Implementation of the United Nations Disability Inclusion Strategy, including the WHO policy on disability

Report by the Director-General

BACKGROUND

1. In June 2019, the United Nations Disability Inclusion Strategy was launched to advance disability inclusion through all pillars of the work of the United Nations. The United Nations Disability Inclusion Strategy enables entities within the United Nations system to support the implementation of the Convention on the Rights of Persons with Disabilities and other international human rights instruments, towards the achievement of the Sustainable Development Goals.

2. The United Nations Disability Inclusion Strategy consists of a system-wide policy, an entity accountability framework with 16 common indicators, and a United Nations country team accountability scorecard, with entities reporting their progress on the indicators annually to the Executive Office of the United Nations Secretary-General. The rating system has five levels: exceeds the requirements, meets the requirements, approaches the requirements, missing and not applicable. The WHO Secretariat has submitted reports on the indicators for 2019, 2020 and 2021.

3. The Director-General launched the WHO policy on disability on 3 December 2020, further signalling WHO's commitment to being an organization that is inclusive of people with disabilities and to systematically integrating disability in all programme areas.

4. The United Nations Disability Inclusion Strategy and the WHO policy on disability are implemented through the WHO action plan on the United Nations Disability Inclusion Strategy, which is coordinated by the United Nations Disability Inclusion Strategy secretariat at headquarters and includes support for regional offices, which are also in the process of developing regional actions plans. The action plan identifies the departments responsible for each indicator and sets targets to track progress from 2021–2023. Progress in the implementation of the action plan informs the accountability framework reports submitted to the Executive Office of the United Nations Secretary-General.


5. In May 2021, the Seventy-fourth World Health Assembly adopted resolution WHA74.8 on the highest attainable standard of health for persons with disabilities, which requests the Director-General to implement the United Nations Disability Inclusion Strategy across all levels of WHO in order to ensure that disability considerations are systematically integrated in all areas of the Organization’s work.\(^1\) It also requests the Director-General to transmit to the Executive Board a copy of the annual progress report on the implementation of the United Nations Disability Inclusion Strategy, after this was initially proposed by Member States at the 146th session of the Executive Board.\(^2\) This first progress report to the Executive Board responds to the mandate from WHA74.8, and covers implementation of the United Nations Disability Inclusion Strategy from 2019 to mid-2022.

**WHO IMPLEMENTATION OF THE UNITED NATIONS DISABILITY INCLUSION STRATEGY**

6. Since reporting began in 2019, WHO has made progress on the indicators of the United Nations Disability Inclusion Strategy accountability framework:

- In 2019, WHO met or exceeded the requirements for one indicator.

- In 2020, WHO made progress on six indicators and met or exceeded the requirements for six indicators.

- In 2021, WHO made progress on six indicators and met or exceeded the requirements for seven indicators.

**WHO’s United Nations Disability Inclusion Strategy performance 2019–2021**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership</td>
<td>Approaches</td>
<td>Meets</td>
<td>Exceeds</td>
</tr>
<tr>
<td>Strategic planning</td>
<td>Approaches</td>
<td>Meets</td>
<td>Meets</td>
</tr>
<tr>
<td>Disability-specific policy/strategy</td>
<td>Misses</td>
<td>Meets</td>
<td>Meets</td>
</tr>
<tr>
<td>Institutional set-up</td>
<td>Approaches</td>
<td>Exceeds</td>
<td>Exceeds</td>
</tr>
<tr>
<td>Consultation with persons with disabilities</td>
<td>Approaches</td>
<td>Approaches</td>
<td>Approaches</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Misses</td>
<td>Meets</td>
<td>Meets</td>
</tr>
<tr>
<td>Conferences and events</td>
<td>Misses</td>
<td>Misses</td>
<td>Misses</td>
</tr>
<tr>
<td>Reasonable accommodation</td>
<td>Approaches</td>
<td>Approaches</td>
<td>Approaches</td>
</tr>
<tr>
<td>Procurement</td>
<td>Misses</td>
<td>Misses</td>
<td>Misses</td>
</tr>
<tr>
<td>Programmes and projects</td>
<td>Misses</td>
<td>Misses</td>
<td>Approaches</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Misses</td>
<td>Misses</td>
<td>Approaches</td>
</tr>
<tr>
<td>Country programme documents</td>
<td>Misses</td>
<td>Misses</td>
<td>Approaches</td>
</tr>
<tr>
<td>Joint initiatives</td>
<td>Exceeds</td>
<td>Exceeds</td>
<td>Exceeds</td>
</tr>
<tr>
<td>Employment</td>
<td>Misses</td>
<td>Approaches</td>
<td>Approaches</td>
</tr>
<tr>
<td>Capacity development for staff(^1)</td>
<td>Misses</td>
<td>Misses</td>
<td>Approaches</td>
</tr>
<tr>
<td>Communication</td>
<td>Approaches</td>
<td>Approaches</td>
<td>Meets</td>
</tr>
</tbody>
</table>

\(^1\) See resolution WHA74.8 (2021).

