

Submission from the International Disability and Development Consortium (IDDC) to the European Commission's Call for Evidence on the Global Health Resilience Initiative (GHRI), April 2026

The International Disability and Development Consortium (IDDC) welcomes the European Commission's call for evidence on its Global Health Resilience Initiative (GHRI). We strongly support the European Union's (EU) ambition to strengthen health system resilience globally. We offer evidence-based observations on the importance of addressing persistent health inequities within countries as a core component of this initiative.

While average health outcomes have improved globally over the last 25 years, stark inequities within countries persist and are widening in some contexts. Discrimination and systemic barriers embedded in health systems result in poorer health outcomes and reduced access to essential services for groups such as persons with disabilities. Health inequities are a structural vulnerability, as systems that fail to reach marginalised groups are less able to prevent, detect, prepare for and respond to shocks. COVID-19 exposed how health systems that were not designed to reach excluded groups proved less resilient. Many failed to maintain essential services for persons with disabilities due to inaccessibility, discrimination, service disruptions and lack of reasonable accommodation. Structural inequities mean that persons with disabilities – 1 in 6 people globally – continue to experience on average much poorer health and functioning and 10-20 years shorter life expectancy. Intersecting factors such as sex, age, poverty and migrant status further compound these inequities ([WHO Global Report on Health Equity for Persons with Disabilities, 2022](#)).

The EU is well placed to support partner countries to address health inequities within national health systems as part of efforts to build resilience, drawing on the EU's rights-based approach, commitment to leaving no one behind, and experience in strengthening inclusive, people-centred health systems that improve outcomes for entire populations.

To strengthen global health resilience and ensure that Universal Health Coverage reaches people most at risk, we recommend that the GHRI integrates the following priorities:

1. Embed equity, rights and inclusion as core principles and objectives of health system governance and the EU's GHRI at all levels.
2. Prioritise reaching underserved and excluded populations by investing in accessible health services, facilities and information, supported by robust disability inclusion standards, indicators, monitoring and reporting.
3. Strengthen the systematic use of the OECD DAC disability marker across EU global health financing, including under the GHRI, and set targets for the share of disability-inclusive health programming.
4. Promote the consistent mainstreaming of equity considerations into domestic resource mobilisation and pooled funding arrangements and position financing for inclusion as an investment in health system resilience.
5. Promote and resource the active and meaningful participation of organisations of persons with disabilities and civil society organisations across all areas and levels of health sector planning, implementation, and monitoring.
6. Strengthen public health system governance, including clear frameworks for engaging with the private sector, to ensure that partnerships support equitable access, service continuity and public health objectives, particularly during shocks.
7. Ensure disability inclusion training is routinely delivered to all health workers to address stigma and discrimination.
8. Strengthen equitable delivery of and access to integrated essential services across the full continuum of care with a focus on primary and community-based care to strengthen resilience, including during health emergencies and shocks.

By implementing its obligations under the UN Convention on the Rights of Persons with Disabilities and the recommendations of the WHO Global Report on Health Equity for Persons with Disabilities, the EU can lead the way in building an inclusive global health architecture that truly leaves no one behind.

In addition to this submission statement, we have included below two briefings developed by the IDDC which provide further detail on several of the priorities highlighted in our response: (1) **Universal Health Coverage must leave no one behind: a call for action to advance health equity for persons with disabilities**, and (2) **Promoting health equity for persons with disabilities within action on climate change and health**.

