

WHO's action on United Nations system-wide action plans

Progress report on the implementation of the United Nations Disability Inclusion Strategy

Report by the Director-General

Background

1. Launched in 2019, the United Nations Disability Inclusion Strategy (UNDIS) consists of a system-wide policy and an accountability framework, with entities reporting their progress annually to the United Nations Secretary-General. The rating system has five levels: exceeds the requirements, meets the requirements, approaches the requirements, misses the requirements, and not applicable.
2. The Director-General launched the WHO policy on disability in 2020 to systematically integrate disability in all business operations and programme areas.¹ The UNDIS and the WHO policy on disability are implemented through an action plan. Progress in its implementation informs the reports submitted to the United Nations Secretary-General.
3. Following the adoption of resolution WHA74.8 (2021), three reports on progress were submitted to the Executive Board.² The present (fourth) report on progress covers implementation of the UNDIS from 2019 to 2025.

WHO implementation of the United Nations Disability Inclusion Strategy

4. From 2019 to 2024, WHO made steady progress on the indicators of the UNDIS accountability framework. However, in 2025, progress stalled across all indicators and regressed on indicator 4 (see Table).

¹ [WHO policy on disability](#). Geneva: World Health Organization; 2020 (accessed 17 March 2026).

² Documents EB152/52, EB154/47 and EB156/49.

Table. United Nations Disability Inclusion Strategy: WHO's performance 2019–2025

Indicator		2019	2020	2021	2022	2023	2024	2025
1	Leadership	Approaches	Meets	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds
2	Strategic planning	Approaches	Meets	Meets	Meets	Approaches	Approaches	Meets
3	Disability-specific policy/strategy	Misses	Meets	Meets	Meets	Exceeds	Exceeds	Exceeds
4	Institutional set-up	Approaches	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Misses
5	Consultation with persons with disabilities	Approaches	Approaches	Approaches	Approaches	Approaches	Meets	Meets
6	Accessibility	Misses	Meets	Meets	Meets	Meets	Meets	Meets
6.1	Conferences and events	Misses	Misses	Misses	Misses	Misses	Approaches	Approaches
7	Reasonable accommodation	Approaches	Approaches	Approaches	Meets	Meets	Meets	Meets
8	Procurement	Misses	Misses	Misses	Approaches	Approaches	Approaches	Approaches
9	Programmes and projects	Misses	Misses	Approaches	Approaches	Approaches	Approaches	Approaches
10	Evaluation	Misses	Misses	Approaches	Approaches	Approaches	Approaches	Meets
11	Country programme documents	Misses	Misses	Approaches	Approaches	Approaches	Approaches	Approaches
12	Joint initiatives	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds	Exceeds
13	Employment	Misses	Approaches	Approaches	Approaches	Approaches	Approaches	Approaches
14	Capacity development for staff	Misses	Misses	Approaches	Approaches	Approaches	Approaches	Approaches
15	Communication	Approaches	Approaches	Meets	Meets	Meets	Meets	Meets

*Pending confirmation from the Executive Office of the United Nations Secretary-General.

5. In 2025, the inherent uncertainty associated with the WHO prioritization and realignment process and the related budgetary and staffing implications impacted WHO's efforts to advance disability inclusion.

Leadership, strategic planning and management (indicators 1–4)

6. WHO exceeds the requirements for indicators 1 (leadership) and 3 (disability-specific policy/strategy), meets the requirements for indicator 2 (strategic planning) and misses the requirements for indicator 4 (institutional set-up).

(a) The Secretariat launched the WHO policy on disability in 2020 and is implementing the Organization's action plan on the UNDIS. It has established a governance structure – comprising a global steering committee, a secretariat and a working group – to oversee implementation of the UNDIS and the WHO policy on disability, as reported previously to the Board. Comparable governance mechanisms have also been established at the regional offices for Africa, South-East Asia, the Eastern Mediterranean and the Western Pacific.

(b) In 2025, the prioritization and realignment process resulted in reduced institutional capacity. The UNDIS calls for entities to have dedicated disability inclusion staff (or units for larger entities), proportional to their size. At the same time, the longer-term strategy is to mainstream the activities linked to the implementation of the UNDIS into the work of the various technical units. Consequently, at headquarters, capacity within the WHO disability

programme was reduced, limiting support to regional and country offices and technical departments. Capacity within the UNDIS secretariat has also been reduced. It is important to note that WHO continues to prioritize implementation of the UNDIS.