\(^2\) See document EB146/2020/REC/2, summary record of the first meeting, section 3.
Leadership, strategic planning and management (indicators 1–4)

7. WHO exceeds the requirements for indicators 1 (leadership) and 4 (institutional set-up) and meets the requirements for indicators 2 (strategic planning) and 3 (disability-specific policy/strategy). The key points justifying these ratings are as follows:

(a) The WHO Secretariat launched the WHO policy on disability and has developed and begun implementing the WHO action plan on the United Nations Disability Inclusion Strategy, for which flexible funds were released in 2021 and for the biennium 2022–2023. The following governance structure was established for the implementation of the United Nations Disability Inclusion Strategy and the WHO policy on disability:

(i) The United Nations Disability Inclusion Strategy steering committee is chaired by the Deputy Director-General and includes the Chef de Cabinet, the Executive Director for the WHO Health Emergencies Programme, the Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, the Assistant Director-General for Business Operations, the Assistant Director-General for Data, Analytics and Delivery and the Special Adviser to the Director-General for Strategic Priorities. The steering committee provides oversight on the implementation of the United Nations Disability Inclusion Strategy and the WHO policy on disability. In 2023, the steering committee will expand representation to the WHO regions in order to strengthen coordination and communication on the United Nations Disability Inclusion Strategy and the WHO policy on disability across the different levels of the Organization. At least three representatives from three different regions who are at the level of Director of Programme Management or Director of Administration and Finance, or a director of a technical programme, will participate on a yearly rotational basis.

(ii) The United Nations Disability Inclusion Strategy headquarters working group comprises focal points from WHO departments relevant to the indicators of the United Nations Disability Inclusion Strategy accountability framework and a representative from the Embracing Disability Affinity – Resource Group, which is a voluntary staff group. The working group contributed to the development of the WHO action plan on the United Nations Disability Inclusion Strategy and implements and monitors related actions.

(iii) The United Nations Disability Inclusion Strategy secretariat is made up of two representatives designated by the Assistant Director-General for Business Operations and the Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases, respectively. The Inclusion Strategy secretariat is responsible for supporting and preparing the meetings of the steering committee and the working group, and for preparing the reports for the Executive Office of the United Nations Secretary-General and the Executive Board.

(b) Disability was successfully integrated into the results framework through its inclusion in the output scorecard. In this way, the WHO Secretariat’s progress on disability inclusion can be assessed across technical and enabling functions and reported in the results of the biannual programme budget.
Consultation with persons with disabilities (indicator 5)

8. WHO approaches the requirements for indicator 5. The key points justifying this rating are as follows:

   (a) The Embracing Disability Affinity – Resource Group was consulted on, and supported the revision of, WHO’s policy on employment of persons with disabilities and its reasonable accommodation\(^1\) procedures.

   (b) The WHO Secretariat conformed to the principles of the United Nations guidelines on consulting with persons with disabilities.\(^2\)

   (c) The WHO Secretariat extensively consulted with organizations of persons with disabilities to develop the WHO global report on health equity for persons with disabilities; the Regional Office for Europe collaborated with the European Disability Forum in relation to meetings of the Regional Committee for Europe;\(^3\) and AMRO/PAHO launched a disability community of practice, including persons with disabilities and partner organizations, to provide technical input to WHO’s programmatic work.

   (d) The Organization is yet to develop a systematic process to ensure active involvement of organizations of persons with disabilities across technical and enabling functions.

Accessibility and procurement (indicators 6, 6.1 and 8)

9. WHO meets the requirements for indicator 6 (accessibility) and rated “missing” for indicators 6.1 (conferences and events) and 8 (procurement). The key points justifying these ratings are as follows:

   (a) The WHO policy on disability outlines a commitment to enhancing and maintaining accessibility of physical infrastructure, information technology, publications and communications. The WHO action plan on the United Nations Disability Inclusion Strategy also outlines steps to be taken in 2022 and 2023 to improve accessibility, including baseline assessments.

   (b) The WHO website is being upgraded to align it with the World Wide Web Consortium’s Web Content Accessibility Guidelines. Accessibility specifications have also been added to the template used for requests for proposals for information systems and in the WHO Publishing Toolkit.

   (c) WHO does not yet have a systematic process in place to make meetings and events accessible. However, some progress has been made by providing different means of

---

1 Reasonable accommodation refers to adjustments that are make to workplace tasks, activities, equipment or processes to promote disability inclusion and mitigate discriminatory practices.
3 Including on the development of the first High-level European Regional Disability Summit in February 2022 and the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030.
communication in online meeting services and by providing captioning, sign language and screen reader-accessible documents at some events.

(d) The WHO procurement policy was amended to align it with the guidelines on the implementation of indicator 8 of the United Nations High-Level Committee on Management’s Procurement Network.\(^1\) Disability has also been integrated into the *WHO Procurement Handbook*, and an accessibility assessment has been undertaken of WHO solicitation documents and procurement systems. It is expected that WHO will approach the requirements for the indicator on procurement by 2023.

