

Policy Brief:
**A Disability-Inclusive
Response to COVID-19**

MAY 2020

1. Executive Summary

The global crisis of COVID-19 is deepening pre-existing inequalities, exposing the extent of exclusion and highlighting that work on disability inclusion is imperative. People with disabilities—one billion people—are one of the most excluded groups in our society and are among the hardest hit in this crisis in terms of fatalities.

Even under normal circumstances, persons with disabilities are less likely to access health care, education, employment and to participate in the community. They are more likely to live in poverty, experience higher rates of violence, neglect and abuse, and are among the most marginalized in any crisis-affected community. COVID-19 has further compounded this situation, disproportionately impacting persons with disabilities both directly and indirectly.

An integrated approach is required to ensure that persons with disabilities are not left behind in COVID-19 response and recovery. It calls for placing them at the centre of the response, participating as agents of planning and implementation. All COVID-19 related action must prohibit any form of discrimination based on disability and take into consideration the intersections of gender and age, among other factors. This is necessary effectively and efficiently to address and prevent barriers that may arise during response and recovery.

Disability inclusion will result in a COVID-19 response and recovery that better serves everyone, more fully suppressing the virus, as well as building back better. It will provide for more agile systems capable of responding to complex situations, reaching the furthest behind first.

This Policy Brief highlights the impact of COVID-19 on persons with disabilities and in doing so, outlines key actions and recommendations to make the response and recovery inclusive of persons with disabilities. While the brief contains specific recommendations focusing on key sectors, it identifies four overarching areas of action that are applicable for all.

- 1. Ensure mainstreaming of disability in all COVID-19 response and recovery together with targeted actions.** A combination of mainstream and disability-specific measures are necessary to ensure systematic inclusion of persons with disabilities.
- 2. Ensure accessibility of information, facilities, services and programmes in the COVID-19 response and recovery.** Accessibility is fundamental to the inclusion of persons with disabilities in the immediate health and socio-economic response to COVID-19. If public health information, the built environment, communications and

technologies, and goods and services are not accessible, people 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.

3. Ensure meaningful consultation with and active participation of persons with disabilities and their representative organizations in all stages of the COVID-19 response and recovery.

Persons with disabilities have important contributions to make in tackling the crisis and building the future. Many persons with disabilities have experience of thriving in situations of isolation and alternate working arrangements that can offer models for navigating the current situation. Perspectives and lived experiences of disability contribute to creativity, new approaches and innovative solutions to challenges.

4. Establish accountability mechanisms to ensure disability inclusion in the COVID-19 response. Ensure inclusive investments to support disability-inclusive outcomes. Governments, donors, UN agencies and other actors need to establish mechanisms to monitor investments to ensure it is reaching persons with disabilities. Disaggregating data by disability is key to ensure accountability.

Inclusion of persons with disabilities in the COVID-19 response and recovery is a vital part of achieving the pledge to leave no one behind, and a critical test of the global commitments of the Convention of the Rights of Persons with Disabilities (CRPD), the 2030 Agenda for Sustainable Development, the Agenda for Humanity and the United Nations Disability Inclusion Strategy. It is also central to the UN's commitment to achieve transformative and lasting change on disability inclusion.

2. How COVID-19 impacts persons with disabilities

Persons with disabilities are disproportionately impacted by the COVID-19 outbreak. An estimated 46% of older people aged 60 years and over are people with disabilities.¹ One in every five women is likely to experience disability in her life, while one in every ten children is a child with a disability.² Of the one billion population of persons with disabilities, 80% live in developing countries.³

They represent a diverse population of people with different impairments and support requirements, who face significant barriers in exercising their rights throughout the

lifecycle. Some groups face even greater marginalization—for example persons with intellectual and psychosocial disabilities, persons who are deafblind—who are more likely to be excluded from services, live or be detained in institutions, and experience higher rates of violence, neglect and abuse.

As the report ‘Shared Responsibility, Global Solidarity’ on the socio-economic impact of the pandemic reflects, COVID-19 is not simply a health crisis—it is attacking societies at their core.⁴ The response is feeding on pre-existing social and economic inequalities associated with disability and threatens to exacerbate them further.



