World Health Organization
European Region

Regional Committee for Europe
72nd session

Tel Aviv, Israel, 12–14 September 2022

August 2022

EUR/RC72/BG7

Original: English

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

Background document

- The proposed WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 has been developed in consultation with Member States of the WHO European Region and reaffirmed through multiple stakeholder consultations with Member States and organizations of persons with disabilities.
- The framework's objectives focus on (i) universal health coverage; (ii) the promotion of the health and well-being of persons with disabilities; (iii) the protection of persons with disabilities during public health emergencies; and (iv) the creation of an evidence base on disability and health.
- This background document includes objectives, targets and specific actions for Member States, WHO/Europe and national and international stakeholders, as well as a detailed monitoring and evaluation framework, to ensure that the right to health for persons with disabilities is fully realized.
- This background document is submitted for consideration by the 72nd session of the WHO Regional Committee for Europe, together with the related resolution (EUR/RC72/R3), working document (EUR/RC72/7) and information document (EUR/RC72/INF./4).

Contents

OVERVIEW AND MAIN ELEMENTS OF THE FRAMEWORK

Vision

1. The WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 envisions 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, leading to a disability-inclusive health sector and the promotion of the health and well-being of all persons, in order to achieve the highest attainable standard of health for persons with disabilities of all ages and across all contexts in the Region.

Objectives

2. The objectives of the framework are as follows:

(a) Objective 1: Ensure that all persons with disabilities receive quality health services on an equal basis with others.

(b) Objective 2: Promote the health and well-being of persons with disabilities.

(c) Objective 3: Ensure that all health policies and programming, as well as resilience-building and recovery plans during public health emergencies, are disability inclusive.

(d) Objective 4: Build an evidence base on disability and health.

Approaches

3. The approaches suggested by the framework are as follows:

(a) Human rights: Persons with disabilities should enjoy the same rights to health, employment, education and all other areas of life on an equal basis with others.

(b) Universal design: The built environment, health care equipment and products, and all health services need to be accessible and usable by all people.

(c) Life-course: The needs of persons with disabilities should be fully considered across the life course.

(d) Health systems: Actions need to be developed to ensure that disability inclusivity is integrated in the six building blocks of health systems: (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leadership and governance.

Objectives and strategic priorities

4. Given the complexity of health care and the diversity of disability, and acknowledging the huge diversity of the health landscape, including health systems, across the Region, the framework is flexible enough to be actionable across different settings, yet specific enough to monitor and measure progress and evaluate success. The following lists of targets and actions are to serve as guidelines and inspiration for action to Member States and stakeholders.

5. The framework consists of four objectives, aligned with the three core priorities of the European Programme of Work, 2020–2025 – "United Action for Better Health in Europe" (EPW). Each objective is accompanied by corresponding action areas, targets and indicators. The complete sets of actions for each objective are included in this background document, along with the complete monitoring and evaluation framework (with 20 indicators, accompanying measures of progress and data sources).

Objective 1. Ensure that all persons with disabilities receive quality health services on an equal basis with others

6. WHO/Europe is committed to achieving universal health coverage and ensuring that people of all ages across the Region have access to health care, as outlined in the EPW. Universal health coverage includes the full spectrum of essential, quality health services from health promotion to disease prevention, treatment, rehabilitation and palliative care across the life course. The accomplishment of this objective will ensure that persons with disabilities have access to and can use affordable, timely, relevant and good-quality general and specialist health services in primary, secondary and tertiary care, including community and at-home service delivery.

7. Disability discrimination is a major impediment to achieving universal health coverage in the Region. According to Article 2 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD):

8. "Discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It includes all forms of discrimination, including denial of reasonable accommodation.

9. In health care, disability discrimination can take many forms and can refer to policies, attitudes and/or systems that directly or indirectly disadvantage persons with disabilities. It is exemplified by compromised accessibility of health services, increased barriers to access and use of services, and a disregard for the fundamental right to health care and for the autonomy of persons with disabilities.

Strategic priorities for Objective 1

10. The strategic priorities for Objective 1 are as follows:

(a) Ensure that persons with disabilities and their families are treated with respect and dignity, and that they are fully informed and empowered (including legally) to consent before any decisions about their health are taken.

(b) Eliminate disability discrimination by removing all barriers to access and use of health care services across the life course and provide reasonable accommodations when needed.

(c) Strengthen health systems to deliver or coordinate rehabilitation, habilitation, assistive technology, assistance and support services (including peer support), and community-based rehabilitation.

(d) Develop and/or reform health and disability laws, policies, strategies and plans for consistency with the UNCRPD.

Targets for Objective 1

11. The targets for Objective 1 are as follows:

(a) Target 1.1. By 2030, ensure that health care services are accessible

(b) Target 1.2. By 2030, ensure that the right of persons with disabilities to health care is fully protected

(c) Target 1.3. By 2030, ensure that all persons with disabilities are fully covered by health insurance

(d) Target 1.4. By 2030, 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

(e) Target 1.5. By 2030, eliminate direct and indirect costs that negatively affect access to health care

Objective 2. Promote the health and well-being of persons with disabilities

12. Ensuring good health and well-being throughout the life course is essential for sustainable development and the building of prosperous societies. Studies have shown that wider health determinants – among others, poverty, inequality, life-course events, the built environment and public policies – shape not only people's health but also their ability and resilience in facing health problems and seeking and accessing appropriate health care services. Well-being is generally associated with good health and the availability of and access to basic resources, and it is dependent on economic, social, gender, political, behavioural and environmental determinants. Good community support networks (including family members, next of kin and/or carers) are also essential, as they provide support for persons with disabilities across the life course.

13. Evidence has shown that persons with disabilities are disadvantaged in accessing and using health care services and public health interventions and are at higher risk of poor health outcomes, such as obesity, hypertension, fall-related injuries, and mood disorders, including depression. The COVID-19 pandemic has exacerbated such inequities, with persons with disabilities experiencing a higher risk of morbidity and mortality, as well as a higher risk of poor mental health status.

14. It is therefore essential to ensure that all interventions aimed at promoting health and well-being are disability inclusive to address inequities in health outcomes and improve quality of life for persons with disabilities. At the individual level, public health programmes need to address risk factors for health – such as tobacco use, substance misuse and abuse and unhealthy eating habits – and promote health literacy and healthy behaviour, including physical activity and preventive health examinations, as well as access to personal hygiene and devices to support it. At a community and societal level, interventions need to address economic, social, political and environmental factors that can have a direct impact on all aspects of life, including health and well-being. A Health-in-all-policies approach is needed. To realize this, intersectoral and multisectoral action – involving different disciplines and

sectors, such as public health, housing, childcare, education, infrastructure and transport, as well as partners operating at multiple levels, including state, local and community levels – is needed to achieve health equity, foster social justice and promote the health and well-being of persons with disabilities.

Strategic priorities for Objective 2

15. The strategic priorities for Objective 2 are as follows:

(a) Adopt an intersectoral and multisectoral approach to health that addresses social determinants of health, and promote healthy living and disability-inclusive living environments.

(b) Introduce and promote programmes, initiatives and health care services – including preventive health examinations, sexual and reproductive care, and mental health services – that promote the health and well-being of persons with disabilities.

(c) Address the health needs of persons with disabilities, across the life course and in all contexts, resulting from segregation and institutionalization, from neglect and abuse, and from violence, including physical, psychological and sexual violence.

