

Global strategies and plans of action that are scheduled to expire within one year

WHO global disability action plan 2014–2021: better health for all people with disability

Report by the Director-General

1. In May 2013, the Sixty-sixth World Health Assembly, through resolution WHA66.9, endorsed the recommendations of the *World report on disability*,¹ and requested the Director-General to prepare, in consultation with Member States and other organizations of the United Nations system, a comprehensive global action plan on health for people with disability.
2. The WHO global disability action plan 2014–2021 was adopted in May 2014 by the Sixty-seventh World Health Assembly, through resolution WHA67.7, in which it also requested the submission of a report on progress in implementing the action plan to the Seventy-fourth World Health Assembly. The mandate for action was strengthened further by the preparation of regional action plans.
3. The global disability action plan 2014–2021 will expire within the coming year. This report responds to the request in decision WHA73(15) (2020) to allow Member States to consider whether global strategies or action plans that are so scheduled to expire have fulfilled their mandates, should be extended and/or need to be adjusted.

CONTEXT

4. Over the past two decades, significant impetus built up to address the challenges of disability globally. In 2006, the General Assembly of the United Nations adopted the Convention on the Rights of All Persons with Disabilities and its Optional Protocol. WHO's global disability action plan formed an integral part of the global disability agenda.
5. The *World report on disability*, produced jointly by WHO and the World Bank, showed how to overcome barriers to health care, rehabilitation, education, employment and support services, and how to create environments in which people with disability can flourish. It concluded with a set of recommended actions for governments and partners to support implementation of the Convention.

¹ WHO, World Bank. *World report on disability*. Geneva: World Health Organization; 2011 (<https://apps.who.int/iris/handle/10665/44575>).

6. In 2013, the United Nations General Assembly convened a High-level Meeting on Disability and Development on “The way forward: a disability inclusive development agenda towards 2015 and beyond”. The High-level Meeting culminated in the adoption of an action-oriented outcome document in support of the aims of the Convention and the realization of the Millennium Development Goals.¹

7. The 2030 Agenda for Sustainable Development and its Sustainable Development Goals make several references to disability, specifically in relation to education, growth and employment, inequality, accessibility of human settlements, as well as data collection and monitoring. In 2018, the United Nations launched the Disability and Development Report on the realization of the Sustainable Development Goals by, for and with people with disability. The report showed that people with disability are disadvantaged with regard to most of the targets of the Sustainable Development Goals and called for determined action from Member States to ensure that they are not left any further behind.

8. The United Nations Disability Inclusion Strategy, issued in 2019, provides the foundation for sustainable and transformative progress on the inclusion of disability in all pillars of the United Nations’ work: peace and security, human rights and development.² It consists of a policy and an accountability framework, and sets out the vision and commitment of the United Nations system on the inclusion of people with disability.

IMPLEMENTATION

Objective 1: Remove barriers and improve access to health services and programmes.

9. Currently, 118 Member States have national disability strategies and action plans in place that are consistent with the Convention on the Rights of All Persons with Disabilities and other international standards.³ In the Region of the Americas, 17 Member States and countries have such plans in place.⁴ In the Eastern Mediterranean Region, Egypt, Morocco, Oman, Pakistan, Sudan and Syrian Arab Republic have been supported in developing national disability action plans based on the WHO global disability action plan 2014–2021.

10. Globally, 120 Member States have specific legislation on disability that is consistent with international human rights instruments. In the Region of the Americas this number increased from six Member States in 2013 to 24 in 2019. Furthermore, eight Member States in the Region have a disability component in their disaster and emergency risk management plans.

11. About 60% of the Member States in the Western Pacific Region report that their national health legislation specifically mentions access to regular health care services and facilities for people with disability. A similar proportion also reports having initiatives to make health promotion accessible to

¹ Available at: <https://digitallibrary.un.org/record/750428?ln=en> (accessed 30 December 2020).

² United Nations. Disability inclusion strategy: raising our standards and performance on disability inclusion, across our work and around the world. New York: United Nations; 2019 (<https://www.un.org/en/content/disabilitystrategy/>, accessed 19 November 2020).