(c) The development of the subsequent action plan, including costings, could not be completed owing to the continuing prioritization and realignment process, leaving gaps in coordinated planning and accountability.

(d) Disability inclusion is an integral part of the results framework for the Thirteenth General Programme of Work, 2019–2025 (GPW 13). The joint responsibility of the Secretariat and Member States is reflected in outcome 1.1 (Improved access to quality essential health services), aimed at contributing to measurable improvements in service coverage and equity, reducing unmet health needs among marginalized populations and advancing universal health coverage. Similarly, output 4.2.6 of the Programme budget 2024–2025 focuses on progressively incorporating and monitoring the “Leave no one behind” approach, with an emphasis on gender, equity, human rights and disability inclusion. It serves as a key measure of the Secretariat’s accountability for implementing United Nations system-wide frameworks such as the UNDIS and the United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women. It also aims to strengthen institutional accountability while supporting progress towards inclusive health systems and to reduce barriers to care for persons with disabilities. A four-point disability inclusion marker developed by WHO is available to track products and services that mainstream disability inclusion and the resources allocated for that purpose.

Consultation with persons with disabilities (indicator 5)

7. WHO meets the requirements for indicator 5.

(a) The Secretariat consults and fosters active partnerships with organizations of persons with disabilities and conforms to the principles of the United Nations guidelines on consulting with persons with disabilities.

(b) Organizations of persons with disabilities were actively engaged in the implementation of *Health equity for persons with disabilities: a guide for action* in several countries. The WHO disability programme, in collaboration with regional offices, co-organized a series of global and regional webinars with the International Disability Alliance on building the capacity of persons with disabilities and their representative organizations and on health equity for persons with disabilities.

Accessibility and procurement (indicators 6, 6.1 and 8)

8. WHO meets the requirements for indicator 6 (accessibility) and approaches the requirements for indicators 6.1 (conferences and events) and 8 (procurement).

(a) The WHO policy on disability outlines a commitment to enhancing and maintaining the accessibility of physical infrastructure, information technology, publications and communications.

(b) From 2023 to 2025, progress was made in mainstreaming digital accessibility. Training on accessibility was provided to staff working in publication development. An assessment of

infrastructure accessibility at the headquarters, regional and country levels was completed, and a global accessibility gap analysis across regional and country offices was finalized.

(c) Although the Organization has yet to establish a systematic process to make meetings and events accessible, some progress has been made in providing different means of communication in online meeting services, including captioning, sign language and documents optimized for screen readers at certain events.

(d) The WHO procurement policy was amended to align with the guidelines on the implementation of indicator 8. Key documents have been made accessible, and a sustainable procurement questionnaire covering supplier equal opportunity policies, including on disability inclusion, is now required for all high-value tenders at headquarters.

Programming (indicators 9–12)

9. WHO approaches the requirements for indicators 9 (programmes and projects) and 11 (country programme documents), meets the requirements for indicator 10 (evaluation) and exceeds the requirements for indicator 12 (joint initiatives).

(a) In 2021, a toolkit was developed to support disability mainstreaming across WHO's technical work, which includes sections on mainstreaming disability inclusion in country programmatic documents for heads of WHO country offices.

(b) From 2023 to 2025, the WHO disability programme, in collaboration with regional and country offices, delivered capacity-building training to health and multisectoral stakeholders in 11 countries (Côte d'Ivoire, Ethiopia, Indonesia, Malaysia, Montenegro, Nepal, Nigeria, Senegal, Solomon Islands, Tunisia and United Republic of Tanzania) aimed at strengthening disability inclusion in programmes and projects. Additionally, Health equity for persons with disabilities: a guide for action was implemented in eight countries (Cambodia, Côte d'Ivoire, Ethiopia, Malaysia, Montenegro, Nepal, Nigeria and United Republic of Tanzania), with implementation initiated in one country (Philippines).

(c) In 2023, a disability inclusion marker was introduced to track products and services (including programmes and projects) that mainstream disability inclusion. The next step is to establish the baseline number of programmes and projects that mainstream disability inclusion, to set a minimum threshold – as required by indicator 9.

