Terms of Reference for the Technical Advisory Group on the Framework for Action on Health for People with Disabilities in the WHO European Region 2022-2030

(TAG on Disability and health)

Currently, at least 135 million people in Europe and central Asia live with a disability. People with disabilities often have increased needs for health care, but can also face more barriers in accessing and using that care. As a result, they can experience greater unmet healthcare needs, which can lead to detrimental effects on their well-being, but also for health systems as well, in the form of worse health outcomes and unnecessarily high healthcare costs.

A great advancement towards the introduction of inclusive health systems was the adoption in September 2022 of the WHO European framework for action to achieve the highest attainable standard of health for persons with disabilities 2022-2030 (the Framework, hereafter) by the 53 Member States of the WHO European Region (WHO/Europe). The core principles of the Framework are that it is equity-based, people-focused and data-enabled. It consists of four objectives, aligned with the three core priorities of the European Programme of Work 2020-2025: achieving universal health coverage, protecting against health emergencies and promoting health and well-being. Each objective is accompanied by corresponding action areas, targets and indicators, along with an implementation plan and a complete monitoring and evaluation framework (with 20 indicators, accompanying measures of progress, and data sources). Ultimately, this Framework is about protecting the human rights of persons with disabilities, promoting their health and well-being and supporting the achievement of the Sustainable Development Goals.
This new commitment at the highest political level will see governments working together with WHO/Europe to ensure that health systems and societies remove all barriers for people with disabilities. The Framework will help countries strengthen disability-inclusive health systems to provide, protect and promote the health and well-being of people with disabilities of all ages and across all contexts. Collaboration with national and international partners, and organizations of people with disabilities will be essential to placing the voices of people with disabilities at the centre of decision-making.

The Advisory Group (the “AG”) will act as an advisory body to WHO in this field.

I. Functions

In its capacity as an advisory body to WHO, the AG shall have the following functions:

1. Advise WHO on the implementation and offering of technical assistance to Member States on the establishment of their own monitoring and evaluation framework at national and subnational levels;

2. Propose to WHO effective and innovative approaches to promote the health of persons with disabilities in the Region;

3. Advise WHO on advocating for political commitment and allocation of adequate financial resources to strengthen and sustain disability-inclusive health care across Member States; and

4. Report to the WHO Regional Director for Europe at regular intervals regarding progress towards meeting the targets of the Framework at the regional and subregional levels.

II. Composition

1. The AG shall have up to 30 members¹, who shall serve in their personal capacities to represent the broad range of disciplines relevant to disability and health. In the

¹ Members serve as full participants and partake in the deliberations and the adoption of the recommendations of the meeting in which they are involved.
selection of the AG members, consideration shall be given to attaining an adequate
distribution of technical expertise, geographical representation and gender balance.

2. Members of the AG, including the Chairperson, shall be selected and appointed by
WHO following an open call for experts. The Chairperson's functions include the
following:

- to chair the meeting of the AG;
- to liaise with the WHO Secretariat between meetings.

In appointing a Chairperson, consideration shall be given to gender and
geographical representation.

3. Members of the AG shall be appointed to serve for a period of 2 years and shall be
eligible for reappointment. A Chairperson is eligible for reappointment as a member
of the AG, but is only permitted to serve as Chairperson for one term. Their
appointment and/or designation as Chairperson may be terminated at any time by
WHO if WHO's interest so requires or, as otherwise specified in these terms of
reference or letters of appointment. Where a member's appointment is terminated,
WHO may decide to appoint a replacement member.

4. AG members must respect the impartiality and independence required of WHO. In
performing their work, members may not seek or accept instructions from any
Government or from any authority external to the Organization. They must be free of
any real, potential or apparent conflicts of interest. To this end, proposed
members/members shall be required to complete a declaration of interests form and
their appointment, or continuation of their appointment, shall be subject to the
evaluation of completed forms by the WHO Secretariat, determining that their
participation would not give rise to a real, potential or apparent conflict of interest.

5. Following a determination that a proposed member’s participation in the AG would
not give rise to a real, potential or apparent conflict of interest, the proposed member
will be sent a letter inviting them to be a member of the AG. Their appointment to
the AG is subject to WHO receiving the countersigned invitation letter and letter of
agreement. Notwithstanding the requirement to complete the WHO declaration of interest form, AG members have an ongoing obligation to inform the WHO of any interests real or perceived that may give raise to a real, potential or apparent conflict of interest.

6. As contemplated in paragraph II.4 above, WHO may, from time to time, request AG members to complete a new declaration of interest form. This may be before a AG meeting or any other AG-related activity or engagement, as decided by WHO. Where WHO has made such a request, the AG member’s participation in the AG activity or engagement is subject to a determination that their participation would not give rise to a real, potential or apparent conflict of interest.