Targets for Objective 2

16. The targets for Objective 2 are as follows:

(a) Target 2.1. By 2030, ensure that persons with disabilities have access to preventive health examinations

(b) Target 2.2. By 2030, ensure that persons with disabilities have access to sexual and reproductive health care services, including family planning, information and education

(c) Target 2.3. By 2030, substantially strengthen intersectoral action for health

(d) Target 2.4. By 2030, reduce risks and threats to the health and well-being of persons with disabilities and offer protection from neglect, abuse and/or violence

Objective 3. Ensure that all health policies and programming, as well as resilience-building and recovery plans during public health emergencies, are disability inclusive

17. The term “health emergencies” refers to a wide range of events, including pandemics, conflicts, and economic or other types of crises, such as climate change, that can pose a significant risk to people’s health. Health emergencies have a significant impact on persons with disabilities. Persons with disabilities often experience structural disadvantage and are thus more vulnerable than persons without disabilities to the effects of such emergencies. Vulnerability is not an inherent characteristic of people but rather, according to the Hyogo Framework for Action 2005–2015, can be defined as “the conditions determined by physical, social, economic and environmental factors or processes, which increase the susceptibility of a community to the impact of hazards”. Individuals experience health

emergencies in different ways, depending on their specific vantage point and the resources they have access to within a larger social and cultural context.

18. Health emergencies exacerbate existing health inequities experienced by persons with disabilities and create new ones. Persons with disabilities can be particularly exposed to the risks of health emergencies, and to measures taken to address them, as observed during the COVID-19 pandemic. Health emergencies, such as pandemics, can have an impact on health workforce issues, on the accessibility of health-related information and health promotion programmes, on access to health services and interventions, and on the coordination of health care across sectors. Interrupted access to health care and to social support, as well as lack of emergency deinstitutionalization or accessible evacuation shelters, and communication during health emergencies can have a negative impact on the health and well-being of persons with disabilities. The UNCRPD needs to be upheld during health emergencies and to be seen as an integral element of the health emergency response. Disability-inclusive emergency response is closely linked to the strengthening of health systems.

Strategic priorities for Objective 3

19. The strategic priorities for Objective 3 are as follows:

(a) Strengthen health systems so that they are resilient to health emergencies.

(b) Ensure that risk, disaster and emergency management fully addresses the needs of persons with disabilities so that they are fully protected during health emergencies.

(c) Address the conditions, including those related to information, communication, segregation, physical environment and economic factors, that make persons with disabilities more vulnerable to the effects of health emergencies.

Targets for Objective 3

20. The targets for Objective 3 are as follows:

(a) Target 3.1. By 2030, strengthen or develop leadership and governance for disability-inclusive health emergency response

(b) Target 3.2. By 2030, ensure that all health emergency policies, initiatives, strategies and programmes are disability inclusive

Objective 4. Build an evidence base on disability and health

21. Data collection contributes to national, regional and global development efforts and poverty alleviation, as it provides the basis for decision-making and policy implementation. The availability of reliable data is crucial for monitoring progress, evaluating measures and promoting disability inclusion. Evidence-based disability research is also essential for strengthening health systems to include and address the needs of persons with disabilities.

22. However, international and national data-collection systems often do not collect data on disability, a fact that has become even more evident during the COVID-19 pandemic. Also, where available, disability-disaggregated data are not usually internationally comparable, as indicators may use the term “disability” in a variety of ways, leading to

problems of data consistency and cross-country comparisons. Research in key priority areas, such as unmet needs for health care services, barriers to service delivery and level of health outcomes, including in rehabilitation, is further hindered by either a complete lack of data or a lack of good-quality and accessible data. As a result, disability research is relatively scarce, with great variability among Member States.

23. To ensure that persons with disabilities in the Region are not left behind, it is important to ensure the availability of accurate, relevant and internationally comparable disability-disaggregated data on health, produced through a variety of research designs and with an emphasis on participatory methods. Evidence-based disability research in key health priority areas can serve as the basis for eliminating disability discrimination, promoting disability inclusiveness in health care and health care systems, and adopting equitable and effective health policies across the Region.

Strategic priorities for Objective 4

24. The strategic priorities for Objective 4 are as follows:

(a) Ensure the collection of reliable disability-disaggregated data within national health information systems.

(b) Ensure that data in censuses, population surveys and national health surveys are disaggregated by disability in order to be able to obtain reliable information on the socioeconomic status and health of persons with disabilities.

(c) Support research that seeks to address and eliminate disability discrimination and empower persons with disabilities.

(d) Support disability research by increasing funding, adopting a multidisciplinary approach and actively involving persons with disabilities and their organizations.

Targets for Objective 4

25. The targets for Objective 4 are as follows:

(a) Target 4.1. By 2030, ensure the collection of relevant, standardized and internationally comparable data on disability

(b) Target 4.2. By 2030, strengthen disability research

Implementation and governance

26. Effective implementation at the national level will require strong political commitment to work towards a disability-inclusive health sector, including resource allocation, funding mechanisms, inclusion of persons with disabilities in all processes and the elaboration of detailed and measurable actions at all levels, from policy to service delivery, in order to reach national and regional targets. Implementation of the framework will also require solid partnerships between organizations of persons with disabilities, Member States, WHO/Europe, academia, and national and international organizations, including the European Disability Forum, at the subregional and national level.

27. Effective implementation of the framework will be through national disability-inclusion action plans, with clear strategies and mechanisms to accomplish national and regional targets. National action plans, which will include clearly defined priority actions, timelines and resources, will be elaborated with the support of national, regional and international stakeholders, assisted by WHO/Europe. WHO/Europe will support Member States in the development and implementation of national action plans that will promote disability-inclusive health policies (or in their further development, for Member States that have already established relevant action plans), with the aim of combating exclusion, promoting the rights of persons with disabilities, building resilient health systems and, ultimately, building healthier populations in the Region.

28. For the successful delivery of the framework, Member States will need to:

(a) recognize the health inequities experienced by persons with disabilities;

(b) include persons with disabilities and their organizations in all processes and decision-making; and

(c) act, in partnership with persons with disabilities and their organizations, to implement the actions in this framework.

29. Actions are broadly divided into core strategic-level actions and operational-level actions, informed by a primary health approach. Core strategic-level actions refer to high-level actions and include governance, leadership, funding and community engagement. Operational-level actions refer to on-the-ground actions that support the strategic actions and include health care practices, training and accommodations.

30. As Member States demonstrate great variability in terms of their health care systems, policy frameworks and health sector infrastructure (including governance and leadership, and operational-level infrastructure), the exact prioritization of the actions in this framework needs to be decided by each Member State, in consultation with persons with disabilities and their representative organizations. Organizations of persons with disabilities will play a key role in the implementation of targets and indicators and in the achievement of the goals of the framework, as they will work closely with Member States to protect the rights of persons with disabilities and to promote their inclusion and empowerment.

31. It is recommended that core strategic-level actions are implemented first to establish a robust policy framework, appropriate governance and leadership infrastructure and the availability of funding mechanisms. The elaboration of these actions, in close partnership with persons with disabilities and their representative organizations, will also lead to capacity-building in preparation for the operational-level actions.

32. The implementation of the framework will be overseen by the WHO Regional Committee for Europe through consultations with an ad hoc a high-level advisory group of independent experts from various domains, which will: (a) advise Member States on implementation and offer technical assistance on the establishment of their own monitoring and evaluation framework at national and subnational levels; (b) advocate for political commitment and allocation of adequate financial resources to strengthen and sustain disability-inclusive health care across Member States; and (c) report to the WHO Regional Director for Europe at regular intervals regarding progress towards meeting the targets at the regional and subregional levels.

