

The highest attainable standard of health for persons with disabilities

**Draft resolution proposed by Argentina, Australia, Botswana, Brazil,
Canada, Chile, Costa Rica, Ecuador, Israel, Mexico, Norway, Peru,
United Kingdom of Great Britain and Northern Ireland, Uruguay and
the Member States of the European Union**

The Executive Board,

Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability,¹

RECOMMENDS to the Seventy-fourth World Health Assembly the adoption of the following resolution:

The Seventy-fourth World Health Assembly,

(PP1) Having considered the report on the WHO global disability action plan 2014–2021: better health for all people with disability;

(PP2) Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.9 (2013) on disability, WHA67.7 (2014) on WHO global disability action plan 2014–2021: better health for all people with disability, WHA71.8 (2018) on improving access to assistive technology; and WHA72.3 (2019) on community health workers delivering primary health care: opportunities and challenges;

(PP3) Recalling also the *World report on disability* (2011) and the WHO global disability action plan 2014–2021,² which is based on that report's recommendations;

(PP4) Further recalling the United Nations Convention on the Rights of Persons with Disabilities,³ which refers to persons with disabilities as including those who have long-term

¹ Document EB148/36.

² WHO global disability action plan 2014–2021. Geneva: World Health Organization; 2015 (available at: <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021>, accessed 17 January 2021).

³ Convention on the Rights of Persons with Disabilities, 24 January 2007. United Nations General Assembly resolution 61/106 (2007).

physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others, and under which 182 States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability;

(PP5) Recognizing that disability is an evolving concept and that it results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others;

(PP6) Recalling the 2030 Agenda for Sustainable Development and its aim of “leaving no one behind”, and the United Nations flagship *Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities* (2018),¹ presenting an overview of the status of accessibility for persons with disability, and the persistent gaps in this regard, and identified best practices and recommended action in accessibility for the effective implementation of the Convention of the Right of Persons with Disabilities and the disability-inclusive achievement of the Sustainable Development Goals;

(PP7) Recalling the endorsement of the International Classification of Functioning Disability and Health² in 2001;

(PP8) Welcoming progress towards mainstreaming disability, including the rights of persons with disabilities in the work of the United Nations, and noting with appreciation the launch of the United Nations Disability Inclusion Strategy, which provides the foundation for sustainable and transformative progress on disability inclusion through the work of the United Nations;

(PP9) Recognizing that persons with disabilities are disproportionately affected by public health emergencies, including pandemics such as COVID-19, and thus welcoming the specific guidance presented by the United Nations and WHO to advise relevant stakeholders on ways to mitigate the effects of the pandemic on persons with disabilities;

(PP10) Recognizing also the need to include the experiences and perspectives of persons with disabilities and their representative organizations in all issues, including by taking steps to ensure and actively facilitate their meaningful participation in programmes, policy and decision-making processes;

(PP11) Noting that globally one in seven persons experience some form of disability and that this number continues to increase owing to many underlying factors such as population ageing and the rise in the prevalence of chronic health conditions;³

¹ Disability and development report: realizing the Sustainable Development Goals by, for and with persons with disabilities. New York: United Nations; 2018 (available at <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>, accessed 17 January 2021).

² International classification of functioning, disability and health. Geneva: World Health Organization; 2001 (<https://apps.who.int/iris/bitstream/handle/10665/42407/9241545429.pdf>, accessed 17 January 2021).

³ World Health Organization and The World Bank. World report on disability. Geneva: World Health Organization; 2011 (available at: <https://www.who.int/publications/i/item/world-report-on-disability>, accessed 17 January 2021).

(PP12) Noting also the persisting attitudinal, institutional and environmental barriers including discriminatory attitudes towards disability and inaccessible communities;

(PP13) Also noting, with concern, that persons with disabilities face persistent inequality in social, economic, health and political spheres, and thus are more likely to live in poverty than persons without disabilities; and are more likely to have risk factors for noncommunicable diseases; as well as being more likely to be unable to get access to essential health services, public health functions, medicines and treatment, due to environmental, financial, legal and attitudinal barriers in society, including discrimination and stigmatization , as well as lack of reliable and comparable data;

(PP14) Further noting that, as many persons with disabilities face multiple and intersecting forms of discrimination and are therefore at greater risk of having unmet health needs, health and rehabilitation interventions should take into account different needs and be age-sensitive and gender-responsive while promoting, protecting and ensuring the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and promoting respect for their inherent dignity;

(PP15) Recognizing that persons with disabilities are often disproportionately affected in situations of risk, including situations of armed conflict, complex humanitarian emergencies and the occurrence of natural disasters and in their aftermath, and that they may require specific protection and safety measures, recognizing also the need to support further participation and inclusion of persons with disabilities in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive risk reduction and humanitarian assistance, and recognizing the need for psychosocial support to withstand the effects of conflict and natural disasters;

(PP16) Noting that many persons with disabilities, particularly girls and women, face barriers to access information and education, including with regards to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences;

(PP17) Noting the urgent need to increase the availability of disaggregated data by disability in the health sector, and other sectors using internationally comparable high quality disability data collection methods, in order to inform evidence-based health policies and programmes that are disability inclusive and meet the needs of persons with disabilities;

(PP18) Noting further that persons with disabilities are an underrepresented group in health research, and that this in turn limits the application of research findings for their benefit;

(PP19) Noting that enabling universal access to assistive technology and rehabilitation services promotes the inclusion, participation and engagement of persons with disabilities in all areas of society;

