

# WHO Policy on the Employment of Persons with Disabilities

## HRD, 28 May 2010

### A. Background

1. The United Nations Convention on the Rights of Persons with Disabilities and its Optional Protocol (the Convention) entered into force in May 2008.<sup>1</sup> It provides for the full and equal enjoyment of all human rights and freedom for all persons with disabilities without discrimination of any kind. Although the Convention does not explicitly define disability, it considers that disability arises from a health condition in interaction with the environment. The overall context, guiding principles and key features of this WHO policy on the employment of persons with disabilities, are laid out in the Convention, in UN General Assembly Resolutions 61/106 and 62/170, and in the policy statement on the “Employment of Persons with Disabilities in the United Nations Workplace”<sup>2i</sup> endorsed in June 2009 by the Chief Executives Board Human Resources Network for agencies across the UN Common System. The policy falls under the broader framework of WHO’s diversity management and reflects the Organization’s zero-tolerance of stigma and discrimination of any kind.
2. The process of mainstreaming disability into the development agenda has evolved considerably. With more than 10 per cent of the global population living with some form of disability, the majority of whom live in poverty in the developing world, this mainstreaming process is directly linked to the achievement of the Millennium Development Goals. Addressing all aspects of exclusion of persons with disabilities is integral to the Organization's ability to achieve its global health mandate. The policy set forth below complements the Organization’s technical efforts and is consistent with the mandate of the WHO Task Force on Disability established by the Director-General in 2008 to encourage and facilitate WHO programmes and projects Organization-wide to be designed and implemented taking into account the needs of people with disabilities.<sup>2</sup>

### B. Approach, scope, definitions and application

3. The scope and implementation of this policy should adhere to and are limited by the Rules and Regulations of this Organization.
4. WHO is committed to providing equality of access to employment, advancement and retention in the Organization, recognizing that it is in the Organization's interest to recruit and maintain a diverse and skilled workforce that is representative of the diverse nature of society, which includes persons with disabilities.

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<sup>1</sup> Full text as well as signatories and ratifications are available at <http://www.un.org/disabilities/>

<sup>2</sup> <http://www.unsystemceb.org/>

5. The Organization undertakes to promote a workplace culture based on fair practices which will safeguard the rights of persons with disabilities to be treated with dignity and respect and to enjoy equal terms and conditions of employment. However, treating people equally does not necessarily mean treating them the same. People with disabilities may have specific requirements which must be met in order for them to be included in the workforce. Every member of the WHO workforce is expected to contribute to creating and sustaining such a workplace.
6. “Disability” is a difficulty in functioning at the body, person, or societal levels, in one or more life domains, as experienced by an individual with a health condition in interaction with contextual factors.
7. “Persons with disabilities” include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others<sup>3</sup> (*Annex 1*).
8. Of relevance is the WHO Personnel Policy on AIDS and HIV Infection (1992, IC/92/76) supported by WHO LIVES - the "Expanded Programme on HIV and AIDS in the WHO Workplace - Core Principles and Minimum Standards" (Information Note 46/2006) with a focus on promoting respect for individual rights and dignity.
9. WHO recognizes that persons with disabilities include those whose have a permanent disability and is readily apparent and those whose disabilities are less apparent. Whether or not a permanent disability is readily apparent, any chronic medical condition that may have a repercussion on a person’s capacity to work or lead a normal life may require adaptation of the working environment through reasonable accommodation.
10. The policy applies to persons with disabilities entering or already working in the Organization, including those who may acquire a disability in the course of employment.
11. WHO will make every effort to be an employer of choice when the best candidate for the job has a disability, and will tap into sources of top-notch talent. WHO will hire the best person for the job, regardless of disability WHO notes that positive measures designed to meet the particular requirements of persons with disabilities are not regarded as discrimination against other staff members.

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<sup>3</sup> Convention on the Rights of Persons with Disabilities, Article 1. This is consistent with the definition of disability used in WHO's technical work using the International Classification of Functioning, Disability and Health (ICF) as endorsed by Member States in the Fifty-fourth World Health Assembly on 22 May 2001 (WHA Resolution 54.21)<sup>3</sup>.

