

The WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030

Satish Mishra,^{a,*} Elena S. Rotarou,^{a,b} Carrie Beth Peterson,^a Dikaios Sakellariou,^{a,c,d} and Natasha Azzopardi Muscat^e

^aDisability, Rehabilitation, Palliative and Long-Term Care Unit - Health Workforce and Service Delivery, Division of Country Health Policies and Systems, World Health Organization Regional Office for Europe, Copenhagen, Denmark

^bNational Department of Public Health, Universidad San Sebastián, Santiago, Chile

^cSchool of Healthcare Sciences, Cardiff University, Cardiff, United Kingdom

^dDepartment of Health Sciences, European University Cyprus, Nicosia, Cyprus

^eDivision of Country Health Policies and Systems, World Health Organization Regional Office for Europe, Copenhagen, Denmark



Summary

There are approximately 135 million persons with disabilities in the WHO European Region. In order to address health inequities experienced by this population, Member States and WHO/Europe developed the ‘WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030’, in close cooperation with organisations of persons with disabilities. The Framework, with its accompanying Resolution, was adopted by all 53 Member States in September 2022. The Framework is aligned with the core priorities of the WHO European Programme of Work 2020–2025, that is, achieving universal health coverage, protecting against health emergencies, and promoting health and well-being. It consists of four objectives, 13 targets, and 20 indicators that act as measures of progress and success, and as drivers for policy action and a roadmap for Member States towards a disability-inclusive health sector. The Framework is expected to have a significant impact on the health and well-being of all in the Region, and especially persons with disabilities, as it will advance inclusive health systems across the Region. Inclusive health sectors will aid towards the achievement of the Sustainable Development Goals, the protection of the human rights of persons with disabilities, and the promotion of their health.

The Lancet Regional Health - Europe 2022;■: 100555

Published Online XXX
<https://doi.org/10.1016/j.lanepe.2022.100555>

Copyright © 2022 Published by Elsevier Ltd. This is an open access article under the CC BY-NC-ND IGO license (<http://creativecommons.org/licenses/by-nc-nd/3.0/igo/>).

Keywords: Access to health; Health equity; Disability

Universal access to quality care without financial hardship is a pillar of the World Health Organization’s (WHO) Thirteenth General Programme of Work 2019–2023¹ and the WHO European Programme of Work, 2020–2025 – “United Action for Better Health in Europe”.² Universal health coverage cannot be achieved without explicit attention to the needs of the approximately one billion persons with disabilities, roughly 15% of the global population.³ Furthermore, the United Nations 2030 Agenda for Sustainable Development and its associated Sustainable Development Goals (SDGs), especially SDG 3 (Ensure healthy lives and promote well-being for all at all ages), cannot be accomplished without urgent action to make health systems inclusive of persons with disabilities.

Nearly everyone will experience disability at some point during their life course, whether temporary or long-term. Disability currently affects roughly 135

million people in the WHO European Region.⁴ This number is expected to increase because of population ageing, as higher disability rates among older persons are a result of an accumulation of health risks across a lifespan of disease, injury, and chronic illness,⁵ and due to the high prevalence of non-communicable diseases at all ages, largely resulting from tobacco and alcohol use, unhealthy diets, physical inactivity, hypertension, obesity, and environmental factors.

Persons with disabilities across the world are a diverse population, encompassing a wide variety of lived experiences, needs, and life circumstances. On average, they face higher poverty levels, have lower literacy rates, higher rates of unemployment or informal employment, and experience higher levels of abuse and violence, when compared to the general population.^{3,6} Persons with disabilities experiencing multiple disadvantages – including, but not limited to, women, children, older adults, migrants, and people living in residential settings – often face even further discrimination and marginalisation.

*Corresponding author.

E-mail address: mishras@who.int (S. Mishra).