Universal Health Coverage must leave no one behind: a call for action to advance health equity for persons with disabilities

A briefing from the International Disability and Development Consortium (IDDC) – updated February 2026

Background

An estimated 1.3 billion people – or 1 in 6 persons – experience significant disability, 80% of whom live in low-income and middle-income countries. This figure is rising due to population ageing and escalating prevalence and complexity of poverty-related, non-communicable and communicable diseases. World Health Organization (WHO) estimates 5.8% of children and adolescents have a disability, rising to 34.4% among older people. Across all age groups, more women experience disabilities than men (18% compared with 14.2%).¹

Persistent health inequities mean that persons with disabilities face, on average, much poorer health and functioning than the general population. Persons with disabilities have 2.4-fold higher mortality rates than those without disabilities and they are missing 10 to 20 years of life- expectancy.² These inequities result from a combination of structural factors, social determinants of health, health-related risks and health system factors that disproportionately impact on persons with disabilities and older people.³

The 2019 and 2023 UN Political Declarations on Universal Health Coverage (UHC) included commitments to increase access to health services for persons with disabilities, remove barriers, provide quality standard of care and scale up efforts for their empowerment and inclusion. Governments have also committed to scale up efforts to promote healthy and active ageing and respond to the need for

¹ WHO, 2022. [Global report on health equity for persons with disabilities](#), p.25 & UNICEF, 2021. [Seen, counted, included: using data to shed light on the well-being of children with disabilities](#)

² The Missing Billion Initiative, 2022. [Reimagining Health Systems That Expect, Accept and Connect 1 Billion People with Disabilities](#).

³ WHO, 2022. [Global report on health equity for persons with disabilities](#), p.61.

promotive, preventive, curative, rehabilitative, palliative and specialized care through a life-course approach and long-term care and support.

Yet, still today, persons with disabilities and older people face unjust and unfair barriers in accessing healthcare. These include financial barriers; physical barriers related to infrastructure, equipment and transportation not being accessible; communication barriers, such as health information not being provided in accessible formats; and attitudinal barriers, including discrimination and lack of knowledge on disability issues amongst health workers.⁴

Persons with disabilities are three times more likely to be denied healthcare, four times more likely to be treated badly in healthcare facilities, and twice as likely to find facilities or healthcare providers' skills inadequate.⁵ They are also more likely to find healthcare unaffordable and face catastrophic health expenditure than other people.⁶

Persons with psychosocial disabilities and intellectual disabilities are among the most left behind in UHC, with limited choices of support and services for their mental health and well-being and often experiencing restricted rights and human rights abuses in residential and long-term facilities, such as involuntary treatment and detention.⁷

These inequities are greatly intensified in health emergencies. For example, persons with disabilities were almost 3 times more likely to die from COVID-19 globally.⁸ COVID-19 infection rates were 4–5 times higher among persons with

The intersection of disability with other drivers of health inequity

Different social factors and characteristics such as gender, age, race and poverty interact powerfully with disability to influence health inequities among persons with disabilities. For example, **women and girls with disabilities** are disproportionately exposed to discrimination and other barriers in accessing healthcare (including sexual and reproductive health services) and are more exposed to stigmatization, violence and human rights abuses such as forced sterilization or abortion. Ageism often leads to **older persons with disabilities** being excluded from services or facing a shorter lifespan, cognitive decline, increased social isolation, loneliness, poverty, violence and abuse. **Indigenous persons with disabilities** often experience multiple layers of discrimination and barriers to the full enjoyment of their health. **Race, ethnicity and racial discrimination** also affect the experiences and participation of persons with disabilities in health systems. **Migrants, refugees, asylum-seekers and internally displaced persons with disabilities** are also at greater risk due to exclusion from national health systems and many other barriers to realizing their right to health.

See WHO (2022) Global report on health equity for persons with disabilities, p.25 & pp. 84-87.

⁴ OHCHR, 2020. [Policy Guidelines for Inclusive Sustainable Development Goals: Good Health and Well-Being.](#)

⁵ WHO, 2015. [WHO global disability action plan 2014-2021. Better health for all people with disability](#)

⁶ OHCHR, op. cit., p.8.

⁷ OHCHR, op cit., p.9.

