

Evaluation of the WHO Policy on Disability

Evaluation Brief

Background

The UN Secretary-General launched the United Nations Disability Inclusion Strategy (UNDIS) in June 2019 to integrate disability inclusion into all aspects of the UN's work. Following this, in December 2020, the WHO introduced its Policy on Disability, both implemented through the UNDIS Action Plan. The UNDIS accountability framework, established in 2019, includes 16 common indicators requiring annual reporting by UN agencies to the Secretary-General's Executive Office. The WHO Policy on Disability mandates an independent evaluation every five years by the WHO Evaluation Office to inform its review.

Purpose

The evaluation aims to assess the implementation of the WHO Disability Policy from 2019 to 2024 across WHO's headquarters, regional and country offices, focusing on both operations and programmes. It seeks to identify lessons learned, good practices and sustainable foundations to improve WHO's disability inclusion efforts and guide future actions.

Methods

The evaluation employed a non-experimental, participatory, and human rights-based approach, utilizing a theory-based framework and an adapted outcome-harvesting method to assess the implementation of the WHO Policy on Disability. It emphasized stakeholder engagement, particularly involving the WHO workforce, to gather diverse perspectives. Data collection included a desk review of over 40 documents and information, alongside 16 key informant interviews and 14 focus group discussions involving more than 90 participants across WHO's operations and programmes.

Key findings

EVALUATION QUESTION 1: To what extent is disability inclusion effectively implemented across all three levels of WHO?

The WHO Policy on Disability and UNDIS provide a robust mandate for integrating disability inclusion into WHO's operations and programmes, supported by commitments to the principles of "Leave no one behind" and "Health for All." Coherence is strongest at the headquarters level, as implementation is in its early stages, with regional and country levels requiring clearer accountability and strategic focus. Disability inclusion is recognized as a cross-cutting issue but needs better alignment with other initiatives.

Mechanisms like the UNDIS Steering Committee and Action Plan, supported by strong leadership commitment, drive disability inclusion, though country offices need more practical guidance, tools and training. Flexible funding has been instrumental in launching initiatives, but resource gaps remain, threatening sustainability. While inclusive culture is improving, systemic barriers persist, including a biomedical perspective on disability in some technical units, requiring broader awareness and implementation of disability-inclusive policies.

EVALUATION QUESTION 2: Are specific disability inclusion measures in place at each level of the Organization – and what examples of good practice exist?

Disability inclusion measures exist across WHO's levels, showcasing some strategic initiatives and numerous standalone activities with limited transformative impact. Challenges include centralized decision-making, insufficient data on disability, under-promotion of existing resources, and difficulties distinguishing disability-specific programming from broader disability inclusion.

EVALUATION QUESTION 3: To what extent has WHO created a sustainable foundation on which to continue to deliver on the policy after 2024?

WHO has established positive foundations for sustainable disability inclusion, particularly at Headquarters, with progress in integrating practices into corporate and programmatic areas. Reporting, governance, and accountability mechanisms have improved, and the Organization increasingly uses rights-based language, though further capacity building is needed. Partnerships with organizations of persons with disabilities are seen as key to sustainability but are still in early stages.

Conclusions

CONCLUSION 1: Alignment of the WHO Policy on Disability and UNDIS

The alignment between the WHO Policy on Disability and UNDIS has elevated the profile of disability inclusion within WHO, providing a strong mandate to advance UN-wide commitments. However, further adaptation and contextualisation of UNDIS to WHO's operational context is needed to ensure alignment with WHO's processes and priorities, practical guidance, measurable outcomes, and a shift from stand-alone actions to integrated, evidence-based strategies for greater long-term collaboration and impact.

CONCLUSION 2: Alignment and leadership of disability inclusion work

The leadership and governance structure under the UNDIS Steering Committee has been instrumental in advancing disability inclusion. To ensure sustainability, stronger collaboration and synergies across departments and greater resource allocation beyond the current reliance on UNDIS structures are required. Enhanced staff awareness of roles and strategic coherence among equity-focused departments/teams will further support progress, organisational change, and coherence.

CONCLUSION 3: The role and identification of the focal point for disability inclusion

The focal point system promotes coordinated disability inclusion but requires additional resources, training, and support to build expertise. Strengthening this system can empower focal points to champion disability inclusion effectively, fostering organizational cohesion and a more inclusive culture.

CONCLUSION 4: Awareness-raising and definitions

WHO's commitment to human rights and the "Health for All" mandate provides a strong basis for embedding disability inclusion. However, consistent messaging, capacity building, and tools are needed to help staff integrate disability inclusion into planning and programme implementation effectively, transitioning it from a reporting obligation to a core organizational value.

CONCLUSION 5: What gets measured gets done

Country offices are more familiar with UNDIS accountability processes than WHO-specific requirements for the Policy on Disability. The lack of mandatory reporting, detailed frameworks, and disaggregated data hinders institutional learning, tracking progress, and assessing the Policy's impact. Improved metrics and data collection as part of WHO's results framework, measurement and reporting are essential to enhance accountability and coherence.

