour Organization Indigenous and Tribal Peoples Convention, 1989 (No. 169), the Convention on the Rights of Persons with Disabilities and its Optional Protocol, the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child.
7. Articles 21 and 22 of the United Nations Declaration on the Rights of Indigenous Peoples recognize the right of Indigenous persons with disabilities to the improvement of their socioeconomic conditions, education, employment, housing, sanitation, health and social security without discrimination. They further stipulate that States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions.
8. Indigenous persons with disabilities enjoy not only individual rights but also collective rights as members of communities of Indigenous Peoples, as established in international human rights instruments such as the United Nations Declaration on the Rights of Indigenous Peoples and the Indigenous and Tribal Peoples Convention, 1989 (No. 169).

¹ See <https://www.who.int/health-topics/disability>.

² E/C.19/2013/6, para. 2.

³ See <https://www.ohchr.org/en/calls-for-input/2024/call-inputs-indigenous-persons-disabilities>.

These rights include the rights to self-determination, land, territories and resources, consultation and free prior and informed consent.

9. While the Convention on the Rights of Persons with Disabilities does not contain a stand-alone article on Indigenous Peoples, its preamble, in which the general terms, purposes and considerations of the Convention are defined, contains recognition of the conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political opinion, national, ethnic, Indigenous or social origin, property, birth, age or other status.⁴

10. The Committee on the Elimination of Discrimination against Women addressed the rights of Indigenous women with disabilities in its general recommendation No. 39 (2022) on the rights of Indigenous women and girls, identifying different forms of intersectional discrimination faced by Indigenous women and girls, including disability. In that general recommendation, the Committee emphasized their key role as leaders, knowledge-bearers and transmitters of culture among their peoples, communities and families, as well as society as a whole. In addition, it highlighted States' obligations to respect their rights to effective participation in political and public life, and their rights to lands, territories and resources (paras. 2, 43 and 56).

11. Article 2 of the Convention on the Rights of the Child provides that the rights set forth in the Convention apply regardless of disability or any other status. Article 23 of that Convention sets out the rights of children with disabilities, emphasizing, *inter alia*, the need to ensure access to and receive education, training, health-care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to their cultural and spiritual development. These rights should be interpreted and implemented in the light of Committee on the Rights of the Child general comment No. 11 (2009) on Indigenous children and their rights under the Convention.

III. Background

12. Under the social model and the human rights model of disability, disability is a social construct. It is the interaction between barriers and impairment within society, rather than personal impairments, that excludes persons with disabilities. A human rights-based approach to disability emphasizes the empowerment, inclusion and full participation of persons with disabilities in society, guided by the principles of dignity, autonomy and non-discrimination.

13. However, Indigenous persons with disabilities often experience intersectional discrimination and marginalization. Aggravated societal, attitudinal and environmental barriers hinder the full and effective participation of Indigenous persons with disabilities in society on an equal basis with others. Therefore, the Special Rapporteur considers it important to understand the reasons for the high numbers of persons with disabilities among Indigenous Peoples. In addition, during his consultations with Indigenous Peoples, the Special Rapporteur was requested to address in his report the root causes of the disproportionately high numbers of persons with disabilities among Indigenous Peoples.

14. The high numbers of persons with disabilities among Indigenous Peoples cannot be fully understood without considering the historical and ongoing impacts of colonization and structural racial discrimination. Colonization has disrupted Indigenous ways of life, leading to social, economic and health disparities that disproportionately affect Indigenous Peoples. These disparities have been compounded by structural racial discrimination, which manifests in various forms such as limited access to health care, education and employment opportunities and the disproportional contamination of Indigenous territories.

15. Colonization has resulted in the dispossession of land, forced assimilation, the suppression of Indigenous knowledge and the weakening of Indigenous self-government

⁴ International Disability Alliance, Indigenous Peoples with Disabilities Global Network and Endorois Indigenous Women Empowerment Network, *The Impact of Climate Change on Indigenous Peoples with Disabilities in Baringo County, Kenya*, p. 14.

institutions, all of which have eroded the foundation of Indigenous societies. This historical context has contributed to higher rates of poverty, malnutrition and exposure to environmental hazards, all of which are significant risk factors for being born with or acquiring impairments that, in interaction with barriers, result in disability. Structural racial discrimination further exacerbates these challenges by creating barriers to accessing essential services and resources. Indigenous persons with disabilities often face double discrimination: first, as members of a community of Indigenous Peoples; and second, on the basis of disability. This intersectional marginalization leads to inadequate health-care services, poor educational outcomes and limited employment prospects.

16. In Australia, the number of persons with disabilities in the Indigenous population, at almost 4 in 10 (38 per cent), is nearly three times higher than in the general population.⁵ Similarly, in the United States of America, people who identify as Native American are 50.3 per cent more likely to have a disability than the national average.⁶ In Greenland, nearly one fifth of the population identifies as a person with a disability.⁷ In Guatemala, about half of the population self-identifies as Maya.⁸ However, persons with disabilities are not consistently included and counted in mainstream data collection.⁹ The Government of Guatemala has acknowledged the evolving nature of disability and the interaction of an impairment with societal barriers among Indigenous Peoples in Guatemala.¹⁰

17. In addition to historical and structural factors such as colonization, as well as ongoing systemic discrimination, dangerous working conditions, environmental conflicts, pollution from extractive industries and a lack of access to health care and services are significant contributors to acquiring an impairment that, in interaction with attitudinal and environmental barriers, hinders the full and effective participation in society on an equal basis with others and results in disability.

18. In many States, Indigenous persons with disabilities encounter significant challenges due to extreme poverty and the location of services away from remote villages. They also face disparities in development indicators, intensifying their vulnerability.¹¹ Indigenous Peoples across the world are three times more likely to live in extreme poverty than the general population.¹² Poverty can be a cause of acquiring impairments because people in poverty do not have access to adequate health care or nutrition.

19. Acknowledging the root causes of high rates of acquiring an impairment that, in interaction with attitudinal and environmental barriers, hinders the full and effective participation in society on an equal basis with others and results in disability among Indigenous Peoples is not intended in any way to stigmatize, but is part of ensuring respect for the environmental and health-related human rights of Indigenous Peoples. In addition, since Indigenous Peoples are particularly affected by high rates of impairment, it is important to address the root causes of such a disproportionate impact under article 12 of the International Covenant on Economic, Social and Cultural Rights.

20. Indigenous Peoples experience high rates of acquired impairments owing to barriers in accessing appropriate education, leading to poor socioeconomic outcomes.¹³ For example, a low level of educational achievement often causes young adults to remain employed in dangerous industries in which workplace injuries are common and in which they are more likely to acquire impairment.¹⁴

⁵ Australian Bureau of Statistics, National Aboriginal and Torres Strait Islander Health Survey, 2018/19.