Figure 1 Global population of persons with disabilities (IASC Guidelines, 2019, Inclusion of Persons with Disabilities in Humanitarian Action)

Persons with disabilities are at greater risk of contracting COVID-19. They may experience barriers to implement basic protection measures such as hand-washing and maintaining physical distancing for several reasons: lack of accessibility of water, sanitation and hygiene (WASH) facilities; a reliance on physical contact to get support; inaccessibility of public health information; or being placed in institutional settings which are often overcrowded and unsanitary.⁵ These barriers are exacerbated for those living in informal settlements and/or affected by humanitarian emergencies.

Persons with disabilities are at greater risk of developing more severe health conditions and dying from COVID-19. They have greater health requirements and poorer health outcomes. For example, they are more susceptible to secondary conditions and co-morbidities, such as lung problems, diabetes and heart disease, and obesity, which can worsen the outcome of COVID-19 infections.⁶ The barriers to accessing healthcare are further exacerbated during the COVID-19 crisis, making timely and appropriate care difficult for persons with disabilities.

Persons with disabilities living in institutions are more likely to contract the virus and have higher rates of mortality. Persons with disabilities, including older people with disabilities, represent the majority of institutionalized people globally.⁷ People with disabilities are also overrepresented in the prison population, particularly persons with intellectual and psychosocial disabilities.⁸ People in institutional settings, such as nursing homes⁹, social care homes and psychiatric facilities, as well as detention facilities and penitentiaries¹⁰, experience significant barriers to implement basic hygiene measures and physical distance, and have limited access to COVID-19-related information, testing and healthcare. Emerging evidence indicates that people in institutional settings are experiencing the highest rates of infection and mortality from COVID-19.¹¹ The percentage of COVID-19 related deaths in care homes—where older persons with disabilities are overrepresented—ranges from 19% to 72% in countries in which official data is available.¹²

Persons with disabilities are at greater risk of discrimination in accessing healthcare and life-saving procedures during the COVID-19 outbreak. In some countries, health care rationing decisions, including triage protocols

1 UN DESA [Disability and Ageing](#)

2 WHO and World Bank, [World Report on Disability \(2011\)](#); UN DESA, [Ageing and Disability](#); UNICEF, [Children and Young People with Disabilities \(2013\)](#).

3 United Nations Department of Economic and Social Affairs (UN DESA), [Factsheet on Persons with Disabilities](#)

4 United Nations, [Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of Covid-19](#), March 2020

5 WHO, [Disability considerations during the COVID-19 outbreak, 2020](#); H. Kuper & P. Heydt, [The Missing Billion, access to health services for 1 billion people with disabilities](#), LSHTM, 2019; I. Mactaggart et al. (2018), [Access to water and sanitation among people with disabilities](#), *BMJ open* vol. 8(6), e020077.

6 WHO, [World Report on Disability, 2011](#); A. K. Singh et al. (2020), [“Comorbidities in COVID-19: Outcomes in hypertensive cohort and controversies with renin angiotensin system blockers”](#), *Diabetes & metabolic syndrome* 14(4).

7 OECD Health Statistics 2019, [Beds in residential long-term care facilities, Long-term care beds in hospitals and Psychiatric care beds in hospitals](#), available at <https://oe.cd/ds/health-statistics>; M. Luppa et al (2010), [“Prediction of institutionalization in the elderly. A systematic review”](#), *Age Ageing* 39(1).

8 Penal Reform International, [Global Prison Trends 2020](#)

9 United Nations, [Policy Brief: Impact of COVID-19 on Older Persons](#), May 2020

10 United Nations, [COVID-19 and Human Rights: We are all in this together](#), April 2020

11 A. Comas-Herrera et al. (2020), [“Mortality associated with COVID-19 outbreaks in care homes: early international evidence”](#)

(e.g. intensive care beds, ventilators), are not being based on an individual prognosis, but rather on discriminatory criteria, such as age or assumptions about quality or value of life based on disability.¹³ Moreover, access to healthcare, rehabilitation and assistive technologies for persons with disabilities, including with respect to accessibility and affordability,¹⁴ can also be curtailed due to the increased pressure on healthcare systems.