Access to good-quality, timely, appropriate, and affordable health care services – including rehabilitation, mental health services, palliative care, and assistive devices – is a human right. To ensure health care services are disability-inclusive and accessible for all, they should be *available, affordable, relevant, appropriate, and acceptable* to persons with disabilities. Nevertheless, international evidence has shown that persons with disabilities often experience barriers to accessing and utilising health care services.^{7–10} Such barriers are frequently due to failures in systems and service delivery, and include, among others, attitudinal, physical, communication, policy, financial, and transportation and geographical barriers. These barriers contribute to higher unmet health care needs,^{11,12} and worse health outcomes for persons with disabilities, including higher mortality rates, and higher rates of diabetes, obesity, and heart disease.^{4,13,14} Only half of the persons with disabilities in the WHO European Region can afford health care, including rehabilitation services,³ and only one in ten have access to assistive devices.¹⁵

Despite the evidence on the existence of health inequities, persons with disabilities are often overlooked in health policy and research on access to health care.¹⁶ As a result, their needs and experiences remain invisible, a fact that became even more evident during the COVID-19 pandemic: while several studies showed higher mortality rates for persons with disabilities during the pandemic,^{13,17,18} many countries did not gather disability-disaggregated data on mortality and morbidity rates. The lack of accurate and reliable data on disability hinders the adoption of effective and efficient strategies to reduce health inequities, especially taking under consideration the serious stress put on health systems by the pandemic.

Bearing in mind existing health inequities and the urgent need to address them, in May 2021, the World Health Assembly adopted resolution WHA74.8 (2021) on the highest attainable standard of health for persons with disabilities. With this call to action, WHO/Europe and its 53 Member States started developing the European Framework for Action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 (henceforth, the Framework), in close collaboration with organisations of persons with disabilities.

An important aspect for the development of the Framework was that it was led by Member States in the region (Azerbaijan, Georgia, Germany, Ireland, Israel, Norway, and United Kingdom), reflecting the country diversity and populations across the Region, and that regional perspectives and initiatives were considered. The Framework was also developed in collaboration with organisations representing persons with disabilities and guided by the leadership of the European Disability Forum (EDF) to ensure that it responds to the needs of persons with disabilities, embracing the disability movement's motto 'nothing about us without

us'. Between March and June 2022, three online consultations were organised with Member States and non-state actors, including representatives of organisations of persons with disabilities. Also, one online consultation was held with persons with disabilities as well as representative organisations from countries across the Region, co-led by EDF. During all consultations, necessary accommodations – such as international sign language interpretation and live captioning – were utilised. Participants received drafts of the relevant documents in advance and were encouraged either to provide their comments and suggestions during the consultations or at a later stage, offering them the opportunity to consult with local stakeholders. Feedback was incorporated in iterations, so that each consultation's documents reflected the progression of their development. Finally, Member States were invited to provide a concluding round of comments as the documents were finalised for the Regional Committee meeting.

The vision of the Framework is that, by 2030, persons with disabilities will be fully included and considered in all health care planning, delivery, and leadership across the WHO European Region. Its core principles are that it is equity-based, people-focused, and data-enabled. It is also aligned with the core priorities of the WHO European Programme of Work 2020–2025, which aims to achieve universal health coverage, protect against health emergencies, and promote health and well-being for all. The Framework provides a common strategy for Member States, and consists of four objectives, 13 targets, and 20 indicators that act as measures of progress and success, and as drivers for policy action. The indicators are part of established international data collection, where possible, to reduce reporting burden. The sources for the elaboration of indicators include the Measurement Framework for the European Programme of Work 2020–2025 (2021),¹⁹ the WHO Global Report on Health Equity for Persons with Disabilities (2022),²⁰ WHO Global Disability Action Plan 2014–2021 (2015),²¹ relevant Sustainable Development Goals (specifically, SDG3, SDG5, SDG16, and SDG17),²² the WHO Global Reference List of 100 Core Health Indicators (2018),²³ the United Nations Convention on the Rights of People with Disabilities (2008),²⁴ and the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025 (2016).²⁵

The proposed Resolution²⁶ and Framework²⁷ were adopted at the 72nd Regional Committee meeting on 13 September 2022 by all 53 Member States. [Table 1](#) presents the four objectives and the associated targets of the Framework.