⁶ See <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/ai-an-age-and-disability>.

⁷ A/HRC/54/31/Add.1, para. 84.

⁸ Submission from Guatemala.

⁹ See <https://unsdg.un.org/latest/blog/count-me-working-together-disability-inclusion-guatemala>.

¹⁰ Submission from Guatemala.

¹¹ Ibid.

¹² A/C.3/77/SR.16, para. 34.

¹³ Submission from the Assembly of First Nations.

¹⁴ Submission from Canada.

21. Racism affects the socioeconomic status of Indigenous Peoples, which determines their access to education, housing and health care; these social indicators result in an increased likelihood of experiencing a physical or intellectual impairment.¹⁵ Racial discrimination in health-care services can lead to the failure to provide early diagnosis and intervention for Indigenous children with impairments and to adults experiencing disproportionately higher rates of impairments.¹⁶

22. The lack of accessible, available, acceptable and quality reproductive health services and the distance to health facilities makes it almost impossible for Indigenous women to give birth in a health facility, which has implications for impairment prevention. A study examining the availability of emergency, non-emergency and preventive care in rural First Nations communities in Canada found that the delivery of all of these types of care was severely limited. A lack of qualified health-care staff located within a reasonable distance rendered people with urgent health emergencies much more likely to experience problematic complications, including those that may lead to impairments.¹⁷

23. The Inter-American Commission on Human Rights has drawn attention to the disproportionate rates of maternal mortality and morbidity among Indigenous women, who mostly reside in rural areas. The lack of maternal health services for Indigenous Peoples causes preventable impairments because premature births, infections and complications related to childbirth are not properly attended to.¹⁸

24. Conflicts and the militarization of Indigenous lands are directly linked to the high numbers of persons with disabilities among Indigenous Peoples. Physical violence in the form of forced recruitment, bombing, harassment by the military, torture and the installation of anti-personnel mines all cause disabilities among Indigenous persons.

IV. Main barriers faced by Indigenous persons with disabilities in the realization of their rights

25. Indigenous persons with disabilities face a unique and compounded set of challenges that are deeply intertwined with their identity, culture and historical context. Addressing their needs requires a nuanced understanding of the intersectionality of their identities and a commitment to upholding their rights as both Indigenous Peoples and persons with disabilities. This includes respecting their collective rights to self-determination, lands, territories and resources, consultation and free, prior and informed consent before adopting any legislation or policy that addresses their unique circumstances.

26. In many States, there is a significant funding and infrastructure gap that continues to have an impact on access to health-care services, education, adequate and accessible housing, employment and economic opportunities for Indigenous persons with disabilities. Indigenous persons with disabilities are overrepresented among persons living in poverty and are rarely consulted in matters affecting them. They face greater risk of violence, systemic discrimination, ableism and racism from States and other actors.¹⁹ Below, the Special Rapporteur analyses the most frequently encountered barriers, as conveyed to him by Indigenous persons with disabilities.

¹⁵ Richard Matthews, "The cultural erosion of Indigenous people in health care", *Canadian Medical Association Journal*, vol. 189, No. 2 (January 2017).

¹⁶ Submission from Australia.

¹⁷ Tim Michiel Oosterveer and T. Kue Young, "Primary health care accessibility challenges in remote Indigenous communities in Canada's North", *International Journal of Circumpolar Health*, vol. 74, No. 1 (2015).

¹⁸ Inter-American Commission on Human Rights, *Indigenous Women and Their Human Rights in the Americas* (2017).

¹⁹ Submission from the International Disability Alliance, the National Indigenous Disabled Women Association Nepal and the Indigenous Persons with Disabilities Global Network.

A. Racism and racial discrimination

27. Challenges faced by Indigenous persons with disabilities include discrimination and lack of access to basic services.²⁰ Equality and non-discrimination are essential to the exercise and enjoyment of all human rights and are enshrined in all major human rights instruments, including the United Nations Declaration on the Rights of Indigenous Peoples (art. 2) and the Convention on the Rights of Persons with Disabilities (art. 5).

28. Historical discrimination and extreme poverty contribute to unfavourable conditions for Indigenous persons with disabilities.²¹ Non-discrimination is critical, as Indigenous Peoples often encounter differential treatment when seeking health care; racism can lead to misdiagnoses and discourage Indigenous Peoples from seeking health-care and rehabilitation services when it is necessary.²² Institutionalized racism can compound or create unique social and economic inequalities. Indigenous persons with disabilities may avoid interacting with the health-care system to avoid further discrimination.²³ For example, in Colombia, structural violence and colonialism has manifested in physical violence against Indigenous Peoples, with Indigenous persons with disabilities suffering disproportionately.²⁴ In Australia, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability noted that “the experiences of First Nations people with disability cannot be separated from the ongoing impacts of colonisation, intergenerational trauma and institutional racism experienced by First Nations people more generally”.²⁵

B. Societal barriers

29. It is important to note that disability is created by societal response, rather than physical or intellectual impairment. Indigenous societies often celebrate the uniqueness of individuals who colonial thinkers would label “disabled” and acknowledge them as respected members of Indigenous communities. In contrast, mainstream health care has long followed the medical model of disability, which takes a “biological essentialist” approach to disability. Since it is clear that the non-Indigenous label of “disability” is foreign to many – if not most – Indigenous societies, policies and research focused on persons with disabilities who are Indigenous must take into account their communities’ worldview on the concept of difference.²⁶

30. The misalignment between State diagnostic tools and Indigenous Peoples’ perspectives not only leads to culturally inappropriate classifications, but also contributes to increased impairment rates among Indigenous Peoples by blocking access to accurate and culturally appropriate services and supports.²⁷

31. In some States, discrimination against Indigenous Peoples with disabilities often manifests in social rejection and exclusion from social programmes altogether.

C. Legal and administrative barriers

32. Indigenous persons with disabilities, and notably Indigenous women with disabilities, commonly experience the denial of legal capacity, which leads to further human rights violations, including in the areas of access to justice and institutionalized violence. They are

²⁰ Submission from Mexico.

²¹ Ibid.

²² See <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples/frequently-asked-questions-on-the-health-and-rights-of-indigenous-peoples>.

²³ Submission from Australia.

²⁴ Submission from the Center for Reproductive Rights.

²⁵ *First Nations People with Disability*, final report, vol. 9, p. 27.