Monitoring and evaluation

33. Targets and indicators of success will act as measures of progress and drivers for policy action. The indicators are part of established international data collection, where possible, to reduce reporting burden. The targets and the indicators are aligned primarily with or developed through the following:

(a) The EPW Measurement Framework, from which relevant indicators have been adapted to address disability specifically. This ensures alignment with programmatic work by WHO/Europe, not only helping to mainstream disability inclusion in health care, but also raising awareness of the needs of a substantial part of the population of the Region.

(b) The WHO Global report on health equity for persons with disabilities (as decided by resolution WHA74.8 on the highest attainable standard of health for persons with disabilities, to be launched in December 2022), from which targets and indicators relevant to the European Region have been selected, and the WHO Global Disability Action Plan 2014–2021, which has been used to identify targets and indicators that are still relevant. This ensures that previous work is used and built on, where relevant.

(c) The elaboration of indicators relevant to the Region and to disability from appropriate Sustainable Development Goals (SDGs) (specifically SDG 3, SDG 5, SDG 16 and SDG 17), the WHO Global Reference List of 100 Core Health Indicators (2018), the UNCRPD, and the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016-2025, to ensure the framework can directly contribute to the 2030 Agenda for Sustainable Development.

(d) The elaboration of new targets and indicators not included in the documents mentioned in (a), (b) and (c) above, or for which adequate data may not currently exist but which are nonetheless important. These targets and indicators need to be part of the agenda for WHO/Europe and Member States in the Region to be developed further in time for the midterm evaluation and to ensure that any existing data gaps are bridged.

34. Evaluation will require robust disability-disaggregated data. WHO/Europe will offer technical support at the national level and at the subregional level in liaison with the Central Asian Republics Information Network and the European Health Information Initiative. WHO/Europe will also support Member States' national statistical offices in developing or strengthening their data-collection mechanisms to include disability.

35. Member States will prepare a midterm (2026) and a final (2030) monitoring report. WHO/Europe will prepare a midterm report (including a mapping exercise and relevant case studies) to be submitted to the 76th session of the Regional Committee (2026), with a final report planned for submission at the 80th session (2030).

IMPLEMENTATION PLAN

Objective 1. Ensure that all persons with disabilities receive quality health services on an equal basis with others

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
Target 1.1. By 2030, ensure that health care services are accessible				
Develop leadership and governance for disability-inclusive health	Core strategic-level	• Identify focal points for disability within Ministries of Health and formulate internal action plans that support inclusion and access to mainstream health care services. The focal points should also oversee coordination with other sectors when it comes to public health initiatives. • Ensure participation of organizations of persons with disabilities in health policy-making and quality assurance processes.	• Provide support for Member States to develop and implement a training package on disability inclusion in the health sector • Host regional workshops, integrated with ongoing/related initiatives for health ministry staff, policy-makers and representatives of organizations of persons with disabilities on universal health coverage and equity, drawing on country experience.	• Provide support for Ministries of Health to build their leadership capacity for ensuring disability-inclusive health services. • Capacity-building for organizations of persons with disabilities to participate effectively in health-service governance.
	Operational-level	• Establish an independent oversight agency to monitor disability inclusion in the health sector.		
Remove barriers to service delivery (including impediments to physical access, information and communication, and	Core strategic-level	• Adopt national accessibility standards, including facilities, information and digital environment, and ensure compliance with them.	• Facilitate the exchange of best practice on accessible health services. • Provide technical guidance to support the inclusion of persons with disabilities in	

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
coordination) across all health care programmes, including those on sexual and reproductive health, mental health, health promotion and other population-based public health initiatives		• Support mechanisms to improve the continuum of care experienced by persons with disabilities across the life course, including discharge planning, multidisciplinary teamwork, development of referral pathways and service directories, and coordination between health and social care services. • Support and strengthen the availability and affordability of appropriate general and disability-related health services based on solid and reliable scientific data. • Provide and/or increase funding to accommodate increased expenditure aimed at removing barriers to service delivery.	public health policies, strategies and programmes.	
	Operational-level	• Implement the principles of universal design so that all built environments, health care equipment and products, and services (both existing and new) are accessible. Universal design extends to water/hygiene points and toilets appropriately designed and maintained. • Provide a range of accommodation measures to access health services, including structural modifications to facilities, adjustments to appointment systems, alternative	• Support the identification of barriers to particular services through technical support for collecting disability-disaggregated data on use of services. • Develop guidelines on accessible telehealth. • Provide expertise and technical guidance for Member States on the strengthening of sexual and reproductive health, mental health and health	• Support user groups to audit disability inclusiveness in the health sector to identify barriers and enablers for persons with disabilities in accessing health services. • Support health literacy for persons with disabilities, especially at the community level. • Provide training and guidance for relevant authorities and health professionals on the development of mental health

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		models of service delivery and communication of information in appropriate formats, such as sign language, Braille, large print, Easy Read and pictorial information. • Provide health services via telehealth which address barriers related to the digital divide to promote equitable participation. • Ensure that websites from Ministries of Health, public health bodies and health care providers conform to the Web Accessibility Initiative (WAI), by the World Wide Web Consortium. • Support and strengthen the availability and affordability of appropriate, safe, effective and high-quality mental health services for persons with disabilities by increasing funding and investment in mental health care and retaining appropriately trained health personnel. • Support high and equitable immunization coverage for persons with disabilities throughout the life course and in all contexts.	promotion services targeted towards persons with disabilities.	services for persons with disabilities. • Take measures to mainstream disability inclusion in health care and in the coordination of health care across sectors, and the accessibility of health-related information, health promotion programmes, and health services and interventions.
Include training on disability-inclusive health care in health care educational curriculums	Core strategic-level	• Include disability awareness as a required competency for all services in the health sector.	• Build understanding and promote the importance and inclusion of disability issues (including rights) in health care curriculums.	• Provide funding or in-kind contribution for curriculum development.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
	Operational-level	• Collaboration with the higher education sector to ensure disability training is included in curriculums and continuing professional development for all personnel in the health sector. • Ensure training programmes for health and social care professionals at all levels are accessible to persons with disabilities. • Implement measures to improve recruitment and retention of appropriately trained health personnel, particularly in rural and remote areas	• Design model curriculums on disability for health care professionals. • Provide technical support for Member States seeking to implement model curriculums on disability and health. • Share examples of good practices and case studies.	• Ensure persons with disabilities are involved as designers and providers of education and training, where relevant. • Provide opportunities for persons with disabilities to develop self-advocacy skills to effectively address specific challenges in accessing health services.
Target 1.2. By 2030, ensure that the right of persons with disabilities to health care is fully protected				
Develop and/or reform health and disability laws, policies, strategies and plans for consistency with the principles of the UNCRPD	Core strategic-level	• Review, amend or develop national and subnational health-related legislation to ensure compliance with the UNCRPD. • Eliminate discriminatory provisions in existing policies and legislation. • Develop laws or directives requiring full information and consent by persons with disabilities or their carers before any health care interventions. • Develop laws or directives requiring participation of children with disabilities in decisions on medical procedures and other healthcare issues that affect them in accordance with their age and maturity and with provision of age-	• Develop guidelines on disability-inclusive health systems strengthening to help achieve universal coverage. • Provide technical support and build capacity within Ministries of Health and other relevant sectors for the development, implementation and monitoring of laws, policies, strategies and plans ensuring health in all policies.	• Support opportunities for exchange on effective policies to promote the health of persons with disabilities. • Facilitate the participation of relevant national bodies, including organizations of persons with disabilities and other civil society entities, in reforming health and disability laws, policies, strategies and plans.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		appropriate and disability-related supports. • Mobilize the health sector to contribute to the development of a multisectoral national disability strategy and action plan that ensures clear lines of responsibility and mechanisms for coordination, monitoring and reporting. • Promote people-centred health services and the active involvement of persons with disabilities and organizations of persons with disabilities throughout the process.		
	Operational-level	• Provide health-sector support for monitoring and evaluating the implementation of health policies' compliance with the UNCRPD.		
Target 1.3. By 2030, ensure that all persons with disabilities are fully covered by health insurance				
Introduce or review legislation ensuring that persons with disabilities, in all contexts, are fully covered by health insurance or appropriate social protection mechanisms	Core strategic-level	• Review and amend existing legislation or introduce new legislation to prohibit insurers from discrimination against persons with disabilities. • Introduce legislation where all people, independent of age, sex, disability, etc., are fully covered by health insurance and/or appropriate social protection mechanisms.	• Offer technical expertise on providing health insurance or social protection for persons with disabilities, including those experiencing multiple disadvantages.	• Disseminate information on available health insurance and social protection options and the rights of persons with disabilities.
Target 1.4. By 2030, 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				
Provide leadership and governance for developing and	Core strategic-level	• Introduce, develop or revise legislation, policies and standards for rehabilitation, habilitation,	• Provide technical guidance, training and capacity-building in	• Participate directly in the development and/or strengthening of legislation,