The Framework includes a detailed implementation plan with proposed actions for Member States, WHO/Europe, and national and international partners. In order to ensure progress towards the Framework's objectives, a monitoring and evaluation (M&E) reporting mechanism protocol will be elaborated in 2023 by

Objectives	Targets
1. Ensure that all persons with disabilities receive quality health services on an equal basis with others	1.1. Ensure that health care services are accessible 1.2. Ensure that the right of persons with disabilities to health care is fully protected 1.3. Ensure that all persons with disabilities are fully covered by health insurance 1.4. Ensure that all persons with disabilities have access to the full range of appropriate rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation 1.5. Eliminate direct and indirect costs that negatively affect access to health care
2. Promote the health and well-being of persons with disabilities	2.1. Ensure that persons with disabilities have access to preventive health examinations 2.2. Ensure that persons with disabilities have access to sexual and reproductive health care services, including family planning, information, and education 2.3. Substantially strengthen intersectoral action for health 2.4. Reduce risks and threats to the health and well-being of persons with disabilities and offer protection from neglect, abuse, and/or violence
3. Ensure that all health policies and programming, as well as resilience-building and recovery plans during public health emergencies, are disability-inclusive	3.1. Strengthen or develop leadership and governance for disability-inclusive health emergency response 3.2. Ensure that all health emergency policies, initiatives, strategies, and programmes are disability-inclusive
4. Build an evidence base on disability and health	4.1. Ensure the collection of relevant, standardized, and internationally comparable data on disability 4.2. Strengthen disability research

Source: Own elaboration from WHO – Regional Office for Europe.²⁷

Table 1: Objectives and targets of the framework.

WHO/Europe with the support of Member States and an ad hoc a high-level advisory group of independent experts from various domains. Both WHO/Europe and Member States are expected to prepare a midterm (2026) and a final (2030) monitoring report, to be submitted to the Regional Director. However, as they demonstrate great variability in terms of their health care systems, policy frameworks, and health-sector infrastructures (including governance and leadership, and operational-level infrastructure), the prioritisation of implementing the actions of this Framework will be decided by each Member State, in consultation with persons with disabilities and their representative organisations.

A series of activities are planned during the 2022–2030 period, so as to support that the Framework is implemented successfully across the European Region. Such activities include advocacy, publications, regional and sub-regional meetings to exchange experiences and best practices, advisory group meetings, technical guidance, and seminars and training on topics such as sexual and reproductive health, and mental health.

The Framework is expected to have a significant impact on access to and utilisation of health care services for all persons in the WHO European Region. Policy actions that address the barriers that persons with

disabilities face will have a multiplier effect, better enabling a wide range of people – whether or not they live with disability – to achieve good health and well-being throughout their life course. Organisations of persons with disabilities will play a key role in the implementation of actions and in all processes and decision-making, so as to protect the rights of persons with disabilities and promote their inclusion and empowerment. The realisation of the Framework’s goals will help Member States towards:

- a) The achievement of Sustainable Development Goal-SDG 3 (‘Ensure healthy lives and promote well-being for all at all ages’), and aid towards the progress of other SDGs, since goals are interconnected, including the goals on poverty reduction (Goal 1), inclusive and equitable quality education (Goal 4), full, productive, and decent employment (Goal 8), and reduced inequality (Goal 10);
- b) Achieving universal health coverage so that all people have access to the health services they need, when and where they need them, without financial hardship, including the full range of essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. This cannot be achieved without the inclusion of persons with disabilities;

