Terms of reference of WHO Disability Health Equity Network

1. Vision and Mission

The WHO Disability Health Equity Network (hereinafter referred to as the Network) envisions health equity for all persons with disabilities in support of the implementation of the *WHA74.8 Resolution on the Highest attainable standard of health for persons with disabilities* and advance WHO's work on closing the avoidable health gaps between persons with disabilities and the broader population. The Network aims to advance the GPW14 Strategic Objective 4: Improve health service coverage and financial protection to address inequity and gender inequalities; more specifically:

- 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance; and
- 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, and older person health and nutrition services and immunization coverage improved.

It also advances the goal of leaving no one behind. More information on the background of the Network is included in Annex 1.

2. Status

The Network is a WHO informal network for stakeholders united together under a common vision to promote collective and coordinated action towards health equity for persons with disabilities. The Network is not a separate legal entity and derives its legal status from WHO. Thus, it shall be administered and housed in WHO. The operations of the Network shall in all respects be administered in accordance with the WHO Constitution and General Programme of Work, WHO's Financial and Staff Regulations and Rules, WHO's manual provisions, and applicable WHO rules, policies, procedures and practices including the WHO Framework of Engagement with Non-State Actors (FENSA)[1].

3. Core Principles

The Network is governed by the following principles:

[1] Framework of Engagement with Non-State Actors approved by the World Health Assembly in May 2016 (https://apps.who.int/gb/bd/PDF/Framework_Engagement_non-State_Actors.pdf)

- To be inclusive and diverse in membership and structure, ensuring adequate representation from different stakeholder groups, geographical regions and income settings;
- To be transparent in all processes, including the operational strategy and the network activities;
- To ensure all activities align with WHO's norms and standards, as well as work on health equity for persons with disabilities;
- To facilitate coordination among interested parties to advance WHO's priorities on health equity for persons with disabilities in general.

4. Objectives

The objectives of the Network are to:

4.1. Convey stakeholders engaged in disability and health under a common understanding and narrative of the evidence-based changes required to achieve the highest attainable standard of health for persons with disabilities.

4.2. Conduct evidence-based advocacy that increases awareness on health inequities experienced by persons with disabilities and on the actions needed to address them.

4.3. Enhance dialogue, knowledge sharing, and connections, as appropriate, among Network members for action towards health equity for persons with disabilities.

5. Governance and structure

The Network comprises of a Secretariat, a Steering Committee, and members. The governance and structure of the Network is designed to facilitate coordination of activities, to ensure activities align with the Network overall mission and objectives, and to preclude influences of individual or organization-specific agendas. The Network is not a decision-making body, nor does it have any bearing over the work and activities of its members that occur outside the Network.

5.1. The Secretariat

WHO serves as the Secretariat of the Network. The role of the Secretariat is to oversee the day-to-day management of the Network's work including coordination of discussions across stakeholders on priorities and gaps, preparation of draft workplans for consideration by the Steering Committee and/or the working groups along with administration and budget management.

More specifically, key responsibilities of the Secretariat are as follows:

- Serve as the interface between the Network and its members;
- Select and manage the Network's membership in line with WHO rules and policies;
- Coordinate the development, implementation and maintenance of the Network workplans in consultation with the Steering Committee;
- Oversee implementation of the Network workplans, in collaboration with the Steering Committee;
- Chair the Steering Committee meetings;
- Monitor and evaluate activities and processes of the Network, making amendments as necessary, in consultation with the Steering Committee, to optimize overall Network functioning and impact;
- Coordinate correspondence with Network members, as required, to facilitate participation and collaboration of all members;
- Coordinate the biennial members meeting of the Network, in collaboration with the Steering Committee, including development of relevant documentation (e.g. agenda) and logistical support;
- Develop a central repository for the Network, to house all relevant documents and resources;
- Develop and regularly update the Network website (hosted by WHO).

Subject to the availability of sufficient human and financial resources for this purpose, Secretariat support and coordination for the Network will be provided by WHO. Secretariat support will be provided in accordance with WHO's rules, regulations, policies and procedures.

The Secretariat reserves the right not to implement any Network recommendation or activity which it determines gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

5.2. Steering Committee

The Steering Committee comprises up to 8 members, who are appointed by WHO. The selection process will strive for balanced representation of the Network members, with respect to gender, age, geographical area and organization type. Steering Committee decisions will be made through consensus of committee members. With the exception of the Secretariat, the duration of the term of appointment of the Steering Committee members shall be for an initial term of two (2) years, with the possibility of renewal once. The Steering Committee is chaired by the Secretariat, who may appoint one member of the Steering Committee as the Vice-Chair for a two-year term.