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
strengthening policies, strategies and plans on habilitation, rehabilitation, assistive technology, support and assistance services, community-based rehabilitation, and related strategies		assistive technology, support and assistance services and community-based rehabilitation across the continuum of care, covering primary (including community), secondary and tertiary levels of the health care system. • Integrate rehabilitation and habilitation services within existing health, social and educational infrastructures.	Ministries of Health and other relevant sectors for the development, implementation, monitoring and evaluation of legislation, policies, strategies, plans and programmes.	policies, strategies, plans and programmes related to health services, and to include persons with disabilities, through their representative organizations in this work. • Provide technical guidance, training and support to Member States that are introducing and/or expanding rehabilitation and habilitation services.
	Operational-level	• Undertake situation analyses to inform policies and planning. • Raise awareness about rehabilitation and habilitation, and devise mechanisms for national sector planning, coordination and financing.	• Organize regional events on developing and/or strengthening action plans on rehabilitation as part of health systems.	• Support persons with disabilities in accessing information on rehabilitation and habilitation services, and community-based rehabilitation.
Provide adequate financial resources to ensure the provision of appropriate habilitation and rehabilitation services, as well as assistive technologies	Core strategic-level	• Provide adequate financial resources to ensure the provision of appropriate habilitation and rehabilitation services, and assistive technologies, including any adaptations necessary to address access barriers.	• Provide, in collaboration with other relevant agencies, evidence-based guidance for Ministries of Health, other relevant sectors and stakeholders on appropriate funding mechanisms for rehabilitation.	• Advocate for increased resource allocation for rehabilitation. • Provide financial support through international cooperation, including in public health emergencies.
Develop and maintain a sustainable workforce for rehabilitation and	Core strategic-level	• Formulate and implement national health, rehabilitation and habilitation plans to increase the numbers and capacity of	• Provide technical support for supporting Ministries of Health, other relevant sectors and stakeholders to build the capacity of	• Build training capacity in accordance with national health, rehabilitation and habilitation plans.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
habilitation, as part of a broader health strategy		human resources for rehabilitation. • Produce national standards in training for different types and levels of rehabilitation and habilitation personnel that can enable career development and continuing education.	training providers and develop standards for training.	
	Operational-level	• Improve working conditions, remuneration and career opportunities to attract and retain rehabilitation and habilitation personnel. • Ensure training programmes for health care professionals at all levels are accessible to persons with disabilities.	• Provide evidence-based guidelines for Ministries of Health and other relevant sectors on the recruitment, training and retention of rehabilitation personnel.	
Expand and strengthen rehabilitation and habilitation services, ensuring (a) integration across the continuum of care, covering primary (including community), secondary and tertiary levels of the health care system, and (b) equitable access, including timely early intervention services for children with disabilities	Core strategic-level	• Review existing rehabilitation and habilitation programmes and services and make necessary changes to improve coverage, effectiveness and efficiency. • Ensure equitable access to rehabilitation through health and social insurance coverage.	• Support Member States in integrating rehabilitation and habilitation services into the health system with a focus on decentralization of services at the primary/community level.	• Work with Ministries of Health to expand and strengthen the provision of rehabilitation and habilitation services in line with national plans. • Work with relevant stakeholders to establish and streamline referral systems to ensure that persons with disabilities have access to the modes of service delivery they require at each level of the health system and throughout their life course.
	Operational-level	• Integrate rehabilitation and habilitation services within existing health, social and educational infrastructure.	• Develop relevant tools and training packages to develop and strengthen habilitation and	• Support the development of community-based rehabilitation programmes.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		• Establish mechanisms for effective coordination between different rehabilitation and habilitation service providers and levels of the health care system. • Use community-based rehabilitation as a strategy to complement and strengthen existing rehabilitation and habilitation service provision, particularly in Member States where few services are available. • Introduce and/or strengthen early assessment, timely intervention and other services for all (including children and older adults with disabilities), and ensure coordination between responsible agencies.	rehabilitation services throughout the life course, including children and older adults.	
Make available appropriate assistive technologies that are safe, good quality and affordable	Core strategic-level	• Include the provision of assistive technologies in health, rehabilitation, habilitation and other relevant sectoral policies, strategies and plans, with accompanying necessary budgetary support. • Define standards for assistive technology provision. • Design a range of financing mechanisms and programmes, such as rental systems.	• Prepare and disseminate evidence-based guidance on the provision and use of assistive technologies. • Provide technical support for Member States to build capacity to develop and strengthen provision and use of assistive technologies.	• Provide technical and financial support for Member States to build capacity to develop and strengthen provision of assistive technologies. • Advocate the development of policy frameworks to ensure the effective provision of assistance and support services.
	Operational-level	• Strengthen referral mechanisms between rehabilitation and habilitation services, and assistance and support services.		