- c) Compliance with international law, particularly with Articles 25 and 26 of the United Nations Convention on the Rights of Persons with Disabilities, on the right of persons with disabilities to equal access to physical and mental health, and rehabilitation services without any discrimination;
- d) Decreased health care costs, since persons with disabilities will have access to timely, appropriate, and good-quality health care, thus avoiding more expensive treatments at a later stage;¹⁶
- e) Reduced inequities in morbidity and mortality as persons with disabilities will have equitable and timely access to health information and health care services; and
- f) Stronger health sectors that are inclusive and allow for the full participation and equitable access to services for all persons, that treat them with dignity and respect, and that have eliminated disability discrimination and barriers of any type to the access and use of health care services.

The establishment of a disability-inclusive health sector relies on the strengthening of health systems, and on the fulfilment of Member States' promise to 'leave no one behind'. Ultimately, it is about protecting the human rights of persons with disabilities, and the promotion of their health and well-being.

Contributors

S.M. and E.S.R. wrote the initial draft. D.S., C.B.P., and N.A.M. helped to draft and revise the manuscript. All authors read and approved the final manuscript.

Role of funding source

This paper received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

Ethics Committee approval

This paper does not require Ethics Committee approval.

Declaration of interests

The authors declare no conflict of interest.

References

- 1 World Health Organization. Thirteenth general programme of work 2019–2023. World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>; 2017. Accessed September 6, 2022.
- 2 World Health Organization Regional Office for Europe. *The European programme of work, 2020–2025: United Action for Better Health*. Copenhagen: World Health Organization Regional Office for Europe; 2021.
- 3 World Health Organization. *World report on disability 2011*. Geneva: World Health Organization; 2011.
- 4 World Health Organization Regional Office for Europe. *Policy brief on disability-inclusive health systems*. Copenhagen: World Health Organization Regional Office for Europe; 2021.
- 5 United Nations. Ageing and disability. United Nations – Department of Economic and Social Affairs; n.d.. Available at: <https://www.un.org/development/desa/disabilities/disability-and-ageing.html>. Accessed August 6, 2022.
- 6 Rotarou ES, Sakellariou D. Access to health care in an age of austerity: disabled people's unmet needs in Greece. *Crit Public Health*. 2019;29(1):48–60. <https://doi.org/10.1080/09581596.2017.1394575>.
- 7 Gibson J, O'Connor R. Access to health care for disabled people: a systematic review. *Soc Care Neurodisability*. 2010;1(3):21–31. <https://doi.org/10.5042/scn.2010.0599>.
- 8 Shakespeare T, Ndagire F, Seketi QE. Triple jeopardy: disabled people and the COVID-19 pandemic. *Lancet*. 2021;397(10282):1331–1333. [https://doi.org/10.1016/S0140-6736\(21\)00625-5](https://doi.org/10.1016/S0140-6736(21)00625-5).
- 9 Krahn GL, Walker DK, Correa-De-Araujo R. Persons with disabilities as an unrecognized health disparity population. *Am J Public Health*. 2015;105(Suppl 2):S198–S206. <https://doi.org/10.2105/AJPH.2014.302182>.
- 10 Sakellariou D, Rotarou ES. The effects of neoliberal policies on access to healthcare for people with disabilities. *Int J Equity Health*. 2017;16:199. <https://doi.org/10.1186/s12939-017-0699-3>.
- 11 Ryan JM, Walsh M, Owens M, et al. Unmet health needs among young adults with cerebral palsy in Ireland: a cross-sectional study. *J Clin Med*. 2022;11:4847. <https://doi.org/10.3390/jcm11164847>.
- 12 McColl MA, Jarzynowska A, Shortt SED. Unmet health care needs of people with disabilities: population-level evidence. *Disabil Soc*. 2010;25(2):205–218. <https://doi.org/10.1080/09687590903537406>.