²⁶ Minerva Concepción Rivas Velarde, “The Convention on the Rights of Persons with Disabilities and its implications for the health and wellbeing of Indigenous Peoples with disabilities”, PhD dissertation, University of Sydney, 2014, pp. 37, 47 and 48.

²⁷ Submission from the Assembly of First Nations.

routinely denied their right to a legal remedy. As a result, many cases of discrimination and gender-based violence against Indigenous women and girls end in impunity.²⁸

33. The Committee on the Elimination of Discrimination against Women has urged States to ensure the recognition of the legal capacity of Indigenous women with disabilities and support mechanisms for the exercise of their legal capacity. Indigenous persons with disabilities frequently face barriers with regard to the physical accessibility of buildings that house law enforcement agencies and the judiciary, and to the accessibility of critical information, transportation, communications and procedures.²⁹

34. In non-Indigenous justice systems, Indigenous persons with disabilities frequently face systemic racial discrimination and often have to participate in procedures that are not culturally or linguistically appropriate and do not take into account Indigenous practices. Other obstacles to access to justice include the remoteness of Indigenous territories, which force Indigenous Peoples to travel long distances to file complaints, which is more challenging for Indigenous persons with disabilities.³⁰

D. Cultural and language barriers

35. Colonization has contributed to imposing dominant narratives on disability, narrowly focusing on individual impairment. In contrast, Indigenous knowledge systems often emphasize community, interdependence and holistic well-being, differing significantly from the individualistic and medicalized approaches prevalent in mainstream society. Persons with disabilities are viewed by many Indigenous Peoples as a part of the natural variation, and it has been important to give each individual a functional role in society.

36. The lack of inclusion of Indigenous knowledge in State welfare systems, coupled with the lack of recognition and promotion of Indigenous health-care systems, exacerbates the challenges faced by Indigenous persons with disabilities. Even in countries that have robust disability support services, Indigenous persons with disabilities often find it difficult to access culturally appropriate disability support services. Standardized services are tailored to the needs of the majority, leaving Indigenous persons with disabilities without access to effective services. For example, the Accessible Canada Act does not recognize the need for culturally competent disability support services for First Nations in Canada. This has left a gap in an otherwise robust network of disability support services where Indigenous persons with disabilities are misdiagnosed and cannot access health care, and where the intergenerational trauma of colonization cannot be addressed.³¹

37. For Indigenous persons with disabilities who are deaf or hard of hearing, additional barriers arise from a lack of appropriate interpreting services. For example, in New Zealand, Māori who are deaf or hard of hearing do not have access to interpreters who are fluent in English, Māori and sign language.³² This is also the case in many other States.

38. Attempts to extend health-care delivery to Indigenous Peoples with disabilities are often rendered less effective than intended because the services offered are not culturally appropriate. Western biomedical understanding is nearly always prioritized over Indigenous healing practices and medicine, creating a disconnect between those who seek to provide health care and those who are supposed to receive it.³³ Mainstream health care fails to recognize that Indigenous cultures typically do not discriminate against persons with impairments; the focus of many Indigenous Peoples is on the unique gifts that each individual

²⁸ Committee on the Elimination of Discrimination against Women, general recommendation No. 39 (2022) on the rights of Indigenous women and girls, paras. 21 and 29.

²⁹ *Ibid.*, paras. 23 (d) and 29.

³⁰ *Ibid.*, para. 30.

³¹ David Pratt, Co-Chair of the Assembly of First Nations Health Committee, statement made on 2 May 2024 during the online consultation with the Special Rapporteur.

³² Submission from the World Federation of the Deaf.

³³ Matthews, “The cultural erosion of Indigenous people in health care”.

contributes to society, rather than perceived limitations.³⁴ A lack of recognition and support for traditional healing practices and ceremonies in Indigenous Peoples' mental and physical health policy exists, which violates the human rights of Indigenous persons with disabilities. Below, broader challenges faced by Indigenous persons with disabilities in accessing health care are examined.

E. Access to health care

39. Indigenous persons with disabilities often face barriers in their day-to-day lives, such as accessing affordable, quality and culturally appropriate health-care services, in particular if they reside in remote areas where health care is unavailable or where they face communication barriers with health and care workers.³⁵ Such barriers are compounded by additional layers of discrimination in relation to their Indigenous origin and disability.³⁶ Language barriers, cultural differences in health beliefs and practices and mistrust of mainstream health-care institutions that often have colonial origins all affect Indigenous persons with disabilities.³⁷ For example, Sami persons with disabilities in Norway do not have access to services and opportunities in their own languages or within their own culture. Sami persons with disabilities often have to choose between gaining access to the health and other services that they need by moving elsewhere, or maintaining their languages and culture but without access to such services.³⁸ This is the experience of many Indigenous Peoples throughout the world.

40. The health problems experienced by Indigenous persons with disabilities are also affected by multiple difficulties in accessing health care. The World Health Organization (WHO) considers the accessibility of health care to be one of the four key elements in actualizing the right to health for Indigenous Peoples. Those four key elements are availability, accessibility, acceptability and quality. WHO further divides the concept of accessibility into four often overlapping subparts: (a) non-discrimination; (b) physical accessibility; (c) economic accessibility; and (d) information accessibility.³⁹

41. Economic accessibility means affordability; since Indigenous Peoples experience some of the highest rates of poverty in the world, insufficiently funded health care is yet another barrier to access. Lastly, information accessibility is critically lacking in Indigenous communities because of the cultural mismatch between the services provided and the communities being served. When information is not available in Indigenous languages, many Indigenous persons with disabilities may not be aware of the health-care services available or may not fully trust them.⁴⁰

42. In some States, inadequate health coverage generally is a large contributor to the prevalence of disabilities among Indigenous Peoples, specifically in terms of ineffective sexual and reproductive health care. Indigenous persons with disabilities often encounter obstacles such as racial discrimination and linguistic barriers in urban medical facilities, leading to a reluctance to seek medical assistance.⁴¹

43. In Argentina, the lack of access to health-care facilities exacerbates health issues, in particular for Indigenous individuals with disabilities. In addition to the shortage of professionals and specialists and the lack of specialized hospital equipment, extensive

³⁴ Nicole Ineese-Nash, "Disability as a colonial construct: the missing discourse of culture in conceptualizations of disabled Indigenous children", *Canadian Journal of Disability Studies*, vol. 9, No. 3 (2020).

³⁵ Submission from the World Health Organization.

³⁶ Scott Avery, *Culture is Inclusion: A Narrative of Aboriginal and Torres Strait Islander People with Disability* (Sydney, Australia, First Peoples Disability Network, 2018).

³⁷ Submission from Tiliq, Greenland.

³⁸ A/HRC/43/41/Add.3, para. 25.