³ UN Department of Economic and Social Affairs: Disability. Disability strategies and action plans by country/area. New York: United Nations (<https://www.un.org/development/desa/disabilities/strategies.html>, accessed 19 November 2020).

⁴ PAHO. 58th Directing Council/WHO 72nd Session of the Regional Committee of WHO for the Americas: Plan of action on disabilities and rehabilitation. Final Report (document CD58/INF/7). Washington DC: Pan American Health Organization; 2020 (<https://www.paho.org/en/documents/cd58inf7-plan-action-disabilities-and-rehabilitation-final-report>).

people with disability.¹ Several Member States in the Region have a national policy, strategy or action plan on community-based rehabilitation that focuses on access to health care for people with disability.

12. More than half the Member States in the European Region report taking initiatives to improve access to regular health care services and facilities for people with disability.²

Objective 2: Strengthen and extend rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation.

13. An increasing number of Member States have formulated or updated regulations on rehabilitation and habilitation. The figure includes 17 Member States and countries in the Region of the Americas. In the Western Pacific Region, 12 Member States have mechanisms for regulating rehabilitation services and the health ministries of 11 Member States have integrated rehabilitation services into wider health service standards and packages of care.

14. In 2018–2019, 16 Member States from all regions³ conducted situation assessments and formulated rehabilitation strategic plans. In the Eastern Mediterranean Region, Jordan was supported to develop a national rehabilitation strategic action plan based on WHO’s practical guide for action on rehabilitation in health systems.⁴ In addition, a rapid assessment of assistive technology was done in 17 Member States. The Secretariat supported an in-depth assessment of system capacity for assistive technology in Bahrain and Iraq, the results of which were used in the development of assistive technology action plans at the national and subnational levels. The WHO Priority Assistive Product List was adapted by Bhutan, Nepal and Sri Lanka in the South-East Asia Region.

15. Community-based rehabilitation is increasingly included in national rehabilitation programmes: 16 Member States and countries in the Region of the Americas have done so in accordance with WHO’s community-based rehabilitation matrix, compared to only three in 2013. In the Western Pacific Region, 12 Member States have a national community-based rehabilitation policy, strategy or action plan, and, in 2015, the Second Pacific Community-Based Rehabilitation Forum endorsed the Pacific Regional Framework for Community-Based Rehabilitation 2016–2021.⁵

Objective 3: Strengthen collection of relevant and internationally comparable data on disability and support research on disability and related services.

16. In the Region of the Americas, 15 out of its 52 Member States and countries have already incorporated the International Classification of Functioning, Disability and Health in their disability certification systems. At least three more are revising their systems to that end. In addition, 10 Member

¹ WHO Regional Office for the Western Pacific. Rehabilitation and disability in the Western Pacific. Manila: World Health Organization Regional Office for the Western Pacific; 2017 (<https://apps.who.int/iris/handle/10665/259991>).

² European Parliament. Report on implementation of the European Disability Strategy (https://www.europarl.europa.eu/doceo/document/A-8-2017-0339_EN.html, accessed 9 December 2020).

³ Benin, Botswana, Guyana, Haiti, Jordan, Lao People’s Democratic Republic, Mongolia, Mozambique, Myanmar, Nepal, Solomon Islands, Sri Lanka, Ukraine, United Republic of Tanzania, Viet Nam and Zambia.

⁴ WHO. Rehabilitation in health systems: guide for action. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/325607>).

⁵ WHO Regional Office for the Western Pacific. Community-based rehabilitation. Manila: World Health Organization Regional Office for the Western Pacific; 2017 <https://apps.who.int/iris/bitstream/handle/10665/279966/WPR-2017-DNH-005-factsheet-03-cbr-eng.pdf?sequence=4&isAllowed=y>.

States and countries now have national surveillance systems that incorporate the International Classification and 12 Member States and countries have systematically included disability data in their health information systems. One reported disaggregating those data by ethnic origin. Twelve Member States and countries report undertaking at least two research projects per year on disability, habilitation and rehabilitation, approaching the regional target of 14.

