

## **Human resources: update**

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

**Report by the Director-General**

#### **BACKGROUND**

1. In 2019, the United Nations Disability Inclusion Strategy was launched to advance disability inclusion.<sup>1</sup> It consists of a system-wide policy, an accountability framework with 16 indicators, and a country team accountability scorecard,<sup>2</sup> with entities reporting their progress on the indicators annually to the United Nations Secretary-General. The rating system has five levels: exceeds the requirements, meets the requirements, approaches the requirements, missing the requirements, and not applicable. The WHO Secretariat has submitted reports for 2019, 2020, 2021 and 2022.
2. The Director-General launched the WHO policy on disability in 2020, to systematically integrate disability in all business operations and programme areas.<sup>3</sup> The United Nations Disability Inclusion Strategy and the WHO policy on disability are implemented through the WHO action plan which is coordinated by the WHO United Nations Disability Inclusion Strategy secretariat at headquarters and includes support for regional and country offices. Progress in the implementation of the action plan informs the reports submitted to the United Nations Secretary-General.
3. Following adoption of resolution WHA74.8, the first progress report was submitted at the 152nd session of the Executive Board.<sup>4</sup> This second progress report to the Executive Board covers implementation of the United Nations Disability Inclusion Strategy from 2019 to mid-2023.

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<sup>1</sup> United Nations. United Nations disability inclusion strategy. New York: United Nations; 2019 ([https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN\\_Disability\\_Inclusion\\_Strategy\\_english.pdf](https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf), accessed 14 August 2023).

<sup>2</sup> United Nations. United Nations country team accountability scorecard on disability inclusion. New York: United Nations; 2019 ([https://www.un.org/en/content/disabilitystrategy/assets/documentation/UNCT\\_Accountability\\_Scorecard\\_on\\_Disability\\_Inclusion.pdf](https://www.un.org/en/content/disabilitystrategy/assets/documentation/UNCT_Accountability_Scorecard_on_Disability_Inclusion.pdf), accessed 14 August 2023).

<sup>3</sup> World Health Organization. WHO policy on disability. Geneva: World Health Organization; 2020 (<https://www.who.int/about/policies/disability>, accessed 14 August 2023).

<sup>4</sup> Document EB152/52.

## WHO IMPLEMENTATION OF THE UNITED NATIONS DISABILITY INCLUSION STRATEGY

4. Since reporting to the United Nations began, WHO has made progress on the indicators of the United Nations Disability Inclusion Strategy accountability framework.

### United Nations Disability Inclusion Strategy: WHO's performance 2019–2022

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

5. To facilitate implementation, the membership of the steering committee now includes representation by senior management at the three levels of the Organization. Those leading implementation in the programmes and enabling functions at headquarters will support implementation of the United Nations Disability Inclusion Strategy in regional and country offices.

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

6. 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). Justification for these ratings is:

(a) The WHO Secretariat launched the WHO policy on disability and has begun implementing the WHO action plan on the United Nations Disability Inclusion Strategy, for which flexible funds were released for the biennium 2022–2023. In 2023, additional flexible funding was released for activities to be carried out in 2023–2024. After 2024, the departments responsible for each indicator will mainstream the costings for implementation of activities in their regular programme budget submissions and operational workplans.

(i) The steering committee is chaired by the Assistant Director General for Business Operations 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, a regional Director of Programme Management and a regional Director of Administration and Finance, and two WHO Representatives (on an annual rotational basis). The steering committee provides organizational leadership for the implementation of the United Nations Disability Inclusion Strategy and the WHO policy on disability.

(ii) The working group in headquarters comprises focal points from WHO departments relevant to the indicators of the accountability framework, and a representative from the Embracing Disability Affinity – Resource Group, a voluntary staff group. The working group collaborates with counterparts in regions and countries and oversees the United Nations Disability Inclusion Strategy action plan.

(iii) The United Nations Disability Inclusion Strategy secretariat is led by 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, with a third member from the disability programme to support them. The secretariat is responsible for broad coordination across the Organization, supporting the steering committee and working group, and preparing the annual reports.

(iv) Implementation in regional offices is accelerating. In 2022, a steering committee, secretariat and working group for the United Nations Disability Inclusion Strategy were formalized in the Regional Office for South-East Asia, while a secretariat was established in the Regional Office for the Western Pacific. In the other regions, discussions are ongoing to establish similar governance structures.

(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 biennial programme budget.

### **Consultation with persons with disabilities (indicator 5)**

7. WHO approaches the requirements for indicator 5. The justification for this rating is as follows.

(a) The Embracing Disability Affinity – Resource Group supported the revision of WHO's policy on employment of persons with disabilities, its reasonable accommodation<sup>1</sup> procedures, and the United Nations Disability Inclusion Strategy toolkit.

(b) The WHO Secretariat conformed to the principles of the United Nations guidelines on consulting with persons with disabilities.<sup>2</sup>

(c) The WHO Secretariat 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 on meetings of the Regional Committee for Europe.<sup>3</sup> The Regional Office of the Americas/PAHO launched a disability community of practice that includes persons with disabilities providing technical input in WHO's programmatic

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<sup>1</sup> Reasonable accommodation refers to adjustments that are made to workplace tasks, activities, equipment or processes to promote disability inclusion and mitigate discriminatory practices.