## **C. Policy parameters**

### **Rights protection**

12. The rights of persons with disabilities will be protected on an equal basis with others, including the right to just and favourable conditions of service, and to equal opportunities and equal remuneration for work of equal value. This also encompasses safe and healthy working conditions, including protection from harassment and the redress of grievances
13. Persons with disabilities will not be discriminated against at any point in the employment cycle. This concerns all matters related to recruitment, selection, appointment, career guidance and development, learning opportunities, performance evaluations, promotions, transfers, retention in employment and return to work.<sup>4</sup>

### **Reasonable accommodation**

14. “Reasonable accommodation” means necessary and appropriate measures to enable persons with disabilities to have access to, participate and advance in employment and to undergo training or other career development opportunities, on an equal basis with others. To facilitate the employment of persons with disabilities, it may include adjustment and modification of equipment and/or modification of the working time, work organization and work location, and the adaptation of the work environment to provide access to the place of work. The requested accommodation should not impose a disproportionate burden on WHO, in financial terms or in terms of its practical implications, its effects on the overall work process, and with regard to length of the envisaged employment contract. WHO recognizes that a disability may also be temporary in nature.<sup>5</sup> Reasonable accommodation will be made in such cases, wherever practicable.
15. The Organization undertakes to make every effort to provide the reasonable accommodations necessary to overcome the barriers to enable a person with a disability to enter into employment with WHO, work effectively for and remain within the Organization for as long as is appropriate.
16. It is incumbent upon the person with a disability to inform the Organization of the need for reasonable accommodation, particularly where the need for such accommodation may not be readily apparent. The nature and extent of the

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<sup>4</sup> See Convention on the Rights of Persons with Disabilities, Article 27.1(a).

<sup>5</sup> A temporary disability is defined as an impairment that is not expected to persist for longer than 12 months.

accommodation required should be determined by the particular needs of that individual based on a recommendation by Health and Medical Service, taking into account the needs of the Organization. WHO's officer in charge (of the selection in case of a new recruitment or with managerial responsibilities in case of an existing staff member), may approve or decline to provide the accommodation if to do so would impose a disproportionate burden on the Organization, and/or with regard to Staff Regulation 4.6.

## **Selection and recruitment**

17. Recruitment and selection procedures will include the following positive measures:

- a) Vacancy Notices will be amended to reflect the principle that WHO is committed to being an employer of choice, respecting workforce diversity;
- b) During the application process, candidates who make their disabilities known will be requested to detail any accommodation they may require to enable them to compete for the position on an equal basis with other candidates. All reasonable efforts will be made by the Organization to comply with such requests.

## **Career development and learning opportunities**

18. Once recruited, staff members with disabilities have the right to fully develop their career potential on an equal basis with other staff members. To ensure equality of career outcomes for people with disabilities, WHO is committed to providing all staff members with equal access to learning and career development opportunities (with reasonable accommodation provided where required).

## **Retention in employment and return to work**

19. If a staff member acquires a disability or an existing disability becomes more severe, the Organization will take steps aimed at enabling the staff member to remain in suitable employment, or to return to work following an absence resulting from an acquired or increased disability. In consultation with the Health and Medical Services and the staff member, the Organization will seek to identify and, where appropriate, put in place reasonable accommodations (see paragraphs 14 - 16 above) to facilitate his/her retention or return to work.

## **Performance evaluation**

20. The performance evaluations of a staff member with disabilities will be undertaken according to objective criteria related to the essential tasks of the job and the workplan objectives.

## **Working environment**

21. The Convention on the Rights of Persons with Disabilities<sup>6</sup> establishes the principles of access and utilization of public buildings by persons with disabilities. All new buildings or improvements to existing buildings occupied by staff members should comply with the relevant local national legislation or, in the absence of such legislation, with provisions as defined by Headquarters or the Regional Office concerned. In this regard, WHO will take reasonable measures to ensure that staff members with disabilities are:

- allocated office accommodations compatible with their particular needs, including the provision of designated accessible entrances and exits to the buildings and designated parking, as well as provision of accessible restrooms;
- able to access food services, mail and messenger services, travel and bank services and other facilities on WHO premises, as well as to note relevant display areas and obtain assistance, as required.

## **Office environment**

22. The Organization will take steps to ensure that the office environment is suited to staff members with disabilities. Where appropriate, an occupational assessment of the workplace will be carried out when:

- a newly recruited staff member with a disability commences employment;
- a staff member becomes disabled during his/her employment with the Organization;
- a disabled staff member's move to a different office entails a significant change in the office environment - for example, a move from headquarters to a field office.

## **Flexible work arrangements and organization of work**

23. Where appropriate, flexible working arrangements may be agreed upon by the supervisor and staff member concerned, drawing upon the Organization's work-

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<sup>6</sup> See Convention on the Rights of Persons with Disabilities, Article 9 Accessibility.

life policies, with the objective of meeting WHO's work exigencies and the staff member's particular needs.

24. WHO will take steps to protect the rights of disabled persons to have access to information and to communication.
25. The entire workforce should have access to information technology tools, including the Intranet and Extranet, applications, databases and event information displays. Wherever possible, and based on demand, these tools will be made available in accessible formats. In this regard, staff members with disabilities shall be consulted concerning special equipment or furniture that may be necessary to enable them to perform the essential functions of their job, including effective access to information technology tools.