17. In the Western Pacific Region, 64% of Member States have included disability questions in a recent census, 38% have conducted a national disability survey, and close to 40% have a national registry of people with disability. Seven provide disability research grants. Yet 71% of Member States in the Region still report limited availability of disability data. In the Eastern Mediterranean Region, disability is included in national censuses in 10 Member States.

18. In the European Region, rehabilitation is included in the European road map to implement the 2030 Agenda for Sustainable Development.¹

SUPPORT PROVIDED BY THE SECRETARIAT

19. The Secretariat has provided constant support to Member States in meeting the objectives of the global disability action plan.

20. With regard to Objective 1, the Regional Office for the Western Pacific issued a set of recommendations on making health facilities disability-inclusive and removing barriers² and a toolkit to support Member States in taking targeted actions in that regard.³ At the onset of the pandemic of coronavirus disease (COVID-19), WHO published a guidance document on disability considerations during the outbreak,⁴ containing a set of recommendations for people with disability as well as actions that stakeholders should take to ensure disability inclusion and access to health care. The document has been translated into 28 languages and disseminated widely by regional and country offices. The Secretariat also provided guidance to the United Nations Sustainable Development Group on its policy brief on a disability-inclusive response to COVID-19.⁵

21. Regarding awareness raising and advocacy, each year the International Day of Persons with Disabilities is marked across the Organization. Activities are organized by not only the Secretariat but also Member States, other United Nations entities and civil society.

22. With regard to Objective 2, in February 2017, the Secretariat launched “Rehabilitation 2030: A Call for Action”, exhorting coordinated action and joint commitments by all stakeholders to raise the

¹ WHO Regional Committee for Europe. Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being, resolution EUR/RC67/R3. Copenhagen: World Health Organization Regional Committee for Europe; 2017.

² WHO Regional Office for the Western Pacific. Health facilities for all: making health facilities disability-inclusive. Actions against barriers. Manila: WHO Regional Office for the Western Pacific; 2017.

³ Disability-inclusive health services toolkit: a resource for health facilities in the Western Pacific Region. Manila: WHO Regional Office for the Western Pacific; 2020 (<https://apps.who.int/iris/handle/10665/336857>).

⁴ WHO. Disability considerations during the COVID-19 outbreak. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/332015>).

⁵ United Nations. Policy brief: a disability-inclusive response to COVID-19. New York: United Nations; 2020 (<https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-A-Disability-Inclusive-Response-to-COVID-19.pdf>, accessed 19 November 2020).

profile of rehabilitation as a health strategy for all throughout the life course and across the continuum of care. Many Member States committed themselves to key actions, including improving rehabilitation management and investment, building a high-quality rehabilitation workforce and services, and enhancing data collection on rehabilitation.

23. As part of Rehabilitation 2030, WHO published a report on rehabilitation in health systems¹ containing evidence-based guidance for Member States and stakeholders to strengthen and expand the availability of good-quality rehabilitation services. In 2019, to support the preparation of comprehensive, coherent and beneficial national strategic plans, the Secretariat launched a guide for action on rehabilitation in health systems.² The guide leads governments through a four-phase process of: situation assessment; strategic planning; developing means for monitoring, evaluation and review; and implementing the strategic plan, using health system strengthening practices with a focus on rehabilitation. To date, support has been provided to 16 Member States.³

24. The Secretariat developed a rehabilitation competency framework, along with two guides that detail how it can be adapted to specific contexts and how it can be used in building rehabilitation programmes. The framework serves as a model for developing and sustaining the rehabilitation workforce in various ways, including education and training for rehabilitation workers, setting competency standards for rehabilitation workforce regulation, and enabling competency-based performance appraisal.

25. The Secretariat has also designed tools for evaluating and planning rehabilitation workforces to strengthen understanding of the situation of the workforce, identify important challenges and opportunities, formulate local, feasible and effective action plans, and forecast quantitative data on the rehabilitation workforce. The tools will be piloted in several Member States in early 2021.

26. The Governments of China, Ecuador, Germany, Ireland, Pakistan, Republic of Korea, United States of America, and Zimbabwe hosted a side event at the Sixty-ninth World Health Assembly in 2016 at which WHO's Priority Assistive Products List was launched.⁴ The list included more than 50 products: hearing aids, wheelchairs, communication aids, spectacles, artificial limbs, pill organizers, memory aids and other essential items, aimed to serve as a model for national priority assistive products lists. National lists have been drawn up in Nepal and Tajikistan, with support from the Secretariat. In addition, to improve access to assistive products at the community level, the Secretariat developed a training package on priority assistive products, a series of e-learning modules that build the skills and capacity needed by the primary health care workforce to safely and effectively provide basic assistive products. The modules on walking aids, introduction to vision and reading glasses were piloted in India in 2018 and Papua New Guinea in 2019. The Regional Office for the Western Pacific commissioned a study of the challenges to and strategies for the procurement of appropriate assistive technology in order

¹ WHO. Rehabilitation in health systems. Geneva: World Health Organization; 2017 (https://www.who.int/disabilities/rehabilitation_health_systems/en/).

² WHO. Rehabilitation in health systems: guide for action. Geneva: World Health Organization; 2019 (<https://apps.who.int/iris/handle/10665/325607>).

³ Benin, Botswana, Guyana, Haiti, Jordan, Lao People's Democratic Republic, Mongolia, Mozambique, Myanmar, Nepal, Solomon Islands, Sri Lanka, Ukraine, United Republic of Tanzania, Viet Nam and Zambia.

⁴ WHO, USAID, International Disability Alliance. Priority assistive products list: improving access to assistive technology for everyone, everywhere. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/handle/10665/207694>).

to increase access for people in Pacific island Member States and areas.¹ In 2016, the Regional Committee for the Eastern Mediterranean adopted resolution EM/RC63/R.3 on improving access to assistive technology. The first step to operationalizing this resolution was undertaking a rapid assessment of the situation of assistive technology in 17 Member States in the Region in 2017. Based on the findings of this assessment, a Strategic Action Framework to Improve Access to Assistive Technology in the Eastern Mediterranean Region was developed in 2018 in full consultation with Member States. The Framework guided the development of action plans to improve access to assistive technology in Bahrain and Iraq (Ninewa Governorate) at the national and subnational level, respectively.

27. In resolution WHA71.8 (2018) on improving access to assistive technology, the Health Assembly requested the Director-General to prepare a global report on effective access to assistive technology. The report, due to be published in 2021, will highlight current needs, demand and supply, outline good practices for innovation and make recommendations on improving access.

28. In 2015, WHO issued indicators for monitoring community-based rehabilitation and an online training programme (“INCLUDE”) which have been widely used by stakeholders at the country level. In 2019, the Regional Office for the Western Pacific supported the development of an open access, online education and training module designed by, for and about the Pacific island communities engaged in community-based inclusive development, which is available through the Pacific Open Learning Health Platform run in partnership between WHO and the health ministries of Member States in the Region.

29. To support the global response to COVID-19, rehabilitation was integrated into the WHO guideline on clinical management of COVID-19² and operational guidance developed by the emergency medical teams initiative on community facilities for preparedness and response to COVID-19. PAHO/AMRO has published dedicated rehabilitation guidance during the COVID-19 outbreak,³ and the Regional Office for Europe issued a comprehensive leaflet on support for rehabilitation self-management after COVID-19-related illness.⁴ In view of heavy demand, the leaflet has been translated into more than 25 languages. A case report form, to support the delivery of clinical care and standardization of data on mid- and long-term sequelae of COVID-19, has been developed, with support through several webinars and training modules. In order to support Member States of the South-East Asia Region to help people with disability during the COVID-19 pandemic, in terms of both the barriers faced and the direct impact of the health emergency, the Regional Office conducted a survey and disseminated its results.

30. Under Objective 3, the Secretariat, in consultation with international experts, and in collaboration with the World Bank, developed the Model Disability Survey,⁵ which has been conducted in Afghanistan, Chile, Costa Rica, Oman, the Philippines, Qatar and Sri Lanka. It has also been conducted

¹ WHO. Assistive technology procurement study: technical report. Manila: WHO Regional Office for the Western Pacific; 2020 (<https://apps.who.int/iris/handle/10665/334368>).

² WHO. Clinical management of COVID-19: interim guidance, 27 May 2020. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/332196>).

