
Member States information session on the UN Disability Inclusion Strategy (UNDIS)

18 October 2024

Agenda

Moderator: Dr Alarcos Cieza, Unit Head, Sensory functions, Disability and Rehabilitation (SDR)

Opening remarks	Dr Jérôme Salomon, Assistant Director-General, Universal Health Coverage/Communicable and Noncommunicable Diseases, WHO Headquarters	5 mins
Leaving no one behind: Through implementation of UN Disability Inclusion Strategy (UNDIS)	Darryl Barrett, Technical Lead (Disability), WHO Headquarters	20 mins
Disability inclusion in the country health systems and WHO's programmatic work	Mina Brajovic, WHO Head of Country Office, Montenegro Ambroise Ane, Technical Officer, WHO Country Office, Cote d'Ivoire Ernesto Jaramillo, Medical Officer (TB programme), WHO Headquarters	15 mins
Questions and answers		20 mins
Closing	Dr Alarcos Cieza	

Opening remarks

Dr Jérôme Salomon

Assistant Director-General, Universal Health Coverage/Communicable and
Noncommunicable Diseases
WHO Headquarters

Leaving no one behind: through implementation of UN Disability Inclusion Strategy (UNDIS)

Darryl Barrett

Technical Lead (Disability)

WHO Headquarters



United Nations Disability Inclusion Strategy



- Launched in 2019 by the UN Secretary-General António Guterres
- Requires all UN entities to ensure that **disability inclusion is consistently and systematically mainstreamed** into all aspects of work
- UN **system-wide policy and accountability framework**

LEADERSHIP, STRATEGIC PLANNING AND MANAGEMENT	INCLUSIVENESS	PROGRAMMING	ORGANIZATIONAL CULTURE
1. Leadership	5. Consultation with persons with disabilities	9. Programmes and projects	13. Employment
2. Strategic planning	6. Accessibility	10. Evaluation	14. Capacity development for staff
3. Disability-specific policy/strategy	6.1. Conferences and events	11. Country programme documents	15. Communication
4. Institutional set-up	7. Reasonable accommodation	12. Joint initiatives	
	8. Procurement		

HEALTH EQUITY– at the core of the work of WHO

- No unfair or avoidable differences
- Among different groups of people
- No matter how the groups of people are different
 - Differences could be... social, economic, geographic location, sexual orientation, **disability**, gender... etc.

Health equity is achieved when everyone can attain their full potential for health and well-being



Why is disability inclusion important for WHO?

1.3 BILLION
people globally have
significant disability



1 in 6
people

Health inequities

Premature death:

- Up to 20 years earlier

Poorer health:

- More than double the risk for certain health conditions

More limitations in functioning:

- Health facilities are 6 times as hindering
- Transportation is 15 times as hindering

These health inequities are due to unfair and avoidable factors that affect people with disabilities disproportionately

Why urgent action is needed...



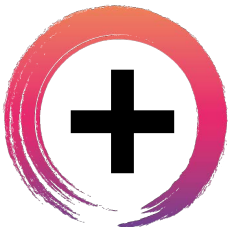
Coumba, a woman with a polio-related physical impairment, was refused in 4 health centers because "disability could make the delivery too complicated" (Senegal)



Frank, a deafblind man, told us how health services did not consider his needs during COVID-19 as interpreters were not allowed in the emergency room. He was isolated with no way to communicate (Spain)



Fatoumata, a teenage girl with an intellectual impairment, became a mother at 15 years old because she was abused and did not know about sexual health (Côte d'Ivoire)

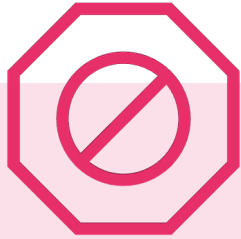


and many more...

There are challenges...



A focus on people's impairments as the only health issue that needs to be addressed for people with disability



Disability prevention is seen as a key issue as the focus remains on the impairment, rather than on disability inclusion



Health is not prominent in the global disability agenda given the importance of not defining people with disability in relation to their underlying impairment



Rehabilitation and Assistive technology agendas often presented as exclusively disability agendas



These challenges result in...

