

The WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030

Draft resolution co-sponsored by Azerbaijan, Georgia, Germany, Ireland, Israel, Norway, the United Kingdom of Great Britain and Northern Ireland and the European Disability Forum

The Regional Committee,

(PP1) Having considered the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030,¹ which was developed through consultation with Member States in the WHO European Region;

(PP2) Recalling the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2008), under which 53 Member States (as of 11 June 2022) in the WHO European Region recognize that persons with disabilities have the right to enjoy the highest attainable standard of health without discrimination on the basis of disability, and recalling in particular Article 4 of the UNCRPD on the signatories' general obligations, Article 5 on equality and non-discrimination, Article 9 on accessibility, Article 11 on situations of risk and humanitarian emergencies, Article 25 on health, Article 26 on habilitation and rehabilitation, Article 31 on statistics and data collection, and Article 32 on international cooperation;

(PP3) Further recalling the United Nations Disability Inclusion Strategy (2019), which provides a foundation for sustainable and transformative change towards disability inclusion throughout all of the United Nations' work, and the United Nations Sendai Framework for Disaster Risk Reduction 2015–2030 (2015);

¹ Document EUR/RC72/7.

(PP4) Recalling the United Nations 2030 Agenda for Sustainable Development and its aim of leaving no one behind, and in particular, Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) and its specific and interlinked targets, and acknowledging its interconnectedness with the other Sustainable Development Goals;

(PP5) Recalling resolutions WHA58.23 (2005) on disability, including prevention, management and rehabilitation, WHA66.8 (2013) on the European Mental Health Action Plan 2013–2020 (2013), WHA66.9 (2013) on disability, WHA67.7 (2014) on the WHO Global Disability Action Plan 2014–2021, WHA71.8 (2018) on improving access to assistive technology, WHA72.4 (2019) on universal health coverage, and WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities, and the Director-General's report EB148/24 (2021) on the social determinants of health;

(PP6) Noting the World report on disability (2011), the WHO Global Disability Action Plan 2014–2021 (2015), the Rehabilitation 2030 Initiative, the WHO Policy on Disability (2021), which aims to ensure that WHO is disability inclusive and that disability inclusion is ingrained across all programmatic areas of work, and the WHO Regional Office for Europe (WHO/Europe) policy brief on disability-inclusive health systems (2021), which sets out an approach towards disability-inclusive health for the Region;

(PP7) Noting the WHO Emergency response framework (2017, 2nd edition) and WHO's Disability considerations during the COVID-19 outbreak (2020);

(PP8) Recalling the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”, and the Thirteenth General Programme of Work, 2019–2025, which aim to promote health, keep the world safe, serve the vulnerable, emphasize universal health coverage, protect against health emergencies, and promote health and well-being;

(PP9) Recognizing that disability is complex and affects an estimated 135 million people of all ages in the European Region;

(PP10) Recognizing that universal health coverage cannot be achieved without inclusion of persons with disabilities;

(PP11) Recognizing that persons with disabilities can face structural disadvantages that have a negative impact on their access to health services, leading to higher rates of unmet health needs;

(PP12) Noting the effects of disability-based discrimination and further noting the attitudinal, physical, communication, geographical, policy and financial barriers that persons with disabilities face;

(PP13) Also recognizing the compounding impact of discrimination, noting that many persons with disabilities face multiple and intersecting forms of discrimination related to their age, race, gender identity, socioeconomic status, linguistic group, ethnicity, sexual orientation, migration status or other characteristic, which may result in a greater risk of having unmet health needs and worse health outcomes;

(PP14) Noting that many persons with disabilities, particularly girls and women, face barriers to accessing information and education, including access to sexual and reproductive health rights and services, 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, and as agreed by the United Nations General Assembly;

(PP15) Emphasizing that persons with disabilities are disproportionately affected during public health emergencies;

(PP16) Acknowledging both the lack of accurate and comprehensive disability-disaggregated data on health and health care utilization and the lack of involvement of persons with disabilities in health research;

(PP17) Noting that a comprehensive multisectoral approach is required to address the social, economic, political and environmental determinants of health to accommodate the requirements of persons with disabilities;

(PP18) Noting that the European framework outlines key priorities for action and policy options that could be considered for implementation and adjusted as appropriate at the national level;

(OP1) ENDORSES the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030;

(OP2) URGES Member States², at national and, as appropriate, subnational level:

- (a) to ensure that persons with disabilities and their families are treated with respect and dignity and that they are fully informed and empowered (including legally) to consent before any decisions about their health are taken;

² And, where applicable, regional economic integration organizations.

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- (b) to reiterate their political commitment to working towards disability-inclusive health systems through, inter alia, legislation and rights-based leadership and governance, ensuring compliance with the UNCRPD;
 - (c) to focus on eliminating all barriers to health services faced by persons with disabilities;
 - (d) to develop, strengthen and evaluate health interventions and design and implement inclusive consultative processes in other public health-related issues in close collaboration and active consultation with persons with disabilities and their representative organizations;
 - (e) to ensure the availability, affordability, accessibility, quality and continuity of appropriate and relevant promotive, preventive, treatment, rehabilitation and palliative health services for persons with disabilities of all ages, covering the whole range of their needs across primary, secondary and tertiary services, and including assistive technology and disability-specific services (e.g. early intervention for newborns and children) in the community, at home, and in health care facilities;
 - (f) to monitor and evaluate access to, and utilization of, health care services as well as health outcomes for persons with disabilities;
 - (g) to protect persons with disabilities through disability-inclusive preparedness and response measures to public health emergencies;
 - (h) to report on the monitoring indicators of the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 in line with the reporting timelines and existing reporting requirements and systems;

(OP3) INVITES national and international partners:

- (a) to participate directly in the development and/or strengthening of legislation, policies, strategies, plans and programmes related to health services;
- (b) to provide financial support through international cooperation;
- (c) to provide information, training and peer support to persons with disabilities that would promote their health and well-being;

(OP4) REQUESTS the Regional Director:

- (a) to provide technical support to Member States in implementing the recommendations of the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030;

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- (b) to ensure that the health needs of all persons with disabilities are considered in the technical work of WHO/Europe across all areas;
 - (c) to promote a disability-inclusive environment across WHO/Europe, and ensure that persons with disabilities are involved actively and meaningfully, through their representative organizations, wherever necessary and appropriate;
 - (d) to organize consultations with an ad hoc high-level advisory group, comprising independent experts from various domains, that will (i) advise Member States on implementation and offer technical assistance on the establishment of their own monitoring and evaluation or accountability frameworks, at national and subnational levels; (ii) advocate for political commitment and the allocation of adequate financial resources to strengthen and sustain disability-inclusive health care across Member States; and (iii) report to the Regional Director at regular intervals regarding progress towards the targets at the regional and subregional levels;
 - (e) to establish and strengthen multicountry implementation mechanisms to facilitate the exchange of country experiences, including best practices, with a focus on overcoming implementation barriers;
 - (f) to report to the Regional Committee through a midterm report at its 76th session (2026) and a final report at its 80th session (2030).

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