Persons with disabilities are particularly disadvantaged by the socio-economic consequences of COVID-19 and measures to control the pandemic. COVID-19 has both short-term and far-reaching implications for people with disabilities in many areas of life, which may be further exacerbated in humanitarian and disaster contexts and fragile settings:

- **Impact on employment and social protection.** Already facing exclusion in employment¹⁵, persons with disabilities are more likely to lose their job and experience greater difficulties returning to work during recovery.¹⁶ In most countries social protection systems offer little support to persons with disabilities and their families with much less access to social insurance. Only 28%

of persons with significant disabilities have access to disability benefits globally, and only 1% in low-income countries.¹⁷ The increased demand for unpaid care and domestic work in the context of the pandemic is deepening already existing inequalities¹⁸ which may be exacerbated for women with disabilities.¹⁹

- **Impact on education.** While reliable figures on students with disabilities are not yet available, it is likely that the current crisis has exacerbated their exclusion from education.²⁰ As detailed in the policy brief on the impact of COVID-19 on children, students with disabilities are least likely to benefit from distance learning solutions.²¹ Lack of support, access to the internet, accessible software and learning materials is likely to deepen the gap for students with disabilities. Disruption to skills and training programmes are likely to have far-reaching effects on youth with disabilities who face a multitude of barriers to entering the workforce.
- **Impact on support services.** For many people with disabilities, access to support services is essential to lead safe, healthy and independent lives. Measures to contain the spread of COVID-19 have resulted in

12 A. Comas-Herrera et al. (2020), "[Mortality associated with COVID-19 outbreaks in care homes: early international evidence](#)"

13 S. Bagenstos (2020), "May Hospitals Withhold Ventilators from COVID-19 Patients with Pre-Existing Disabilities? Notes on the Law and Ethics of Disability-Based Medical Rationing", 130 Yale Law Journal Forum (Forthcoming)

14 Baart & F. Taaka (2017), "Barriers to Healthcare Services for People with Disabilities in Developing Countries: A Literature Review", Disability, CBR & Inclusive Development, 28(4).

15 United Nations, [Disability and Development Report, Realizing the Sustainable Development Goals by, for and with persons with disabilities](#), 2018

16 Mitra, S. and Kruse, D., 2016. Are workers with disabilities more likely to be displaced?. The International Journal of Human Resource Management, 27(14), pp.1550-1579.

17 ILO 2017 World report on social protection Universal social protection to achieve the Sustainable Development Goals; page 66-73, ILO 2019. Measuring financing gaps in social protection for achieving SDG target 1.3 global estimates and strategies for developing countries UN DESA, 2017, Promoting social inclusion through social protection, Report on the World Social Situation S. Kidd et al., Leaving No-one Behind: Building Inclusive Social Protection Systems for Persons with Disabilities, Development Pathways, 2019.

18 United Nations, [Policy Brief: The Impact of COVID-19 on Women](#), April 2020

19 United Nations, [Disability and Development Report, Realizing the Sustainable Development Goals by, for and with persons with disabilities](#), 2018

20 United Nations, [Disability and Development Report, Realizing the Sustainable Development Goals by, for and with persons with disabilities](#), 2018

21 United Nations, [Policy Brief: The Impact of COVID-19 on Children](#), April 2020

significant disruptions to services, support systems and informal networks, such as personal assistance, sign language and tactile interpretation, and psychosocial support. The economic impact of COVID-19 may also lead to even greater cuts within existing services in the post-pandemic period.

- **Impact of violence on persons with disabilities.** The policy brief on the impact of COVID-19 on women documents early reports which indicate a substantial increase of domestic violence in the midst of lockdown measures,²² which has a particular impact on women and girls with disabilities.²³ Given that both children and adults with disabilities are at much higher risk of violence than their peers without disabilities,²⁴ it can be assumed that they are disproportionately impacted. Increased stigma and discrimination against persons with disabilities within communities has also been reported.²⁵

22 United Nations, [Policy Brief: The Impact of COVID-19 on Women](#), April 2020

23 UN Women, [COVID-19 and ending violence against women and girls](#), 2020

24 L. Jones et al. (2012), "Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies", *The Lancet* 380(9845); K. Hughes et al. (2012), "Prevalence and risk of violence against adults with disabilities: a systematic review and meta-analysis of observational studies", *The Lancet* 379(9826).

25 J. Meaney-Davis et al., The impacts of COVID-19 on people with disabilities: a rapid review, Inclusive Features, [Disability Inclusion Helpdesk](#) Query No: 35, 2020

3. Foundations for a disability-inclusive COVID-19 response and recovery

A human rights-based approach to disability is required to ensure persons with disabilities are not left behind.²⁶ Both the CRPD and the 2030 Agenda call for placing persons with disabilities at the centre of all our efforts, as agents of planning and implementation.

