

Summary report on the
**Regional consultation
on the draft WHO global
report on disability
inclusion in the health
sector**

Virtual meeting
30 March 2022



**World Health
Organization**

REGIONAL OFFICE FOR THE **Eastern Mediterranean**

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Contents

1.	Introduction.....	1
2.	Summary of discussions	4
3.	Next steps.....	9

1. Introduction

At the Seventy-fourth World Health Assembly in May 2021, WHO Member States adopted resolution WHA74.8 on the highest attainable standard of health for persons with disabilities, providing WHO with a mandate to promote disability inclusion in the health sector. The resolution calls on Member States to focus on four key areas: strengthening their health systems to ensure access to effective health services; improving access to cross-sectoral public health interventions; enhancing protection during health emergencies; and improving collection and disaggregation of reliable data on disability.

As part of its guidance to countries, the resolution specifically requests WHO to develop a global report on the highest attainable standard of health for persons with disabilities by the end of 2022. This request is in line with WHO's global and regional commitments towards achieving health equity and [building back fairer](#) post COVID-19, including the [Thirteenth General Programme of Work](#) (GPW13) and [Vision 2030](#), WHO's vision for its work in the WHO Eastern Mediterranean Region.

Health systems need to integrate the priorities and requirements of persons with disabilities, so that health services become more inclusive and non-discriminatory. This includes addressing a range of barriers that prevent access to health services and specific interventions, including those related to infrastructure and medical products, health literacy and information, communication, and attitudes and stigma. Cross-sectoral public health interventions that address the determinants of health, including the social, economic and environmental determinants, need to ensure reasonable accommodation for the requirements and priorities of persons with disabilities. In this way, persons with disabilities can also experience the health gains targeted by these interventions.

National and international health emergency preparedness and response plans need to include persons with disabilities in their preparation and implementation. The success of COVID-19 responses has depended on health system capacity and the ability to reach vulnerable and at-risk populations. For inclusive health emergency responses, it is vital that health services are inclusive and non-discriminatory. Countries need to ensure health information systems provide data disaggregated by disability to monitor equity and inform health policies and programmes.

An assessment of the extent to which COVID-19 health responses were disability-inclusive, undertaken in 18 countries of the Eastern Mediterranean Region, looked at strategies and plans for the continuity of essential health services and rehabilitation and assistive technology services. The assessment provides a foundation for progress on advancing disability-inclusive health systems and universal health coverage in the Region.

Ten years have passed since the launch of the WHO/World Bank [World report on disability](#) that provided a global picture of the situation of persons with disabilities in key areas of life and the barriers they experience to participating fully in societies. The upcoming global report on the highest attainable standard of health for persons with disabilities will concentrate exclusively on the health sector, addressing disability from a health system and policy perspective, and is expected to catalyse global collaboration and provide guidance to countries on the next steps for ensuring disability inclusion in the health sector.

The objectives of the report are to: outline the current global situation, challenges and the rationale for disability inclusion in the health sector; describe the disability-targeted strategic priorities for countries to achieve universal health coverage, better health for everyone and the protection of everyone in health emergencies; provide concrete

recommendations to governments and other key stakeholders; and raise awareness among policy-makers on the need to integrate disability in the health sector.

To ensure the feasibility and relevance of the global report, it is essential to seek input from Member States and development partners to shape its content, analysis and recommendations, and represent the range of countries and contexts where persons with disabilities live and seek access to health services. To this end, and as one of a series of regional consultations, a virtual meeting for the Eastern Mediterranean Region was held on 30 March 2022.

The objectives of the meeting were to:

- seek feedback from Member States and development partners on the analyses and proposed recommendations of the report;
- build buy-in to and momentum for implementation of the report recommendations; and
- promote disability inclusion in the health sector as a priority for Member States and development partners.

In her opening address, Dr Maha El-Adawy, Director, Department of Healthier Populations, WHO Regional Office for the Eastern Mediterranean, highlighted the need to consider disability inclusion in all health sector planning, including emergency planning. She said that the inputs from Member States and development partners were needed to ensure the feasibility and relevance of the global report, and that the report provided an opportunity for governments to ensure that no one was left behind in progress towards universal health coverage, which was essential for achieving national targets, the Sustainable Development Goals and effective implementation of the Convention of the Rights of Persons with Disabilities (CRPD).

2. Summary of discussions

The global report on disability inclusion in the health sector

An overview of the draft report was provided, including its development process, the 2021 World Health Assembly resolution, previous milestones in WHO's work on disability inclusion in the health sector and the overall structure of the report. The report will focus on disability inclusion in the health sector and address universal health coverage, cross-sectoral public health interventions, health emergencies and disability data.

Disability inclusion in the health sector matters because: the numbers of persons with disabilities is over 1 billion people, and is expected to rise; the health sector is responsible for ensuring all people have access to the quality health services they need, and no one is left behind; in order to fully address global health priorities, people with disability must be included; and there is an urgency and an economic case for disability inclusion in the health sector.

In discussion, participants felt that the global report provided opportunities for strengthening disability inclusion in the health sector and stressed the importance of it containing clear and practical guidelines for policy-makers. They highlighted the importance of linking it to legal frameworks, including international law and policies such as the CRPD and the 2030 Agenda for Sustainable Development. Consideration of how work on disability inclusion in the health sector could be linked to existing approaches, such as community-based rehabilitation, was suggested, and there was discussion on approaches in fragile and conflict-affected states, where it was not a priority for policy-makers or international development partners.

