**Special Rapporteur on the Rights of Persons with Disabilities Thematic Report to the 78th session of the General Assembly**

**Feedback from WHO Disability Programme**

(Darryl Barrett & Maria Francesca Moro)

Dear Dr. Quinn,

We are glad to see that the next Thematic Report will focus on the active involvement of persons with disabilities in Rebuilding Inclusive Societies in Post-Conflict Situations.

A few of the areas mentioned in your questions are covered in the WHO Report on Health Equity for Persons with Disabilities and other WHO programmatic documents (particularly with respect to promoting post-conflict “reconstruction”).

In the meantime, please find below our answers to some of your questions (that focus more on the health sector given our membership in the WHO)

***Policy and practice***

1. Please describe your **strategy for engaging in and promoting conflict** prevention, resolution, reconciliation, **reconstruction** and peacebuilding, including by sharing existing policy and other documents if available.
* The WHO Global Report on Health Equity for Persons with Disabilities (<https://www.who.int/publications/i/item/9789240063600>) emphasizes the need to integrate disability inclusion in national health strategies, **including preparedness and response plans for health emergencies – due to conflicts -**. Such actions can include making sure, in the post-conflict reconstruction phase, that health services and disability-specific services available are mainstreamed and made accessible for persons with disabilities; establishing multisectoral collaboration; ensuring the participation and engagement of organizations of persons with disabilities in health sector processes; and collecting and analysing sex-, age- and disability-disaggregated data.
* The recent WHO European Framework for action to achieve the highest attainable standard of health for persons with disabilities 2022–2030 (<https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6751-46517-67449>) has, as one of its main objectives, ensuring that all health policies and programming, as well as resilience-building and recovery plans during health emergencies – due to conflicts -, are disability inclusive.
1. Please outline how do existing strategies and policies for engaging in and promoting conflict prevention, resolution, reconciliation, **reconstruction** and peacebuilding **ensure the inclusion of and engagement with persons with disabilities and their representative organizations**?
* The two documents shared have among their strategic priorities to 1) Ensure appropriate leadership for disability-inclusive health emergency response, with active involvement of persons with disabilities and their organizations; 2) Strengthen health systems so that they are resilient to health emergencies due to conflicts; 3) Ensure that conflicts management fully address the needs of persons with disabilities so that they are fully protected; 4) 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 due to conflicts.

***Inclusion and participation of persons with disabilities***

1. What are the **challenges and barriers** to ensuring persons with disabilities can meaningfully participate in conflict prevention, resolution, reconciliation, reconstruction and peacebuilding?
* In many countries, the absence or disempowerment of local organizations of people with disabilities have made it difficult to make visible the practical problems faced by persons with disabilities in conflict prevention, resolution, reconciliation, reconstruction and peacebuilding.
* Even where these organizations exist, they have not been included in governance processes. Rarely events focusing on rebuilding in post-conflict situations are accessible for people with disabilities and reasonable accommodations to empower their participation are usually not provided. Furthermore, the documentation from these events is usually distributed only in non-accessible formats.

***International cooperation and assistance***

1. Please describe a conflict prevention, resolution, reconciliation, reconstruction and peacebuilding programming that you have developed, funded, and/or implemented and that is inclusive of persons with disabilities or their representative organizations. What were the key challenges, lessons learned and best practices?
* In the Republic of Moldova, WHO is leading a joint-project (in partnership with other entities) called “Mainstreaming a disability-inclusive humanitarian response to the Ukrainian refugee crisis” (<https://www.who.int/europe/news/item/16-03-2023-enabling-support-for-ukrainian-refugees-with-disabilities-in-the-republic-of-moldova>).
* The project aims to support international and local service providers in becoming more inclusive of Ukrainian refugees with disabilities. Local and international organizations of people with disabilities are participating in the project (including the European Disability Forum, the Alliance of Organizations for Persons with Disabilities from the Republic of Moldova, the Association “Motivatie” of Moldova, the Moldovan Association for Deaf People, and the Centre for the Rights of Persons with Disabilities).
* Many challenges faced by Ukrainian refugees with disabilities remain unaddressed, primarily due to insufficient data on their location and needs, alongside other barriers. Refugees must navigate unfamiliar health systems while dealing with language barriers, financial hardship, and post-traumatic stress. Health services remain largely inaccessible to refugees due to lengthy bureaucratic processes and a lack of available information for those with different access needs.
1. Please describe whether the obligations of Article 32 of the CRPD (international cooperation) are/have been taken into consideration when developing policies and strategies for promoting conflict prevention, resolution, reconciliation, **reconstruction** and peacebuilding.
* The WHO Global Report on Health Equity for Persons with Disabilities emphasizes that international cooperation must “not segregate persons with disabilities, undermine their rights, or create or exacerbate barriers. Any efforts towards international cooperation must also recognize the fundamental requirement to include persons with disabilities in technical or other resource analysis or allocation processes as outlined in Article 32 of the CRPD”.