³⁹ See <https://www.who.int/initiatives/global-plan-of-action-for-health-of-indigenous-peoples/frequently-asked-questions-on-the-health-and-rights-of-indigenous-peoples>.

⁴⁰ Ibid.

⁴¹ Shaun Grech, "Disability and poverty in rural Guatemala: conceptual, cultural and social intersections" (London, London School of Hygiene and Tropical Medicine, 2016).

geographical distances to urban centres are a major barrier to Indigenous persons with disabilities accessing health care.⁴²

44. In addition, Indigenous persons with disabilities often face barriers to accessing their right to Indigenous medicine and maintaining their health practices, including the conservation of vital medicinal plants, animals and minerals.⁴³ These Indigenous healing modalities are deeply connected to the health practices and overall wellness of individuals within communities of Indigenous Peoples. However, despite the evident need, current health-care systems inadequately accommodate Indigenous Peoples' right to culture, thereby perpetuating barriers to accessing culturally relevant support for healing and wellness, in particular for Indigenous persons with disabilities.⁴⁴

F. Support and care systems

45. It is crucial to note that, in low and middle-income countries, the majority of Indigenous persons with disabilities rely on family support. Community-based support networks are crucial for fostering inclusion for Indigenous persons with disabilities. Loss of social relations and connections results in the exclusion of Indigenous persons with disabilities in the community.

46. In different contexts, Indigenous persons with disabilities have been affected by forced displacement and land destruction. Displacement results in the loss of social relations and connections with families, which are a key source of care and support.⁴⁵ As noted by OHCHR, support and care systems are critical to strengthening resilience, including in the context of climate change.⁴⁶

47. Conventional care systems have also historically been used, and continue to be used, to separate Indigenous children with disabilities from their families, placing them in out-of-home care away from their parents and communities. Indigenous Peoples must be able to decide for themselves the best support and care systems for their children in accordance with their culture and their inherent right to self-determination over their internal affairs, in line with human rights standards, at all times keeping in mind the best interests of the child.⁴⁷ It is paramount to adopt a human rights-based approach to support and care systems and to adapt them to Indigenous culture.

G. Access to education and employment

48. Indigenous persons with disabilities must have appropriate and relevant education in order to have awareness of the resources available to them. Inaccessibility and unavailability of important information can cause Indigenous persons with disabilities to miss out on social programmes or important public health messages. In Nepal, for example, a lack of timely coronavirus disease (COVID-19) information in accessible formats and in local Indigenous languages was reported, which caused additional barriers for Indigenous persons with disabilities. In addition, only 64 per cent of Indigenous persons with disabilities in Nepal have received disability cards,⁴⁸ which may entitle a person to a monthly allowance, discounts on certain goods and educational opportunities.⁴⁹ Many Indigenous persons are simply not aware that the system even exists.⁵⁰ Similarly, in Guatemala, educational barriers, including limited access to schools and resources, especially among Indigenous persons with

⁴² Submission from the Directorate of Indigenous Community Development of the National Institute of Indigenous Affairs of Argentina.

⁴³ United Nations Declaration on the Rights of Indigenous Peoples, art. 24.

⁴⁴ Submission from the Assembly of First Nations.

⁴⁵ Submission from the International Disability Alliance, the Indigenous Peoples with Disabilities Global Network and the Endorois Indigenous Women Empowerment Network.

⁴⁶ A/HRC/55/34, para. 9.

⁴⁷ A/HRC/54/31/Add.2, para. 35.

⁴⁸ Submission from Minority Rights Group International.

⁴⁹ International Nepal Fellowship, "Playing the right card", 5 June 2016.

⁵⁰ Submission from Minority Rights Group International.

disabilities, hinder their employment opportunities and economic independence.⁵¹ In many other States, Indigenous persons with disabilities are often excluded from educational, vocational and employment opportunities as well. In Norway, Sami children with disabilities face challenges due to the shortage of teachers who speak Sami languages and understand their culture, inadequate support and adapted materials in Sami languages and a teaching environment that often lacks cultural sensitivity.⁵²

49. Indigenous women and girls with disabilities in particular experience a concerning lack of access to education. In many regions around the world, a significantly higher percentage of Indigenous boys are enrolled in school compared with Indigenous girls. The gender gap that exists in the education of Indigenous youth can be attributed to the heightened discrimination and harassment that Indigenous girls face from non-Indigenous persons outside the home.⁵³ Indigenous women and girls with disabilities may be compelled to act as care and support providers to other family members, further limiting their capability to pursue an education. Indigenous women with disabilities experience poorer educational outcomes and higher rates of maternal mortality than other Indigenous women.⁵⁴

50. Even when education is inclusive of Indigenous Peoples, it is at risk of being rendered ineffective or even problematic when it fails to provide a culturally appropriate curriculum.⁵⁵ Lack of inclusive education for those with disabilities is an additional barrier.⁵⁶ Indigenous children thrive when the education provided to them embraces their culture. The social problems faced by Indigenous Peoples that contribute to high numbers of persons with disabilities are correlated with damage to their cultures, languages, identities and self-respect, stemming at least in part from school systems that are designed to change them rather than support them.⁵⁷

51. There is a dearth of training opportunities and transition to employment programmes for persons with disabilities in the areas where Indigenous Peoples live, resulting in many persons with disabilities lacking the skills and opportunities needed to earn a living.⁵⁸ Some of the challenges faced by Indigenous persons with disabilities in Costa Rica include inadequate specialized personnel in educational institutions and social isolation.⁵⁹

H. Full and effective participation

52. The participation of persons with disabilities encompasses both individual and collective dimensions. Under the Convention on the Rights of Persons with Disabilities (art. 29), persons with disabilities have the right to participate in political and public life on an equal basis with others, directly or through freely chosen representatives, including the right and opportunity to vote and be elected. As members of Indigenous Peoples, Indigenous persons with disabilities also enjoy the collective right to self-determination, the right to autonomy or self-government and the right to consultation and free, prior and informed consent before the adoption of any legislative or administrative measures and projects that may affect them (United Nations Declaration on the Rights of Indigenous Peoples, arts. 3, 4, 18, 19 and 32).

53. Ensuring the right to self-determination and the right to free, prior and informed consent is key for the meaningful participation of Indigenous persons with disabilities. Indigenous persons with disabilities face many barriers in participation, such as lack of

⁵¹ Submission from Guatemala.

⁵² A/HRC/43/41/Add.3, para. 45.

⁵³ See https://www.un.org/esa/socdev/unpfii/documents/BriefingNote3_GREY.pdf.

⁵⁴ Submission from the National Indigenous Disabled Women Association Nepal.