Key responsibilities of the Steering Committee are as follows:

- Provide overall strategic direction, for the operative work of the Network. This includes supporting the development of the overall Network workplans and strategies;
- Jointly coordinate with the Secretariat the biennial members meeting of the Network, including development of relevant documentation and logistical support;
- Oversee the establishment of workstreams, approve their workplans, and oversee all workstream activities;
- Monitor and evaluate activities and processes of the Network, proposing amendments as necessary to WHO, to optimize Network functioning and impact.

5.3. Workstreams

The Network workstreams may be established, with the possibility of additional workstreams being established subject to Secretariat and Steering Committee approval. The area of focus of the workstreams will be established in line with the objectives of the Network. The terms of reference for each workstream are approved by the Secretariat and are of a 2-year tenure, with the possibility of extension, subject to approval by the Steering Committee.

All members of the Network may participate in one or more workstreams. The purpose of the workstreams is to share information and collectively work on specific activities that align with the Network ’s overall mission and objectives. Each workstream will have an area of focus with corresponding workplan, that is approved by the Steering Committee, which outlines its objectives, key outputs, priorities and methodology.

A Chair and co-Chair will be appointed in each workstream by the Secretariat. They are responsible for:

- Coordinating workstream meetings and activities;
- Facilitating communication within the group, ensuring balanced participation of its group members;
- Providing verbal and written reports of workstream progress to the Secretariat and the Steering Committee.

The Chair and co-Chair of each workstream are part of the Network Steering Committee and will therefore report on their progress at the biennial members meeting, and through an annual report to the Steering Committee.

6. Meetings

As the Secretariat of the Network, WHO convenes a biennial network meeting, however additional meetings may be scheduled as necessary. The biennial network meeting is open to all Network members. Each member entity will be able to nominate a maximum of 2 delegates to attend.

The aim of the biennial network meeting will be to:

- Review and provide input in the Network work on achieving health equity for persons with disabilities;
- Provide a forum for knowledge sharing amongst network members on disability and health equity;
- Discuss issues put forward by the Secretariat and the Steering Committee on disability and health equity.

The Steering Committee will meet every 3 months, to report on progress of the workstreams, discuss issues and revise the Network workplan.

The Steering Committee makes recommendations to the Secretariat. In the event that a consensus is not reached, the Secretariat takes a decision in consultation with the Vice-Chair. The Secretariat reserves the right not to implement any recommendation or activity which gives rise to undue financial, legal or reputational liability or is contrary to WHO policies, regulations and procedures.

Steering Committee members are accountable for informing their respective organizations on decisions, commitments and plans of the Network.

Each workstream will have meetings, attended by workstream members. The frequency of workstream meetings will be determined by the Chair and co-Chair of the respective workstream.

The Secretariat may, at its sole discretion, invite external individuals to attend biennial network meetings as a speaker on a topic defined and indicated by the Secretariat. Speakers will be required to complete a confidentiality undertaking, declaration of interest, or subject to due diligence and risk assessment in line with WHO’s policies and procedures.

7. Membership

The Network membership[2] consist of representatives from:

- Government technical agencies;
- Intergovernmental organizations;
- Nongovernmental organizations (including civil society groups);
- Academic institutions;
- Philanthropic foundations;
- Private sector entities (including international business associations), represented by constituencies, such that there will be one representative per sector.

Entities seeking to participate in the Network must meet the following criteria:

- The aims and purposes of the entity should be consistent with the WHO Constitution and conform with WHO's policies;
- The entity should contribute significantly to the advancement of health equity, disability and/or public health and to the objectives, vision and goal of the Network and demonstrate documented support for the WHO's work on health equity for persons with disabilities;
- The entity should respect the intergovernmental nature of WHO and the decision-making authority of Member States as set out in the WHO Constitution;
- The entity should be actively and internationally working in the field of disability, health equity and/or public health with proven experience and expertise in the subject matter for at least 3 years;
- The entity should have an established structure, constitutive act, and accountability mechanism;
- The entity, if a membership organization, should have the authority to speak for its members and have a representative structure.

Each member of the Network must:

- Adhere to the Terms of Reference of the Network;
- Actively participate in and support WHO Disability Health Equity Network, its purpose, goals, objectives, guiding principles, work and activities;
- Attend and actively participate at WHO Disability Health Equity Network's various biennial and ad hoc meetings;
- Take responsibility according to the division of labor, and make meaningful contributions, in connection with the work and activities of the various Network workstreams;

[2] Individuals are not eligible for the Network membership.

