Persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response. Persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. Persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable. Persons with disabilities face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence.

All the measures that are being undertaken by the authorities and other stakeholders should consider persons with disabilities (mainstreaming of disability in the COVID-19 responses). All the information about COVID-19 and the responses to it should be accessible to all persons with disabilities considering the variety of types of disability (sensorial, locomotory, intellectual, psycho-social). All decisions with relevance for persons with disabilities should be taken in consultation with the rights holders and their representative organizations. All the decisions related to persons with disabilities should be subject to scrutiny through accountability mechanisms that should be put in place by the authorities.

Ensure the availability and dissemination of health information and communications in accessible modes, means and formats. Ensure that the medical services are physically and informationally accessible for persons with different types of disabilities. Ensure priority testing of persons with disabilities presenting symptoms. Promote research on the impact of COVID-19 on the health of persons with disabilities. Ensure the continued supply and access to medicines for persons with disabilities during the pandemic. Conduct training and awareness-raising of health workers to prevent discrimination based on prejudice and bias against persons with disabilities.

Priorities testing and promote preventive measures within institutions to reduce infection risks by addressing overcrowding, implementing physical distancing measures for residents, modifying visiting hours, mandating use of protective equipment, and improving hygiene conditions. Increase temporarily the resources of institutions including human resources and financial resources to implement preventive measures. Recover better by adopting and reinforcing deinstitutionalization strategies by closing institutions and returning people to the community and strengthening support services for persons with disabilities.

Provide clear guidance to education and school authorities on the scope of their obligations and the variety of available resources when providing education outside schools. Provide guidance, training and support for teachers on inclusive education through remote learning. Establish close coordination with parents and caregivers for early education of children with disabilities. Develop accessible and adapted materials for students with disabilities, to support remote learning. Develop accessible educational audio-visual materials to disseminate through different media (e.g. online on demand, televised educational programs, etc.)

Why are persons with disabilities more vulnerable during times of crisis?

- Persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.
- Persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death.
- Persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable.
- Persons with disabilities face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence.

How can ALL the rights of persons with disabilities be secured during the COVID-19 crisis?

- All the measures that are being undertaken by the authorities and other stakeholders should consider persons with disabilities (mainstreaming of disability in the COVID-19 responses).
- All the information about COVID-19 and the responses to it should be accessible to all persons with disabilities considering the variety of types of disability (sensorial, locomotory, intellectual, psycho-social).
- All decisions with relevance for persons with disabilities should be taken in consultation with the rights holders and their representative organizations.
- All the decisions related to persons with disabilities should be subject to scrutiny through accountability mechanisms that should be put in place by the authorities.

A. Right to health of persons with disabilities

- Ensure the availability and dissemination of health information and communications in accessible modes, means and formats.
- Ensure that the medical services are physically and informationally accessible for persons with different types of disabilities.
- Ensure priority testing of persons with disabilities presenting symptoms.
- Promote research on the impact of COVID-19 on the health of persons with disabilities.
- Ensure the continued supply and access to medicines for persons with disabilities during the pandemic.
- Conduct training and awareness-raising of health workers to prevent discrimination based on prejudice and bias against persons with disabilities.

B. Rights of persons with disabilities living in the institutions

- Consider discharging and releasing persons with disabilities from institutions while ensuring prompt provision of support in the community through family and/or informal networks, and fund support services by public or private service providers.

- Priorities testing and promote preventive measures within institutions to reduce infection risks by addressing overcrowding, implementing physical distancing measures for residents, modifying visiting hours, mandating use of protective equipment, and improving hygiene conditions.
- Increase temporarily the resources of institutions including human resources and financial resources to implement preventive measures.
- Recover better by adopting and reinforcing deinstitutionalization strategies by closing institutions and returning people to the community and strengthening support services for persons with disabilities.

C. Right to education of persons with disabilities

- Provide clear guidance to education and school authorities on the scope of their obligations and the variety of available resources when providing education outside schools.
- Provide guidance, training and support for teachers on inclusive education through remote learning.
- Establish close coordination with parents and caregivers for early education of children with disabilities.
- Develop accessible and adapted materials for students with disabilities, to support remote learning.
- Develop accessible educational audio-visual materials to disseminate through different media (e.g. online on demand, televised educational programs, etc.)
The recovery strategies should have at its core the principle of equality and non-discrimination. The recovery process should make sure inequalities are not deepened by the actions envisaged as part of the rebuilding plans; The process of recovery should consider the different needs of different persons with disabilities. For instance, women with disabilities from rural areas might have different needs to get included in the recovery response than men with disabilities living in urban areas; The recovery measures should be shaped to respond adequately to the standards of accessibility. Ensuring accessibility of facilities, services and information is fundamental to a disability inclusive COVID-19 response and recovery. If public health information, buildings, transport, communications, technologies, goods and services are not accessible, persons with disabilities cannot take necessary decisions, live independently and isolate or quarantine safely, or access health and public services on an equal basis with others.

Participation should stay at the core of the recovery and response path. Participation of persons with disabilities in appreciating the most needs compliant response will make it more efficient; Accountability should be central in the process as the Governments and other stakeholders should establish mechanisms to engage with communities to inform programming and adjust it according to the impact. The response and recovery processes should be data driven. Any decision should comply with the principle of evidence-based decision making, for it to be efficient. Data should be collected using internationally recognized methods, such as the Washington Group tools. More in-depth qualitative data can be collected through needs assessments and surveys, such as the WHO Model Disability Survey.

FOR MORE INFORMATION SEE: