

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

Briefing

May 2026

Climate crisis and health

Climate change presents a fundamental threat to human health in both direct and indirect ways. The World Health Organization (WHO) outlines how climate shocks and growing stresses such as changing temperature and precipitation patterns, drought, floods and rising sea levels, degrade the environment and affect social and economic determinants of physical and mental health.¹ As climatic conditions change, more frequent and intensifying weather and climate events are observed, increasing the risk of deaths, noncommunicable diseases, including conditions such as cancers, cardiovascular disease, stroke, chronic respiratory diseases and diabetes, as well as mental health and neurological conditions; the emergence and spread of infectious diseases, including Neglected Tropical Diseases (NTDs); and health emergencies. Climate change is also affecting health systems themselves, including the health workforce, infrastructure, and progress towards the achievement of Universal Health Coverage, by compounding the existing burden of disease and by exacerbating barriers to accessing health services.²

The effects of climate change are not felt equally. Despite contributing minimally to global emissions, low-income countries and small island developing states (SIDS) endure the harshest impacts.³ The Intergovernmental Panel on Climate Change (IPCC) highlights that 3.6 billion people already live in areas highly susceptible to climate change.⁴ Meanwhile, across all settings, poorer and more vulnerable communities face a disproportionate burden from climate change and its health impacts, including persons with disabilities.

Disability, health and climate crisis

An estimated 1.3 billion people globally – or 1 in 6 persons – experience significant disability.⁵ 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. WHO estimates 5.8 per cent of children and adolescents have a disability, rising to 34.4 per cent of older people.⁶ Across all age groups, more women experience disabilities than men (18 per cent compared with 14.2 per cent).⁷

¹ World Health Organization, 2023. [Fact sheet 'Climate change'](#).

² Ibid.

³ World Health Organization, 2023. [Fact sheet 'Climate change'](#).

⁴ Intergovernmental Panel on Climate Change, 2023: Summary for Policymakers. In: Climate Change 2023: Synthesis Report. Contribution of Working Groups I, II and III to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change, IPCC, Geneva, Switzerland, pp. 1-34, doi:10.59327/IPCC/AR6-9789291691647.001

⁵ World Health Organization, 2022. [Global report on health equity for persons with disabilities](#), 2022.

⁶ Ibid.

⁷ World Health Organization, 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](#).

Persistent health inequities mean that persons with disabilities face, on average, much poorer health and functioning than the general population. WHO's Global Report on Health Equity for Persons with Disabilities outlines that persons with disabilities have 2.4-fold higher mortality rates than those without disabilities; face more than double the risk of developing conditions such as diabetes, stroke or depression; and are likely to die 20 years earlier.⁸ These inequities result from unfair conditions that affect persons with disabilities disproportionately, including structural factors, social determinants of health, health-related risks and health system barriers, including those related to the availability, physical and financial accessibility, acceptability and quality of services, as well as ableism and discrimination in their funding, design and delivery.⁹

Discrimination and disadvantage experienced on the grounds of intersecting factors such as sex, age, gender identity, poverty, race or migrant status, which remain poorly addressed by health systems, can further intensify inequities experienced by persons with disabilities. (See the box on intersectionality page 4)

Climate change directly affects the health of persons with disabilities whilst also exacerbating existing inequities.^{10,11,12} Evidence shows that climate-driven disasters, such as heat waves, put persons with disabilities at increased risk for heat-related mortality and morbidity.¹³ Additional health complications related to underlying health conditions or impairments, loss or damage of assistive products, or disrupted access to both mainstream and specialised health care further contributes.^{14,15,16}

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 routes,¹⁷ or face inaccessible temporary shelter and evacuation centres.¹⁸ Persons with disabilities may also encounter difficulties in accessing water facilities, food or health care following a

⁸ The Missing Billion Initiative, 2022. [Reimagining Health Systems That Expect, Accept and Connect 1 Billion People with Disabilities](#).

⁹ World Health Organization, 2022. [Global report on health equity for persons with disabilities](#), p.61.

¹⁰ Ibid.

¹¹ 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](#).

¹² Martiello MA, Baldasseroni A, Buiatti E, Giacchi MV. Health effects of heat waves. *Ig Sanita Pubbl.* 2008; 64:735–72 quoted in the WHO Global report on health equity for persons with disabilities.

¹³ Ibid.

¹⁴ World Health Organization, 2022. [Global report on health equity for persons with disabilities](#).

¹⁵ 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](#).

¹⁶ Sightsavers, 2023. [Disability, disasters and empowerment: Evidence from qualitative research in a disability inclusive disaster preparedness programme](#). Accessed 31 October 2023.

¹⁷ UNHCHR, IDMC, IDA. [Disability, Displacement and Climate Change](#). Updated April 2021. Accessed 31 October 2023

¹⁸ Ibid.

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 programmes or health care,^{19,20} and they tend to encounter greater difficulty in securing resources for recovering from their losses compared to persons without disabilities.²¹ It is important to note that during disaster responses, persons with disabilities also face heightened protection risks, including discrimination and exploitation.^{22,23} 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 below).²⁴

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 disabilities when planning for adapting to the effects of climate change.²⁵ **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

¹⁹ 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.

²⁰ World Health Organization, 2022. [Global report on health equity for persons with disabilities](#).

²¹ Ibid.

²² Ibid.

²³ Sightsavers, 2023. [Disability, disasters and empowerment: Evidence from qualitative research in a disability inclusive disaster preparedness programme](#). Accessed 31 October 2023.