**Programming (indicators 9–12)**

10. WHO approaches the requirements for indicators 9 (programmes and projects), 10 (evaluation) and 11 (country programme documents), and exceeds the requirements for indicator 12 (joint initiatives). The key points justifying these ratings are as follows:

(a) In 2021, a group of focal points from departments under the Assistant Director-General for Universal Health Coverage/Communicable and Noncommunicable Diseases was established to identify actions and guidance needed on disability inclusion in their programmatic areas. Based on the inputs received, a WHO disability inclusion toolkit is being developed to support disability mainstreaming across WHO’s technical work.

(b) The United Nations Disability Inclusion Strategy secretariat developed guidance on how to mainstream disability in country support planning, which was rolled out for the planning of the Programme budget 2022–2023.

(c) At the regional level, the Western Pacific Region developed a disability-inclusive health services toolkit\(^2\) and complementary training packages to strengthen practice on disability inclusion in health care facilities. This toolkit has been translated into Spanish for countries in the Region of the Americas, and the Regional Office for Europe has developed a policy brief on disability-inclusive health systems.\(^3\)

(d) The WHO Evaluation Office contributed to the development of the United Nations Evaluation Group guidance on disability inclusion in evaluations,\(^4\) which has been adopted by the

---


Organization. There are plans to revise the *WHO Evaluation Practice Handbook*\(^1\) to integrate the United Nations Evaluation Group’s guidance and to establish processes to track compliance.

(e) The WHO Secretariat participates in inter-agency coordination mechanisms on disability inclusion within the United Nations system, such as the Reference Group on Inclusion of Persons with Disabilities in Humanitarian Action, the Disability Advisory Group under the single business case initiative run by the United Nations and the Foreign, Commonwealth and Development Office of the Government of the United Kingdom of Great Britain and Northern Ireland, and the United Nations Partnership on the Rights of Persons with Disabilities. WHO also partnered with ITU to produce the Global standard on accessibility of telehealth services.\(^2\)

**Organizational culture (indicators 7, 13–15)**

11. WHO approaches the requirements for indicators 7 (reasonable accommodation), 13 (employment) and 14 (capacity development) and meets the requirements for indicator 15 (communication). The key points justifying these ratings are as follows:

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

(b) The United Nations Disability Inclusion Strategy steering committee, working group and secretariat have coordinated United Nations Disability Inclusion Strategy actions with, and integrated them into, WHO’s wider Diversity, Equity and Inclusion Initiative, which includes a related human resources agenda for the WHO workforce.

(c) An external independent accessibility audit (under the joint supervision of ILO and ITU) of the WHO’s job application portal has been conducted.

(d) The revised WHO policy on employment of persons with disabilities entered into force on 1 January 2022, updating the commitments to reasonable accommodation for members of the WHO workforce (including consultants and interns) and candidates applying for positions at WHO. A centralized reasonable accommodation fund was established and standard operating procedures for reasonable accommodation are being prepared.

(e) The WHO Secretariat has made a range of external training and webinars on disability inclusion and the United Nations Disability Inclusion Strategy available to staff (through the United Nations Disability Inclusion Strategy intranet page). The Organization still needs to develop entity-wide mandatory training to increase the capacity of staff at all levels and meet United Nations Disability Inclusion Strategy requirements.

---


(f) WHO adopted the United Nations Disability-Inclusive Communications Guidelines, replacing previous guidance and tools.

(g) Persons with disabilities are increasingly reflected in mainstream communications, such as highlighting the needs of persons with disabilities in communications on COVID-19 vaccinations, physical activity, World Hearing Day, World Sight Day and the International Day of Persons with Disabilities. Working closely with the WHO Department of Communication, the Embracing Disability Affinity – Resource Group led an inclusive workplace campaign entitled “Embracing Disability Benefits EVERYONE” to debunk disability myths and reduce stigma.

LESSONS LEARNED AND WAY FORWARD

12. The WHO Secretariat recognizes the efforts of the voluntary, workforce-led Embracing Disability Affinity – Resource Group, which has been influential in driving discussions on organizational culture. The WHO Secretariat also recognizes that it must do more to build the capacity of all staff on disability inclusion. As such, training on disability inclusion, developed with the involvement of the Embracing Disability Affinity – Resource Group, will be carried out to systematize disability inclusion across the Organization.

13. The WHO Secretariat recognizes that policy development and implementation rely on the coordinated work of its various working groups, an open consultation process and collaboration with the WHO regional and country offices, as well as with other entities within the United Nations system. Moving forward, actions conducted at the regional and country levels will be included in the reports to the Executive Board.

14. Through the implementation of the United Nations Disability Inclusion Strategy, the WHO Secretariat commits to being inclusive of persons with disabilities and systematically integrating disability in all programme areas, including at the country level.

ACTION BY THE EXECUTIVE BOARD

15. The Executive Board is invited to note the report and provide any comments or recommendations it deems pertinent, particularly in respect of the following questions:

• how best can the Secretariat address challenges in implementing the United Nations Disability Inclusion Strategy across the WHO regions?

• are there any other areas that the Secretariat should focus on when implementing the United Nations Disability Inclusion Strategy?