### **Meetings, conferences, workshops and seminars**

26. Making visitors with disabilities, including consultants and conference participants, feel welcome and comfortable on WHO premises is one of the features of the policy. WHO will take all reasonable measures to ensure that persons with disabilities are able to participate fully in meetings, conferences, workshops, seminars and other events. Presentation aids or other media should, as far as practicable, be accessible to people with physical and sensory disabilities, and relevant materials should be available in accessible formats. Attention will also be paid to the accessibility of the venues where events are held, to ensure that they are accessible to staff members with disabilities. The WHO Task Force on Disability has already produced a guide to facilitate this effort.

## **D. Continuous efforts**

### **Dissemination of information and learning**

27. In collaboration with partners from other parts of WHO, the Organization will undertake periodic information dissemination across the Organization to ensure understanding of the policy, as well as awareness raising and learning activities and complementary communication strategies.

### **Monitoring and implementation**

28. WHO will collect annual statistics pertaining to the number of new and serving staff who make their disabilities known.

29. WHO will conduct periodic reviews of the effectiveness of the measures undertaken pursuant to this policy and take steps to improve the effectiveness of such measures, as necessary. Questions relevant to policy implementation will be added to staff surveys for this purpose.
30. WHO stresses that, while it remains firmly committed to the principle of equal access to employment opportunities for persons with disabilities, it may not be in a position to immediately remove all barriers to fully implement this policy. Nevertheless, WHO undertakes to continue to move forward to implement progressively all of the provisions of the policy.

### **Confidentiality of information**

31. In accordance with medical and other norms of confidentiality, the Organization will respect the confidentiality of any information provided by a staff member or job applicant relating to his/her disability.

### **Interagency collaboration**

32. The Organization will participate in knowledge sharing with other agencies in the UN Common System, with a view to strengthening the policy and its implementation, as required, based on good practice.
33. The Organization will also strengthen collaboration with international, regional and national organizations dealing with issues relating to disabilities to expand the pool of available sources of recruitment.

### **E. Effective date**

34. The policy approved by the Director-General is effective on 1 August 2010.

## **Annex 1: Illness versus Disability**

1. The following definitions apply, aligning disability-related terminology with the WHO definition and model of disability in the International Classification of Functioning, Disability and Health (ICF, WHO, 2001).

*"Disability is an umbrella term for impairments, activity limitations and participation restrictions. It denotes the negative aspects of the interaction between an individual (with a health condition) and that individuals' contextual factors (environmental and personal factors)".*

*"Functioning is an umbrella term for body functions, body structures, activities and participation. It denotes the positive aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors)."*

*"Body functions are the physiological functions of body systems (including psychological functions)."*

*"Body structures are anatomical parts of the body such as organs, limbs and their components."*

*"Impairments are problems in body function or structure such as a significant deviation or loss."*

*"Activity is the execution of a task or action by an individual. "Participation is involvement in a life situation."*

*"Activity limitations are difficulties an individual may have in executing activities."*

*"Participation restrictions are problems an individual may experience in involvement in life situations".*

*"Environmental factors make up the physical, social and attitudinal environment in which people live and conduct their lives"*

2. It is helpful in the understanding of the term disability to consider a number of related concepts, and the way in which the medical community uses certain terminology:

"Illness" or "injury" are processes that may cause harm to the body, and which may or may not lead to physical or mental impairment. However, a health condition can also result in a activity limitation/participation restriction without evident impairments in body functions or structures. For example, a person living with HIV, or a person recovered from mental illness, facing stigmatization or discrimination in interpersonal relations in the workplace might encounter difficulties in doing a good job.

3. "Impairment" is a loss, loss of use, or derangement of any body part, organ system, or organ function. It is a situation where anatomical or functional loss has occurred, and normal functioning is impaired. Impairment may be temporary or permanent, fluctuating or episodic,. There is important interaction between impairment in body functions/ structures, activity limitations and participation restrictions. For example, a person may have an impairment without having activity limitations or participation restrictions like a person with a disfigurement (fingernail missing). Or a person with impairments and activity limitations may not have participation restrictions, e.g. an individual with mobility limitations may be provided by society with assistive technology to move around.

4. "Disability" is an alteration of an individual's capacity to meet personal, social, or occupational demands because of an impairment. Disability can only be assessed with reference to a particular activity,

function, or environment. A person with a disability may be disabled in some domains of functioning, but not in others.

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<sup>i</sup> CEB/2009/HLCM/HR/40 (**CEB/2009/HLCM/30???**)