Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance

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In the light of the COVID19 pandemic and its disproportionate impact on persons with disabilities, the International Disability Alliance (IDA) has compiled the following list of the main barriers that persons with disabilities face in this emergency situation along with some practical solutions and recommendations. This document is based on inputs received from our members around the world aiming to assist global, regional, national and local advocacy to more efficiently address the range of risks persons with disabilities face.

If you have any updates on how COVID 19 is affecting persons with disabilities in your area of work, or want to share any good practices or lessons learnt, please contact IDA Inclusive Humanitarian Adviser Ms Elham Youssefian via emailing eyoussefian@ida-secretariat.org

International Disability Alliance Key Recommendations

- Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats
- Additional protective measures must be taken for people with certain types of impairment.
- All preparedness and response plans must be inclusive of and accessible to women with disabilities
- No disability-based institutionalization and abandonment is acceptable
- During quarantine, support services, personal assistance, physical and communication accessibility must be ensured
- Measures of public restrictions must consider persons with disabilities on an equal basis with others
- Persons with disabilities in need of health services due to COVID19 cannot be deprioritized on the ground of their disability
- OPDs can and should play a key role in raising awareness of persons with disabilities and their families.
- OPDs can and should play a key role in advocating for disability-inclusive response to the COVID19 crisis

I. People with disabilities are at higher risk of contracting COVID19 due to barriers accessing preventive information and hygiene, reliance on physical contact with the environment or support persons, as well as respiratory conditions caused by certain impairments.

Recommendation 1: Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats

- Mass media communication should include closed captioning, national sign language, high contrast, large print information.
- Digital media should include accessible formats to blind persons and other persons facing restrictions in accessing print.
- All communication should be in plain language.
- In case the public communications are yet to become accessible, alternative phone lines for blind persons and email address for deaf and hard of hearing may be a temporary option.
- Sign language interpreters who work in emergency and health settings should be given the same health and safety protections as other health care workers dealing with COVID19.
- There may be appropriate alternatives for optimum access, such as interpreters wearing a transparent mask, so that facial expressions and lip movement is still visible,
- Alternatives are particularly important as remote interpretation is not accessible for everyone, including people with deaf-blindness. Solutions should be explored with concerned people and organizations representing them.

Recommendation 2: Additional protective measures must be taken for people with certain types of impairment.

- Disinfection of entrance doors reserved for persons with disabilities, handrails of ramps or staircases, accessibility knobs for doors reserved for people with reduced mobility.
- Introducing proactive testing and more strict preventive measures for groups of persons with disabilities who are more susceptible to infection due to the respiratory or other health complications caused by their impairment.
- The COVID19 crisis and confinement measures may generate fear and anxiety; demonstrating solidarity and community support is important for all, and may be critical for persons with psychosocial disabilities

Recommendation 3: Rapid awareness raising and training of personnel involved in the response are essential

- Government officials and service providers, including emergency responders must be trained on the rights of persons with disabilities, and on risks associated to respiratory complications for people who have specific impairments (e.g. whose health may be jeopardized by coughing).
- Awareness raising on support to persons with disabilities should be part of all protection campaigns.

Recommendation 4: All preparedness and response plans must be inclusive of and accessible to women with disabilities

- Any plans to support women should be inclusive of and accessible to women with disabilities
- Programs to support persons with disabilities should include a gender perspective.

II. Implementing quarantines or similar restrictive programs may entail disruptions in services vital for many persons with disabilities and undermine basic rights such as food, health care, wash and sanitation, and communications, leading to abandonment, isolation and institutionalization.

Recommendation 5: No disability-based institutionalization and abandonment is acceptable

- Persons with disabilities should not be institutionalized as a consequence of quarantine procedures beyond the minimum necessary to overcome the sickness stage and on an equal basis with others.
- Any disruptions in social services should have the least impact possible on persons with disabilities and should not entail abandonment.
- Support family and social networks, in case of being quarantined, should be replaced by other networks or services.

Recommendation 6: During quarantine, support services, personal assistance, physical and communication accessibility must be ensured

- Quarantined persons with disabilities must have access to interpretation and support services, either through externally provided services or through their family and social network;
- Personal assistants, support workers or interpreters shall accompany them in quarantine, upon both parties agreement and subject to adoption of all protective measures;
- Personal assistants, support workers or interpreters should be proactively tested for COVID 19 to minimize the risk of spreading the virus to persons with disabilities
- Remote work or education services must be equally accessible for employees/students with disabilities.

Recommendation 7: Measures of public restrictions must consider persons with disabilities on an equal basis with others

- In case of public restriction measures, persons with disabilities must be supported to meet their daily living requirements, including access to food (as needed with specific dietary requirements), housing, healthcare, in-home, school and community support, as well as maintaining employment and access to accessible transportation.
- Government planners must consider that mobility and business restrictions disproportionately impact persons with reduced mobility and other persons with disabilities and allow for adaptations. For example, Australia has reserved specific opening hours in supermarket for persons with disabilities and older persons
- Providers of support services must have the personal protective equipment and instructions needed to minimize exposure and spread of infection, as well as should be proactively tested for the virus.

- In case of food or hygienic products shortage, immediate measures must be taken to ensure that people with disabilities are not left out as they will be the first group to experience lack of access to such items.
- Any program to provide support to the marginalized groups should be disability-inclusive, e.g. distribution of cash may not be a good option for many people with disabilities as they may not be able to find items they need due to accessibility barriers.

III. When ill with COVID19, persons with disabilities may face additional barriers in seeking health care and also experience discrimination and negligence by health care personnel.

Recommendation 8: Persons with disabilities in need of health services due to COVID19 cannot be deprioritized on the ground of their disability

- Public health communication messages must be respectful and non-discriminatory.
- Instructions to health care personnel should highlight equal dignity for people with disabilities and include safeguards against disability-based discrimination.
- While we appreciate that the urgency is to deal with the fast-rising number of people infected and in need of hospitalization, rapid awareness-raising of key medical personnel is essential to ensure that persons with disabilities are not left behind or systematically deprioritized in the response to the crisis.
- Communications about the stage of the disease and any procedures must be to the person themselves and through accessible means and modes of communication.

IV. Organizations of Persons with Disabilities (OPDs) particularly at national and local levels may not be prepared to take immediate action and may not be fully aware how to approach the situation. Some measures OPDs can take include:

Recommendation 9: OPDs can and should play a key role in raising awareness of persons with disabilities and their families.

- Prepare COVID19 instructions and guidance in various accessible formats in local languages; please see existing resources produced by IDA members and their members, which we will keep updating
- Help establish peer-support networks to facilitate support in case of quarantine;
- Organize trainings on disability inclusion for responders
- Compile an updated list of accessible health care and other essential service providers in each area

Recommendation 10: OPDs can and should play a key role in advocating for disability-inclusive response to the COVID19 crisis

- Proactively reach to all related authorities including the health system, the national media, the crisis response headquarters and education authorities to:

- Sensitize authorities on how the pandemic as well as the response plans may disproportionally impact persons with disabilities;
- Offer tailored practical tips on how to address accessibility barriers or specific measures required by persons with disabilities
- Based on available resources and capacity, contribute to the national or local emergency response.

*For updated resources on inclusion of persons with disabilities in Covid19 prevention and response, please regularly check the webpage dedicated by the International Disability Alliance at http://www.internationaldisabilityalliance.org/covid-19