(PP20) Highlighting the role of community health workers in advancing equitable access of persons with disabilities to safe, quality, accessible, inclusive and innovative health services in urban and rural areas and in reducing inequities;

(PP21) Stressing that disability-sensitive, quality, basic and continued education and training of health professionals, including effective communication skills, are crucial to ensure that they have the adequate professional skills and competencies in their respective roles and functions, to provide safe, quality, accessible and inclusive health services;

(PP22) Stressing also that accessible health facilities, accessible health-related information and disability-specific health services and solutions, are essential for persons with disabilities to benefit equally from health education, promotion, prevention, treatment and rehabilitation; and stressing further that technological solutions could be effective means to enhance accessibility;

(PP23) Underscoring that the health needs of persons with disabilities need to be met across the life course, through comprehensive preventive, promotive, curative, rehabilitative services and palliative care and including psychosocial support;

(PP24) Reaffirming that health services should be provided to persons with disabilities on the basis of free and informed consent, and emphasizing that the necessary information to exercise such consent must be transmitted in a reasonable, accessible and understandable manner, to the extent possible,

(OP1) URGES Member States:¹

(OP1.1) to incorporate a disability- and gender-sensitive and inclusive approach, including by closely consulting with, and actively involving persons with disabilities and their representative organizations, in decision making and designing programmes in order that they receive: effective health services as part of universal health coverage; equal protection during complex humanitarian emergencies, and the occurrence of natural disasters and in their aftermath; and equal access to cross-sectoral public health interventions, such as provision of safe water, sanitation and hygiene services, to achieve the highest attainable standard of health;

(OP1.2) to identify and eliminate attitudinal, environmental and institutional obstacles and barriers that prevent persons with disabilities from accessing health, including sexual and reproductive health care services, as well as health-related information, skills and goods, including by making health facilities accessible, by training relevant professionals on the human rights, dignity, autonomy and needs of persons with disabilities, by making information available in accessible formats, and by providing appropriate measures for the exercise of legal capacity in health-related issues;

(OP1.3) to develop, implement and strengthen policies and programmes, as appropriate, to improve access to rehabilitation, as well as affordable and quality assistive technology within universal health and/or social services coverage and to ensure their sustainability;

(OP1.4) to collect health-related data, disaggregated by disability, age and sex, education level and household income to inform relevant policies and programmes;

(OP1.5) without discrimination on the basis of disability, to provide health services and care of the same quality to persons with disabilities as to others, including on the basis of free and informed consent, respecting the human rights, dignity, autonomy, legal capacity

¹ And, where appropriate, regional economic integration organizations.

and needs of persons with disabilities, including through training and the promulgation of ethical standards for public and private health care;

(OP1.6) to take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognizing the unique vulnerabilities of those who may be living in care and congregated living settings in times of public health emergencies such as COVID-19, and for special protection against infections in particular for at-risk groups, with protection to include facilitating the education of health and care workers in the area of infection prevention and control to protect all persons with disabilities, whether living in the community or in care and congregated living settings;

(OP2) INVITES international organizations and other relevant stakeholders, including intergovernmental and nongovernmental organizations, private sector companies, academia, and, in particular, organizations of persons with disabilities:

(OP2.1) to collaborate with Member States in respecting, protecting and fulfilling the right to the enjoyment of the highest attainable standard of health of persons with disabilities;

(OP2.2) to forge partnerships and alliances that mobilize and share knowledge and best practices on disability inclusion;

(OP2.3) to amplify the voices of persons with disabilities and their representative organizations, and raise awareness of the rights, capabilities and contributions of persons with disabilities;

(OP2.4) to include persons with disabilities in health research so that they benefit from its outcomes and products;

(OP3) REQUESTS the Director-General:

(OP3.1) to develop, in close consultation with Member States¹ and relevant international organizations and other stakeholders, by the end of 2022, a global report on the highest attainable standard of health for persons with disabilities, to be presented for the consideration of the Seventy-sixth World Health Assembly, through the Executive Board at its 152nd session, that addresses effective access and quality health services, including universal health coverage (with rehabilitation as part of it), health emergencies and health and well-being, that is based on the best available evidence, and that includes actionable recommendations, as well as to update the WHO estimates of the global disability prevalence presented in the *World report on disability* (2011);

(OP3.2) to fully implement the United Nations Disability Inclusion Strategy across all levels of WHO in order to ensure that disability considerations, including the right of persons with disabilities, are mainstreamed and systematically integrated in all programme areas and policy work, as well as in operations, including in emergency preparedness and response plans and in building and reconstruction planning, and transmit to the Executive

¹ And, where appropriate, regional economic integration organizations.

Board a copy of the annual progress report on the implementation of the United Nations Disability Inclusion Strategy;

(OP3.3) to support the creation of a global research agenda that aligns with universal health coverage, health emergencies and health and well-being, including health systems and policy research, and to explore possible ways to track progress on disability inclusion in the health sector towards 2030;

(OP3.4) to provide Member States with the technical knowledge and capacity-building support necessary to incorporate a disability-sensitive and inclusive approach in accessing quality health services; protection during health emergencies; and access to cross-sectoral public health interventions, to enable persons with disabilities to enjoy the highest attainable standard of health, including with regards to the support they may require in exercising their legal capacity in health-related issues, as well as to support countries in collecting, processing, analysing and disseminating data on disability, including disaggregating data by disability, sex and age, and other characteristics relevant in national contexts, in collaboration with relevant stakeholders, and developed in close consultation with persons with disabilities and their representative organizations.

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