

# WHO POLICY ON DISABILITY

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ISBN 978-92-4-002062-7 (electronic version)

ISBN 978-92-4-002063-4 (print version)

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**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

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## Preamble

1. The World Health Organization (WHO) commits, through this policy, to making WHO an organization which is inclusive of people with disability in all their diversity and systematically integrates disability in all programme areas, contributing to the practical implementation of the globally agreed commitments contained in the United Nations (UN) treaties, conferences and summits and their follow-up, such as the 2030 Agenda for Sustainable Development;<sup>1</sup> the Sendai Framework;<sup>2</sup> the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;<sup>3</sup> the United Nations Conference on Housing and Sustainable Urban Development (Habitat III);<sup>4</sup> the multiple resolutions adopted by the General Assembly,<sup>5</sup> the World Health Assembly (WHA)<sup>6</sup> and the Human Rights Council;<sup>7</sup> and the World Humanitarian Summit.<sup>8</sup>

<sup>1</sup> UN General Assembly, Transforming Our World: The 2030 Agenda for Sustainable Development, 21 October 2015, A/RES/70/1.

<sup>2</sup> UN General Assembly, Sendai Framework for Disaster Risk Reduction 2015–2030, 23 June 2015, A/RES/69/283.

<sup>3</sup> UN General Assembly, Addis Ababa Action Agenda of the Third International Conference on Financing for Development (Addis Ababa Action Agenda), 17 August 2015, A/RES/69/313.

<sup>4</sup> UN General Assembly, New Urban Agenda, 25 January 2017, A/RES/71/256.

<sup>5</sup> Recent UN General Assembly resolutions include: Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: accessibility, 20 January 2020, A/RES/74/144; Enhancing accessibility for persons with disabilities to conferences and meetings of the United Nations, 30 July 2019, A/RES/74/253; Persons with Albinism, 25 June 2019, A/RES/74/123; Inclusive development for persons with disabilities, 8 January 2019, A/RES/71/165; Implementation of the Convention on the Rights of Persons with Disabilities and the Optional Protocol thereto: situation of women and girls with disabilities, 25 January 2018, A/RES/72/162; and Toward the full realization of the an inclusive and accessible United Nations for persons with disabilities, 10 February 2016, A/RES/70/170.

<sup>6</sup> Comprehensive and coordinated efforts for the management of autism spectrum disorders, 19–24 May 2014, WHA67.8; Comprehensive mental health action plan 2013–2020, 27 May 2013, WHA66.8; Disability, 27 May 2013, WHA66.9 and Disability, including prevention, management and rehabilitation, 25 May 2005, WHA58.23; International classification of functioning, disability and health, 22 May 2001, WHA54.21; Prevention of hearing impairment, 12 May 1995, WHA48.9; Disability prevention and rehabilitation, 11 May 1992, WHA45.10; Disability prevention and rehabilitation, 19 May 1989, WHA42.28; Prevention of hearing impairment and deafness, 16 May 1985, WHA38.19; Disability prevention and rehabilitation, 30 May 1976, WHA29.68; and Prevention of blindness, 28 May 1975, WHA28.54.

<sup>7</sup> Mental health and human rights, 9 October 2017, A/HRC/RES/36/13; Mental health and human rights, 18 July 2016, A/HRC/RES/32/18; A Special Rapporteur on the Rights of Persons with Disabilities, 14 July 2014, A/HRC/RES/26/20; The right of persons with disabilities to education, 14 April 2014, A/HRC/RES/25/20; The work and employment of persons with disabilities, 14 March 2013, A/HRC/22/L.4; The rights of persons with disabilities: participation in political and public life, 22 March 2012, A/HRC/19/L.9; and Human rights of persons with disabilities, 25 March 2008, A/HRC/7/L.25.

<sup>8</sup> UN General Assembly, Outcome of the World Humanitarian Summit: report of the Secretary-General, 23 August 2016, A/71/353.