⁵⁵ Marie Battiste, "Indigenous knowledge and Indigenous peoples' education" in *Traditional Knowledge in Policy and Practice: Approaches to Development and Human Well-Being*, Suneetha M. Subramanian and Balakrishna Pisupati, eds. (New York, United Nations University Press, 2010).

⁵⁶ Submission from Maat for Peace, Development and Human Rights.

⁵⁷ Ole Henrik Magga and others, "Indigenous children's education and Indigenous languages", expert paper prepared for the Permanent Forum on Indigenous Issues, 2005.

⁵⁸ E/C.19/2013/6, para. 40.

⁵⁹ Submission from Mesa Nacional Indígena Costa Rica.

representation, respect and inclusion in decision-making processes. Overcoming these barriers requires, among other things, comprehensive public policies, improved accessibility and awareness-raising.⁶⁰ Ensuring the right to consultation and free, prior and informed consent of Indigenous persons with disabilities is one of the most important principles that can protect their right to full and effective participation in decisions affecting them. Unfortunately, in many States, the requirement for free, prior and informed consent and the meaningful participation of Indigenous Peoples does not take into account the barriers faced by Indigenous persons with disabilities and does not include provisions for their inclusion in decision-making processes.

54. The right to participate in public affairs is closely related to the full realization of the right of access to information. Technology is key in, inter alia, engaging in individual, community and public life, and must be inclusive for persons with disabilities. Technology can support inclusion and participation, including in political, economic and social life. Advancements in technology, including artificial intelligence, if used in line with international human rights standards, have the potential to enhance accessibility and affordability for persons with disabilities, as well as to enhance, inter alia, their participation in public and political affairs.

V. Psychosocial disabilities

55. The prevalence of racism, colonialism, land dispossession and the resulting intergenerational trauma that affects Indigenous Peoples, in addition to inequities in the underlying and social determinants of mental health, are factors that can lead to a higher rate of psychosocial disability among Indigenous Peoples across the world.⁶¹ Indigenous Peoples have been subject to attempted erasure of culture, forced evictions, forced sterilization and forced assimilation; these persistent harms are a cross-generational “psychological wounding” that manifests as a greatly increased likelihood of mental health conditions and psychosocial disabilities.⁶²

56. In contrast, a lack of understanding and respect for the Indigenous worldview and psychosocial diversity and the imposition of a colonial biomedical understanding of mental health that informs laws, policies and practices can lead to inappropriate diagnosis and the disproportionate use of coercive measures.⁶³ The mental health treatment techniques used in Western psychology and psychiatry may not only be ineffective but could also be harmful or retraumatizing for Indigenous Peoples if intergenerational trauma is not recognized in their intake, assessment and diagnostic processes.⁶⁴

57. Removing Indigenous Peoples with psychosocial disabilities from their homes and placing them in State or private institutions is similar to other forms of forced removal and institutionalization that Indigenous Peoples have faced, including in child welfare. Psychosocial disability and the mental health of parents continue to be used for the forced removal of Indigenous children from their families and their placement in State and private institutions. Psychologists and psychiatrists who have not been trained on how to carry out assessments in diverse cultural contexts, including among Indigenous Peoples, risk misinterpreting the responses; information received by the Special Rapporteur from several sources indicates that biases against Indigenous Peoples have resulted in their being wrongly assessed as persons with psychosocial disabilities. Furthermore, language barriers also cause disadvantages and lead to incorrect outcomes in current assessment procedures.

58. The historical and ongoing impacts of colonization, in particular with regard to residential schools, removal and relocation, have contributed significantly to higher numbers

⁶⁰ Submission from the Ministry of Social and Economic Inclusion, the Ministry of Public Health and the National Council for Disability Equality of Ecuador.

⁶¹ Ruth McCausland, Elizabeth McEntyre and Eileen Bladry, “Indigenous peoples, mental health, cognitive disability and the criminal justice system”, Brief (Indigenous Justice Clearinghouse, 2017).

⁶² American Psychiatric Association, “Stress and trauma toolkit for treating Indigenous People in a changing social and political environment”, 2024.

⁶³ See <https://www.tewhatuora.govt.nz/publications/ki-te-whaiao/>.

⁶⁴ Submission from the Assembly of First Nations.

of persons with mental health conditions or psychosocial disabilities among First Nations People in Canada.⁶⁵ The Assembly of First Nations conducted a disability poll that demonstrated the collective struggle of First Nations persons with disabilities to access culturally safe and accurate mental health assessments.⁶⁶

59. Indigenous persons with psychosocial disabilities also face significant challenges and violence throughout the world, including forced sterilization⁶⁷ and violence and abuse in mental health institutions,⁶⁸ with Indigenous women and girls being particularly affected.

60. In some countries, persons with disabilities are required to have disability cards, which is particularly challenging for Indigenous persons with psychosocial disabilities because of the lack of an accessible system for persons with psychosocial disabilities. They are often unaware of the benefits that a disability card provides and, in addition, the distance to application centres, a lack of access to transportation and an inability for applicants to seek services on their own make them inaccessible.

VI. Indigenous women with disabilities

61. WHO has highlighted that Indigenous persons with disabilities often experience multiple forms of discrimination and face barriers to the full enjoyment of their health, based on their Indigenous status and on disability.⁶⁹

62. Indigenous Peoples as a whole experience disproportionately high numbers of persons with disabilities; Indigenous women are even more likely to have a disability than Indigenous men. Moreover, the barriers faced by both Indigenous women and Indigenous men frequently have a more devastating impact on Indigenous women with disabilities. In addition to the discrimination that Indigenous women face because of their ethnic origin, they are also subject to gender discrimination, which exposes them to a multitude of risks that are not present in the lives of their male counterparts. These include lack of access to sexual and reproductive health services, or sexual and reproductive health services that inflict harm rather than improve health, and a distribution of household resources that favours men.⁷⁰ In many States, Indigenous women with disabilities face additional obstacles due to the patriarchal prejudices and domestic violence.⁷¹

63. Girls with disabilities are far less likely to attend school than boys, women with disabilities are far less likely to be employed than men with disabilities, and both girls and women with disabilities are far more likely to encounter both sexual and non-sexual violence.⁷² In Australia, Aboriginal and Torres Strait Islander women with disabilities are at heightened risk of family and domestic violence. They experience poorer health and social and emotional well-being outcomes, substance misuse, suicidal behaviour, lower life expectancy, insecure housing, insecure employment and intergenerational disengagement with education.⁷³ One third of Indigenous women are raped during their lifetime, and Indigenous women with disabilities are four times more likely than other women to suffer sexual violence.⁷⁴

64. Sexual and reproductive health services have a long history of subjecting Indigenous women, in particular those with disabilities, to forced sterilization. The Committee on the Elimination of Discrimination against Women has highlighted the gravity of discrimination

⁶⁵ Submission from Canada.

