

# WHO Disability Health Equity Network: Membership Application Form



The WHO Disability Health Equity Network is a WHO-hosted network of stakeholders whose mission is to support the [WHO Disability Health Equity Initiative](#) through coordinated advocacy and united action towards health equity for persons with disabilities.

## **The WHO Disability Health Equity Network invites membership applications from:**

- Member States;
- Intergovernmental organizations (such as UN agencies);
- Non-State actors in official relations with WHO or WHO Collaborating centres;
- Nongovernmental organizations (including civil society groups);
- Organizations of persons with disabilities;
- Academic institutions;
- Philanthropic foundations;
- Private sector entities (including international business associations).

## **To be eligible for membership, the entity should meet the following criteria: \***

- Contribute significantly to the advancement of health equity, disability and/or public health, and to the objectives, vision and goal of the Network;
- Be actively and internationally working in the field of disability, health equity and/or public health in more than one country, with proven experience and expertise in the subject matter for at least 3 years;
- Have an established structure, constitutive act, and accountability mechanism.

\* Member States are eligible to apply regardless of these criteria.

Membership approval is based on an assessment, due diligence process, and review of information, according to the eligibility criteria and WHO rules and policies.

**Before applying to become a member, please read the [Terms of reference](#), confirm your entity meets the eligibility criteria and prepare the following documents to be uploaded: \***

- Legal status such as by-laws or constitution;
- Governance structure;
- Certificate of establishment;
- List of names and affiliations of the members of main decision-making bodies such as Board or Executive Board;
- Sources of funding (list of donors and sponsors, individual or collective, who donated over USD\$ 49,999.99 in the last 3 years);
- Report of activities in the field of disability, health equity and/or public health for the last three years (e.g., annual report).

\* You do not need to provide these documents if you are a Member State, an intergovernmental organization (such as a UN agency), a non-State actor in official relations with WHO or a WHO Collaborating Centre.

\* If the original documents are not in English, please provide both the original version and a translation in English.

**This application form has six sections:**

1. General information about the entity;
2. Tobacco/arms related disclosure statement for non-state actors;
3. Entity focus;
4. Supporting files;
5. Workstream preferences;
6. Adhesion to the terms of reference.

➡ If you are a Member State or an intergovernmental organization, such as a UN agency, only sections 1, 5 and 6 are applicable to you. You will not be asked to complete the other sections.

➡ If you are a non-State actor in official relations with WHO or a WHO collaborating centre, only sections 1, 2, 5 and 6 are applicable to you. You will not be asked to complete the other sections.

**If you experience any issues accessing the form, please contact us at [disability@who.int](mailto:disability@who.int).**

## Section 1: General information about the entity

**1. Name of the entity: \***

**2. Entity webpage: \***

**3. Name of the focal person: \***

**4. Email address of the focal person: \***

**5. Does the applicant entity meet the eligibility criteria? \***

If you are a Member State, please select “Yes” to all, regardless of whether the criteria apply to you or not.

If the applicant entity does not meet these criteria, you will not be able to complete this application further.

	Yes	No
1. The applicant entity contributes significantly to the advancement of health equity, disability and/or public health and to the objectives, vision and goal of the Network.	<input type="checkbox"/>	<input type="checkbox"/>

2. The applicant entity is actively and internationally working in the field of health equity, disability and/or public health in more than one country, with proven experience and expertise in the subject matter for at least 3 years.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
3. The applicant entity has an established structure, constitutive act, and accountability mechanism.	<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>

## 6. Type of entity: \*

To be able to select the option [Non-State actor in official relations with WHO](#) or [WHO Collaborating centre](#), the entity must be on one of the lists in the links.

- ☐ Member State
- ☐ Intergovernmental organization (such as a UN agency)
- ☐ Non-State actor in official relations with WHO or WHO Collaborating centre
- ☐ Nongovernmental organization (including civil society group)
- ☐ Organization of persons with disabilities
- ☐ Academic institution
- ☐ Philanthropic foundation
- ☐ Private sector entity (including international business association)

## 7. Country of origin: \*

## 8. City of origin: \*

## Section 2: Tobacco/arms related disclosure statement for non-State actors

Pursuant the [WHO Framework of Engagement with Non-State Actors](#), WHO does not engage with the tobacco industry or non-state actors that work to further the interests of the tobacco industry. WHO also does not engage with the arms industry.

### The purposes of this statement:

- Tobacco industry means any entity involved in the manufacture, sale or distribution of tobacco and related products, and any affiliate of such entity;
- Arms industry means any entity involved in the manufacture, sale or distribution of arms, and any affiliate of such entity.

This disclosure statement needs to be provided by any nongovernmental organization, private sector entity, philanthropic foundation and academic institution prior to engaging with WHO.

### 1. Is your entity, or was your entity over the last four years, part of the tobacco or arms industries (as defined above)? \*

- ☐ Yes
- ☐ No
- ☐ Unable to respond

### 2. To the best of your entity's knowledge, is your entity, or has your entity over the last four years, engaged in activities that are aimed at furthering or supporting the interests of the tobacco industry? \*

This includes, but is not limited to, supply contracts, contract work, services and lobbying.