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
Engage, support and build the capacity of persons with disabilities and their family members and/or informal carers to support independent living and full inclusion in the community	Core strategic-level	• Include persons with disabilities, their family members and/or informal carers in all aspects of developing and strengthening rehabilitation, habilitation, support and assistance services. • Ensure informal carers are appropriately protected and supported through capacity building, training and financial support.	• Promote awareness and understanding of the rights of persons with disabilities and the role of families and/or informal carers.	• Advocate the inclusion of persons with disabilities, their families and/or carers in all aspects of developing and strengthening rehabilitation and habilitation services. • Advocate the importance of informal carers in the lives of persons with disabilities, and the importance of promoting their health and well-being. • Provide training and support for community workers and informal carers who assist persons with disabilities in accessing health services.
	Operational-level	• Collaborate with other sectors besides the health sector to ensure appropriate support (including training, financial support and respite care) is provided for informal carers, the majority of whom are women.	• Maintain and strengthen partnerships with organizations and associations representing persons with disabilities, their family members and/or carers.	• Invest in a range of targeted support for persons with disabilities, including accessible information, training, empowerment and peer support.
Target 1.5. By 2030, eliminate direct and indirect costs that negatively affect access to health care				
Remove barriers to financing and affordability through options and measures to ensure that persons with disabilities can afford and receive the health care they need without impoverishing and	Core strategic-level	• Allocate adequate resources to ensure disability-inclusive health. • Ensure that financing schemes for national health care include minimum packages and poverty and social protection measures that target and meet the health care needs of persons with disabilities, and that information about the schemes reach persons	• Provide technical support to Member States for the development of health financing measures that increase access and affordability of all general and condition-specific health services.	• Provide guidance for Member States in establishing and maintaining nationally defined social protection floors.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
catastrophic expenditures		with disabilities via accessible formats.		
	Operational-level	• Reduce or remove out-of-pocket payments for persons with disabilities who have limited means of paying (directly or indirectly) for health care. • Promote multisectoral approaches to meeting the indirect costs related to accessing health care (e.g., transport). • Where private health insurance exists, ensure that it is affordable and accessible for persons with disabilities and that any discriminatory practices are prohibited.		• Support persons with disabilities in accessing information on health care financing options.

Objective 2. Promote the health and well-being of persons with disabilities

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
Target 2.1. By 2030, ensure that persons with disabilities have access to preventive health examinations				
Introduce evidence-based screening programmes and services that are disability-inclusive	Core strategic-level	• Provide adequate financial resources to ensure the provision of screening programmes. • Promote equitable access to preventive health examinations through health and social insurance coverage.	• Provide technical guidance to support the inclusion of persons with disabilities in preventive health programmes, services and initiatives. • Organize regional events on developing and/or strengthening action plans on disability-inclusive preventive health examinations.	• Provide, in collaboration with other relevant agencies, evidence-based guidance for Ministries of Health, other relevant sectors and stakeholders on preventive health services for persons with disabilities.
	Operational-level	• Introduce, develop or strengthen evidence-based, population-based and quality-assured disability-inclusive screening programmes. • Provide adequate modifications to equipment, built environment and products for persons with disabilities to be able to participate in examinations. • Ensure effective, appropriate and rapid referral, diagnostic and treatment pathways for management of those detected.	• Identify barriers to preventive health services through technical support for collecting disability-disaggregated data on use of services.	• Provide information and guidance for persons with disabilities regarding preventive health services and initiatives.
Provide disability-inclusive health care training and specialized training for health professionals	Core strategic-level	• Establish educational competencies required for disability-inclusive health care and incorporate them in	• Provide technical guidance on disability-inclusive health care training.	• Produce training standards for health personnel involved in preventive health services for persons with disabilities, in collaboration with

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		educational requirements for health care professionals.		organizations of persons with disabilities.
	Operational-level	• Provide training on disability-inclusive health care for health professionals and all workers in the health sector. • Ensure clinical competencies in early diagnosis and management by providing specialized training. • Raise awareness of the risk factors, early signs and symptoms of breast, cervical and colorectal cancers among health professionals and the general public to avoid diagnostic overshadowing (i.e., attributing cancer symptoms to disability-related conditions or symptoms).	• Promote best practice regarding disability-inclusive health care training.	• Provide financial or in-kind support for the development and provision of training on disability-inclusive health care.
Target 2.2. By 2030, ensure that persons with disabilities have access to sexual and reproductive health care services, including family planning, information and education				
Introduce, strengthen and promote sexual and reproductive health care services, including health education, for persons with disabilities	Core strategic-level	• Introduce, develop or revise legislation, policies and programmes on sexual and reproductive health, including health education. • Provide adequate financial resources to ensure the provision of sexual and reproductive health initiatives and services, including health education.	• Provide evidence-based guidance for Ministries of Health, other relevant sectors and stakeholders on the elaboration and strengthening of sexual and reproductive health initiatives and services, including health education. • Provide technical guidance to support the inclusion of persons with	• Advocate national leadership for increased resource allocation for sexual and reproductive health initiatives and services. • Provide evidence-based guidance for Ministries of Health, other relevant sectors and stakeholders regarding accessibility and possible barriers to accessing sexual and reproductive health services.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
			disabilities in sexual and reproductive health programmes, services and initiatives.	
	Operational-level	• Remove barriers to service access and delivery (including impediments to physical access, transportation, information and communication, and coordination) across all sexual and reproductive health services, health promotion and other population-based public health initiatives. • Promote equitable access to sexual and reproductive health initiatives and services through health and social insurance coverage.		• Produce training standards for health personnel involved in sexual and reproductive health initiatives for persons with disabilities. • Provide information and peer support for persons with disabilities regarding sexual and reproductive health initiatives and services, including health education.
Target 2.3. By 2030, substantially strengthen intersectoral action for health				
Introduce, strengthen and promote intersectoral approaches to health	Core strategic-level	• Adopt intersectoral policies on health through interventions involving organizations of persons with disabilities and different Ministries and departments, such as Infrastructure, Housing, Social Affairs, Sports, Health, Environment, Transport, Urban Planning and city or municipal councils. • Ensure the Ministry of Health assumes its stewardship role in any cross-sectoral coordination	• Provide technical guidance to support health and other ministries and departments into adopting an intersectoral and multisectoral approach to health. • Publish and disseminate research results on intersectoral approaches to health.	• Provide guidance for Member States and other stakeholders on the development of disability-inclusive living environments.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		regarding public health interventions. • Promote the deinstitutionalization of persons with disabilities, independent living in the community and disability-inclusive living environments.		
	Operational-level	• Integrate broad or specific health priorities into other sectors' policy processes. • Involve persons with disabilities and their organizations in the development, monitoring and evaluation of intersectoral policies on health. • Integrate any health data collected or disaggregated by disability from other sectors into the health information system.		• Engage with relevant ministries, departments and other stakeholders and assist in the elaboration, monitoring and evaluation of disability-inclusive intersectoral policies on health.
Target 2.4. By 2030, reduce risks and threats to the health and well-being of persons with disabilities and offer protection from neglect, abuse and/or violence				
Introduce, develop and promote disability-inclusive well-being activities related to physical and mental health	Core strategic-level	• Introduce fiscal policies, programmes and initiatives making healthy food and food supplements more affordable for persons with disabilities, including people living with chronic illnesses. • Use fiscal policies and marketing controls to influence demand, access and affordability for tobacco, alcohol and foods and drinks high in saturated fats, trans fats, salt and sugar.	• Elaborate and disseminate evidence-based guidelines on disability-inclusive preventive health measures. • Ensure that all health promotion and prevention guidance is disability inclusive.	• Provide, in collaboration with other relevant agencies, evidence-based guidance for Ministries of Health, other relevant sectors and stakeholders on preventive health initiatives that promote the health and well-being of persons with disabilities. • Provide funding or in-kind support for the development of disability-inclusive sports and leisure facilities.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
	Operational-level	• Introduce, develop and promote disability-inclusive well-being initiatives, including programmes regarding good nutrition, exercise and good mental well-being for all age groups. • Introduce and/or extend programmes and initiatives aimed at preventing substance abuse, tobacco use and excessive alcohol consumption. • Promote physical activity at all ages by focusing on the planning and design of disability-inclusive community environments, sports and leisure centres and transport infrastructure. • Develop and strengthen mental health programmes, including prevention, treatment and rehabilitation, by providing funding and appropriate training to health care personnel. • Increase the number of health and social care workers (especially in the community) that can assist persons with disabilities in living independently and improve their physical and mental well-being, and invest in the development of this workforce.	• Provide technical guidance on disability-inclusive environmental modifications that facilitate healthy behaviour and active living, such as walking and cycling for transport.	• Provide information, training and peer support for persons with disabilities to promote their health and well-being, including mental health. • Provide training, guidance and peer-support to family members and/or carers to improve the physical and mental well-being of persons with disabilities.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
Introduce and/or strengthen relevant legislation and programmes aimed at protecting persons with disabilities against neglect, abuse and/or violence	Core strategic-level	• Introduce and/or strengthen legislation and policies that protect persons with disabilities from neglect, abuse, violence and/or institutionalization and segregation, paying particular attention to the intersections with vulnerability (due to gender, age or other characteristics) and ensuring all persons with disabilities are adequately protected. • Initiate, promote and/or sustain de-institutionalization and transform communities for inclusion.	• Support Member States in aligning legislation with the WHO Quality Rights approach.	• Engage in promoting the rights of persons with disabilities, especially those with psychosocial, intellectual or cognitive disabilities, and improve the quality of services and support provided, in line with international human rights standards, particularly the UNCRPD.
	Operational-level	• Provide emotional, psychological and legal support and appropriate physical health services for persons with disabilities who have been institutionalised, segregated, neglected and/or abused. • Provide training for front-line health workers in identifying neglect, abuse and violence against persons with disabilities.	• Provide evidence-based guidelines for health and social care professionals on how to detect neglect, maltreatment, abuse or violence against persons with disabilities across the life course and in all contexts. • Provide evidence-based guidelines on preventive measures to protect persons with disabilities across the life course and in all contexts from neglect, abuse and physical, psychological or sexual violence.	• Provide support for persons with disabilities who have been abused or exposed to physical, psychological or sexual violence. • Train health personnel to recognize early signs of abuse and violence of persons with disabilities, and to take appropriate measures.