⁶⁶ Submission from the Assembly of First Nations.

⁶⁷ Submission from the National Indigenous Disabled Women Association Nepal.

⁶⁸ Submission from the Tiliq, Greenland, and the Child Rights Institution of Greenland.

⁶⁹ *Global Report on Health Equity for Persons with Disabilities* (Geneva, 2022), p. 86.

⁷⁰ United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), "Indigenous women with disabilities", fact sheet, 2020.

⁷¹ Submission from Guatemala.

⁷² UN-Women, "Indigenous women with disabilities".

⁷³ Submission from Australia.

⁷⁴ UN-Women, "Indigenous women with disabilities".

and gender-based violence against Indigenous women and girls with disabilities who are living in institutions.⁷⁵

65. A lack of access to reproductive health care, especially in remote areas, and complications in pregnancy, amplified by high rates of domestic and sexual violence, lead to lasting impairments and disability status for Indigenous women. Domestic violence perpetrated against pregnant women often leads to fractures in the fetus, head trauma or other fetal injuries that, if not treated properly, can lead to impairments in the newborn.⁷⁶ The importance of addressing the intersectionality of domestic and sexual violence, access to reproductive health care and impairments in Indigenous communities cannot be overstated. On their own, each of these challenges affect Indigenous women in particular. Compounded by one another, they have lasting effects on Indigenous Peoples that can only be addressed through an intersectional approach.

66. The marginalization experienced by Indigenous women with disabilities is gravely compounded because they experience the intersection of gender discrimination, racial discrimination and discrimination against persons with disabilities. Consequently, this leads to a higher likelihood of poor mental health, exacerbating preexisting economic and social conditions and creating a vicious cycle of disenfranchisement. The experience of being Indigenous and female, coupled with being a person with a disability, can be so intense that a mental health condition may develop into a psychosocial disability.⁷⁷

VII. Climate change and environmental impact on Indigenous persons with disabilities

67. With their profound cultural and physical connection to their territories, Indigenous Peoples are markedly more affected by climate change and its adverse impacts, especially when they are displaced from their land.⁷⁸ There are very little data on the impact of climate change and climate action on persons with disabilities, and in particular Indigenous persons with disabilities. Climate change threatens the full enjoyment by Indigenous persons with disabilities of the universal human rights to life, education, movement, justice, property, work, social protection, leisure and an adequate standard of living.

68. Climate change also exacerbates existing difficulties for Indigenous persons with disabilities, in particular those in rural areas,⁷⁹ leading to health issues and violations of human rights,⁸⁰ including as a result of the loss of ecosystems and exposure to pollution from industrial operations.⁸¹ They are disproportionately affected by natural disasters, experiencing higher rates of injury and death as a result of inaccessible communication and information, inadequate or inaccessible evacuation plans and shelters and lack of accessible transportation.⁸²

69. For example, climate change has caused shorter winters and a lack of sea ice in northern Greenland. The change in climate has affected seal-hunting and caused a reduction in income and food sources for Inuit Peoples.⁸³

70. Changes in temperature and precipitation patterns can also limit the availability of medicinal plants and animals and traditional healing practices, affecting the health and

⁷⁵ General recommendation No. 39 (2022), para. 9.

⁷⁶ Submission from the Center for Reproductive Rights.

⁷⁷ Submission from the National Indigenous Disabled Women Association Nepal.

⁷⁸ International Disability Alliance, Indigenous Peoples with Disabilities Global Network and Endorois Indigenous Women Empowerment Network, *The Impact of Climate Change on Indigenous Peoples with Disabilities in Baringo County, Kenya* (2023), p. 9.

⁷⁹ World Meteorological Organization, *2023 State of Climate Services: Health* (Geneva, 2023).

⁸⁰ Submission from the Ministry of Social and Economic Inclusion, the Ministry of Public Health and the National Council for Disability Equality of Ecuador.

⁸¹ Submission from Guatemala.

⁸² Submission from Australia.

⁸³ Submission from the Tiliq, Greenland.

well-being of Indigenous Peoples, in particular those who rely on medicine and healing for the treatment of impairments.⁸⁴

71. The vulnerability of persons with disabilities to the adverse effects of climate change necessitates inclusive policies to mitigate its effects and prevent discrimination. Conservation efforts should also prioritize accessibility and inclusivity for Indigenous persons with disabilities.⁸⁵ Climate change creates unique challenges for Indigenous persons with psychosocial disabilities and climate emergencies also increase stress, erode mental health and lead to post-traumatic stress disorder, anxiety disorders and depression.⁸⁶

72. Moreover, extractive projects frequently occur on or near Indigenous lands, causing unsafe exposure to toxic substances that affect Indigenous persons with disabilities in particular. At least 34 per cent of all documented environmental conflicts worldwide affect Indigenous Peoples. Compounding this issue is the fact that Indigenous Peoples typically have a closer relationship to the land that they occupy than non-Indigenous people; therefore, modern industrial developments and the extraction of natural resources have a disproportionate impact on Indigenous People's physical and mental well-being.⁸⁷ For example, aerial spraying with the herbicide glyphosate in Argentina, Brazil and Colombia is directly linked to intellectual and physical disabilities in Indigenous Peoples. As Indigenous Peoples in these countries live in and around rural areas where the chemicals are sprayed, they are at a greater risk of impairments caused by exposure to glyphosate. In Colombia, Indigenous mothers have reported that their children's impairments are directly linked to exposure to glyphosate. Multiple cases of births of children with disabilities after the exposure of their pregnant mothers to the pesticide have been reported.⁸⁸ Exposure to contaminated water, soil and food, as well as toxic waste, is directly linked to high numbers of persons with disabilities in Indigenous communities. It has been brought to the Special Rapporteur's attention that lead poisoning from extractive industries has caused neurological impairments in Indigenous children.⁸⁹ These impairments, in interaction with attitudinal and environmental barriers, lead to high numbers of persons with disabilities among Indigenous Peoples.

73. Indigenous persons with disabilities in the Asia and the Pacific and Latin America are directly and disproportionately affected by exposure to hazardous waste from extractive industries and agrochemicals, as well as natural disasters.⁹⁰ Even in Indigenous nations that are not near extractive sites, chemicals from extractive sites pollute rainwater that contaminates agricultural areas and causes illness and impairments that, in interaction with attitudinal and environmental barriers, lead to high numbers of persons with disabilities among Indigenous Peoples.