A combination of mainstreaming and targeted measures is necessary in all interventions. Persons with disabilities share the same primary needs as everyone else: health protection and treatment, basic services, shelter and income. The best way to address their inclusion is through mainstreaming disability in all plans and efforts. Targeted measures need to complement disability mainstreaming by addressing specific requirements that cannot be met by making general responses inclusive.

NON-DISCRIMINATION

Non-discrimination is a core human rights principle. COVID-19 response and recovery must prohibit discrimination on the basis of disability, as well as any criteria which could

have a disproportionate impact on persons with disabilities. It is necessary to recognise and take measures against disadvantage experienced by persons with disabilities by taking proactive steps, including through reasonable accommodation, to ensure they equally benefit from COVID-19 response measures.²⁷

INTERSECTIONALITY

Persons with disabilities experiencing intersectional and multiple discrimination as a result of their gender identity, age, ethnicity, race, sexual orientation, origin, location and legal status, among other factors, will carry a heavier burden of the immediate and long-term economic and social consequences of the pandemic.²⁸ COVID-19 response and recovery needs to reflect and respond to the multiple and intersecting forms of discrimination faced by persons with disabilities to ensure that the most marginalised groups among them are not left behind.

²⁶ United Nations, [COVID-19 and Human Rights: We are all in this together](#), April 2020

²⁷ [Reasonable Accommodation means “Necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms” \(CRPD Article 2\)](#)

²⁸ United Nations, [Disability and Development Report, Realizing the Sustainable Development Goals by, for and with persons with disabilities](#), 2018

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. Such measures do not need to add greatly to overall cost especially if the needs of the maximum number of users are considered in the initial design.²⁹ Research shows that if they are considered from the design stage, ensuring accessibility can cost as little as 1% more.³⁰

PARTICIPATION

Persons with disabilities have the right to participate fully and effectively in decisions that affect their lives.³¹ They are a diverse, non-homogenous population who possess unique knowledge and lived experience of disability that others do not.

Close consultation and active involvement of people with disabilities and their representative organizations at all stages—from planning and design to implementation and monitoring—is key to ensuring inclusive response. Partnerships and collaboration will improve effectiveness and accountability, assist in directly achieving inclusion and ensuring

that all action related to COVID-19 benefits persons with disabilities, and contributes to longer-term development and recovery.

ACCOUNTABILITY

Accountability is essential for ensuring that the COVID-19 response and recovery is inclusive and respectful of the rights of persons with disabilities. Governments, UN entities and other actors are accountable to affected populations, including persons with disabilities, and mechanisms need to be established to engage with communities to inform programming and adjust it according to feedback.

DATA DISAGGREGATION

To understand the different ways in which people with disabilities experience the impact of COVID-19, and to monitor their inclusion in all phases of the response and recovery, ensuring the collection and availability of disaggregated data by disability is essential. To that end, data should be collected using internationally recognized methods, such as the [Washington Group](#) tools.³² More in-depth qualitative data can be collected through needs assessments and surveys, such as the WHO Model Disability Survey. For planning purposes, where primary data collection is not undertaken or secondary data sources on disability is not available, the World Bank/WHO 15 per cent estimate of persons with disabilities in the population may be used.³³

29 Universal design means the design of products, environments, programmes and services to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design (CRPD Article 2).

30 E. Steinfeld, [Education for all: the cost of accessibility](#), World Bank Education Notes, 2005.

31 CRPD, Article 4.3.

32 Washington Group (WG) on Disability Statistics, [Questions sets](#).

33 WHO and World Bank, [World Report on Disability](#) (2011).

4. Sectoral actions and recommendations for a disability-inclusive COVID-19 response and recovery

The following section outlines key actions to protect persons with disabilities from contracting COVID-19 and the impact of lockdowns, physical distancing and isolation measures, and to achieve a disability-inclusive response and recovery.

HEALTH

People with disabilities are more susceptible to contracting COVID-19, and barriers to accessing health services, including testing, are exacerbated during the crisis. Lockdowns can lead to restricted access to essential goods and medicines, as well as limit access to supports. The disruption of wider health services puts persons with disabilities at a disadvantage as they may require more frequent access due to underlying health conditions.³⁴

Ensure accessible public health information.

An appropriate response requires measures to ensure that information is accessible, up to date, and keeps pace with the rapidly changing knowledge evidenced during the pandemic.³⁵

For example, Inclusion Europe has produced [information and links on COVID-19 in Easy-to-Read format](#) in multiple languages. Through the joint UN Partnership on the Rights of Persons with Disabilities (UN PRPD) programme³⁶ in Nepal, information on COVID-19 included [accessibility features, including sign language](#).

Implement protective measures against COVID-19.

Access to appropriate WASH facilities that make frequent hand-washing possible is essential, as is the targeted provision of protective measures for those providing support to persons with disabilities either at home or in institutions. The distribution of personal protective equipment to persons with disabilities needs to be tailored to their impairment. For example, given that masks make it impossible to read lips or see facial expressions, deaf and hard of hearing persons will benefit better from face shields.

Ensure accessibility to services. Measures need to be put in place to facilitate the timely access to health services for persons with disabilities, such as transportation to healthcare facilities, access to sign language

³⁴ WHO and World Bank, [World Report on Disability](#) (2011).

³⁵ United Nations, [Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of Covid-19](#), March 2020

³⁶ UN Partnership on the Rights of Persons with Disabilities (UNPRPD) supports joint programmes by UN agencies together with governments and organizations of persons with disabilities at country level to advance CRPD implementation. In Nepal, the UNPRPD project is jointly implemented by UNDP, UNFPA, WHO and UN Women and partners.

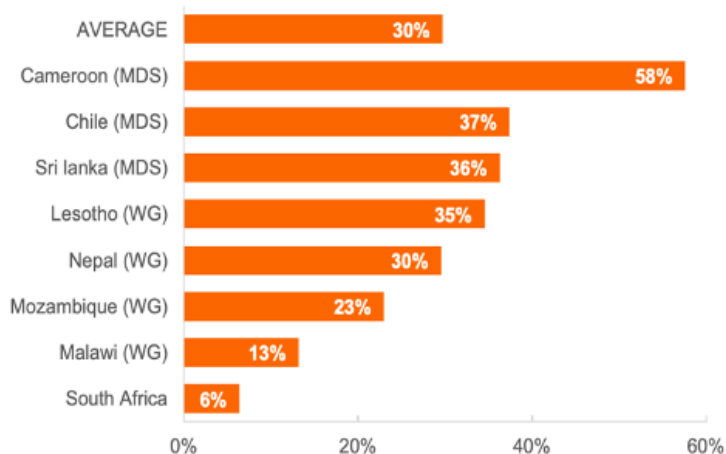


Figure 2 Percentage of persons with disabilities who report that health-care facilities are hindering or not accessible (United Nations, Disability and Development Report, 2018)

interpretation in hospitals, as well as the procurement of goods, medicines and services. Essential health services, including sexual and reproductive health, must be accessible—for example, ensuring telehealth programmes are accessible for persons with disabilities who require different modes of communication. By way of example, the United Arab Emirates has launched a [national programme to test persons with disabilities in their homes](#), and as of mid-April, had conducted 650,000 COVID-19 tests of persons with disabilities.

Ensure non-discrimination in the allocation of scarce medical resources. It is important to mitigate the risk of discriminatory decisions in resource allocation that put people with disabilities at a high level of disadvantage³⁷ by applying ethical principles that prioritize treatment for persons in situations of particular vulnerability.³⁸

Make mental health interventions inclusive of persons with disabilities. Anxiety, lockdowns, isolation, and information consumption, loss of livelihoods and support systems due to the pandemic impact on mental health of all people, including persons with disabilities. As documented in the policy brief on the impact of COVID-19 on older persons, physical distancing measures that restrict visitors and group activities in institutions can also negatively affect physical, as well as mental health and well-being.³⁹ Mental health and psychosocial support needs to be accessible and not discriminate against persons with disabilities.

WHO has produced guidelines on [Disability considerations during the COVID-19 outbreak](#).

37 R. D. Truog et al. (2020), "The Toughest Triage – Allocating Ventilators in a Pandemic", The New England Journal of Medicine, DOI: 10.1056/NEJMp2005689.

38 WHO, Guidance for Managing Ethical Issues in Infectious Disease Outbreaks, 2016.

39 United Nations, Policy Brief: [Impact of COVID-19 on Older Persons](#), May 2020

PROTECTING PEOPLE IN INSTITUTIONAL SETTINGS

Institutional settings have become COVID-19 hotspots, highlighting systemic challenges in these settings. People with disabilities in institutional settings face heightened risk of contracting and dying from COVID-19. Their situation is compounded by greater risks, such as abuse, restraint, isolation and violence.

