We welcome the WHO’s work on the social determinants of health.

As this work continues, we ask that due attention be given to the close interplay of the social determinants of health with disability, ageing, communicable and non-communicable diseases and neglected tropical diseases.

The social determinants of health underpin the definition and the experience of disability. Disabilities are strongly influenced by the environments in which we are born, live, work and age, including the social and economic barriers to access social protection, assistive technologies, rehabilitation and other essential health and care services. They are closely coupled with avoidable health inequities for persons with disabilities, compounded by various types of discrimination and experienced as vicious cycles of poverty, exclusion and poorer health outcomes that accumulate across the life course.
Disability may increase the risk of poverty through lack of employment and education opportunities, lower wages, and higher out-of-pocket health expenses and exposure to catastrophic health expenditure.

Poverty also increases the prevalence and severity of disabilities due to a greater risk of long-term impairments from inadequate access to health services or safe water and sanitation, malnutrition, risk of injuries and violence, risk factors for non-communicable diseases, and exposure to neglected tropical diseases and other communicable diseases.

Multiple intersecting factors exacerbate health inequities for persons with disabilities, including ageism and gender-based discrimination. Women and girls with disabilities, Older people with disabilities, those in poverty, and those displaced or in remote or insecure contexts are among those most impacted by social determinants of health.

We urge Member States to ensure alignment of the forthcoming world report on the social determinants of health and the associated guidance and its implementation with WHA Resolution 74.8 and the WHO global report on health equity for persons with disabilities. We also call for:

- Investment in primary health care approaches, including health promotion, prevention, treatment, rehabilitation, palliative care and long-term care and support, that are accessible to everyone and close to where people live.

- Inclusive multi-sectoral action underpinned by the systematic use of standardised systems to collect and use sex-, age- and disability-disaggregated data.

- Meaningful engagement and empowerment of persons with disabilities of all ages and organisations working with them.

- Progressive universalism in health insurance and social protection systems

- Action to advance health equity between countries.