- Act in the best interest of public health in alignment with WHO policies;
- Ensure effective communication with Secretariat and with the Steering Committee related to activities relevant to the Network ’s mission and vision.

The representatives appointed by the member organizations in Network should be free from actual, potential or apparent conflict of interest. To this end, the proposed representatives from the member organizations are required to complete a declaration of interest form and their acceptance is subject to the evaluation of completed forms by the WHO, determining that their participation would not give rise to a real or perceived conflict of interest.

Members shall not make public statements about Network activities or on behalf of the Secretariat without the prior written consent of the Secretariat acting in consultation with the Steering Committee.

7.1. Membership applications

A standardized form and online application process will be developed by the Secretariat. Membership approval will be based on an assessment, due diligence process, and review of submitted documents, in accordance with the eligibility criteria and in accordance with WHO’s rules and policies. All membership applications will be reviewed by the Secretariat and eligible members will be approved by the Secretariat. Following this, eligible members will be notified of their membership approval (or otherwise) by the Secretariat.

If a non-State actor is applying to participate, the entity is required to provide the following information and documents: name, objectives and mission of the entity, copy of the legal status (such as bylaws, constitution), governance structure, names and affiliations of the participants of main decision-making bodies (such as Board, Executive Board), assets, annual income and funding sources (list of donors and sponsors), main relevant affiliations and website address.

The entity will also sign the letter of participation and the tobacco-arms disclosure statement without alteration.

7.2. Membership termination and withdrawal

Each member has the right to withdraw from participation in the Network, at any time, subject to providing one month written notice to the Secretariat and to the orderly conclusion of any ongoing activities.

If a member does not attend two successive biennial members meetings, without appropriate written explanation to the Steering Committee, or does not attend at least

60% of the Network workstream meetings, the member will be deemed to have withdrawn from the Network.

The Secretariat also has the right to terminate the membership of any member at any time, upon providing written notice thereof to such member. Without limiting the foregoing, the participation of any entity in the Network shall terminate if and when such member: (a) no longer subscribes or adheres to the goals, objectives and/or guiding principles of the Network , as described in these Terms of Reference; (b) engages in activities that are not compatible with WHO Policies, and/or (c) ceases to meet the membership criteria for the Network , as set forth in these Terms of Reference. In such instances, the decision to terminate involvement of a member will be made by the Secretariat, in consultation with the Steering Committee.

WHO reserves the right to withdraw from administration of the Network at any time, subject to providing the members with at least six (6) months' prior written notice and to the orderly conclusion of any ongoing activities. WHO also has the right, exercisable in its sole discretion, to close the Network, to terminate any membership its Steering Committee and/or to terminate any Vice-Chairpersonship, in each case, at any time upon providing written notice thereof to the member(s) concerned.

7.3. Zero tolerance for all forms of sexual misconduct and other types of abusive conduct, fraud or corruption

All entities are expected to ensure that the conduct of their employees and any other persons engaged by them is consistent with the WHO standards of conduct. In particular, WHO has zero tolerance towards any form of sexual misconduct (an all-inclusive term encompassing all forms of sexual exploitation, sexual abuse, sexual harassment and sexual violence), other types of abusive conduct, fraud or corruption.

In this regard, and without limiting any other provisions contained herein, the entity warrants that it shall:

(i) take all reasonable and appropriate measures to prevent any form of prohibited behaviour by any of its employees and by any other persons engaged by it to perform any activities or to provide any services for WHO on the entity's behalf. This refers, in particular, to:
(ii) sexual misconduct, as defined and addressed in the WHO Policy on Preventing and Addressing Sexual Misconduct;
(iii) other types of abusive conduct, as defined and addressed in the WHO Policy on Preventing and Addressing Abusive Conduct; and,
(iv) all forms of fraud or corruption, as defined and addressed in the WHO Policy on Prevention, Detection and Response to Fraud and Corruption.

(v) promptly report any actual or suspected violations of these WHO policies of which the entity becomes aware to the WHO Office of Internal Oversight Services ("IOS") at investigation@who.int;

(vi) promptly communicate to IOS any measures that may be necessary or appropriate to protect the confidentiality and wellbeing of the survivor or victim; and,

(vii) promptly respond to any actual or suspected violations of the above referenced WHO policies of which the entity becomes aware, and to cooperate with and to keep IOS informed of the status and outcome of any measures of protection, corrections to operations, investigation, and disciplinary action taken against any perpetrator by the entity.