Objective 3. Ensure that all health policies and programming, as well as resilience-building and recovery plans during public health emergencies, are disability inclusive

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
Target 3.1. By 2030, strengthen or develop leadership and governance for disability-inclusive health emergency response				
Ensure appropriate leadership for disability-inclusive health emergency response, with active involvement of persons with disabilities and their organizations	Core strategic-level	• Ensure that the UNCRPD is upheld during health emergencies. • Strengthen the health sector to ensure resilience during health emergencies. • Develop appropriate leadership and governance mechanisms (including decision-making infrastructure and policy framework) with one agency having an overall coordinating role. • Develop a disability-inclusive "build back better" approach to recovery and reconstruction. • Actively involve persons with disabilities, carers and their organizations in the elaboration and evaluation of health emergency policies and programmes.	• Provide technical guidance to support the development of disability-inclusive health emergency response, with a focus on appropriate leadership and governance mechanisms. • Provide technical guidance to support the inclusion of persons with disabilities and their organizations in health emergency policies, initiatives, strategies and programmes.	• Provide guidance for relevant authorities and health professionals on the development of disability-inclusive health emergency policies, initiatives, strategies and programmes.
	Operational-level	• Provide appropriate training for health officials, practitioners and policy-makers on disability-inclusive health emergency policies, programmes, plans and actions.	• Provide technical guidance to support training on disability-inclusive health emergency policies, programmes, plans and actions, including in the recovery phase.	• Provide financial or in-kind support for the development of training on disability-inclusive health emergency policies, programmes, plans and actions. • Provide capacity-building for persons with disabilities to ensure meaningful involvement as designers and providers of disability-inclusive health emergency response.

Target 3.2. By 2030, ensure that all health emergency policies, initiatives, strategies and programmes are disability inclusive				
Ensure the development of appropriate disability-inclusive health emergency response	Core strategic-level	• Integrate disability in health emergency risk management policies, assessments, plans and programmes. • Include emergency risk management in disability policies, services and programmes. • Strengthen health workforce capacity on disability inclusion in health emergencies. • Ensure there is a dedicated budget available to plan, implement and maintain disability-inclusive health emergency risk management policies, assessments, plans and programmes. • Strengthen or develop social care services, including psychosocial support, personal assistance and support for independent living, and ensure contingency plans are in place to enable the continued operation of these services before, during and after (recovery phase) health emergencies.	• Provide technical guidance for the development of disability-inclusive health emergency risk management policies, assessments, plans and programmes. • Provide guidance on funding mechanisms for disability-inclusive health emergency risk management policies, assessments, plans and programmes.	• Include disability in risk assessments, ensure disability is considered in emergency response and recovery, and produce training materials for health professionals. • Source funding for disability-inclusive health emergency risk management policies, assessments, plans and programmes.
	Operational-level	• Improve transparency and accountability of decision-making processes in health emergencies by introducing interdisciplinary committees which include persons with disabilities and their respective organizations. • Ensure uninterrupted access to health care for persons with disabilities during health emergencies.	• Provide technical guidance on workforce training in disability-inclusive response to health emergencies.	• Disseminate information on policies, guidelines and resources on health emergency response to persons with disabilities and their carers.

		• Ensure that the specific needs of persons with disabilities for health care services are met during health emergencies, including psychosocial support and mental health services, especially for people experiencing multiple disadvantages. • Protect persons with disabilities from violence, abuse, neglect and exploitation during health emergencies. • Ensure all information on health emergency policies, initiatives, strategies and programmes is provided in accessible formats and through ways that reach everybody. • Prohibit blanket decisions on medical rationing on the grounds of disability. • Establish a mechanism to collect disability-disaggregated data on mortality and morbidity caused by health emergencies, and on the factors that contribute to the risks that persons with disabilities face.		
Ensure active involvement of persons with disabilities and their organizations in all phases of health emergency risk management	Core strategic-level	• Prepare or strengthen health emergencies policies, plans and programmes with the involvement of organizations of persons with disabilities.	• Share examples of good practice and case studies of successful involvement of persons with disabilities and their organizations in the health emergency cycle.	• Direct capacity-building efforts and empower persons with disabilities to lead and promote universally accessible health emergency response, incorporating recovery, rehabilitation and reconstruction approaches.
	Operational-level	• Ensure co-design of all health emergency policies, assessments, plans and programmes with organizations of persons with disabilities.		• Develop training materials on disability-inclusive response to health emergencies.