- 13 Bosworth ML, Ayoubkhani D, Nafilyan V, et al. Deaths involving COVID-19 by self-reported disability status during the first two waves of the COVID-19 pandemic in England: a retrospective, population-based cohort study. *Lancet*. 2021;6(11):E817–E825. [https://doi.org/10.1016/S2468-2667\(21\)00206-1](https://doi.org/10.1016/S2468-2667(21)00206-1).
- 14 Meade MA, Mahmoudi E, Lee SY. The intersection of disability and healthcare disparities: a conceptual framework. *Disabil Rehabil*. 2015;37(7):632–641. <https://doi.org/10.3109/09638288.2014.938176>.
- 15 World Health Organization. Assistive technology: fact sheet. Available at: <https://www.who.int/en/news-room/fact-sheets/detail/assistive-technology>; 2018. Accessed September 23, 2022.
- 16 Kuper H, Heydt P. The missing billion: access to health services for 1 billion people with disabilities. London: London School of Hygiene and Tropical Medicine. Available at: https://static1.squarespace.com/static/5d79d3afbc2a705c96c5d2e5/t/5f284cb69af8a9396df3f81c/1596476607957/v3_TheMissingBillion_revised_0620.pdf; 2019. Accessed September 19, 2022.
- 17 Henderson A, Fleming M, Cooper SA, et al. COVID-19 infection and outcomes in a population-based cohort of 17 203 adults with intellectual disabilities compared with the general population. *J Epidemiol Community Health*. 2022;76(6):550–555. <https://doi.org/10.1136/jech-2021-218192>.
- 18 Williamson EJ, McDonald HI, Bhaskaran K, et al. Risks of COVID-19 hospital admission and death for people with learning disability: population based cohort study using the OpenSAFELY platform. *BMJ*. 2021;374:n1592. <https://doi.org/10.1136/bmj.n1592>.
- 19 Regional Committee for Europe. Measurement framework for the European Programme of Work, 2020–2025. Regional Committee for Europe, 71st session, 13–15 September 2021. Document no. EUR/RC71/INF./2. Copenhagen: World Health Organization Regional Office for Europe, 2021.
- 20 World Health Organization. *The WHO global report on health equity for persons with disabilities*. Copenhagen: World Health Organization; 2022.
- 21 World Health Organization. WHO global disability action plan 2014–2020. 2015. Geneva: World Health Organization. Available at: <https://www.who.int/publications/i/item/who-global-disability-action-plan-2014-2021>. Accessed October 24, 2022.
- 22 United Nations. The 17 goals. United Nations – Department of Economic and Social Affairs; nd. Available at: <https://sdgs.un.org/goals>. Accessed November 7, 2022.
- 23 World Health Organization. 2018 Global reference list of 100 core health indicators (plus health-related SDGs). Geneva: World Health Organization. Available at: <https://apps.who.int/iris/bitstream/handle/10665/259951/WHO-HIS-IER-GPM-2018.1-eng.pdf?sequence=1&isAllowed=y>. Accessed October 24, 2022.
- 24 United Nations. Convention on the rights of persons with disabilities. United Nations: Department of Economic and Social Affairs. Available at: <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>; 2008. Accessed October 19, 2022.
- 25 World Health Organization. *Action plan for the prevention and control of noncommunicable diseases in the WHO European region 2016–2025*. Copenhagen, Denmark: World Health Organization Regional Office for Europe; 2016.

-
- 26 Regional Committee for Europe. Resolution: the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030. At the Seventy-second Regional Committee for Europe: Tel Aviv, 12–14 September 2022. World Health Organization Regional Office for Europe. Available at: <https://apps.who.int/iris/handle/10665/362961>. Accessed October 10, 2022.
- 27 Regional Committee for Europe. Background document: the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030. At the Seventy-second Regional Committee for Europe: Tel Aviv, 12–14 September 2022. World Health Organization Regional Office for Europe. Available at: <https://apps.who.int/iris/handle/10665/362016>. Accessed October 10, 2022.