- **Confusion** by MoH what their role is in the disability agenda
- **Bandwidth** of MoH taken by more mature agendas of rehabilitation and Assistive Technology
- **Mainstream health stakeholders** don't see disability inclusion as an issue for them to be concerned with, or considered under broad umbrella of 'vulnerability' or similar
- **Health system reform / investment** is undertaken without consideration of disability
- **Primary investments** in the health sector are on rehabilitation and AT, not on making the health system inclusive

How can these health systems challenges be addressed by WHO

(UNDIS Indicator 9: programmes and projects)

Understanding the indicator

- Focuses on the inclusion of persons with disabilities across our technical programmes
- Applies to all technical programmes and phases of project cycle

Implications

- Guides WHO's engagement and learning from persons with disabilities
- Aims to include and report on disability inclusion in technical work
- Aligns with international frameworks and WHA resolutions

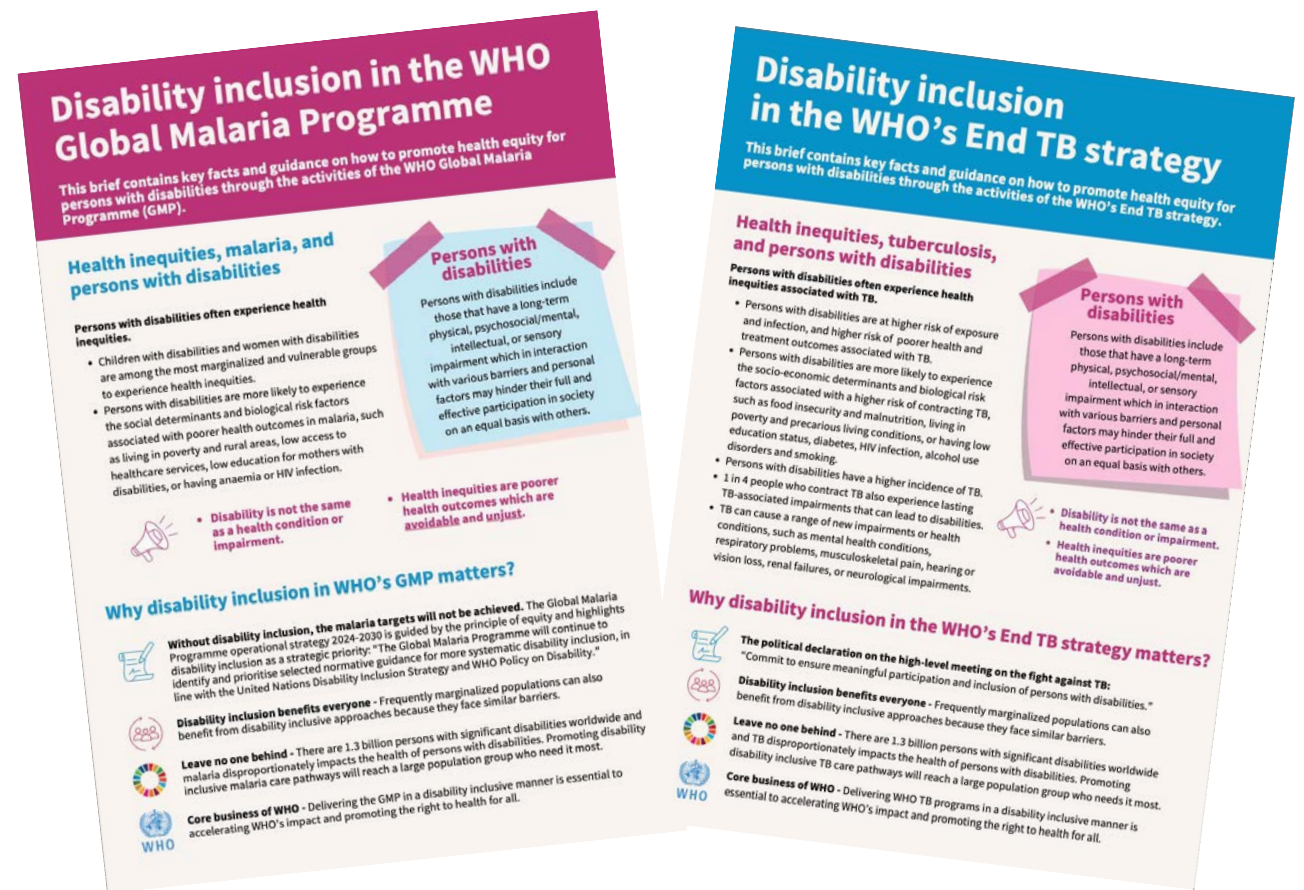


Implementing disability inclusion in programmes and projects

(UNDIS Indicator 9: programmes and projects)

