Inclusive Futures
Promoting disability inclusion

UKaid
from the British people

People with disabilities are disproportionately impacted by COVID-19. They must be included meaningfully in the response and recovery.

An estimated one billion people live with disabilities worldwide, and 80% of people with disabilities live in low and middle income countries. Reports from media and Disabled Peoples' Organisations (DPOs) suggest that they will be disproportionately impacted by COVID-19 in the following ways:

Primary Impacts

- **People with disabilities are at greater risk of contracting COVID-19** due to a range of barriers, for example:
  - Public health information is often not being provided in accessible formats;
  - Water, sanitation and hygiene facilities are sometimes inaccessible, particularly for women and girls with disabilities;
  - Social distancing and self-isolation measures are unfeasible for some people with disabilities who rely on carers;
  - People living in residential institutions and some humanitarian contexts live in close proximity to large numbers of people, and they rely on carers or officials to prevent and respond to outbreaks. People with disabilities, including older people with disabilities, represent the majority of institutionalised people globally, and emerging evidence indicates that people in institutional settings experience the highest rates of infection and mortality from COVID-19;
  - People with disabilities in humanitarian contexts are often under-identified, which could lead to their further exclusion from COVID-19 prevention/response measures.

- **People with disabilities are at greater risk of developing serious illness or dying from COVID-19,** sometimes due to underlying health conditions, but also because of barriers such as physically inaccessible healthcare facilities, a lack of capacity amongst health workers to treat people with disabilities, and stigma and discrimination against people with disabilities in healthcare.
  - Older people are particularly at risk, and across 43 low and middle income countries (LMICs) one third of people aged 50 or older have a disability.
  - Many countries have introduced crisis guidelines that may lead to discrimination against people with disabilities and older people, because they permit the de-prioritisation of treatment for older people, people with disabilities, and people with underlying health conditions when health systems have reached capacity. For example, in Spain it was reported that guidelines were introduced suggesting that people who cannot walk unaided or who have intellectual disabilities would not be taken to hospital even if they are suspected to have COVID-19.
  - Such practices would contravene the UN Convention on the Rights of Persons with Disabilities.

- **Pre-existing mental health conditions and psychosocial disabilities are likely to be exacerbated** as a result of fear and anxiety about contracting COVID-19, economic and financial pressures, long periods of social isolation, family pressures and violence.
  - Prior to the pandemic it was understood that one in four people will develop a mental health condition in their lifetime, and that common mental health conditions such as depression and anxiety are approximately twice as common in women.
  - Prior to the pandemic, mental health conditions were expected to cost the global economy US $16 trillion in lost economic output by 2030, including US $7 trillion from LMICs. These costs may now be increasing.
  - Previous pandemics have also had severe impacts on mental health. For example, post-traumatic stress disorder, depression and chronic fatigue were still common amongst

survivors of SARS in China a decade after the outbreak.

Secondary Impacts

- **People with disabilities are likely to experience more severe challenges in accessing healthcare,** as they can require more access to healthcare, and experience more barriers to accessing services, less healthcare coverage, and worse health outcomes. Extreme pressure on under-resourced healthcare systems is reinforcing existing structural barriers to healthcare, such as high costs of care and transport, physically inaccessible facilities, lack of capacity amongst healthcare workers and stigma and discrimination against people with disabilities. In current pandemic conditions, people with disabilities have reported that they have reduced access to healthcare and medications.

- **People with disabilities are likely to be disproportionately impacted by unemployment.** In most countries, people with disabilities are more likely to be employed in the informal sector and to be self-employed, therefore they are more likely to lose work and less likely to be supported by labour protections. Prior to the pandemic people with disabilities were already commonly excluded from employment, and there were significantly lower rates of employment amongst people with disabilities around the world, therefore people with disabilities may experience greater difficulties returning to work.

- **People with disabilities in LMICs are more likely to experience food insecurity.** The World Food Programme estimates that 265 million more people could be pushed into acute food insecurity by COVID-19. **P**eople with disabilities have been reporting difficulties in accessing food and essential supplies during lockdowns. Access may become increasingly difficult as pressure increases on markets and supply chains, and as food becomes unaffordable for people whose livelihoods have been affected.