⁸ The Missing Billion Initiative, op cit., p.8.

disabilities living in residential or long-term care facilities compared with the general population; persons with intellectual disabilities were 4–5 times more likely to be require hospitalization, and up to 8 times more likely to die from COVID-19 than those without an intellectual disability.⁹

Intersecting factors such as sex, age, gender identity, poverty or migrant status further intensify health inequities experienced by persons with disabilities, often as a result of multiple forms of discrimination that remain poorly addressed in health systems and services. For instance, women with disabilities are three times more likely to have unmet health care needs than men, and for older persons with disabilities, ageism is often reflected in greater levels of poverty and exclusion from services, a shorter lifespan, cognitive decline, increased social isolation and loneliness, and a higher risk of experiencing violence and abuse (see text box above).

UHC can only be achieved if health inequities experienced by persons with disabilities are fully addressed.

Advancing UHC will depend on concerted action to tackle these inequities across the continuum of healthcare and across the life course, with specific investments to prioritize people with the greatest needs who are furthest behind, as committed to by governments through the 2019 and 2023 political declarations on UHC.

The International Covenant on Economic, Social and Cultural Rights (ICESCR) codifies **the right of everyone to the enjoyment of the highest attainable standard of physical and mental health as a fundamental right of every person without distinction of any kind.**¹⁰ The Convention on the Rights of Persons with Disabilities further commits States Parties to **recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability,**¹¹ and to take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.

Fulfilment of the right to the highest attainable standard of health for every person, and the promises made in the 2019 and 2023 political declarations on UHC require urgent action by governments.

⁹ WHO, op cit., p.35, citing: S. Kamalakannan et al., 2021. '[Health risks and consequences of a COVID-19 infection for people with disabilities: scoping review and descriptive thematic analysis](#)' & E. J. Williamson et al. '[Risks of COVID-19 hospital admission and death for people with learning disability: population-based cohort study using the OpenSAFELY platform](#)'

¹⁰ [ICESCR](#), Article 12.

¹¹ [UN Convention on the Rights of Persons with Disabilities](#), Article 25.

Action needed to advance health equity for persons with disabilities of all ages

We urge Heads of State and health decision-makers to commit to:

- 1 Provide political leadership to promote health equity for persons with disabilities of all ages.** Prioritize health equity for persons with disabilities and formalize commitments and governance mechanisms for disability inclusion through policies and legislation that protect the right to health, prohibit discrimination and demand reasonable adjustments for persons with disabilities.
- 2 Make health systems, services and facilities more inclusive to benefit everyone and leave no one behind** by investing in universal design, community-based, person-centered and whole-of-society approaches founded upon primary healthcare and essential public health functions, ensuring that health and care services are accessible to all and close to where people live.
- 3 Promote a human rights-based approach to health and UHC.** Ensure progress towards UHC upholds the right of persons with disabilities to available, accessible, acceptable and quality health related goods, facilities and services, their right to participation in health-related decision-making processes and to non-discrimination, to ensure their enjoyment of the right to health on an equal basis with others. Guarantee free and informed consent and bodily autonomy for persons with disabilities of all ages.
- 4 Develop competencies for disability inclusion for the health workforce and provide training in disability inclusion for all health service providers.** This should include both mandatory pre-service disability inclusion training integrated within teaching curricula of health training institutions, as well as in-person training as part of continuous professional development plans for health and social workers.
- 5 Ensure progressive universalism and inclusive health financing in advancing UHC to eliminate the additional financial barriers that persons with disabilities and older people face in realizing their right to health.** This should include testing and scaling-up solutions to reduce out-of-pocket expenditure for those who cannot afford it, while expanding access to health insurance and other community support systems, ensuring that essential services and additional costs for persons with disabilities are also covered.
- 6 Advance inclusive health governance, with specific mechanisms that ensure the meaningful engagement of persons with disabilities of all ages,** including women and girls with disabilities and older people, and their representative organizations at all levels in health and care policy planning, implementation, monitoring and evaluation. Ensure disability-inclusive policy development, service design and feedback mechanisms for quality of health

and care services and consider the specific requirements of persons with disabilities in systems to monitor care pathways.

7

Prioritize access, inclusion and rights of persons with disabilities of all ages who are at higher risk of intersecting forms of discrimination and disadvantage or who are most exposed to negative social determinants of health. Ensure specific action to identify, include and fulfil the right to health for women and girls, children and older persons with disabilities, those living in poverty, and those who are displaced or in remote or insecure contexts.

8

Prioritize equity, inclusion, meaningful participation and protection of persons with disabilities and older people and their right to the highest attainable standard of health in health emergency and disaster preparedness, response and recovery plans, including the prohibition of discrimination in the provision of healthcare, services or assistance on the basis of disability or age, ensuring continuing access to essential health products, services and facilities, and the continuation of support in the community.

9

Ensure UHC service packages enable persons with disabilities of all ages to enjoy their right to available, accessible, acceptable and quality goods, facilities, services and information that meet their physical and mental health needs across the full continuum of care and throughout the life course. This must ensure expanded coverage of sexual and reproductive health services, health information, nutrition services, communicable and non-communicable disease prevention and care, immunization, rehabilitation and assistive products, palliative and end of life care, and integrated long-term care and support within the community.

10

Promote deinstitutionalization for persons with disabilities of all ages and increase investment in community-based health and care services and support systems, including mental health services, which promote recovery, participation, and rights-based support.

11

Remove upper age caps and collect, analyze, report and use sex-, age- and disability-disaggregated data on people of all ages to inform equity-based service design and delivery and decision-making in health to ensure progress towards universal population, service and financial coverage. This should be based on reaching those with the greatest need who are the furthest behind first and linked to clear accountability measures

Promoting health equity for persons with disabilities within action on climate change and health

A briefing from the International Disability and Development Consortium (IDDC), March 2026

Introduction

An estimated 1.3 billion people globally – or 1 in 6 persons – experience significant disability.¹ The majority of these people (80 per cent) live in low- and middle-income countries that are more at risk from climate change. The number of persons with disabilities globally is rising due to population ageing and escalating prevalence and complexity of poverty-related, non-communicable and communicable diseases. The World Health Organization (WHO) estimates 5.8 per cent of children and adolescents have a disability, rising to 34.4 per cent of older people.² Across all age groups, more women experience disabilities than men (18 per cent compared with 14.2 per cent).³

Climate change directly affects the health of persons with disabilities whilst also exacerbating existing inequities.^{4,5,6} Evidence shows that climate-driven disasters, such as heat waves, put persons with disabilities at increased risk for heat-related mortality and morbidity. Additional health complications related to underlying health conditions or impairments, loss or damage of assistive products, or disrupted access to

¹ WHO (2022) [Global report on health equity for persons with disabilities](#).

² Ibid.

³ WHO, 2022. [Global report on health equity for persons with disabilities](#), p.25 & UNICEF, 2021. [Seen, counted, included: using data to shed light on the well-being of children with disabilities](#)

⁴ Ibid.

⁵ United Nations Office High Commissioner for Human Rights (UNHCHR). 2020. Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate change: Report of the Office of the United Nations High Commissioner for Human Rights. Accessed 31 October 2023, <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G20/097/56/PDF/G2009756.pdf?OpenElement>

⁶ Martiello MA, Baldasseroni A, Buiatti E, Giacchi MV. Health effects of heat waves. *Ig Sanita Pubbl.* 2008; 64:735–72 quoted in WHO Global report on health equity for persons with disabilities.

both mainstream and specialised health care further compound risks and vulnerabilities for persons with disabilities.^{7, 8, 9, 10}

During and following disaster events, persons with disabilities often face additional barriers to reach a safe place and recover. They may be unable to escape due to inaccessible routes¹¹, or face inaccessible temporary shelter and evacuation centres.¹² Persons with disabilities may also encounter difficulties in accessing water facilities, food or health care following a disaster. During migration, they and/or the people who support them may not be granted visas or be allowed to cross borders, they often face barriers in enrolling in social protection programmes¹³, and they tend to encounter greater difficulty in securing¹⁴ resources for recovering from their losses compared to persons without disabilities. It is important to note that during disaster responses, persons with disabilities also face heightened protection risks, including discrimination and exploitation.^{15,16} This is particularly the case for women and girls of all ages with disabilities.