8. Communications

8.1. Visual Identity

To ensure that the Network is deliberately communicating with one voice to external parties on topics of substance (principles, priorities, target product profiles, standards, plans and actions, funding, and all confidential information, etc.) any communication in the name of the Network will take place through the Secretariat.

The Network is eligible to develop a visual identifier such as a logo which will help identify the network to its audience. The visual identifier must be approved and registered by relevant departments before it is used. The visual identifier will be accompanied by the statement "WHO Managed Network" as an integral part. The right to use the visual identifier including on publications, may be granted to participants on a case-by-case basis with prior written approval of the Secretariat. Participants shall not use WHO's name, acronym and emblem. This includes, inter alia, the display of the WHO logo and name on any premises, equipment, as well as on any communication and/or training materials, training certificates, social media tools or publications.

8.2. Publications

The Network shall not produce publications, unless exceptional approval is given by the Secretariat. Any publication by a participant, other than WHO, referring to Network activities shall contain appropriate disclaimers as decided by WHO, including that the content does not reflect the views or stated policy of the Network members or of WHO.

The members must ensure that the work of the Network is not misrepresented, and appropriate disclaimers are included where necessary. The Network activities shall not include the development of technical materials, normative documents or policy papers.

8.3. The Network website

The Network has a webpage that is housed within WHO's domain. The webpage includes a list of participating entities, subject to their consent.

8.4. Intellectual property and Confidentiality

All Intellectual Property that is generated by the network shall vest in WHO. Depending on the agenda item being discussed, each participant in the Network may be required to abide by confidentiality obligation and sign a standard confidentiality undertaking using the form provided by WHO for this purpose.

9. Finance

Members will be responsible for their own expenses in relation to all Network activities (including participation at meetings), unless agreed otherwise by the Secretariat. If members receive third party funding to support participation in Network meetings and activities, this must be disclosed to the Secretariat.

The Secretariat support and related day-to-day operations of the Network will be financed by voluntary contributions from the members. The Secretariat may also raise funds from other sources to support the work of the Network, in accordance WHO rules and procedures, as appropriate. All Secretariat funds shall be received, administered and acknowledged in accordance with WHO's policies including its financial regulations, rules, and practices. The Secretariat reserves the right to require that the Network name not be used in such grant applications. Contributions by members including donations (in cash or in kind), will be acknowledged by the Secretariat in accordance with WHO's applicable rules, policies and practices.

10. Monitoring, Evaluation and Reporting

The Network Secretariat, in consultation with the Steering Committee, will evaluate the overall processes and outcomes of the Network on an annual basis, with the aim of assessing whether WHO should continue to manage the Network. The annual progress report should be provided to WHO (HMP) for tracking and information sharing.

11. Duration

The Network will be launched upon WHO's final approval of these Terms of Reference. The initial duration of the Network is 3 years, which may be extended

following a review by WHO and subject to the availability of sufficient dedicated human and financial resources.

12. Amendments

These Terms of Reference may be amended by WHO in consultation with the Steering Committee.

ANNEX 1

Background

Currently, WHO estimates that 1.3 billion people in the world have significant disability, and this number is projected to grow[3]. Persons with disabilities are among the most marginalized populations globally and experience a range of health inequities, including earlier deaths (up to 20 years compared to persons without disabilities) and higher risk of disease. These health inequities arise from unfair and avoidable conditions within and beyond the health system.

Investing in health equity for persons with disabilities means investing in Health for All. The right to the highest attainable standard of health for everyone is a state obligation under which the health sector must act ensuring that health inequities that undermine the fulfilment of this right for persons with disabilities are addressed. It is also a smart thing to do because the financial investment necessary for a disability-inclusive health sector is an investment with dividends. For example, there could be a return of US$10 for every US$1 spent on disability inclusive non-communicable disease prevention and care.

There have been different global efforts to advance health equity for persons with disabilities in the past decade, which have contributed to the need of the Network. In 2011, the first ever World report on disability produced jointly by WHO and the World Bank was published. In 2014, to implement the recommendations of the report, Member States endorsed the WHO Global Disability Action Plan 2014–2021. The 2030 Agenda for Sustainable Development adopted in 2015 recognized disability as a cross-cutting issue to be considered in the implementation of all the goals. The 2019 UHC political declaration reiterated the importance of advancing health equity for persons with disabilities to achieve health for all. The same year, the UN Secretary-General launched the United Nations Disability Inclusion Strategy to implement the inclusion of disability in both programmatic areas and business operations of the United Nations. Finally, the landmark resolution, adopted in 2021 by the World Health Assembly, on “The highest attainable standard of health for persons with disabilities”, aimed to advance the agenda of disability inclusion in the health sector in countries. Upon request by WHO member States, WHO published in 2022 the Global report on health equity for persons with disabilities.