<sup>2</sup> United Nations Disability Inclusion Strategy. Guidelines on consulting with persons with disabilities: indicator 5. New York: United Nations; 2021 ([https://www.un.org/sites/un2.un.org/files/un\\_disability-inclusive\\_consultation\\_guidelines.pdf](https://www.un.org/sites/un2.un.org/files/un_disability-inclusive_consultation_guidelines.pdf), accessed 14 August 2023).

<sup>3</sup> Including as part of 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.

work. The Regional Office for the Western Pacific collaborated with the Pacific Disability Forum to roll out and monitor disability inclusive health services training. The Regional Office for the Eastern Mediterranean collaborated with organizations of persons with disabilities to ensure health responses to COVID-19 in the Region are disability inclusive.

(d) WHO is yet to develop a systematic process to ensure active involvement of organizations of persons with disabilities across technical and enabling functions. To aid in its development, the WHO disability programme is mapping organizations of persons with disabilities to create a repository for future collaboration across all relevant WHO areas.

### **Accessibility and procurement (indicators 6, 6.1, and 8)**

8. WHO meets the requirements for indicator 6 (accessibility), and rates “misses” for indicators 6.1 (conferences and events) and “approaches” for indicator 8 (procurement). The justification for these ratings is as follows.

(a) The WHO policy on disability outlines a commitment to enhancing and maintaining the accessibility of physical infrastructure, information technology, publications and communications. The corresponding action plan also outlines further steps to improve accessibility, including a baseline assessment on the accessibility of WHO’s premises, meetings and events.

(b) The WHO website is being upgraded to align with the World Wide Web Consortium’s Web Content Accessibility Guidelines. Accessibility specifications have also been added to the template used for requesting proposals for information systems and the WHO publishing toolkit. Training on digital accessibility for WHO staff is ongoing and a digital accessibility resources webpage is available.

(c) WHO does not yet have a systematic process in place to make meetings and events accessible. In addition, regional and country offices are often located in non-WHO premises (e.g., ministry of health buildings or other national agencies’ premises) and this can make it difficult for WHO to address accessibility issues. However, some progress has been made in providing different means of communication in online meeting services, such as captioning, sign language and screen reader accessible documents at some events. Also, recent advances in platforms such as Microsoft Teams and Zoom facilitate participation in meetings, including for persons with disabilities. Accessibility for persons with disabilities has been integrated into the WHO standard operating procedures for planning and organizing meetings and events. Further, the implementation of the United Nations documents standard AKN4UN in 2024–2025 will provide the opportunity to make governing bodies documents accessible to persons with visual impairments.

(d) In 2023, a study on the accessibility of WHO publications identified significant barriers. Of the publications assessed, none met the success criteria defined in the Web Content Accessibility Guidelines, and only 13% reached the minimal accessibility barrier. Appropriate training and guidance materials for staff involved in the development and production of publications is being delivered in 2023 and will continue in 2024.

(e) The WHO procurement policy was amended to align with the guidelines on the implementation of indicator 8 of the United Nations High-Level Committee on Management Procurement Network.<sup>1</sup> Disability has also been integrated into the *WHO Procurement Handbook*, and an accessibility assessment has been undertaken of WHO solicitation documents and procurement systems. In addition, a target was established for the number/percentage of relevant procurement tenders that have accessibility as a mandatory requirement.

### **Programming (indicators 9–12)**

9. 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 justification for these ratings is as follows.

(a) In 2021, focal points from programmatic division were established to identify actions and guidance on disability inclusion needed in their programmatic areas. A toolkit was developed to support disability mainstreaming across WHO's technical work.

(b) Guidance to mainstream disability in country support planning was also developed. Sections on how to implement the Strategy at country level, and mainstream disability inclusion in country programmatic documents have been included in the handbook for heads of WHO country offices in countries, territories and areas. The WHO disability programme, working with regional offices, is supporting country offices and providing capacity-building so that disability inclusion is mainstreamed in country programmatic documents. In addition, the WHO disability programme is collaborating with technical programmes at headquarters and regional colleagues to develop and share specific guidance for mainstreaming disability inclusion in programmes.

(c) Work is in progress to implement a disability inclusion marker (from 2024) to track the number of programmes and projects that mainstream disability inclusion across the Organization. The marker will ensure disability inclusion is taken into account from the planning stage of all programmes and projects. The WHO disability programme is conducting a review of selected WHO technical products to assess if and how disability inclusion is mainstreamed in these documents. In addition, the WHO disability programme is supporting regional and country offices and providing capacity-building so that disability inclusion at all stages of the programme/project cycle will be recognized as a priority.

(d) The WHO Evaluation Office contributed to the development of the United Nations Evaluation Group guidance on disability inclusion in evaluations,<sup>2</sup> which has been adopted by the Organization. There are plans to revise the *WHO Evaluation Practice Handbook* to integrate United Nations Evaluation Group's guidance and to establish processes to track compliance. An evaluation of the implementation of the WHO policy on disability is under way.