2. WHO reaffirms that the full and complete realization of the human rights of people with disability is an inalienable, integral, and indivisible part of all human rights and fundamental freedoms. This is consistent with the principles enshrined in the Charter of the United Nations, the Universal Declaration of Human Rights and other international human rights instruments, in particular the Convention on the Rights of Persons with Disabilities (CRPD);<sup>9</sup> the International Covenant on Economic, Social and Cultural Rights;<sup>10</sup> the International Covenant on Civil and Political Rights;<sup>11</sup> the Convention on the Rights of the Child;<sup>12</sup> the Convention on the Elimination of All Forms of Discrimination against Women;<sup>13</sup> and the International Convention on the Elimination of All Forms of Racial Discrimination,<sup>14</sup> as well as applicable International Labour Organization conventions, and is essential for the advancement of development, human rights and peace and security.
3. WHO recognizes that a world in which all people attain the highest possible standard of health and well-being can only be built if health systems are accessible to and inclusive of people with disability on an equal basis with others, and people with disability are considered among agents of change in the work of the Organization. It is therefore imperative that WHO is an inclusive organization, providing an enabling environment in which people with disability fully and effectively participate on an equal basis with others, and that disability is systematically integrated in all work of the Organization, as it advances its mission to promote health, keep the world safe and serve the most vulnerable.
4. This Policy on Disability is grounded in the principles set out in WHO's Constitution, most notably that 'the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition'. It is also aligned with the Organization's values which include commitments to human rights, universality, and equity, as well as to the UN values of integrity, professionalism, and respect for diversity.
5. WHO's powerful voice for health and human rights is indispensable to ensure that no-one is left behind. In line with the 13th General Programme of Work (GPW13), this policy will leverage the Organization's global leadership on health equity within the transformative agenda of the Sustainable Development Goals (SDGs), by supporting countries to ensure that people with disability are fully and meaningfully included in all efforts to achieve Goal 3: Ensure healthy lives and promote well-being for all at all ages.<sup>15</sup>

<sup>9</sup> UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106.

<sup>10</sup> UN General Assembly, International Covenant on Economic, Social and Cultural Rights, 16 December 1966, United Nations, Treaty Series, vol. 993, p. 3.

<sup>11</sup> UN General Assembly, International Covenant on Civil and Political Rights, 16 December 1966, United Nations, Treaty Series, vol. 999, p. 171.

<sup>12</sup> UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3.

<sup>13</sup> UN General Assembly, Convention on the Elimination of All Forms of Discrimination Against Women, 18 December 1979, United Nations, Treaty Series, vol. 1249, p. 13.

<sup>14</sup> UN General Assembly, International Convention on the Elimination of All Forms of Racial Discrimination, 21 December 1965, United Nations, Treaty Series, vol. 660, p. 195.

<sup>15</sup> UN General Assembly, Transforming Our World: The 2030 Agenda for Sustainable Development, 21 October 2015, A/RES/70/1.

