Tool 10. Template for action planning[1]

The Ministry of Health, with support from the World Health Organization, as needed, should facilitate a workshop with the Working Group to review the gaps and opportunities identified in the situation assessment; prioritize areas for action – taking into consideration the perspectives of persons with disabilities; and develop appropriate disability inclusion actions which can be integrated into current and emerging health sector priorities. The template provided below can be used to document the actions that will be taken by stakeholders during a defined period of time (usually aligned with the health sector strategic planning cycle), along with information about potential resources to support implementation. These resources may already be available through the Ministry of Health, existing projects, and contributions from stakeholders and partners. It may also be possible to resource the action plan through wider funding for the national strategic health plan, and/or within the budgets of specific sectoral/programme plans. Action areas proposed in the template reflect criteria in the Disability Inclusive Health System Assessment. However, Working Groups may develop actions for a selected number of action areas only, based on the prioritization process, available resources, and time frame.

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[1] *Note: The Action Planning Template below shows only* **example** *actions, stakeholders, timelines and resources for each strategic entry point, under each Action area. Full action plans developed from countries that have implemented the* Disability inclusion guide for action *can be sourced from the* **WHO website** *or by emailing:* disability@who.int*.*

Strategic entry point 1. Political commitment, leadership and governance

Action area 1.1. Governance and coordination mechanism for disability inclusion in the health sector

Actions	Key stakeholders and their roles in each activity	Timeline	Resources available/needed
EXAMPLE Establish a Disability Inclusion Technical Working Group to oversee and monitor disability inclusion in the health sector.	Ministry of Health: to coordinate the Disability Inclusion Technical Working Group, establish terms of reference, and formalize membership. Other Technical Working Group members: to identify representatives of their organizations, capacity-build, and allocate appropriate resources to ensure continuity and meaningful participation.	Year 1 and ongoing	**Resources available for**: • Ministry of Health and Technical Working Group member human resources. • Meeting venues provided by Technical Working Group member and partners. **Resources needed for**: • Transportation, sign interpretation and assistants for organizations of persons with disabilities members.

Action area 1.2. Disability inclusion in national health policies, strategies, and plans (NHPSP)

Actions	Key stakeholders and their roles in each activity	Timeline	Resources available/needed
EXAMPLE Disability Inclusion Technical Working Group participates in NHPSP processes, including advocacy and inputs to further health planning that addresses their priority needs – e.g. rehabilitation and assistive technology planning.	Ministry of Health: to coordinate the Disability Inclusion Technical Working Group, and make sure it is referenced in concept notes relating to the strategic planning of the health sector. Other Technical Working Group members: to raise issues of health equity for persons with disabilities in other Technical Working Groups, policy and planning consultation processes, and in multisectoral coordination forums or bodies (e.g. national councils and committees on disability).	Years 2 & 3 after formation of the Technical Working Group	**Resources available for**: • Ministry of Health and Technical Working Group member human resources. • Meeting venues provided by Technical Working Group member and partners. **Resources needed for**: • Transportation, sign interpretation and assistants for members of organizations of persons with disabilities.

Strategic entry point 2. Health financing

Action area 2.1. Acceptable health insurance and benefits coverage for persons with disabilities

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Develop guidelines on how persons with disabilities should be considered in the development of universal health insurance scheme regulations and guidelines.	Disability Inclusion Technical Working Group: to develop the guidelines and present to the Technical Working Group on health financing and social protection.	Year 2	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for:** • None needed

Action area 2.2. Making health services affordable to persons with disabilities

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Review criteria for exemptions/ subsidies for different types of health services, taking into account the extent and complexity of health needs of persons with disabilities.	Ministry of Health, Ministry of Social Welfare, Ministry of Finance, and local government authorities responsible for service provision.	Year 1	**Resources available for**: • Staff time of ministries and local government authorities. • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for**: • None needed

Action area 2.3. Social protection mechanisms consider associated costs of accessing health care

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Conduct an assessment of associated costs of accessing health care for persons with disabilities (e.g. transportation, interpreters, support people).	Ministry of Health, Ministry of Social Welfare, local government authorities: responsible for service provision.	Year 1	**Resources available for**: • Staff time of Ministry of Health, local government authorities and Ministry of Social Welfare. • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for**: • Consultant for data collection and analysis.