Objective 4. Build an evidence base on disability and health

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
Target 4.1. By 2030, ensure the collection of relevant, standardized and internationally comparable data on disability				
Ensure the availability and use of robust data-collection tools on disability	Core strategic-level	• Reform or strengthen national data-collection systems, including health information systems, to include gender- and age-disaggregated disability data, by providing adequate financial resources and appropriate training. • Consult with WHO/Europe, national and international partners, universities and research institutes, and persons with disabilities and their organizations on the development, adoption, use and evaluation of tools for data collection on disability.	• Provide technical guidance and training for Member States to strengthen their data-collection systems to ensure good-quality, accessible, timely, reliable and disaggregated health data. • Promote the adoption and use of standardized, internationally comparable methods of data collection. • Provide technical assistance on the budget and expenditure needed for strengthening data-collection systems and the identification of key data gaps. • Promote international cooperation to support expertise exchange, building capacity and harmonization of data collection and reporting processes through the promotion of initiatives such as the European Health Information Initiative.	• Provide technical and financial support for Ministries of Health and other relevant stakeholders on the strengthening of the disability component of national data-collection systems and the development of tools for data collection on disability.
	Operational-level	• Improve disability data collection through the development and	• Support Member States in translating evidence into	• Support Ministries of Health and other relevant stakeholders in the

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		application of standardized disability surveys, such as the Model Disability Survey, that will provide relevant, reliable and internationally comparable data on disability. • Collect robust qualitative data on health care access and use by persons with disabilities. • Include valid and reliable disability instruments in surveys. • Integrate disaggregated data – including disability – from the private sector in health information systems.	policy action and decision-making by facilitating the establishment of national data platforms based on global research, local data and specific contextual knowledge. • Develop guidelines on involving persons with disabilities and their organizations in the collection, analysis and use of disability data.	development of guidelines on involving persons with disabilities in the collection, analysis and use of disability data.
Target 4.2. By 2030, strengthen disability research				
Support, strengthen and promote disability research	Core strategic-level	• Support disability research to identify key research areas, barriers and challenges to achieving equitable coverage and access to health care for persons with disabilities, and use that research to inform decision-making. • Ensure research agendas are set by, or in collaboration with, persons with disabilities and meet their needs. • Provide and/or increase funding on disability research by (a) increasing state funding for disability research, and (b) working with funding agencies to promote disability as a research priority area.	• Collaborate with Member States, national and international partners, and other stakeholders on the elaboration of strategies that strengthen human resource capacity in the area of disability research.	• Provide technical support, guidance and training to strengthen human resource capacity in the area of disability research, with specific emphasis on capacity-building for persons with disabilities to become research leaders.

Actions	Level	Proposed actions for Member States	Proposed actions for WHO/Europe	Proposed actions for international and national partners
		• Include disability in existing research agendas (e.g., in cancer research).		
	Operational-level	• Conduct systematic reviews and evidence syntheses to identify evidence gaps where data are needed. • Strengthen human resource capacity in the area of disability research in a range of disciplines to achieve an interdisciplinary and multisectoral approach. • Support the inclusion of persons with disabilities in the research workforce. • Ensure that persons with disabilities and their organizations are actively involved in and lead disability research as consultants, participants or researchers.	• Support dissemination on disability research findings and application in policy-making and planning, through evidence-based publications on priority disability issues.	• Support Member States and WHO/Europe in the identification of key research areas on disability, in close collaboration with organizations of persons with disabilities. • Support Member States and WHO/Europe to conduct research on priority disability areas (e.g., needs and unmet needs for health care services, barriers to service delivery and health and rehabilitation outcomes).

MONITORING AND EVALUATION FRAMEWORK

Objective 1. Ensure that all persons with disabilities receive quality health services on an equal basis with others

Indicator name	Source	EPW core priority / flagship initiative	Definition	Measurement of success	Means of verification
Target 1.1. By 2030, ensure that health care services are accessible					
Indicator 1.1.1. **Informational barriers: accessible information**	• New indicator	• EPW core priority 1 (universal health coverage – UHC)	Proportion of Member States that routinely provide information in accessible formats (including sign language interpretation, Braille, Easy Read and live captioning) in health services, public health broadcasts and elsewhere, as appropriate.	All Member States routinely provide information in accessible formats in health services, public health broadcasts and elsewhere, as appropriate.	• Data to be collected through surveys of key informants in Ministries of Health and civil society/organizations of persons with disabilities.
Indicator 1.1.2. **Universal design**	• New indicator	• EPW core priority 1 (UHC)	Proportion of Member States that embrace and implement universal design, develop accessible built environments, health care equipment, products and services, and make accommodations as appropriate.	All Member States incorporate universal design principles in all health care planning and design, and across other relevant sectors (e.g., transportation).	• Data to be collected through surveys of key informants in Ministries of Health, other ministries (e.g., transport, infrastructure, etc.) and civil society/organizations of persons with disabilities.
Target 1.2. By 2030, ensure that the right of persons with disabilities to health care is fully protected					
Indicator 1.2.1. **Anti-discrimination legislation**	• Modified from UNCRPD human rights indicators (Article 5)	• EPW core priority 1 (UHC)	Proportion of Member States with legislation protecting persons with disabilities from discrimination.	All Member States incorporate UNCRPD into national legislation or develop other comprehensive, disability-specific, anti-discrimination legislation.	• Biannual reports from the Committee on the Rights of Persons with Disabilities. • Data to be collected through civil society/organizations of persons with disabilities.
Indicator 1.2.2.	• Modified from UNCRPD human	• EPW core priority 1 (UHC)	Proportion of Member States with laws or directives calling for full information and consent by persons with disabilities or their	All Member States have laws or directives requiring full information and meaningful consent by persons with	• Biannual reports from the Committee on the Rights of Persons with Disabilities.

Information and consent	rights indicators (Article 25)		carers before health care procedures.	disabilities or their carers before all health care procedures.	• Data to be collected through civil society/organizations of persons with disabilities.
Target 1.3. By 2030, ensure that all persons with disabilities are fully covered by health insurance					
Indicator 1.3.1. **Health insurance**	• Modified from WHO Global Disability Action Plan 2014–2021	• EPW core priority 1 (UHC)	Proportion of persons with disabilities who are covered either by health insurance or by appropriate social protection mechanisms.	All, or almost all, persons with disabilities are insured or covered by appropriate social protection mechanisms.	• Data to be collected through surveys of key informants in Ministries of Health.
Target 1.4. By 2030, 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					
Indicator 1.4.1. **Policies on rehabilitation**	• WHO Global Disability Action Plan 2014–2021	• EPW core priority 1 (UHC)	Proportion of Member States with national policies regarding rehabilitation, habilitation, assistive technology, assistance and support services, and community-based rehabilitation.	Existence of rehabilitation, habilitation and community services, legislation, policy and regulation across all Member States in the Region, compatible with the principles of the UNCRPD.	• Data to be collected through surveys of key informants in Ministries of Health, Social Affairs, Social Security and other relevant branches of the government. • Data to be collected through civil society/ organizations of persons with disabilities.
Indicator 1.4.2. **Availability of rehabilitation services**	• WHO Global Disability Action Plan 2014–2021	• EPW core priority 1 (UHC)	Coverage of rehabilitation services (including assistive technology), both inpatient and community-based, disaggregated by urbanization level, sex and geographical region.	Availability of rehabilitation services across all Member States in the Region, compatible with the principles of the UNCRPD.	• Data obtained from Ministries of Health and Social Development.
Target 1.5. By 2030, eliminate direct and indirect costs that negatively affect access to health care					
Indicator 1.5.1.	• Modified from EPW	• EPW core priority 1 (UHC)	Proportion of households of a person with disability that experience: a) impoverishing	All Member States have eliminated impoverishing and catastrophic out-of-pocket	• Data to be collected through surveys of key informants in

Health expenditure	• Modified from WHO Global Reference List of 100 core Health Indicators (2018)		health expenditure (i.e., is pushed below or further below a relative poverty line by out-of-pocket payments); and/or b) catastrophic spending (i.e., out-of-pocket payments greater than 40% of capacity to pay for health care).	health expenditures for households of persons with disabilities (compared with national pre-framework baseline).	Ministries of Health and Social Development.