- ☐ Yes
- ☐ No
- ☐ Unable to respond

**3. To the best of your entity's knowledge, does your entity currently, or did your entity over the last four years, have any other association or relationship with the tobacco industry (as defined above). \***

This includes in particular investment interests (other than general mutual funds or similar arrangements whereby your entity has no control over the selection of the investments), commercial business interests, the provision or receipt of financial and/or other support.

- ☐ Yes
- ☐ No
- ☐ Unable to respond

**4. If you have answered "Yes" to any of the above or are unable to answer one or more questions, please provide a general statement of explanation.**

Maximum characters: 1000

**5. The WHO Secretariat reserves the right to request additional information from your entity in this regard. By providing this statement, your entity commits to promptly inform WHO of any change to the above information and to complete a new statement that describes the changes. Please write the name and title of duly authorized representative: \***

**6. Agreeing on the Tobacco/arms related disclosure statement for non-State actors is equivalent to your signature. \***

Check the box to demonstrate your agreement and signature on the statement.

- ☐ Agree

## Section 3: Entity focus

### 1. What is the mission of the entity? \*

Maximum characters: 500

### 2. Describe the type of work your entity does in the field of health equity, disability and/or public health: \*

Maximum characters: 1000

### 3. State the reasons why you would like to join the WHO Disability Health Equity Network: \*

Maximum characters: 1000

## Section 4: Supporting files

Please upload supporting files as indicated below. If the original documents are not in English, please provide both the original version and a translation in English.

### 1. Legal status such as by-laws or constitution \*

You can upload png, gif, doc, odt, jpg, jpeg, pdf, png, heic under 15000 KB each. Please upload between 1 and 2 files.



Upload files

### 2. Governance structure \*

You can upload png, gif, doc, odt, jpg, jpeg, pdf, png, heic under 15000 KB each. Please upload between 1 and 2 files.



Upload files

### 3. Certificate of establishment \*

You can upload png, gif, doc, odt, jpg, jpeg, pdf, png, heic under 15000 KB each. Please upload between 1 and 2 files.



Upload files

### 4. List of names and affiliations of the members of main decision-making bodies such as Board or Executive Board \*

You can upload png, gif, doc, odt, jpg, jpeg, pdf, png, heic under 15000 KB each. Please upload between 1 and 2 files.



Upload files



**5. Sources of funding (list of donors and sponsors, individual or collective, who donated over USD\$ 49,999.99 in the last 3 years) \***

You can upload png, gif, doc, odt, jpg, jpeg, pdf, png, heic under 15000 KB each. Please upload between 1 and 2 files.



Upload files

**6. Report of activities in the field of health equity, disability and/or public health for the last 3 years (e.g., annual report) \***

You can upload png, gif, doc, odt, jpg, jpeg, pdf, png, heic under 15000 KB each. Please upload between 1 and 2 files.



Upload files

## Section 5: Workstream preferences

### 1. Select which WHO Disability Health Equity Network workstream(s) you want to be involved in: \*

Please select from 1 to 2 answers.

☐ **Workstream 1: Build leadership on health equity among persons with disabilities.**

This workstream is intended to strengthen leadership and advocacy capacity among persons with disabilities and their representative organizations (OPDs) in the area of health equity. Its overarching goal is to enhance OPDs' ability to advocate effectively for health equity for persons with disabilities, secure greater resources, and increase their engagement in health sector decision-making and processes.

☐ **Workstream 2: Elevate health equity for persons with disabilities as a political priority in health.**

This workstream aims to elevate the political prioritization of health equity for persons with disabilities within the global health sector. Its objective is to ensure stronger recognition of health equity by political leaders, a more prominent place for the issue on the global health agenda, increased commitment from governments, mainstream health actors, and the private sector, and greater financial resources directed toward disability within the health sector.

☐ **Workstream 3: Create a disability inclusive health sector.**

This workstream will focus on integrating disability inclusion into national health system strengthening reforms, in alignment with the recommended actions of the WHO [Global Report on Health Equity for Persons with Disabilities](#). Its objective is to engage national policy makers in advancing the inclusion of persons with disabilities within health systems.

☐ **Workstream 4: Establish robust indicators, evidence and monitoring.**

This workstream will have particular focus on data, evidence and research. The workstream will work towards supporting Member States to adopt global indicators on health equity for persons with disabilities, better quality data on disability at country level, and more funding for implementation research.

## Section 6: Adhesion to the Terms of reference

For the application to be considered, applicants must read and confirm their adhesion to the [WHO Disability Health Equity's Terms of reference](#), if accepted as members. Please read the terms of reference before checking the box below.

### 1. Please read and confirm your adhesion to the Terms of reference, if accepted as a member. \*

Checking the box is equivalent to your signature.

- ☐ I confirm I have read and adhere to the WHO Disability Health Equity Network's Terms of reference.



**Submit**