## Background

6. Disability is part of being human. Everybody is likely to experience difficulties in functioning at some point in their lives, particularly when growing older. How much disability a person experiences daily life varies greatly and is dependent upon how their impairment or health condition interacts with barriers in society. Disability is a global public health issue because it affects an estimated fifteen percent of the world's population,<sup>16</sup> with increasing prevalence due to a rise in chronic health conditions and with populations' aging. Disability is a human rights issue with people with disability being subject to multiple violations of their rights, including acts of violence, abuse, prejudice and disrespect because of their disability, which intersects with other forms of discrimination based on age and gender, among other factors. People with disability also face barriers, stigmatization, and discrimination when accessing health and health-related services and strategies. Disability is a development priority because of its higher prevalence in lower-income countries and because disability and poverty reinforce and perpetuate one another.
7. In line with commitments to systematically integrate disability in all programme areas, this Policy on Disability leverages WHO's contributions to the field of disability globally. Some examples are: the International Classification of Functioning, Disability and Health,<sup>17</sup> endorsed in 2001, which provides an international standard for describing and measuring health and disability; the Organization's Global Disability Action Plan 2014–2021,<sup>18</sup> endorsed by Member States in 2014, which calls for improvements in access to health services and programmes, extension of rehabilitation, assistive devices and support services, and enhanced collection of relevant and internationally comparable data on disability; the Model Disability Survey,<sup>19</sup> which provides comprehensive information about disability for the strengthening of policies and services, and for monitoring progress towards obligations under the SDGs and the CRPD; the WHO QualityRights initiative<sup>20</sup> which seeks to improve access to quality mental health and social services and promote the rights of people with psychosocial, intellectual and cognitive disability around the world; the Global Cooperation on Assistive Technology (GATE) initiative which supports countries to address challenges and improve access to assistive products within their context, implementing the World Health Assembly (WHA) resolution on assistive technology adopted in 2018;<sup>21</sup> and the World Report on Disability,<sup>22</sup> launched in 2011, which expanded information, statistics and analysis of the situation of people with disability, established disability as a critical developmental issue, and was a catalyst to ensuring the inclusion of people with disability in the global development agenda.

<sup>16</sup> World Health Organization & 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>

<sup>17</sup> World Health Organization, International Classification of Functioning, Disability and Health: ICF, Geneva: World Health Organization, 2001, available at: <https://www.who.int/classifications/icf/en/>

<sup>18</sup> World Health Organization, 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>

<sup>19</sup> World Health Organization & The World Bank, Model Disability Survey, Geneva: World Health Organization, available at: <https://www.who.int/disabilities/data/mds/en/>

<sup>20</sup> World Health Organization, WHO QualityRights Initiative, Geneva: World Health Organization, available at: [https://www.who.int/mental\\_health/policy/quality\\_rights/en/](https://www.who.int/mental_health/policy/quality_rights/en/)

<sup>21</sup> Improving access to assistive technology, 26 May 2018, WHA71.8.

<sup>22</sup> World Health Organization & 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>

8. This Policy on Disability also expands other organizational policies that seek to make WHO's workforce inclusive of people with disability, such as the Policy on Employment of People with Disabilities (2010), through which WHO commits to providing equality of access to employment, advancement and retention in the Organization, recognizing that it is in the Organization's interest to recruit and maintain a diverse and skilled workforce that is representative of the diverse nature of society, which includes people with disability.<sup>23</sup>
9. On 11 June 2019, the UN Disability Inclusion Strategy (UNDIS) was launched by the UN Secretary-General to promote 'sustainable and transformative progress on disability inclusion through all pillars of the work of the United Nations'.<sup>24</sup> This strategy requires all UN entities to ensure disability inclusion is consistently and systematically mainstreamed into all aspects of their operational and programmatic work and requires UN entities to report on this progress annually.
10. WHO welcomes the launch of the UNDIS by the UN Secretary General. Securing the rights of people with disability is of fundamental importance to the Organization. Building on the previous work outlined above, this comprehensive and wide-ranging WHO Policy on Disability will serve as the primary framework for implementation of the UNDIS across the Organization, formalizing commitments and driving institutional change to make disability inclusion central to WHO's core functions.

## Process of the development of the policy

11. The WHO Policy on Disability was developed at the request of the Director-General, in consultation with the programmatic and operational departments of the Organization, staff with disability and Regional Disability Leads.

## Purpose of the policy

12. The purpose of this policy is to ensure that people with disability in all their diversity are included meaningfully in WHO as an organization and that disability is ingrained across all programmatic areas of work.

<sup>23</sup>Human Resources Management Department, WHO Policy on the Employment of Persons with Disabilities, Geneva: World Health Organization, 2010.

<sup>24</sup>United Nations Disability Inclusion Strategy, p. 1.