74. In some States, Indigenous Peoples experience mercury poisoning at much higher rates than their non-Indigenous counterparts. Exposure to contamination from extractive industries often leads to neurological impairments. In his report on his visit to Canada, the Special Rapporteur expressed concern about the devastating intergenerational consequences of decades of mercury contamination on the Grassy Narrows First Nation, in particular with regard to children, who experience seizures, speech impairments and intellectual disabilities.⁹¹

⁸⁴ Ibid.

⁸⁵ Submission from the Ministry of Social and Economic Inclusion, the Ministry of Public Health and the National Council for Disability Equality of Ecuador.

⁸⁶ Submission from Canada.

⁸⁷ 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 (June 2023).

⁸⁸ Submission from the Center for Reproductive Rights.

⁸⁹ See <https://phys.org/news/2021-06-high-blood-indigenous-peoples-peruvian.html>.

⁹⁰ See

<https://cendoc.docip.org/collect/cendocdo/index/assoc/HASH01c0/6ff3dd04.dir/PF12IPUL144.pdf>.

⁹¹ A/HRC/54/31/Add.2, para. 57.

VIII. Good practices: State and Indigenous-led initiatives

75. Despite the many challenges experienced by Indigenous persons with disabilities, the Special Rapporteur noted with interest the information provided to him with regard to good practices by States and Indigenous Peoples to advance the rights of Indigenous persons with disabilities.

76. Malaysia conveyed information about an artificial intelligence-augmented e-learning platform in the Sarawak language to personalize learning with practical approaches to education designed for Indigenous persons with disabilities.⁹²

77. In Greenland in 2017, Tilioq, a national advocacy organization for persons with disabilities, was established and, in 2020, new legislation was adopted to support persons with disabilities. High-quality facilities for persons with disabilities were established that integrate Inuit culture into individual therapies. However, a shortage of qualified staff who speak Greenlandic and lengthy municipal bureaucratic processes impede the effective operation of these facilities.⁹³

78. There are several Indigenous-led initiatives for the protection and promotion of the rights of Indigenous persons with disabilities. In 2013, the International Disability Alliance established the Indigenous Persons with Disabilities Global Network to promote the rights of Indigenous persons with disabilities, reach out to new communities and engage with international and regional human rights and development processes. The First Peoples Disability Network Australia, which is the Australian national organization for First Peoples with disabilities, their families and communities, is entirely governed by First Nations people with lived experience of impairment. Investing in and building the capacity of such organizations is a good practice, drawing from the Convention on the Rights of Persons with Disabilities, that could help advance the rights of Indigenous persons with disabilities at the national level.

79. In Costa Rica, to address the gap created by limited State programmes supporting Indigenous persons with disabilities at the community level, Indigenous Peoples have promoted community-led initiatives, such as one in Kéköldi. However, these initiatives often face challenges due to temporary funding.⁹⁴

80. In Canada, the Pathway to Building Fully Accessible First Nations Initiative, developed by the Assembly of First Nations, is aimed at informing specific First Nations accessibility legislation. It involves inclusive engagements, an advisory circle, surveys and an accessibility hub of excellence to enhance accessibility for First Nations persons with disabilities, both within and outside their communities.⁹⁵

81. The Special Rapporteur commends the practice of a growing number of Indigenous Peoples organizations of providing interpretation in sign language during meetings, as exemplified by the Māori Peoples in New Zealand during the 2024 conference entitled “Designing our Constitution”, which he attended.

82. The Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean has collaborated with Indigenous disability organizations to integrate the rights of Indigenous persons with disabilities into its main programmes. The Network of Indigenous Women with Disabilities supported the creation of a guide protocol for the care of Indigenous women and girls with disabilities during and after COVID-19, designed to minimize the risk of transmission of COVID-19. In the guide, holistic, intercultural care and Indigenous medicine are emphasized. In addition, the network assisted the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean in 15 economic reactivation projects led by Indigenous women, focusing on sustainable economic development and cultural identity. Lastly, the Indigenous Intercultural University, along with the Network of

⁹² Submission from Malaysia.

⁹³ A/HRC/54/31/Add.1, paras. 85 and 87.

⁹⁴ A/HRC/51/28/Add.1, para. 86.

⁹⁵ Submission from the Assembly of First Nations.

Indigenous Women with Disabilities, provides education on international instruments protecting Indigenous rights, including those of Indigenous persons with disabilities.⁹⁶

83. In Indonesia, Mexico and Nepal, civil society organizations and Indigenous communities are working to address the challenges faced by Indigenous persons with disabilities, including the establishment of rehabilitation services and the promotion of autonomy and social inclusion,⁹⁷ community education, data collection and regional and global collaborations.⁹⁸ The Papua New Guinea Assembly of Disabled Persons – led by persons with disabilities – works to advocate for rights, educate and train various stakeholders across Papua New Guinea and provide technical assistance to shape activities aimed at inclusive development.⁹⁹

84. The World Federation of the Deaf (in partnership with Citizen Data Development) is conducting research specifically tailored to deaf Indigenous women in the Plurinational State of Bolivia. The programme is conducted in collaboration with Indigenous women to gather information on their experiences, using culturally appropriate sign language interpreters to provide participants with training on their sexual and reproductive health rights and comprehensive sex education.¹⁰⁰

IX. Conclusions and recommendations

85. **Disability among Indigenous Peoples is profoundly shaped by the colonial past and societal and environmental barriers rather than individual impairments alone. Colonization has imposed dominant narratives that narrowly focus on individual impairments, often disregarding the community-oriented, holistic perspectives inherent in Indigenous knowledge systems. This misalignment exacerbates the challenges faced by Indigenous persons with disabilities, who encounter significant cultural and linguistic barriers to accessing their fundamental rights.**

86. **The disproportionately high numbers of persons with disabilities among Indigenous Peoples are driven by multiple factors, including environmental pollution and systemic poverty. These issues are compounded by historical and ongoing racial discrimination, which hinders their participation in society on an equal basis with others. The lack of disaggregated data and culturally appropriate disability support services leads to misdiagnosis in health care and inadequate care, perpetuating the cycle of disadvantage.**

87. **Indigenous women with disabilities face unique challenges due to the intersectionality of discrimination based on gender, race and disability. They often face higher rates of violence and limited access to education and health-care services, which underscores the need for culturally appropriate interventions in full consultation with them. Addressing the disparities in the promotion of the rights of Indigenous persons with disabilities requires a multifaceted approach that integrates Indigenous knowledge and practices into mainstream systems.**

88. **In addition, although the present report addresses the rights of Indigenous persons with disabilities, such rights cannot be understood or addressed comprehensively without taking into account the collective rights of Indigenous Peoples. Moving towards full equality involves, inter alia, promoting community-led initiatives, ensuring the availability of culturally appropriate services and fully implementing Indigenous Peoples' rights, including the rights to self-determination and lands, territories and resources.**

89. **It is also essential to respect the right of Indigenous persons with disabilities to consultation and free, prior and informed consent, including through their**

⁹⁶ Submission from the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean.