These factors result in persons with disabilities being disproportionately affected by climate change and climate-related emergencies, including facing greater risk of death, injury, and additional impairments. Children and youth, women and girls, older people, indigenous or minority groups, migrants and displaced persons with disabilities face multiple and intersecting risks, discrimination and stigma, compounding the impacts of climate change and inequities (see box on intersectionality).¹⁷

Despite the disproportionate impact of climate change on persons with disabilities they are all too often excluded from disaster risk reduction policies, plans and programmes, and very few countries make provisions for the requirements of persons with

⁷ WHO Global report.

⁸ UNHCHR 2020.

⁹ WHO Global report.

¹⁰ Sightsavers. Disability, disasters and empowerment: Evidence from qualitative research in a disability inclusive disaster preparedness programme. Accessed 31 October 2023, <https://www.sightsavers.org/wp-content/uploads/2017/09/Sightsavers-disability-disasters-and-empowerment-.pdf>

¹¹ UNHCHR, IDMC, IDA. Disability, Displacement and Climate Change. Updated April 2021. Accessed 31 October 2023, <https://www.unhcr.org/uk/sites/uk/files/legacy-pdf/60896a274.pdf>

¹² Ibid.

¹³ Pacific Disability Forum, Australian Aid, Partnership APC. Disability and climate change in the Pacific: Findings from Kiribati, Solomon Islands, and Tuvalu. Accessed 31 October 2023, <https://pacificdisability.org/wp-content/uploads/2022/08/PDF-Final-Report-on-Climate-Change-and-Persons-with-Disabilities.pdf>

¹⁴ WHO Global report

¹⁵ Ibid.

¹⁶ Sightsavers 2023

¹⁷ UNHCHR, 2020

disabilities when planning for adapting to the effects of climate change.¹⁸ **The IPCC has reported that while persons with disabilities are among those most affected by climate change, they are the least considered in the planning of adaptation responses globally.**

An intersectional lens to health equity and climate change

Different social factors and characteristics such as gender, age, race and poverty interact powerfully with disability to influence health inequities among persons with disabilities. **Women and girls with disabilities**, for example, face disproportionate discrimination and other barriers in accessing healthcare (including sexual and reproductive health services) and are at greater risk of stigma, violence and human rights abuses such as forced sterilisation or abortion. Ageism often results in **older persons with disabilities** being excluded from services or facing a shorter lifespan, cognitive decline, increased social isolation, loneliness, poverty, violence and abuse. **Indigenous persons with disabilities** frequently confront multiple layers of discrimination and obstacles to realising their right to health. **Race, ethnicity and racial discrimination** similarly affect the experiences and participation of persons with disabilities in health systems. **Migrants, refugees, asylum-seekers and internally displaced persons with disabilities** are also disproportionately impacted by barriers to accessing health services by negative social determinants of health.

Climate change and climate-related emergencies intensify these existing inequities, creating additional and intersecting risks that further undermine the rights of persons with disabilities. During emergencies, **women and girls** with disabilities are more likely to experience violence, including sexual violence, exploitation or abuse. **Children and older people** with disabilities often encounter compounded discrimination due to ageism and ableism affecting their inclusion in disaster risk reduction efforts and emergency prevention, preparedness, response and recovery efforts, as well as their access to services and assistance that meet their needs and rights. **Persons with disabilities living with non-communicable diseases** face heightened risks from climate change and related increases in pollution and extreme weather events, which can exacerbate their health conditions, disrupt access to essential medicines, assistive products, services and support, increasing their risk of ill health, functional limitations, injury and death.