²⁴ 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](#).

²⁵ Ibid.

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.

Global action on climate change and health

Attention to the intersection of the climate crisis and health is rapidly growing, with the Twenty Eighth Conference of Parties to the United Nations Framework Convention on Climate Change (COP28) marking its first inaugural health day in 2023, culminating in the [COP28 United Arab Emirates \(UAE\) Declaration on Climate and Health](#), and the World Health Assembly adopting the first ever resolution on climate change and health in May 2024 and approving the [WHO Global Plan of Action on Climate Change and Health](#) in 2025.

The COP28 UAE Declaration commits member states to a range of actions to advance progress in this area, including strengthening the development and implementation of policies that maximize the health gains from mitigation and adaptation actions and prevent worsening health impacts from climate change.

The WHO Global Action Plan aligns with the [United Nations Framework Convention on Climate Change](#) (UNFCCC) and the [Paris Agreement](#) and seeks to integrate climate across the technical work of WHO at all three levels of the Organization, in line with the [WHO Global Strategy on Health, Environment and Climate Change](#), as well as the [Fourteenth General Programme of Work, 2025–2028 \(GPW 14\)](#), adopted in resolution WHA77.1 (2024). The WHO Global Plan of Action is also complemented by the [WHO Operational framework for building climate resilient and low carbon health systems](#).

The Global Action Plan is organised into three action areas, each including at least one global target, with stated objectives for adaptation and mitigation efforts, and proposed actions for Member States, the WHO Secretariat and other stakeholders. An overview is provided below.

WHO Global Plan of Action on Climate Change and Health: overview

Action area 1: Leadership, coordination and advocacy

Global target: Advocate for the integration of health in national and international climate agendas and vice versa

Objective A: Foster integrated and coherent action on climate change and health at national and international scales

Objective B: Lead by example through actions that improve health while also mitigating and adapting to climate change

Objective C: Empower, inform and effectively engage the health community to support climate and health action

Action area 2: Evidence and monitoring

Global target: Create a robust and relevant evidence base that is available and connected directly to policy, implementation and monitoring

Objective A: Strengthen the scientific and traditional knowledge evidence base through sound research and empirical evidence on the links between climate change, climate action and health

Objective B: Shape the global research agenda

Objective C: Monitor progress on global and national targets

Action area 3: Country-level action and capacity-building

Global target: Promote climate change adaptation efforts to address health risks and support mitigation efforts that maximize health benefits

Objective A: Include health in global and national climate policies and activities

Objective B: Integrate health into relevant national-level climate plans and strategies; integrate climate into national health policies, strategies, and plans

Objective C: Increase access to finance for climate change and health

Objective D: Conduct periodic assessments of health risks of climate change and greenhouse gas emissions of health systems and facilities.

Objective E: Implement climate change and health interventions to increase climate resilience and reduce greenhouse gas emissions of health systems and facilities

In November 2025, the [Belém Health Action Plan](#) (BHAP) for the adaptation of the health sector to climate change and health was endorsed at COP30. The BHAP was developed through a participatory process, led by the Brazilian Ministry of Health, which included multiple in-person consultations and a Global Conference on Climate and Health held in July 2025, on the road to COP30. An overview of the plan is included below.

The Belém Health Action Plan: overview

The Belém Health Action Plan (BHAP) aims to strengthen the health sector's adaptation and resilience to climate change by enhancing surveillance and monitoring, building capacities, promoting evidence-based and participatory policies, and fostering innovation and sustainable production, while considering the diverse needs and national contexts of health systems worldwide and recognising the importance of cross-sector collaboration to accelerate mitigation efforts that generate health co-benefits.

Below are the cross-cutting principles and lines of action and proposed measures of the BHAP.

Cross-cutting principles

- i. Enhancing Health Equity and 'Climate Justice'
- ii. Leadership and Governance on Climate and Health with Social Participation

Lines of Action and Proposed Measures for the Adaptation and Development of Climate

Action Line 1: Surveillance and monitoring

Action Line 2: Evidence-based policies, strategies and capacity building

Action Line 3: Innovation, production and digital health

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.²⁶ The Committee recommends that States incorporate and mainstream disability inclusion in their policies and programmes on climate change,²⁷ and include persons with disabilities in their strategies (and in the implementation of climate change adaptation and disaster risk reduction).²⁸

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.

²⁶ 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>.

²⁷ 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>.

²⁸ 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>.

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 Global 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, calling for actions to:

- 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

Civil society, including Organisations of Persons with Disabilities, have a critical role to play in action on climate change and health at all levels, including holding power holders to account on their legal obligations and commitments, promoting disability inclusion and a rights-based approach among wider health and climate change actors, and advising on disability inclusive climate and health approaches.

To support this work, IDDC has developed the following key messages and suggested actions for engaging governments and other stakeholders on this issue.

Call to Action

As climate change and its impacts on health intensify, urgent action is needed to strengthen resilience and adaptation. Action on climate change and health must recognise 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 a global network of civil society organisations gathering around a common vision: a world that leaves no persons with disabilities behind. For over 30 years, this vision has driven our action, and our mission is to promote disability-inclusive international development and humanitarian action in low- and middle-income countries.

As a network, IDDC is fully committed to the United Nations Convention on the Rights of Persons with Disabilities and we apply 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 working in more than 150 countries.

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IDDC member organisations



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