## Scope

13. This policy embodies WHO's constitution, mission and values for the inclusion of people with disability in all their diversity within the Organization and for disability inclusion in all its programmatic areas and is a reaffirmation of this commitment at the highest levels of the organization.
14. This policy aims to support an organization-wide disability-inclusive culture. The policy is relevant for all levels of WHO's workforce, including those at headquarters, regional and country offices. It covers both the business operations and programmatic areas of WHO. The way WHO recruits, hires, trains, procures, communicates, develops norms and standards, implements public health interventions, and executes its core functions are all important components of the policy.
15. The policy does not articulate concrete actions for implementation. An Action Plan will be developed in consultation with the operational and programmatic departments of the Organization at the headquarters and regional levels and externally with nonstate actors in official relationship with the Organization, including organizations of persons with disabilities.
16. The WHO Policy on Disability, and its accompanying Action Plan, will be aligned with and feed into the Organization's monitoring and reporting on commitments to the UNDIS, which includes sixteen performance indicators rated according to a gradated scale, as outlined in the UNDIS Entity Accountability Framework (Annex).

## Policy statement

17. WHO commits to continuing to pursue the goals of inclusion and empowerment of people with disability and their human rights, well-being, and perspectives, as well as to continuing to integrate disability across all programmatic areas of work.

### **The Organization will ensure:**

- The needs of people with disability are addressed in all WHO efforts to improve the health, functioning and well-being of all people, including through targeted actions.
- That the rights of people with disability are realized through the human rights-based approach of the Organization, guided by the CRPD.
- That people with disability in all their diversity are meaningfully participating in all levels of the Organization's workforce.
- That disability is recognised as a natural part of the human condition and disability is an integral part of all programmatic areas of work and the six core functions of WHO.<sup>25</sup>

<sup>25</sup> Providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalysing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends.

## Principles and approaches

- 18.** A twin-track approach requires the systematic integration of disability into the design, implementation, monitoring and evaluation of all programmatic and operational policies, strategies and actions, as well as targeted initiatives to support the empowerment of people with disability.
- 19.** An intersectional approach will consider how factors such as sex, age, gender identity, sexual orientation, religion, race, ethnicity, and class, among others, affect the lived experiences, health, and well-being of people with disability. WHO will address exclusion and discrimination on the basis of disability, including multiple and intersecting forms of discrimination and discrimination by association against staff and people in communities and of WHO's work. Aligned with international commitments, an intersectional approach to disability inclusion will concurrently foster gender equality and women's empowerment,<sup>26</sup> and support WHO's strategic shift to strengthen leadership on gender equality, health equity and human rights, as outlined in the GPW13.
- 20.** The Organization will assess the accessibility of all buildings, goods and services related to WHO programmes and operations, including WHO conferences and events, offices and related infrastructure, information management and technology, communication, and procurement processes, implementing and monitoring actions to progressively and incrementally improve accessibility at all three levels of the Organization. The principles of Universal Design will guide actions to improve accessibility, where possible ensuring that products, environments, programmes and services can be used by all people, to the greatest extent possible, without adaptation or reconfiguration. Improving accessibility is the responsibility of respective offices and departments, who will be called upon to develop action plans which prioritize and resource the gaps identified, engaging organizations of persons with disabilities and host governments or ministries as appropriate. Progress on improving accessibility will be included in Director-General reports to the Executive Board and addresses to the WHA, in line with annual reporting on the UNDIS.
- 21.** WHO is committed to evaluating frameworks for learning and will employ, share and learn from the diversity of experiences, expertise and cultures within the UN system, from the Member States we support and from organizations of persons with disabilities, building on and contributing to work of other organizations, and supporting a coherent and coordinated approach to accelerating progress on disability inclusion.

<sup>26</sup> Beijing Declaration and Platform for Action; Convention on the Elimination of All Forms of Discrimination Against Women; Convention on the Rights of the Child; Convention on the Rights of Person with Disabilities; 2030 Agenda on Sustainable Development; and the UN System-wide Action Plan on Gender Equality and the Empowerment of Women 2.0.