¹⁸ UNHCHR, 2020

Legal obligations and international commitments to promote disability inclusion in action on climate change and health

States have legal obligations, including under international human rights law, to implement disability-inclusive climate policies that empower persons with disabilities by ensuring their full and effective participation in climate action at all levels.

These obligations are outlined in The International Covenant on Civil and Political Rights; the International Covenant on Economic, Social and Cultural Rights; Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination against Women; and the **Convention on the Rights of Persons with Disabilities (CRPD)**.

Recently developed tools that complement this body of international human rights law include the [Inter-Agency Standing Committee Guidelines on the inclusion of persons with disabilities in humanitarian action](#) and the [United Nations Disability Inclusion Strategy](#).

The **CRPD** reaffirms that all persons with disabilities are entitled to enjoy all human rights and fundamental freedoms on an equal basis with others. It offers a guiding framework for actions related to persons with disabilities, including the building of inclusive climate change responses and resilience. The general principles set out in the CRPD spell out a human rights-based approach, which in relation to climate resilience is based on non-discrimination, full and effective participation and inclusion in society, equality of opportunity, accessibility and gender equality.

Situations of risk and humanitarian emergencies are covered by article 11 of the CRPD, which creates an obligation on States parties to protect persons with disabilities in situations of risk and provides a human rights-based entry point to humanitarian responses. That provision is key to ensuring that climate change programmes and policies, as well as prevention, planning and response, are fully inclusive of persons with disabilities.

The **Committee on the Rights of Persons with Disabilities** recognises that the effects of climate change contribute to exacerbating inequality and vulnerability among persons with disabilities.¹⁹ The Committee recommends that States incorporate and mainstream disability inclusion in their policies and programmes on climate change,²⁰

¹⁹ See CRPD/C/AUS/CO/2-3 quoted in UN General Assembly, Human Rights Council Forty-fourth session, 'Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate change: Report of the Office of the United Nations High Commissioner for Human Rights Human Rights Council', 22 April 2020, HRC/44/30, Available at <https://docs.un.org/A/HRC/44/30>.

²⁰ See: CRPD/C/GTM/CO/1, CRPD/C/HND/CO/1 and CRPD/C/PAN/CO/1 quoted in UN General Assembly, Human Rights Council Forty-fourth session, 'Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate Change: Report of the Office of the United Nations High Commissioner for Human Rights Human Rights Council', 22 April 2020, HRC/44/30, Available at <https://docs.un.org/A/HRC/44/30>

and include persons with disabilities in their strategies (and in the implementation of climate change adaptation and disaster risk reduction).²¹

In a joint statement issued with four other human rights treaty bodies before the 2019 Climate Action Summit, the Committee warned that failure to take climate action might constitute a breach of the obligations of States under international human rights law. In the statement, the Committees highlighted the need for persons with disabilities to be recognized as agents of change and essential partners in climate action.

According to the preamble of the **Paris Agreement**, States parties should respect, promote and consider their respective human rights obligations, including the rights of persons with disabilities, when addressing climate change. A series of decisions adopted under the **United Nations Framework Convention on Climate Change** concern persons with A/HRC/44/30 10 disabilities, including decisions related to climate empowerment, adaptation, capacity-building, loss and damage, participation and a shared vision.

Persons with disabilities are also specifically included in key aligned frameworks including frameworks on emergency response, including the [Sendai Framework for Disaster Risk Reduction](#) (2015–2030) and the [SIDS Accelerated Modalities of Action \(SAMOA\) Pathway](#); in health focused documents, including the [Political Declaration of the High Level Meeting on Universal Health Coverage](#) in 2023; and, of course, more broadly within the [Sustainable Development Goals](#).

In relation to key documents on the intersection of climate change and health, persons with disabilities are specifically highlighted in the **COP28 United Arab Emirates (UAE) Declaration on Climate and Health**, while the **WHO Global Plan of Action on Climate and Health** is underpinned by core principles including human rights, equity, vulnerable populations and leaving no one behind, aligning with the [WHO's 14th General Programme of Work](#) which specifically names persons with disabilities among these groups.