Objective 2. Promote the health and well-being of persons with disabilities

Indicator name	Source	EPW core priority / flagship initiative	Definition	Measurement of success	Means of verification
Target 2.1. By 2030, ensure that persons with disabilities have access to preventive health examinations					
Indicator 2.1.1. **Cancer screening**	• Modified from WHO Global Reference List of 100 Core Health Indicators (2018)	• EPW core priorities 1 (UHC) and 3 (Health and well-being) • Flagship initiative: Healthier behaviours	Proportion of persons with disabilities who are screened for cancer according to national or WHO guidelines.	Increase in the proportion of persons with disabilities who are screened for cancer (compared with the national pre-Framework baseline).	• National disability and health surveys. • European Health Interview Survey (EHIS). • EuroStat database on health.
Target 2.2. By 2030, ensure that persons with disabilities have access to sexual and reproductive health care services, including family planning, information and education					
Indicator 2.2.1. **Laws on sexual and reproductive health**	• Modified from EPW • Modified from SDG target 5.6.2	• EPW core priorities 1 (UHC) and 3 (Health and well-being) • Flagship initiative: Healthier behaviours	Existence of laws and regulations that guarantee that all persons with disabilities, in all contexts, have access to affordable, accessible, acceptable and quality sexual and reproductive health care, information and education.	All Member States have laws and regulations that guarantee that persons with disabilities, in all contexts, have access to affordable, accessible, acceptable and quality sexual and reproductive health care, information and education.	• Data from Ministries of Health. • Interviews with key officials in Ministries of Health.
Indicator 2.2.2. **Access to sexual and reproductive health**	• Modified from SDG target 5.6.1	• EPW core priorities 1 (UHC) and 3 (Health and well-being) • Flagship initiative:	Persons with disabilities, disaggregated by sex, who make their own informed decisions regarding sexual relationships, contraceptive use and reproductive health care.	Increase in the proportion of persons with disabilities, disaggregated by sex, who have access to sexually transmitted diseases screening and who can make their own informed decisions regarding sexual	• Use of national disability and health surveys.

Indicator name	Source	EPW core priority / flagship initiative	Definition	Measurement of success	Means of verification
		Healthier behaviours		relationships, contraceptive use and reproductive health care (compared with the national pre-Framework baseline).	
Target 2.3. By 2030, substantially strengthen intersectoral action for health					
Indicator 2.3.1. **Intersectoral policies**	• New indicator	• EPW core priorities 1 (UHC) and 3 (Health and well-being)	Number of Member States that have policies that address the intersections between disability, health and wider health determinants (e.g., transport, education, etc.).	All Member States have policies on health that address the intersections between disability, health and wider health determinants (e.g., transport, education, etc.).	• Interviews with key officials in various Ministries, including Infrastructure, Health, Transport, Education and Housing.
Target 2.4. By 2030, reduce risks and threats to the health and well-being of persons with disabilities and offer protection from neglect, abuse and/or violence					
Indicator 2.4.1. **Physical inactivity**	• Modified from the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region (2016)	• EPW core priority 3 (Health and well-being) • Flagship initiative: Healthier behaviours	Prevalence of insufficiently physically active persons with disabilities.	A 10% relative reduction in prevalence of insufficient physically active persons with disabilities (compared with the national pre-Framework baseline).	• Data to be collected through national disability and health surveys. • EuroStat database on health.
Indicator 2.4.2.	• Modified from SDG target 16.1.3	• EPW core priority 3 (Health and well-being)	Proportion of persons with disabilities (disaggregated by age and sex, subjected to neglect, violence, maltreatment or abuse	Minimum 10% reduction in the number of official reports regarding persons with disabilities who are subjected	• Data to be collected through surveys of key informants in Ministries of Health and civil

Indicator name	Source	EPW core priority / flagship initiative	Definition	Measurement of success	Means of verification
Violence against persons with disabilities		• Flagship initiatives: Mental health Healthier behaviours	in all forms, including physical, psychological and/or sexual, in all contexts, with special attention to women and girls and to people living in institutional settings.	to neglect, or violence, maltreatment or abuse in all forms, including physical, psychological and/or sexual (compared with the national pre-Framework baseline).	society/ organizations of persons with disabilities.

Objective 3. Ensure persons with disabilities are fully protected during health emergencies

Indicator name	Source	EPW core priority / flagship initiative	Definition	Measurement of success	Means of verification
Target 3.1. By 2030, strengthen or develop leadership and governance for disability-inclusive health emergency response					
Indicator 3.1.1. **Disability-inclusive health emergency policies**	• New indicator	• EPW core priority 1 (UHC) • EPW core priority 2 (Health emergencies)	Number of Member States where all health emergency policies, initiatives, strategies and programmes are disability inclusive.	All Member States have disability-inclusive health emergency policies, initiatives, strategies and programmes.	• Data to be collected through surveys of key informants in Ministries of Health and civil society/organizations of persons with disabilities.
Target 3.2. By 2030, ensure that all health emergency policies, initiatives, strategies and programmes are disability inclusive					
Indicator 3.2.1. **International Health Regulations (IHR) (2005)**	• Modified from SDG target 3.d.1	• EPW core priority 2 (Health emergencies)	Number of Member States with IHR (2005) disability-inclusive capacity and health emergency preparedness.	All Member States comply with IHR (2005) disability-inclusive capacity and health emergency preparedness.	• Data to be collected through surveys of key informants in Ministries of Health.
Indicator 3.2.2. **Mortality rate**	• New indicator	• EPW core priority 2 (Health emergencies)	Persons with disabilities have similar mortality rates to the general population during health emergencies.	Similar mortality rates [(number of deaths due to health emergency / total population) x 100 000 inhabitants] between persons with disabilities and the general population resulting from health emergencies.	• Data to be collected from Ministries of Health.

Objective 4. Build an evidence base on disability and health

Indicator name	Source	EPW core priority / flagship initiative	Definition	Measurement of success	Means of verification
Target 4.1. By 2030, ensure the collection of relevant, standardized and internationally comparable data on disability					
Indicator 4.1.1. **Country data on disability**	• Adapted from SDG target 17.18 • Adapted from WHO Global Disability Action Plan 2014–2021	• EPW core priorities 1 (UHC), 2 (Health emergencies), and 3 (Health and well-being)	Number of Member States that use a valid, reliable monitoring tool providing internationally comparable data on the health and social situation of persons with disabilities.	All Member States use a valid, reliable monitoring tool providing internationally comparable data on the health and social situation of persons with disabilities.	• Inclusion of disability in censuses, population surveys and national health surveys. • Use of internationally comparable surveys on health and disability.
Indicator 4.1.2. **Reporting by health care facilities**	• Adapted from WHO Global Reference List of 100 Core Health Indicators (2018)	• EPW core priorities 1 (UHC), 2 (Health emergencies), and 3 (Health and well-being)	Number of Member States where more than 50% of health care facilities provide disability-disaggregated reports.	Increase in the number of Member States where more than 50% of health care facilities (public and private) provide disability-disaggregated reports.	• Routine facility information systems (including surveillance).
Target 4.2. By 2030, strengthen disability research					
Indicator 4.2.1. **Disability research**	• WHO Global Disability Action Plan 2014–2021	• EPW core priorities 1 (UHC), 2 (Health emergencies), and 3 (Health and well-being)	Number of Member States that provide research grants for disability research.	Increase in the number of Member States that provide research grants for disability research.	• National reporting from Ministries of Health and Education, national centres of excellence or academic bodies.

= = =