CONCLUSION 6: Flexible funds mechanism

The flexible funds mechanism has been critical in kickstarting and advancing disability inclusion initiatives, particularly at Headquarters. However, challenges in resource distribution to regional and country offices remain. To maximize and sustain its impact, WHO needs enhanced dedicated human resources, organisational infrastructure, and an enabling environment to support this agenda sustainably.

CONCLUSION 7: Operational guidance and training

While the UNDIS Action Plan has advanced practical actions at headquarters, regional and country-level implementation needs to be expanded. Practical workforce training, a communication strategy, increased human resources, and training for hiring committees are needed to strengthen the plan's delivery and promote disability inclusion across WHO.

CONCLUSION 8: Working with OPDs and networks of persons with disabilities

Existing partnerships with organizations of persons with disabilities (OPDs) are promising but limited. Meaningful collaboration with OPDs is essential for fulfilling international commitments and improving programme outcomes. WHO should invest in building OPD capacity, develop a comprehensive engagement strategy, and allocate resources to sustain long-term partnerships and inclusivity.

Recommendations

Please see the evaluation report for the full text of the sub-recommendations for each recommendation.

Strategic Recommendations

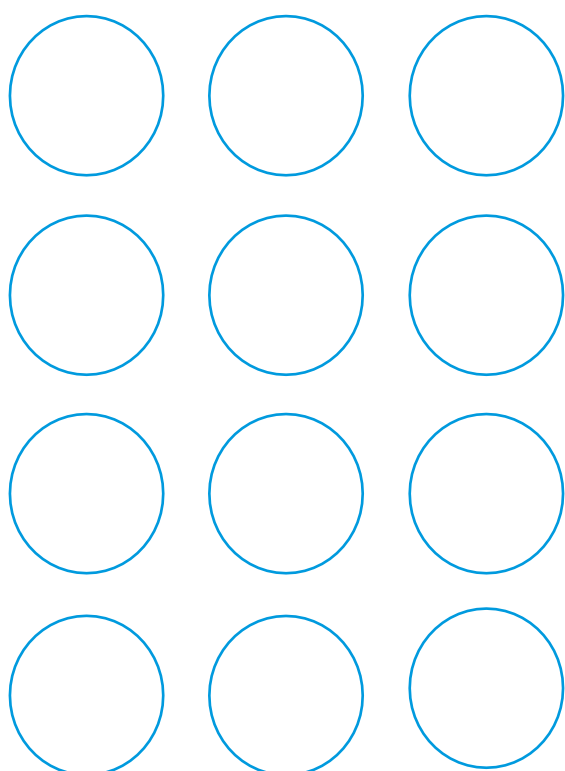
RECOMMENDATION 1: Update the WHO policy in the next phase of implementation to better reflect WHO's unique operational situation, in particular its decentralized structure. This should include a clearer specification of roles and responsibilities for all disability-inclusion work. **(Policy and Alignment)**

RECOMMENDATION 2: Enhance engagement with different departments around the UNDIS indicators, to support greater integration of disability inclusion across WHO's work, both in programmes and operations. This could be done by embracing greater synergies across different initiatives and clarifying the scope of the work of individual teams and oversight of organizational initiatives to promote disability inclusion. **(Integration of UNDIS Indicators)**

RECOMMENDATION 3: Strengthen the focal point structure established to promote a coordinated approach to integrating disability inclusion by articulating the roles and responsibilities of focal persons who steer offices, teams and departments towards mainstreaming disability inclusion in the longer term. **(Focal Point Structure)**

Operational Recommendations

RECOMMENDATION 4: Strengthen awareness and understanding of disability inclusion and implement a comprehensive, organization-wide capacity-building initiative that includes targeted training and practical technical guidance and advice in order to enhance skills across the workforce and foster a culture of continuous learning and self-reflection by means of the following actions. **(Capacity-Building and Awareness)**



RECOMMENDATION 5: Sustain and enhance efforts to become a disability-inclusive employer with a proactive and structured approach to inclusive hiring practices and ensure that barriers to employment for persons with disabilities are identified and removed to address underrepresentation of persons with disabilities in the workforce. **(Inclusive Hiring Practices)**

RECOMMENDATION 6: Strengthen the organization’s monitoring, evaluation and reporting systems to systematically track and report disability-specific activities, outcomes, and expenditure with an emphasis on improving data collection related to persons with disability. **(Monitoring and Reporting)**

Partnership and Resourcing Recommendations

RECOMMENDATION 7: Strengthen partnerships with Organizations of Persons with Disabilities (OPD), developing memoranda of understanding where appropriate, and prioritise support for their long-term capacity so as to strengthen their ability to influence health-related policy, monitor health service provision, and ensure that governments meet their obligations under disability rights’ frameworks. **(Partnerships with OPDs)**

RECOMMENDATION 8: Prioritize resources for spending on disability inclusion to sustain the momentum and strong progress achieved to date. **(Resourcing Disability Inclusion)**



Credit: WHO / Mwesuwa Ramsey; Mariam, who has a vision impairment, consults with a radiographer during her routine antenatal visit at the Comprehensive Community Based Rehabilitation in Tanzania (CCBRT) Hospital’s Maternity Wing in Dar es Salaam.