7. Where a AG member is invited by WHO to travel to an in-person AG meeting, WHO shall, subject to any conflict of interest determination as set out in paragraph II.6 above, issue a letter of appointment as a temporary adviser and accompanying memorandum of agreement (together ‘Temporary Adviser Letter). WHO shall not authorize travel by an AG member, until it receives a countersigned Temporary Adviser Letter.

8. AG members do not receive any remuneration from the Organization for any work related to the AG. However, when attending in-person meetings at the invitation of WHO, their travel cost and per diem shall be covered by WHO in accordance with the applicable WHO rules and policies.

III. Operation

1. The AG shall normally meet at least twice each year, and more frequently in 2025 – 2026 (before Member States’ submission of the 2026 interim report) and 2029 – 2030 (before Member States’ submission of the 2030 final report). However, WHO may convene additional meetings. AG meetings may be held in person (at WHO headquarters in Geneva or another location, as determined by WHO) or virtually, via video or teleconference.
AG meetings may be held in open and/or closed session, as decided by the Chairperson in consultation with WHO.

(a) Open sessions: Open sessions shall be convened for the sole purpose of the exchange of non-confidential information and views, and may be attended by Observers (as defined in paragraph III.3 below).

(b) Closed sessions: The sessions dealing with the formulation of recommendations and/or advice to WHO shall be restricted to the members of the AG and essential WHO Secretariat staff.

2. The quorum for AG meetings shall be two thirds of the members.

3. WHO may, at its sole discretion, invite external individuals from time to time to attend the open sessions of an advisory group, or parts thereof, as “observers”. Observers may be invited either in their personal capacity, or as representatives from a governmental institution / intergovernmental organization, or from a non-State actor. WHO will request observers invited in their personal capacity to complete a confidentiality undertaking and a declaration of interests form prior to attending a session of the advisory group. Invitations to observers attending as representatives from non-State actors will be subject to WHO internal due diligence and risk assessment including conflict of interest considerations in accordance with the Framework for engagement with non-State actors (FENSA). Observers invited as representatives may also be requested to complete a confidentiality undertaking. Observers shall normally attend meetings of the AG at their own expense and be responsible for making all arrangements in that regard.

At the invitation of the Chairperson, observers may be asked to present their personal views and/or the policies of their organization. Observers will not participate in the process of adopting recommendations of the AG.

4. The AG may decide to establish smaller working groups (sub-groups of the AG) to work on specific issues. Their deliberations shall take place via teleconference or video-conference. For these sub-groups, no quorum requirement will apply; the
outcome of their deliberations will be submitted to the AG for review at one of its meetings.

5. AG members are expected to attend meetings. If a member misses two consecutive meetings, WHO may end his/her appointment as a member of the AG.

6. Reports of each meeting shall be submitted by the AG to WHO. All recommendations from the AG are advisory to WHO, who retains full control over any subsequent decisions or actions regarding any proposals, policy issues or other matters considered by the AG.

7. The AG shall normally make recommendations by consensus. If, in exceptional circumstances, a consensus on a particular issue cannot be reached, minority opinions will be reflected in the meeting report.

8. Active participation is expected from all AG members, including in working groups, teleconferences, and interaction over email. AG members may, in advance of AG meetings, be requested to review meeting materials and to provide their views for consideration by the AG.

9. WHO shall determine the modes of communication by the AG, including between WHO and the AG members, and the AG members among themselves.

10. AG members shall not speak on behalf of, or represent, the AG or WHO to any third party.

IV. Secretariat

WHO shall provide the secretariat for the AG, including necessary scientific, technical, administrative and other support. In this regard, the WHO Secretariat shall provide the members in advance of each meeting with the agenda, working documents and discussion papers. Distribution of the aforesaid documents to Observers will be determined by the WHO Secretariat. The meeting agenda shall
include details such as: whether a meeting, or part thereof, is closed or open; and whether Observers are permitted to attend.

V. Information and documentation

1. Information and documentation to which members may gain access in performing AG related activities shall be considered as confidential and proprietary to WHO and/or parties collaborating with WHO. In addition, by counter signing the letter of appointment and the accompanying terms and conditions referred to in section II(5) above, AG members undertake to abide by the confidentiality obligations contained therein and also confirm that any and all rights in the work performed by them in connection with, or as a result of their AG-related activities shall be exclusively vested in WHO.

2. AG members and Observers shall not quote from, circulate or use AG documents for any purpose other than in a manner consistent with their responsibilities under these Terms of Reference.

3. WHO retains full control over the publication of the reports of the AG, including deciding whether or not to publish them.