Strategic entry point 3. Engagement of stakeholders and private sector providers

Action area 3.1. Strengthening engagement of disability stakeholders in health sector processes			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Develop strategies for consultation and engagement with underrepresented groups, such as women, children and young people with disabilities; persons with intellectual or psychosocial disabilities; and refugees with disabilities, on health sector actions.	National level organizations of persons with disabilities: to identify members from underrepresented groups who are interested in becoming focal points. Disability nongovernmental organizations: to provide capacity-building and training on health equity and the health system. Ministry of Health and other government departments: to invite representatives to consultations on health sector priorities.	Years 1 & 2	**Resources available for**: • Technical and training expertise through nongovernmental organizations. **Resources needed for**: • 2 trainings: 30 participants; 3 days for each training. • Transportation, sign interpretation and assistants for organizations of persons with disabilities members to attend training.

Action area 3.2. Coordinating health service providers			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Conduct a stakeholder mapping to determine who the private sector actors are in the country and establish regulatory/ reporting mechanisms on disability inclusion.	Ministry of Health: to coordinate the mapping and regulatory/reporting mechanism. Regulatory bodies: to support the implementation of the regulatory/reporting mechanism.	Year 3	**Resources available for**: • Technical expertise through disability nongovernmental organizations. **Resources needed for**: • Workshop with regulatory bodies to design mechanism. • Transportation, sign interpretation and assistants for organizations of persons with disabilities members to attend workshop.

Strategic entry point 4. Models of care

Action area 4.1. Disability inclusive health care packages

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Develop and cost the provision of rehabilitation, assistive products, and early identification and care for children with disabilities in the national essential services package.	Ministry of Health (Policy & Planning) and WHO: to prepare comprehensive assessments, e.g. labour market (including workforce) and service demand–supply studies. Disability Inclusion Technical Working Group: to review and provide feedback. Organizations of persons with disabilities and parents of children with disabilities: to share and validate service package with members.	Year 1–3	**Resources available for**: • Technical support from WHO and the Disability Inclusion Technical Working Group. • WHO's Rehabilitation in health systems: guide for action; Guide for rehabilitation workforce evaluation (GROWE), and Package of interventions for rehabilitation. **Resources needed for**: • Validation meeting: 1 day; 40 people.

Action area 4.2. Disability inclusive health service planning

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Include persons with disabilities and their families in community consultation and engagement plans for primary health care service development, especially persons with psychosocial disabilities and those living in rural and remote areas.	Ministry of Health & Local Government Authorities: to set criteria for representation of persons with disabilities in council health management and health facility governance committees. Organizations of persons with disabilities and disability nongovernmental organizations: to raise awareness about these mechanisms with persons with disabilities.	Year 2 & 3	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for**: • None needed

Action area 4.3. Disability inclusive health emergency preparedness and response			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Include persons with disabilities as a subpopulation in the upcoming simulation exercise which will inform revisions to the national health emergency preparedness plan.	Ministry of Health (Health emergency) and disability nongovernmental organizations: to develop simulation exercise tools and case studies. Organizations of persons with disabilities: to identify representatives with different types of impairments to participate in the exercise, and the debrief and reporting process.	Year 3	Resources available for: • Technical and training expertise through nongovernmental organizations. Resources needed for: • Transportation, sign interpretation and assistants for organizations of persons with disabilities members to attend exercise and meetings. • Funding for an Easy-to-Read summary of findings from the exercise and next steps.

Strategic entry point 5. Health and care workforce

Action area 5.1. Improving health workforce competency on disability inclusion			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Develop core competencies and training materials on disability inclusion for the health workforce (pre-service and in-service).	Ministry of Health (Human Resources Development: to establish expert group and integrate core competencies into annual training needs assessment. Disability Inclusion Technical Working Group: to link to existing training initiatives, tools, and resources on disability inclusion for the health sector. National Council for Technical and Vocational Education and Training: to ensure that competencies are included in all health care workforce curriculums. Academic institutions: to deliver health care workforce curriculum. WHO: can advise on global norms and standards relating to core competencies on disability inclusion.	Years 1 & 2	**Resources available for**: • Technical support from WHO. • Training tools and resources through the Disability Inclusion Technical Working Group. **Resources needed for**: • Expert group workshop to develop core competencies – 1 workshop; 30 participants; for 3 days. • Consultant to develop and test training materials. • Validation meeting – 30 participants; for 1 day. • Vendor to put training package online • (ensuring accessibility standards).