Mainstreaming disability inclusion across broad health agendas

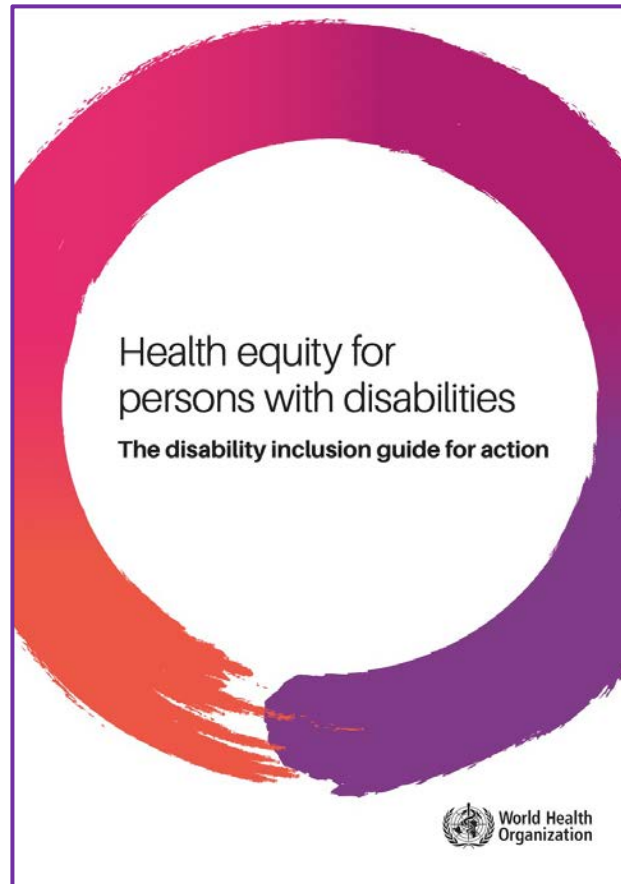
- Disability inclusion is central to ensure that we achieve **health for all** and no one is left behind.
- It is a **shared responsibility for all health sector stakeholders** - not just the disability focal points



Implementing disability inclusion in programmes and projects

(UNDIS Indicator 9: programmes and projects)

Developing technical guidance to advance health equity for persons with disabilities



These tools:

- Include evidence on the health inequities and recommendations for country-level actions.
- Focus on integration of targeted actions across health sector priorities

Including persons with disabilities in WHO's work

(UNDIS Indicator 5: Consultation with Persons with Disabilities)

Mapping of Organizations of Persons with Disabilities

- Connecting global, regional and country programmes with organizations of persons with disabilities
- Consultation on disability-specific issues as well as general/mainstream work
- Creation of a repository to be shared



Summary of the UN Disability Inclusion Strategy at WHO...

1. Foundations for WHO policy and actions:

WHO Policy on Disability has the UNDIS at its core

2. Progress is being made:

Developments across WHO can be seen, but a major challenge remains the inclusion of disability in WHO's programmatic work.

3. WHO UNDIS achievements align with Member State priorities:

How WHO performs will also depend on support from, and prioritization of this work from Member States, including in major health sector issues/reform.



Disability inclusion in the country health systems and WHO's programmatic work

Mina Brajovic,

Officer in charge, WHO Country Office, Montenegro

Ambroise Ane,

Technical Officer, WHO Country Office, Cote d'Ivoire

Ernesto Jaramillo,

Medical Officer (TB programme), WHO Headquarters



**World Health
Organization**

What Member States can do to advancing health equity...

1. Political commitment:

Engage Organizations of Persons with Disabilities in health systems strengthening efforts

2. Ensure access to the entire health system:

Persons with disabilities need ALL health services (not only rehabilitation and assistive technology)

3. Hold WHO to account:

Ensure your investments and engagement in the health sector, across all programme areas, include and benefit persons with disabilities



Thank you

For more information, please contact:



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