Specific focus is given to persons with disabilities in the [Belém Health Action Plan for the Adaptation of the Health Sector to Climate Change and Health](#). The document promotes an equity-based approach that prioritises vulnerable population. It mainstreams the needs and rights of persons with disabilities throughout and also includes a separate section on Policies for People with Disabilities (PWDs), calling for actions to:

²¹ See: CRPD/C/COL/CO/1, CRPD/C/SYC/CO/1 and CRPD/C/BOL/CO/1 quoted in UN General Assembly, Human Rights Council

Forty-fourth session, 'Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate

Change: Report of the Office of the United Nations High Commissioner for

Human Rights Human Rights Council', 22 April 2020, HRC/44/30, Available at <https://docs.un.org/A/HRC/44/30>

- Ensure health systems and climate emergency responses are accessible, inclusive, and capable of guaranteeing continuity of care, including medications, assistive devices, and caregiver support;
- Promote adaptation of health infrastructure to climate change with full physical, communicational, and attitudinal accessibility, incorporating the active participation of people with disabilities in planning and governance;
- Train health professionals to meet the specific needs of people with disabilities in climate contexts, and integrate disaggregated data into surveillance and public policy evaluation systems.

Taking action to promote disability inclusion in climate and health – call to action

As climate change and its impacts on health intensify, urgent action is needed to strengthen resilience and adaptation, and respond to the disproportionate burden faced by persons with disabilities and uphold their human rights. We call for governments and stakeholders at all levels to:

1. **Provide leadership to promote disability inclusion and health equity for persons with disabilities in all actions on climate change and health.**
2. **Promote a human rights-based approach to action on climate change and health**, upholding the rights set out in the Convention on the Rights of Persons with Disabilities, the right to health, and the right to a clean and healthy environment, and empowering persons with disabilities in action on climate and health recognising them as agents of change.
3. **Champion disability-inclusive health systems, Universal Health Coverage and primary health care**, as the foundations for ensuring equitable and resilient people and communities that respond effectively and sustainably to climate crisis, leaving no one behind.
4. **Ensure the meaningful participation of persons with disabilities and their representative organisations** at all stages of adaptation, mitigation and response and within decision-making mechanisms related to climate and health, including National Health Adaptation Plans, making reasonable accommodation to support the engagement of different groups of persons with disabilities.
5. **Promote accessible and inclusive information and education on climate change and health, disaster risk reduction and emergency prevention, preparedness and response**, to ensure persons with disabilities are not left behind.
6. **Ensure training in disability inclusion for all those working in health and climate change adaptation, mitigation and response** to ensure they meet the needs and uphold the rights of persons with disabilities of all ages
7. **Prioritise equity, inclusion, meaningful participation and protection of persons with disabilities in climate-related emergencies and within disaster**

preparedness, response and recovery plans, ensuring their right to the highest attainable standard of health is respected, protected and fulfilled.

8. **Invest in data and research on disability, climate change and health**, committing to collect, analyse, report and use sex, age and disability disaggregated data in all action on climate change and health to inform equity-based decision making, and to promote research on the health impacts of climate change on persons with disabilities and their engagement and empowerment in adaptation.



About the International Disability and Development Consortium

The International Disability and Development Consortium (IDDC) is global network of civil society organisations gathering around a common vision: a world that leaves no persons with disabilities behind. For the past 30 years, this vision has driven our action, and our mission is to promote disability-inclusive international development and humanitarian action in lower- and middle-income countries.

As a network, IDDC is fully committed to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) and applies its principles in our actions.

Being a member-led network, our members are at the heart of our activities. IDDC's membership includes a broad range of organisations, giving the network its distinctive feature and strength. IDDC unites NGOs specialising in disability inclusion, mainstream humanitarian and development NGOs, organisations of people with disabilities (OPDs), and national and international networks.

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