Action area 5.2. Including persons with disabilities in the health workforce			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Review accreditation criteria for health care training institutions and facilities to include reasonable accommodation students and staff with disabilities.	Ministry of Health (Quality Assurance) & health registration bodies: to provide information about audit and accreditation tools and resources. Disability nongovernmental organizations: to provide technical advice on the criteria to include audit and accreditation tools for health service providers and training institutions. Organizations of persons with disabilities: to consult (confidentially) with students and health professionals with disabilities about whether training institutions and service providers are meeting these criteria.	Years 1–3	**Resources available for**: • Technical support through the Disability Inclusion Technical Working Group. **Resources needed for**: • Transportation, sign interpretation and assistants for organizations of persons with disabilities members to attend meetings.

Strategic entry point 6. Physical infrastructure and communication

Action area 6.1. Improving accessibility of health facilities and infrastructure			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Review existing health infrastructure standards and guidelines to consider the needs of all persons with disabilities.	Ministry of Health (Building & Infrastructure Unit): to identify and review relevant infrastructure standards. Local government authorities: to prepare structural and architectural drawings (to be approved by the Ministry of Health). Ministry of Infrastructure Development: to interpret national policies and strategies relating to accessible infrastructure development. National building authority: to participate in the review of standards and guidelines. Disability nongovernmental organizations and organizations of persons with disabilities: to share guidelines on accessibility of infrastructure.	Year 1	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. • Global standards and guidelines on accessible infrastructure. **Resources needed for**: • None needed

Action area 6.2. Improving accessibility of health information and communication			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/ needed**
EXAMPLE Develop and implement guidelines on accessible health information and communication, including provision of sign language interpreter services and information in accessible formats, such as Braille, Easy-Read and captioning.	Ministry of Health (Health Promotion & Government Communication Unit): to develop and adopt the guidelines and standards. Disability nongovernmental organizations and organizations of persons with disabilities: to share existing guidelines and standards on accessibility of information and communication. Local government authorities: to disseminate accessibility standards and guidelines to local planning bodies. Organizations of persons with disabilities: responsible for accessibility audits of health information and communication.	Year 1	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. • Global standards and guidelines on accessible information and communication. **Resources needed for**: • Expert group workshop to develop guidelines. • Transportation, sign interpretation and assistants for organizations of persons with disabilities members conducting audits.

Strategic entry point 7. Digital technologies for health

Action area 7.1. Adopting standards on accessibility of digital health technologies			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Contextualize and implement the WHO–ITU global standard for accessibility of telehealth services.	Ministry of Health (Information Communication Technology): to coordinate this activity and integrating standards into the implementation of the Digital Health Strategy. National Digital Health Steering Committee/ National Digital Health Secretariat/Monitoring and Evaluation and Information Technology and Communication Technical Working Group: to integrate standards into the implementation of the Digital Health Strategy. Ministry of Information, Communication and Technology: to adopt standards and support implementation. Development Partners Group on Disability (DPG- Disability): to make implementation of the standards a donor requirement for any telemedicine and technology- based projects. Health technology partners (e.g. PATH): to implement the standards in health technology projects. Mobile telecommunication companies: to make telehealth services toll free. Digital Health Centre: to provide expertise and technological services for the implementation of the standards.	Year 1–3	**Resources available for**: • Digital health governance mechanisms already exist. • Availability of global standards. **Resources needed for**: • Workshop with stakeholders to contextualize standards: 1 workshop; 30 participants; for 1 day.

Strategic entry point 8. Quality of care

Action area 8.1. Disability inclusion in care pathways and referral mechanisms			
Actions	**Key stakeholders and their roles in each action**	**Timeline**	**Resources available/needed**
EXAMPLE Identify priority care pathways to revise and strengthen multidisciplinary coordination, support and follow-up for persons with disabilities. Include organizations of persons with disabilities and parents of children with disabilities in consultation processes.	Ministry of Health (programmes): to identify care pathways and referral mechanisms being reviewed and consult with the Disability Inclusion Technical Working Group. Disability Inclusion Technical Working Group: to participate in consultation processes for any health care pathways and referral mechanisms being reviewed.	Years 2 & 3	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for**: • None needed.