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<sup>1</sup> United Nations High-Level Committee on Management Procurement Network. Guidelines on the implementation of indicator 8: procurement. New York: United Nations; 2021 ([https://www.un.org/sites/un2.un.org/files/2021/01/2020\\_un\\_disability\\_inclusion\\_strategy\\_guidelines\\_indicator\\_8.pdf](https://www.un.org/sites/un2.un.org/files/2021/01/2020_un_disability_inclusion_strategy_guidelines_indicator_8.pdf), accessed 14 August 2023).

<sup>2</sup> United Nations Evaluation Group. Guidance on integrating disability inclusion in evaluations and reporting on the UNDIS entity accountability framework evaluation indicator. New York: United Nations, 2022 ([https://www.un.org/sites/un2.un.org/files/2022/06/uneg\\_guidance\\_on\\_integrating\\_disability\\_inclusion\\_in\\_evaluation\\_0.pdf](https://www.un.org/sites/un2.un.org/files/2022/06/uneg_guidance_on_integrating_disability_inclusion_in_evaluation_0.pdf), accessed 14 August 2023).

(e) WHO participates in inter-agency coordination mechanisms on disability inclusion within the United Nations system, such as WHO's work with ITU to produce the global standard on accessibility of telehealth services.<sup>1</sup> Also, the WHO Regional Office for Europe is implementing a programme under the United Nations Partnership on the Rights of Persons with Disabilities on disability inclusive humanitarian responses to the Ukrainian refugee crisis.

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

10. WHO meets the requirements for indicators 7 (reasonable accommodation) and 15 (communications) and approaches the requirements for indicators 13 (employment) and 14 (capacity development). The justification for these ratings is as follows.

(a) The WHO Secretariat has been actively developing the Organization's human resources systems to attract, recruit, retain and promote persons with disabilities as staff, consultants and interns. The Department of Human Resources has made advances in implementation of indicator 14 on capacity-building and is planning to conduct a survey which will provide information on the use of reasonable accommodation and the satisfaction and well-being of workforce members with disabilities.

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

(c) The WHO Secretariat has made a range of external training on disability inclusion available to staff through a dedicated intranet page. The Organization is developing an entity-wide mandatory training to increase the capacity of staff and meet United Nations Disability Inclusion Strategy requirements.

(d) WHO adopted the United Nations Disability-Inclusive Communications Guidelines.<sup>2</sup>

(e) Persons with disabilities are increasingly represented 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 with the WHO Department of Communication, the Embracing Disability Affinity – Resource Group led a workplace campaign to debunk disability myths and reduce stigma.

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<sup>1</sup> WHO-ITU global standard for accessibility of telehealth services. Geneva: World Health Organization and International Telecommunication Union; 2022 (<https://www.who.int/publications/i/item/9789240050464>, accessed 14 August 2023).

<sup>2</sup> United Nations Disability Inclusion Strategy. Disability-Inclusive Communication Guidelines. New York: United Nations; 2022 ([https://www.un.org/sites/un2.un.org/files/un\\_disability-inclusive\\_communication\\_guidelines.pdf](https://www.un.org/sites/un2.un.org/files/un_disability-inclusive_communication_guidelines.pdf), accessed 14 August 2023).

## LESSONS LEARNED AND WAY FORWARD

11. The WHO Secretariat will continue to rely on the coordinated work of its various working groups and open consultation and collaboration with WHO regional and country offices, and other United Nations entities, for policy development and implementation.

12. The WHO Secretariat recognizes that some of the actions to realize disability inclusion will require more time than others to implement as disability inclusion requires progressive streamlining into programmatic and operational design, and a change in culture across all levels of the Organization. Also, some actions cut across departmental areas and may have different requirements at different levels of the Organization. Furthermore, headquarters, regional and country offices may have different priorities in implementing the United Nations Disability Inclusion Strategy. For instance, regional offices may need to establish their governance structures as a foundational activity, while country offices may need support in strengthening their collaboration with other United Nations entities. Such large scale changes are more time consuming because they require the implementation of sequential smaller scale interventions to tackle all the areas important for disability inclusion.

13. The commitment of senior management has enabled implementation thus far and is a prerequisite for continuous implementation. This is important given the varying capacities of different areas of the Organization in understanding and implementing the United Nations Disability Inclusion Strategy. Continued senior management commitment to supporting the capacity building of staff and adaptation of processes will accelerate implementation across all levels of the Organization.

14. Through the implementation of the United Nations Disability Inclusion Strategy, the WHO Secretariat is committed to the inclusion of persons with disabilities and systematically integrating disability in all operational and programmatic areas, including at regional and country levels.

## 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 questions set forth below.

- What is the best way of ensuring consideration of the United Nations Disability Inclusion Strategy on the agendas of the regional committees?
- What opportunities are there for Member States to engage with the Secretariat at the country level to accelerate implementation of the United Nations Disability Inclusion Strategy?

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