## Translating the policy into action

- 22.** Accountability for the effective implementation of the WHO Policy on Disability will rest primarily with senior staff, reporting to the Director-General who will keep governing bodies informed on a regular basis of progress on disability inclusion across WHO's work and requesting appropriate funding for implementation. WHO is committed to make implementation of this policy a priority in the financial dialogues with its Member States and will work towards bridging the financial gap for progressive implementation.
- 23.** The WHO Policy on Disability will be operationalized through an Action Plan which includes indicators of success, identifies custodian units responsible for each indicator, and sets baselines and targets against which to track progress from 2021-2023, in line with the GPW13. The Action Plan will be led by WHO headquarters, including coordination and support to regional offices for the design, implementation and monitoring of regional actions plans which are relevant to their contexts, countries and programmes of work, conditional of available resources.
- 24.** Making WHO an organization which is inclusive of people with disability in all their diversity and ensuring disability is ingrained across all programmatic areas of work will require actions across four core areas, as per the UNDIS:
- i. Leadership, Strategic Planning and Management-** Actions include increasing the visibility of disability inclusion, internally and externally; integrating disability into WHO's policies, systems, and services, as well as in strategic planning processes, resource coordination and performance monitoring; and strengthening organizational knowledge and expertise on disability inclusion.
  - ii. Inclusiveness-** Establishing systematic process for consultations and active engagement of people with disability and organizations of persons with disabilities in WHO's business operations and programmatic areas; and ensuring accessibility of building, facilities, workspaces, information, procurement, and events.
  - iii. Programming-** Actions include the development of guidance and tools on disability inclusion in health projects and country programs; participation in inter-agency coordination mechanisms and joint programming; and integration of disability in the results framework of WHO.
  - iv. Organizational Culture-** Developing the Organization's human resources systems and processes to attract, recruit, retain and promote people with disability as staff, consultants, and interns; and strengthening understanding on disability inclusion within the Organization.
- 25.** The following structures will play a critical role in the implementation and monitoring of the WHO Policy on Disability, consistent with the Organization's UNDIS commitments:
- WHO UNDIS Steering Committee, chaired by the DDG and consisting of the Chef de Cabinet, ADG UCN, ExDir Emergencies, and ADG BOS, will provide organizational leadership and oversight of the implementation of UNDIS commitments and the WHO Policy on Disability, including championing directors and senior managers in all departments and ensuring involvement across all levels of the Organization. The Steering Committee will review annual reports from the WHO HQ UNDIS Working Group to identify successes, challenges, and the remedial actions to be undertaken to further advance disability inclusion across the Organization.

- WHO HQ UNDIS Working Group with membership of focal points from custodian departments, as nominated by the Directors from operational and programmatic teams, will oversee the development, implementation and monitoring of the Action Plan, reporting on an annual basis to the Director-General through the WHO UNDIS Steering Committee. Working Group members may be changed or expanded to include other custodian departments and regional teams, as needed and in accordance with adaptations to the WHO HQ Action Plan.
  - WHO UNDIS Secretariat will be led by two representatives, designated by the ADG BOS and ADG UCN respectively, responsible for preparing meetings of the WHO UNDIS Steering Committee and WHO HQ UNDIS Working Group and annual reports on the implementation of the Action Plan with inputs from the WHO HQ UNDIS Working Group and Regional Offices.
- 26.** The Action Plan will be aligned with the WHO 13th General Programme of Work 2019-2023 and the Secretariat's Programme Budget planning process, which involves Member States, the Secretariat's leadership team and staff across the Organization, with a report on implementation submitted annually to the Director-General through the WHO UNDIS Steering Committee.
- 27.** As requested by the Executive Board during its 146th Session,<sup>27</sup> Member States will be informed of the progress made in implementation of the WHO Policy on Disability, in line with the Organization's UNDIS commitments, through Director-General reports to the Executive Board and addresses to the WHA, which includes nonstate actors in official relationship with the Organization, including organizations of persons with disabilities.
- 28.** The WHO Evaluation Office will conduct an independent evaluation of the WHO Policy on Disability, informing its review every five years, as part of the Organization's strategic planning processes and the Global Programme of Work.