WHO Disability Health Equity Initiative

Efforts to advance health equity for persons with disabilities at a global level require a comprehensive approach, focusing on elevating health equity for persons with disabilities

[3] World Health Organization. Global report on health equity for persons with disabilities. 2022

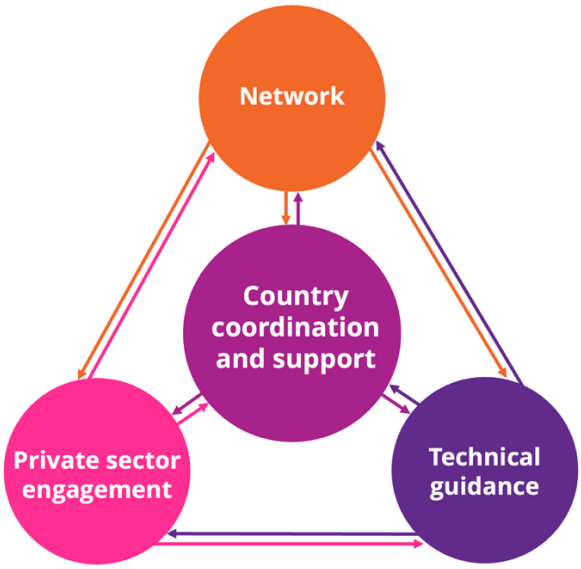
as a global political priority, creating a disability inclusive health sector at national level, capacity building of organizations of persons with disabilities and establishing robust data indicators, evidence and monitoring on disability and health.

The purpose of the WHO Disability Health Equity initiative is to advance WHO's work and strategic objectives and to support the implementation of the *WHA74.8 Resolution on the Highest attainable standard of health for persons with disabilities* and close the avoidable health gaps between persons with disabilities and the broader population. The engagement structure of WHO Disability Health Equity initiative is summarized in Figure 1. The Network is a key component to support implementation of the WHO Disability Health Equity initiative.

The Network aims to advance the implementation of the GPW14 Strategic Objective 4: Improve health service coverage and financial protection to address inequity and gender inequalities; more specifically:

- 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance; and
- 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, and older person health and nutrition services and immunization coverage improved.

The initiatives endeavours also to support the implementation of WHO's corporate outcome 1 Effective WHO health leadership and the goal of leaving no one behind.



- **Network:**
  A network of stakeholders with a common vision to promote collective and coordinated action and advocacy.
- **Country coordination and support:**
  Coordinated activities to accelerate progress and bridge the health gaps between persons with disabilities and the broader population.
- **Private sector engagement:**
  Dialogues to promote effective and meaningful contributions for an inclusive health sector.
- **Technical guidance:**
  Individual experts provide technical input to WHO for the development of technical guidance.

Figure 1. Engagement structure of the WHO Disability Health Equity Initiative

Rational for a WHO-hosted Disability Health Equity Network

Building on the abovementioned actions and considering that persons with disabilities are still being left behind in the health sector, there is need to continue creating momentum to galvanize unified and joint action between disability and health actors to advance health equity for persons with disabilities.

Through the mandate given by Member States in the World Health Assembly (WHA) Resolution WHA74.8 on the Highest attainable standard of health for persons with disabilities and using the Global Report on Health Equity for persons with disabilities as operationalization of what needs to be done, WHO is establishing a global network for health equity for persons with disabilities (WHO Disability Health Equity Network) to raise awareness and implement disability-related activities, fostering inclusive health systems and involving all relevant stakeholders. At its core, the Network will bring health and disability stakeholders together under a common vision to promote collective and coordinated action towards health equity for persons with disabilities.

Addressing the range of factors that contribute to health inequities among persons with disabilities requires a multi-stakeholder approach led by WHO, involving government agencies and non-State actors. By leveraging its strong convening power to promote united action and coordinated advocacy amongst all stakeholder groups, WHO enables inclusive participation, building cohesion amongst all stakeholder groups. Organizational support of a WHO-hosted Network also strengthens the coordination, reach and impact of collective actions amongst stakeholders in addressing the many global challenges to advancing health equity for persons with disabilities.