- **People with disabilities are less likely to be included in social protection systems.** People with disabilities often have limited access to social protection, for example in low-income countries it is estimated that only 1% of people with severe disabilities have access to disability benefits. Social protection systems are often inaccessible because of barriers such as: having to travel to be assessed or to collect payments; problematic conditionalities on payments; poor communications about benefits schemes; and discriminatory attitudes among service providers. Social protection schemes are also often insufficient to cover the relatively higher costs of living for people with disabilities**.**

- **Children with disabilities are likely to experience additional barriers to education while schools are closed.** Research from prior to the pandemic showed that people with disabilities are less likely to ever attend school, more likely to be out of school, and less likely to complete education. School closures during the COVID-19 may lead to further exclusion of children with disabilities if there is a lack of support, inaccessible education materials and formats, or negative attitudes towards children with disabilities' education during the pandemic and when schools re-open.

- **School closures may also put children with disabilities at risk of sexual exploitation and abuse.** During the Ebola outbreak from 2014 to 2016 while schools were closed there were increases in sexual exploitation and abuse of girls, and early pregnancies, including of girls with disabilities. Research from before the COVID-19 pandemic shows that children and adolescents with disabilities are nearly three times more likely to experience sexual violence than their peers without disabilities.

- **Stigma and discrimination against people with disabilities could increase.**
  - People with disabilities report that they are being devalued in public messaging about COVID-19.
  - Some people with disabilities are experiencing abuse because of being falsely associated with COVID-19 infection. For example in Kenya, albinism is being falsely associated with

COVID-19 infection, and people with albinism are experiencing increased discrimination and abuse during the pandemic.
  - People with disabilities have also experienced greater social exclusion during previous epidemics, for example a survey of people affected by the Ebola outbreak in Liberia found that 84% of people with disabilities reported being treated as an outsider and being rejected or shunned by community members.

- **People with disabilities are at risk of being left behind by carers and community members who are either quarantined or fearful of infection.** This may have a particularly severe impact on people with disabilities in LMICs, where care is most often provided by family members and where there are limited state disability care and child protection systems. Disabled Peoples' Organisations in LMICs are reporting that people with disabilities are losing the support of carers and family members who are unwilling to be in close contact due to COVID-19. People with disabilities have also been abandoned during previous epidemics, for example a survey of people affected by the Ebola outbreak in Libera found that nearly a fifth of people with disabilities reported not being allowed to return home.

- **Women and girls with disabilities are at greater risk of experiencing domestic violence.** Research from prior to the pandemic shows that women with disabilities were already at 2 to 4 times higher risk of intimate partner violence than women without disabilities**,** and reports of violence against women are increasing as the pandemic unfolds.

A disability-inclusive response and recovery must:

- Base activities on **comprehensive social and economic analysis,** including detailed barrier analysis to identify the environmental, attitudinal and institutional barriers people with disabilities – in all of their diversity – face regarding COVID-19 response and recovery.
- Meaningfully **involve people with disabilities and their representative organisations,** including through ongoing consultations and engagement with people with disabilities and their organisations as leaders and decision-makers.
- **Build in accessibility and/or reasonable accommodation (adjustments to systems to accommodate or make them fair for people with disabilities) from the outset.** For example in public health information campaigns, food distribution stations and testing or quarantine centres. Where universal design (products and buildings that are accessible and usable by everyone, including people with disabilities) is not possible, provide alternatives and adaptations.
- **Collect and monitor disability disaggregated data**, including health information and programmatic data, using the Washington Group Questions.
- **Identify opportunities arising from the pandemic crisis to build a better future beyond the crisis – with and for people with disabilities**: Explore how COVID-19 may create new political opportunities for improved national or international planning, policy, legislation or sector-specific policy frameworks to strengthen disability inclusion – and capitalise on those opportunities.
- **Encourage better communication and coordination between sectors and with the disability movement/sector** (especially in relation to humanitarian, social protection and employment initiatives, as well as interaction between the health and social sectors).

WANT TO GET IN TOUCH WITH THE HELPDESK?

The Helpdesk is responding to a range of queries on disability inclusion, including those related to COVID-19. Send us an email and we can discuss your request further:

enquiries@disabilityinclusion.org.uk