<sup>27</sup> Cross Regional Statement on the UN Disability Inclusion Strategy, Agenda item 3: Report by the Director-General, 146th Session of the Executive Board, 3 February 2020.

## ABBREVIATIONS

ADG	Assistant Director-General
BOS	Business Operations
CRPD	Convention on the Rights of Persons with Disabilities
GATE	Global Cooperation on Assistive Technology
GPW13	13th General Programme of Work
HQ	Headquarters
OPD	Organization of persons with disabilities
SDGs	Sustainable development goals
UCN	Universal health coverage, communicable and non-communicable diseases
UNDIS	United Nations Disability Inclusion Strategy
WHA	World Health Assembly
WHO	World Health Organization

## DEFINITIONS

**Persons with disabilities** are those who have ‘long-term 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’.<sup>28</sup>

**Disability** is the outcome of the interaction between individuals with a health condition (e.g. cerebral palsy, Down syndrome or depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings, and limited social supports).

**Disability inclusion** refers to the ‘meaningful participation of people with disability in all their diversity, the promotion and mainstreaming of their rights into the work of the Organization, the development of disability-specific programmes and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities’.<sup>29</sup>

**Organizations of persons with disabilities (OPDs)** are civil society organizations where the majority of staff, volunteers and members are persons with disabilities, and the organization is governed, led and directed by persons with disabilities. OPDs may be individual organizations and / or members of wider OPD coalitions and networks which often exist at national, regional, and global levels. OPDs may represent persons with different types of disabilities (sometimes termed cross-disability) or a specific community within the wider population of persons with disabilities, for example women with disabilities, children with disabilities or those with specific impairments. OPDs also include self-advocacy organizations, which oftentimes represent persons with intellectual disabilities, through locally formed networks and platforms, and may also involve family members. Organizations including family members and relatives of persons with disabilities play an important role in facilitating, promoting, and securing the interests and supporting the autonomy and active participation of their relatives with intellectual disabilities, dementia and/or children with disabilities. All such organizations should be committed to the principles and rights recognized in the CRPD.<sup>30</sup>

<sup>28</sup> UN General Assembly, Convention on the Rights of Persons with Disabilities: resolution / adopted by the General Assembly, 24 January 2007, A/RES/61/106, art. 1.

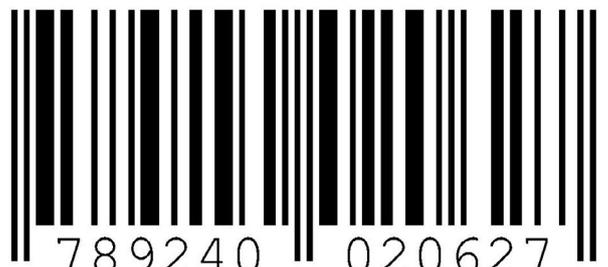
<sup>29</sup> United Nations Disability Inclusion Strategy, p. 2.

<sup>30</sup> Committee on the Rights of Persons with Disabilities, General comment No. 7 on the participation of persons with disabilities, including children with disabilities, through their representative organizations, in the implementation and monitoring of the Convention, 9 November 2018, CRPD/G/GC/7.

## ANNEX: UNDIS ENTITY ACCOUNTABILITY FRAMEWORK INDICATORS

Leadership, strategic planning and management	Inclusiveness	Programming	Organizational culture
1. Leadership	5. Consultation with persons with disabilities	9. Programmes and projects	13. Employment
2. Strategic planning	6. Accessibility	10. Evaluation	14. Capacity development for staff
3. Disability-specific policy/strategy	6.1. Conferences and events	11. Country programme documents	15. Communication
4. Institutional set-up	7. Reasonable accommodation	12. Joint initiatives	
	8. Procurement		

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