Disability inclusion in the health sector

An overview was provided of the evidence reviews undertaken in developing the global report, including on universal health coverage (access to services), cross-sectoral public health interventions and health emergencies. The barriers experienced by persons with disabilities in these three key areas, examples of successful interventions and the gaps and opportunities that exist were outlined. Barriers include those long-standing ones related to communication, attitudes, the built environment and financial costs of health services, as well as more recent barriers that had arisen during the COVID-19 pandemic, such as policies or strategies that increased health risks for persons with disabilities (e.g. physical distancing mandates) because their support and accommodation needs were not taken into consideration by policy-makers.

Participants discussed barriers, interventions, gaps and opportunities for disability inclusion in the health sector in small groups which focused on the key areas of universal health coverage, cross-sectoral public health interventions or health emergencies. The groups noted that a lack of reliable data presented a major barrier in all three areas. A lack of consideration of the accessibility of health services for persons with disabilities in health planning was also noted, and it was felt that without disability-related laws and policies, it would be difficult to act within the health sector. Greater resourcing was felt to be needed, not only in health workforce, but also to ensure the accommodation and support needed to enable persons with disabilities to access health services. Capacity-building was seen as essential for all stakeholders, especially for organizations of persons with disabilities to enable them to act as effective counterparts to policy-makers and health sector partners. Increasing fuel prices coupled with inaccessible public

transport was observed to be making disability-related health services inaccessible to many persons with disabilities.

It was noted that COVID-19 vaccination campaigns had not been disability-inclusive, leading to lower vaccination rates among persons with disabilities (and even lower ones for women with disabilities). Some countries had invested in accessible infrastructure and planning to facilitate access to health services for persons with disabilities during the pandemic, while others had implemented alternative health service provision modalities (such as digital health) to help bridge the service gap.

Improving disability inclusion in the health sector

An approach to disability inclusion in the health sector through a primary health care framework was presented. The framework consisted of three overarching strategies to guide governments and health sector partners on how to improve people-centred health systems: (1) a focus on both integrated health services and public health interventions; (2) empowered individuals and communities; and (3) multisectoral policy and action. It included 14 levers¹ that can be used to link areas such as workforce, data, governance and digital technology to disability inclusion.

Participants were divided into small groups to discuss the process for implementation of disability inclusion related to the levers of the

¹ The 14 levers of the primary health care framework are: political commitment and leadership, governance and policy frameworks, funding and allocation of resources, engagement of communities and other stakeholders, models of care, primary health care workforce, physical infrastructure, medicines and other health products, engagement with private sector providers, purchasing and payment systems, digital technologies for health, systems for improving the quality of care, primary health care-oriented research, and monitoring and evaluation.

framework, including recognition of issues relating to disability inclusion in the health sector, how to include persons with disabilities and representative organizations in decision-making and how governments can address gaps and seize opportunities.

One of the main points highlighted was the need to engage persons with disabilities and their representatives, as well as key disability stakeholders, in all health planning efforts for more inclusive service delivery. Participants agreed that cooperation and coordination between disability stakeholders, including the private sector, would allow for better access to health services by persons with disabilities, with more efficient provision, across all 14 levers. Other issues raised included:

- A lack of awareness of the potential use of digital health to increase the access of persons with disabilities to health services. Digital health should be integrated in the planning of health services and considered a cost-effective method by all stakeholders, including the insurance sector.
- Physical barriers that hamper the access of persons with disabilities to health services. These are common across the Region.
- The inadequate capacity of civil society and organizations of persons with disabilities to fully engage in health sector planning.
- The need for public policy and laws to protect persons with disabilities from discrimination by service providers. There is also a need to establish a competent body to follow-up and monitor the implementation of these laws and their provisions.
- The lack of funding available for local stakeholders to carry out research projects on health service provision for persons with disabilities.

Recommendations of the global report and their implementation

Draft recommendations were presented, grouped into four categories: (1) advancing universal health coverage through disability inclusion (in health sector policy and plans); (2) using the primary health care framework/approach to implement disability inclusion (integrated health services with an emphasis on primary care and essential public health functions, empowered people and communities, and multisectoral policy and action); (3) strengthening health information systems through including relevant data to monitor inequalities (integrating policy and the systems research agenda to inform disability inclusion in the health sector); and (4) addressing the disability inclusion gaps in health emergencies management.


Participants were provided with an overview of the plans for dissemination, communication and implementation of the global report, including pre-launch activities, the launch of the report and post-launch activities. WHO has requested governments interested in hosting launch events to indicate this interest and follow-up with the WHO Regional Office.

Participants discussed the report, its recommendations and dissemination plans. Overall, they felt the report was useful for advancing disability inclusion in the health sector. There was discussion on the use of the primary health care framework for health system strengthening. Participants emphasized the importance of integrating the CRPD throughout the framework and addressing important areas such as rehabilitation and assistive technology.

3. Next steps

The consultation was the first of six consultations across the WHO regions and provided a good foundation for future meetings. Following the consultation, participants were sent information on how to provide written feedback and encouraged to provide examples, case studies, reports and other data to inform the report. Further feedback will also be sought from broader civil society organizations, partners and independent experts.

The global report is expected to be finalized and published on 5 December 2022, to coincide with the International Day of Persons with Disabilities (3 December). The recommendations of the global report will be complemented by operational guidance to support the translation of national strategies into country action.



World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhoury Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt
www.emro.who.int