³ PAHO/AMRO. Rehabilitation considerations during the COVID-19 outbreak. Washington DC: Pan American Health Organization; 2020 (<https://iris.paho.org/handle/10665.2/52035>).

⁴ WHO Regional Office for Europe. Support for rehabilitation self-management after COVID-19- related illness. Copenhagen: World Health Organization Regional Office for Europe; 2020 (<https://apps.who.int/iris/handle/10665/333287>).

⁵ WHO. Data. Geneva: World Health Organization (<https://www.who.int/disabilities/data/en/>, accessed 19 November 2020).

at local levels in Cameroon, Pakistan, Republic of Korea and United Arab Emirates. In an abridged version the survey has been used in India, Lao People's Democratic Republic and Tajikistan. The Secretariat has supported Member States in conducting the survey, analysing data and developing national policies based on the results. The Secretariat has also developed a disability disaggregation tool.

31. The Secretariat has done much to ensure respect for the monitoring requirements set out in the action plan. Member States have been encouraged to use standardized approaches to periodic data collection. In the Western Pacific Region, all Member States have collected standardized data; a status report has also been produced. The Regional Office for the Americas has produced a report on progress made by Member States towards meeting the action plan's objectives and targets, including an overview of the current situation in Member States.

32. The Secretariat recently launched a survey to identify priority assistive products for use in humanitarian responses. The findings will support agencies in selecting and procuring assistive products during the acute phase of any emergency. After products have been identified, the list will need to be backed up with product specifications and guidance on procurement and provision (including workforce and services required).

33. In 2019, the Regional Office for Europe created a programme on disability and rehabilitation to strengthen implementation of the action plan in the Region.¹

SUPPORT FROM INTERNATIONAL PARTNERS

34. International partners, including other United Nations agencies, international and professional organizations, academic institutions, non-State actors and civil society, have offered broad support.

35. On Objective 1, the Inter-Agency Standing Committee, with the Secretariat's support, published guidelines on the inclusion of persons with disabilities in humanitarian action.² The Secretariat has been invited to co-chair and participate in the Standing Committee's working group for capacity development and implementation of the guidelines in Member States. Partners have also worked to produce technical briefs and guidance on disability-inclusive emergency response for low- and middle-income countries.

36. United Nations interagency work on the response to and recovery from the COVID-19 pandemic has included efforts to ensure a disability-inclusive approach. A working group on health response and recovery has been set up; participants include the Special Envoy of the Secretary-General of the United Nations on Disability and Accessibility, the Office of the United Nations High Commissioner for Human Rights, International Telecommunication Union and representatives of the International Disability and Development Consortium and International Disability Alliance. The group is preparing the first international standard on accessibility of telehealth and eHealth applications, to be published in 2021.

37. The United Nations Partnership on the Rights of Persons with Disabilities is supporting disability-inclusive COVID-19 responses and recovery at the national level. Capitalizing on the experience of nine organizations in the United Nations system, including WHO, organizations of people

¹ WHO Regional Office for Europe. Disability and rehabilitation: areas of work. Copenhagen: World Health Organization Regional Office for Europe (<https://www.euro.who.int/en/health-topics/Life-stages/disability-and-rehabilitation/areas-of-work>, accessed 9 November 2020).

² Inter-Agency Standing Committee. Guidelines: inclusion of persons with disabilities in humanitarian action. Geneva: Inter-Agency Standing Committee; 2019 (<https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>, accessed 19 November 2020).

with disability and broader civil society, the Partnership supports governments and global initiatives when it comes to incorporating a strong disability-inclusive perspective to COVID-19 response and recovery. The Partnership currently works closely with 20–30 country teams and will expand its outreach to other countries through the generation of guidance and practical tools.

38. With regard to Objective 2, WHO's Rehabilitation 2030 initiative has from its inception been supported by international and professional organizations, non-State actors, rehabilitation experts and service users, who agreed on specific actions to move the global rehabilitation agenda forward and to bring rehabilitation into universal health coverage.

39. The Global Cooperation on Assistive Technology, launched in 2014, is a WHO-led partnership with stakeholders including international organizations, donor agencies, professional organizations, academic institutions and user groups. Through that partnership, tools have been developed to support Member States in devising national policy and programmes for access to assistive products.