(d) The WHO Evaluation Office contributed to developing the United Nations Evaluation Group guidance on disability inclusion in evaluations and incorporated it into its own guidelines. The evaluation of the implementation of the WHO policy on disability was completed in 2024; the related management response has been drafted and will be finalized pending the prioritization and realignment process. In 2025, WHO met the requirements for indicator 10 (score 6.91), with a meta-evaluation score of 2.91, marking an improvement from 1.91 in 2024 and 1.88 in 2023. In 2025, the United Nations Sustainable Development Group System-Wide Evaluation Office evaluated UNDIS implementation by WHO and the wider United Nations system, and the related management response has been drafted.

(e) WHO participates in several inter-agency coordination mechanisms on disability inclusion within the United Nations system. In 2025, WHO launched the WHO Disability Health Equity Initiative, which aims to close avoidable health gaps between persons with disabilities and the broader population through progress in four strategic areas. The

initiative is supported by a network of health and disability stakeholders, including several entities of the United Nations system, that will jointly contribute to advancing its objectives.

Organizational culture (indicators 7 and 13–15)

10. WHO meets the requirements for indicators 7 (reasonable accommodation) and 15 (communication) and approaches the requirements for indicators 13 (employment) and 14 (capacity development for staff).

(a) The Secretariat has been developing the Organization's human resources systems to attract, recruit and retain persons with disabilities as staff, consultants and interns.

(b) The revised WHO policy on employment of persons with disabilities entered into force in 2022. It updated commitments to reasonable accommodation for members of the WHO workforce and candidates for posts. A centralized reasonable accommodation fund was established and standard operating procedures for reasonable accommodation were approved.

(c) A range of external courses on disability inclusion are available to staff through a dedicated intranet page. Staff also have direct access to reasonable accommodation resources via an internal platform managed by the Department of Human Resources and Talent Management. The Secretariat will develop Organization-wide mandatory training to increase staff capacity to integrate disability inclusion into their work.

(d) WHO adopted the United Nations *Disability-Inclusive Communications Guidelines*. The OneWHO intranet, launched in 2024, was built in line with these guidelines and will further boost their dissemination and implementation.

Lessons learned and way forward

11. The Secretariat faced significant challenges in advancing disability inclusion in 2025. The continuing prioritization and realignment process and associated uncertainty, staffing reductions and budget cuts constrained the Secretariat's ability to fulfil disability-related responsibilities and stalled progress across indicators. Furthermore, the development of the subsequent action plan, including its costings, could not be completed, leaving gaps in coordinated planning and accountability. The current capacity dedicated to disability inclusion within the UNDIS secretariat was also reduced.

12. Despite these challenges, the Secretariat continued to advance disability inclusion. A major milestone was the launch of the WHO Disability Health Equity Initiative, supported by a network of more than 155 health and disability stakeholders. Collaboration with organizations of persons with disabilities deepened through implementation of *Health equity for persons with disabilities: a guide for action* in several countries and via global and regional capacity-building webinars.

13. The Secretariat recognizes that the management response to the WHO disability policy evaluation presents an opportunity to recalibrate priorities and systematically embed disability inclusion across programmes and operations, despite current challenges. Sustained human and financial resources will be essential for meaningful implementation and to avoid further setbacks.

14. The Programme budget 2026–2027 highlights, inter alia, WHO's commitment to disability inclusion through a twin-track approach involving mainstreaming gender equality, equity, human

rights and disability inclusion into interventions, and undertaking targeted interventions to advance results in these areas, in alignment with the UNDIS. As part of the measurement framework for the Fourteenth General Programme of Work, 2025–2028 and in line with this twin-track approach, WHO's work on disability inclusion will be measured by two output indicators:

- (a) the number of countries that have implemented disability inclusion measures in national health programmes and strategies; and
- (b) the percentage of United Nations System-wide Action Plan on Gender Equality and the Empowerment of Women and UNDIS indicators that WHO has met or exceeded in the latest reporting period.

Action by the Executive Board

15. The Board is invited to note the report and provide comments or recommendations, particularly on the following questions.

- What opportunities are there for Member States to support the Secretariat in strengthening institutional capacity for disability inclusion?
- What approaches could Member States consider to help to reinforce coordinated planning and accountability for disability inclusion, including the development and resourcing of the next action plan?