⁹⁷ Submission from Mexico.

⁹⁸ See <https://drafund.org/countries/indonesia-the-road-to-unity/> and <https://nidwan.org.np/>.

⁹⁹ See

<https://pngadp.weebly.com/#:~:text=WELCOME%20TO%20PAPUA%20NEW%20GUINEA%20>.

¹⁰⁰ Submission from the World Federation of the Deaf.

representative organizations, before adopting any legislation, policy or project that may affect them. As Indigenous persons with disabilities are disproportionately affected by the negative consequences of climate change and environmental pollution, it is necessary to adopt inclusive and accessible policies in consultation with them to mitigate these adverse effects.

90. In order to tackle the main challenges faced by Indigenous persons with disabilities in the realization of their rights, the Special Rapporteur makes the following recommendations to States, to be implemented in cooperation and coordination with Indigenous Peoples:

(a) Collect disaggregated data on Indigenous persons with disabilities to inform the development of appropriate legislation, policies and services;

(b) Adopt and implement legislation, policies and programmes, in consultation with Indigenous Peoples, that specifically recognize the rights of Indigenous persons with disabilities, ensuring compliance with international standards such as the United Nations Declaration on the Rights of Indigenous Peoples and the Convention on the Rights of Persons with Disabilities. Ensure that all such laws, policies and programmes incorporate Indigenous knowledge and involve meaningful consultations with Indigenous persons with disabilities, including through their representative organizations, throughout the creation and implementation phases;

(c) Strengthen anti-discrimination laws to be inclusive of the rights of Indigenous persons with disabilities and ensure the strict enforcement of such laws to protect Indigenous persons with disabilities from intersectional discrimination;

(d) Provide the resources necessary to support the full and effective participation of Indigenous persons with disabilities in decision-making processes, ensuring their free, prior and informed consent in matters affecting them;

(e) Guarantee equal access to lands, territories and resources for Indigenous persons with disabilities, including Indigenous women with disabilities;

(f) Ensure full and fair compensation for environmental damage caused by extractive projects and other activities, including addressing the health impacts of environmental degradation and pollution on Indigenous persons with disabilities;

(g) Adopt and implement standards that conform to international human rights law for issuing permits for extractive projects, such as requirements to obtain health and environmental impact assessments and the free, prior and informed consent of affected Indigenous Peoples. Conduct specific impact assessments on Indigenous persons with disabilities, who are disproportionately affected by adverse environmental and health impacts;

(h) Provide accessible, affordable and culturally appropriate health-care services to Indigenous persons with disabilities, including mental health and rehabilitation services in Indigenous territories. Tailor services, treatment standards and diagnosis procedures to meet their specific needs and respect their right to self-determination. Address the shortage of qualified health-care staff and facilities in remote areas;

(i) Abolish all forms of institutionalization, end new placements in institutions, refrain from investing in institutions for Indigenous persons with disabilities and promote the right of Indigenous persons with disabilities to self-determination, to live independently and to live in their Indigenous communities;

(j) Ensure access to inclusive, culturally appropriate and relevant education for Indigenous children with disabilities, including in Indigenous languages;

(k) Provide accessible legal aid and support services to Indigenous persons with disabilities, and ensure their access to justice;

(l) Promote training and employment programmes that are human rights-based and cater to the needs of Indigenous persons with disabilities, ensuring their economic independence and inclusion;

- (m) **Implement strict regulations to mitigate environmental pollution and hazardous working conditions that disproportionately affect Indigenous Peoples, particularly those related to extractive industries;**
- (n) **Develop and implement training programmes for government officials, judicial and law enforcement personnel, health-care providers and educators on the rights and needs of Indigenous persons with disabilities;**
- (o) **Support Indigenous-led initiatives, including Indigenous health-care systems, that promote the rights and needs of Indigenous persons with disabilities;**
- (p) **Design national action plans and launch campaigns to combat stereotypes, stigma and racial discrimination against Indigenous persons with disabilities, promoting their rights and full inclusion, empowerment and full participation in society;**
- (q) **Design and implement, in consultation with Indigenous women with disabilities, policies that address their specific needs, ensuring access to sexual and reproductive health services, protection from gender-based violence and opportunities for education and employment;**
- (r) **Include the perspectives and needs of Indigenous persons with disabilities in the adoption of climate change mitigation and adaptation strategies;**
- (s) **Provide the financial means necessary to develop accessible technologies and infrastructure that enhance the full participation and inclusion of Indigenous persons with disabilities in social, economic and political life. Ensure the availability of information in Indigenous languages and the accessibility of communication formats, particularly in health care, education and public services.**

91. **The Special Rapporteur recommends that businesses, donors and investors, including international development and finance institutions:**

- (a) **Include Indigenous persons with disabilities in regulatory frameworks on human rights due diligence that require the identification, prevention, mitigation and accounting for any human rights risks for Indigenous persons of disabilities of business or development projects. That includes assessing the potential social, environmental and cultural impacts of projects, as well as the human rights track record of project proponents and partners from the perspective of the rights of Indigenous Peoples and the rights of persons with disabilities;**
- (b) **Secure the free, prior and informed consent of Indigenous Peoples before enacting or funding any projects that may affect their rights, including their rights to lands, territories and resources. Provide the resources necessary to support the full and effective participation of Indigenous persons with disabilities in all consultation processes;**
- (c) **Require and conduct comprehensive and independent human rights and environmental impact assessments of business and development projects on Indigenous lands and resources on Indigenous persons with disabilities;**
- (d) **Provide targeted training to staff and incentives for organizational learning to better understand and include the rights of Indigenous persons with disabilities in business and development projects due diligence and monitoring reports and documents.**

92. **The Special Rapporteur addresses the following recommendations to United Nations human rights mechanisms and entities:**

- (a) **The Committee on the Rights of Persons with Disabilities should develop a general comment on Indigenous persons with disabilities, in close consultation and cooperation with Indigenous Peoples;**
- (b) **The United Nations and its bodies, funds and programmes should include the rights of Indigenous persons with disabilities in their respective areas of work;**

(c) **The United Nations and its bodies, funds and programmes should support the creation, strengthening and capacity-building of organizations of Indigenous persons with disabilities.**