40. The Second Community-Based Rehabilitation World Congress (Kuala Lumpur, 27–29 September 2016), which WHO co-hosted and attracted more than 1000 participants from more than 50 countries, served as a platform for training in community-based rehabilitation.

41. For Objective 3, the Secretariat, in consultation with international experts and in collaboration with the World Bank, developed the Model Disability Survey, which is used to collect national data on disability. The survey helps national authorities, non-State actors and data-protection officers to understand the situation of people who have disability, to enable governments to develop policies and national disability strategies based on that situation, and to monitor and report implementation of the Convention on the Rights of Persons with Disabilities and the disability-related indicators of the Sustainable Development Goals.

LESSONS LEARNED

42. The aim of the action plan was to scale up the health sector response for people with disability. Much progress has been made, but it is clear that major gaps still exist; people with disability continue to face significant barriers and inequalities in accessing everyday health services. Few Member States collect or disaggregate data by disability. Most significantly, the rights of people with disability are not being met when it comes to equal access to health services, protection during health emergencies and achieving the highest attainable standard of health through access to cross-sectoral public health interventions, such as water, sanitation and hygiene services. This failing inevitably reflects the lack of inclusion of people with disability in society more widely and perpetuates discrimination against them.

43. Rehabilitation is integral to universal health coverage, along with promotion, prevention, treatment and palliation, rather than being a strategy that is only needed by people with disability. The global disability action plan was adopted before the 2030 Agenda for Sustainable Development, at a time when rehabilitation was perceived as a service exclusive for people with disability or physical impairments rather than a core aspect of effective health care, which should be available to anyone with an acute or chronic health condition, impairment or injury that limits their ability to do everyday activities, whether temporarily or permanently. In many cases, timely rehabilitation, alongside other health interventions, can lead to better outcomes. In resolution WPR/RC69.R6 on rehabilitation adopted in 2018 the Regional Committee for the Western Pacific thus urged Member States to recognize and prioritize rehabilitation as part of the continuum of care. Also in 2018, the Seventy-first World Health Assembly adopted resolution WHA71.8 on improving access to assistive technology.

44. Often health ministries do not perceive disability inclusion as part of their mandate and do not take action towards including disability in the health sector. This is arguably because the responsibility for overseeing implementation of the Convention on the Rights of Persons with Disabilities in countries is rightly the mandate and responsibility of ministries other than the health ministry. At the same time, the inclusion of disability in the health sector is often not covered by national disability strategies and action plans to implement and monitor implementation of the Convention. Disability inclusion in the health sector is often therefore not addressed.

45. Few Member States collect health sector data that are disaggregated by disability. This has become very apparent during the COVID-19 health emergency with only one country publishing analyses reporting mortality data disaggregated by disability.

46. Failure to include people with disability in health responses to COVID-19 has left them particularly exposed to the risks of contracting COVID-19, developing severe symptoms or dying from COVID-19, as well as having poorer health in general during and after the pandemic.

47. Through the United Nations Disability Inclusion Strategy, WHO commits itself to being inclusive of all people with disability and systematically integrating disability into all programme areas, including work at the country level. The latter will only be possible if health ministries embrace disability inclusion in the health sector in their agendas.

48. Disability inclusion in the health sector involves action in three areas: access to effective health services; protection during health emergencies; and access to cross-sectoral public health interventions, such as provision of water, sanitation and hygiene services, to achieve the highest attainable standard of health.

RECOMMENDATIONS AND WAY FORWARD

49. Based on the lessons learned from the implementation of the global disability action plan 2014–2021, WHO will continue its commitment to promote disability inclusion in the health sector through the United Nations Disability Inclusion Strategy, which will continue after the global disability action plan ends in 2021. The focus of this work will be in four areas: collection of feasible and reliable data that allow for data disaggregation by disability; access to effective health services; protection during health emergencies; and access to cross-sectoral public health interventions to achieve the highest attainable standard of health.

ACTION BY THE EXECUTIVE BOARD

50. The Board is invited to take note of this report.

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