Action area 8.2. Strengthening informed consent processes for persons with disabilities

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Review informed consent procedures and guidelines in line with Convention on the Rights of Persons with Disabilities (e.g. including measures such as accessible information and communication; and provision of supported decision-making).	Ministry of Health (quality assurance): to identify appropriate procedures and guidelines for review. Disability Inclusion Technical Working Group: to participate in consultation processes undertaken in the review process. Organizations of persons with disabilities: to facilitate engagement of underrepresented groups in consultation processes, with a focus on persons with psychosocial or intellectual disabilities. Disability support services: to provide links to supportive decision-making services (where available) and input on appropriate terminology and approaches. National human rights institutions: to provide guidance on alignment with human rights frameworks.	Years 2–3	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for**: • Workshop with stakeholders to review the informed consent procedures. • Production and dissemination of public awareness raising materials.

Action area 8.3. Disability inclusion in quality improvement systems

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Review feedback systems at national and facility levels for accessibility, in line with standards developed under action area 6.2.	Ministry of Health (Health Quality Assurance): to coordinate this activity. PO-RALG and SHIVYAWATA: to share accessibility standards when undertaking the SRA pilot (activity 8.2.1).	Year 2	This activity intersects with action areas 6.2 and 8.1. No additional resources are required.

Strategic entry point 9. Monitoring and evaluation

Action area 9.1. Strengthening disability data collection, analysis and reporting through population health surveys

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Integrate questions on disability into the national Demographic and Health Survey (DHS).	Statistics offices and national health institutes: to adapt tools, integrate into training modules and run analysis. Disability Inclusion Technical Working Group: to participate in DHS meetings and advise on tool adaptations. Disability nongovernmental organizations: to provide training to DHS data collectors on disability. Ministry of Health: to include disability disaggregated analysis in population health reports.	Every 4 years with DHS	**Resources available for**: • DHS and disability data collection tools and technical resources. • WHO technical support and guidelines on disability data collection. • Other government ministries and departments – can contribute lessons learned from other forms of disability data collection and analysis in population health surveys. No additional resources are required.

Action area 9.2. Strengthening disability data collection, analysis and reporting through routine health information systems

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Adapt and pilot facility level data collection tools (for both administrative and service user data) to include questions on disability.	Ministry of Health (Health Information System Programme): to coordinate activity. Disability Inclusion Technical Working Group: to participate in workshops with Ministry of Health and advise on pilot locations. Disability nongovernmental organizations: to share lessons learned in disaggregating health information by disability. Local government and health facilities: to pilot data disaggregation and provide feedback. University partners: to make adaptations to appropriate tools and platforms.	Year 1	**Resources available for**: • DHIS2 tools and technical resources. • WHO technical support and guidelines on disability data collection. • Other government ministries and departments – can contribute lessons learned from other forms of disability data collection and analysis. **Resources needed for**: • Workshop with Ministry of Health and Disability Inclusion Technical Working Group: 1 workshop; 30 participants; for 2 days.

Strategic entry point 10. Health systems and policy research

Action area 10.1. Disability inclusive health research agendas

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Integrate research priorities relating to health equity for persons with disabilities into the National Health Research Agenda.	National Institute of Medical Research (Committee on Research Agenda): to coordinate activity. Disability Inclusion Technical Working Group: can contribute expertise on research gaps on health equity for persons with disabilities. Organizations of persons with disabilities: can share the priorities of persons with disabilities for health research based on their experiences as health service users.	Year 2	**Resources available for**: • Evaluation of current national research priorities already has indicators on inclusion of persons with disabilities. **Resources needed for**: • Transportation, sign interpretation and assistants for organizations of persons with disabilities members to participate in meetings.

Action area 10.2. Disability inclusive health research processes

Actions	Key stakeholders and their roles in each action	Timeline	Resources available/needed
EXAMPLE Include a member with disabilities on the National Health Research Ethics Committee.	National Institute of Medical Research: to coordinate activity and drafting Terms of Reference (TOR). Disability Inclusion Technical Working Group: to provide feedback on TOR and selection process. Organizations of persons with disabilities: will share TOR/call for applications with members and persons with disabilities.	Year 1	**Resources available for**: • Technical expertise through the Disability Inclusion Technical Working Group. **Resources needed for**: • Reasonable accommodation for member with disabilities to attend monthly ethical review board meetings. • Orientation and training on ethics processes for new member.