Prepare institutions to prevent and respond to potential infections. This includes prioritising testing and preventive measures within institutions to reduce infection risks, addressing overcrowding, isolation and physical distancing measures among residents, modifying visiting hours, ensuring use of protective equipment is mandatory, and improving hygiene conditions. It is important to guarantee that those who contract the virus receive adequate treatment and health care and, when needed, are transferred to hospitals and/or emergency care units. In Canada, for example, [priority testing guidelines](#) have been issued with specific measures for institutional settings.

Reduce the number of people within institutions. It is important to take immediate action to discharge and release persons with disabilities from institutions, whenever possible. Deinstitutionalization strategies need to be accelerated and reinforced with clear timelines and concrete benchmarks.

Reduce the number of persons with disabilities in prisons. Whenever possible, it will be important to explore early release and probation or shorten or commute sentences. Other possible measures would include

reducing the use of pre-trial detention, and promptly ensuring support in the community through family and/or informal networks.⁴⁰

In a number of countries around the world prisoners with disabilities have been released.

SUPPORT SERVICES

Many persons with disabilities rely on support services for daily living and to participate in their communities. These include personal assistance, sign language and tactile interpretation, in-home services and peer support, amongst others.

Ensure the continuity of support services.

It is important to develop and implement service continuity plans, particularly for people with disabilities with high support needs, as well as measures to reduce potential exposure to COVID-19 during the provision of services.⁴¹ This includes practical guidance and updated advice to informal carers on how to support persons with disabilities in a manner safe for everyone.

Expand community support for persons with disabilities. The growth in demand for support services in the community without a corresponding supply of services can increase pressure on families to provide unpaid, informal care, with negative consequences on both persons with disabilities and family members, particularly women.⁴²

In Argentina, Peru, Spain and other countries, for instance, persons who provide support to people with disabilities are exempted from restrictions of movement and physical distancing.⁴³ Community support networks

⁴⁰ OHCHR, [Covid-19 and the Rights of Persons with Disabilities: Guidance](#), May 2020

⁴¹ WHO, [Disability considerations during the COVID-19 outbreak](#), March 2020

⁴² C. Devandas, UN Special Rapporteur on the rights of persons with disabilities, [Access to rights-based support for persons with disabilities](#), UN Doc. A/HRC/34/58, 2016.

⁴³ Argentina, [Decree 297/2020](#), Article 6.5.; Spain [Real Decree 463/2020](#); Peru [Supreme Decree No 044-2020-PCM](#).

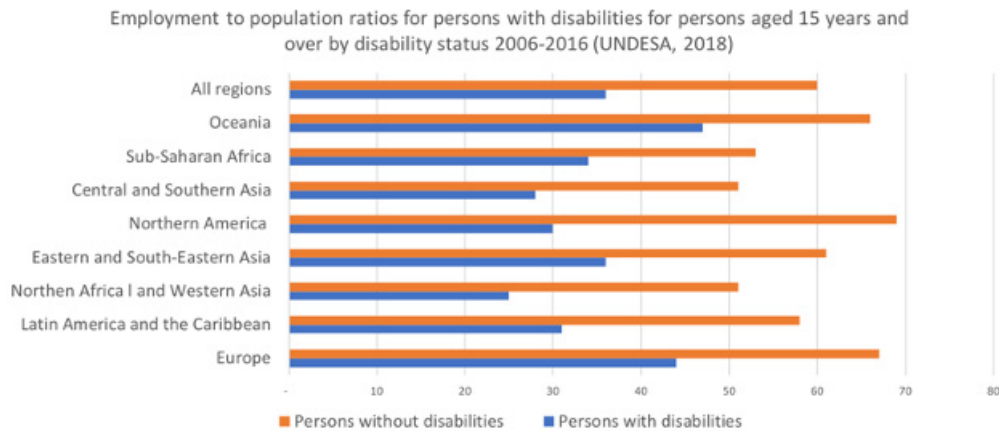


Figure 3 Employment-to-population ratios, for persons aged 15 years and over by disability status and sex, 2006-2016

have also developed in Colombia and other countries which recruit volunteers that support persons with disabilities and older persons with their groceries and other purchases.⁴⁴

SOCIAL PROTECTION AND EMPLOYMENT

Social protection has already proven a key element in the immediate relief to be provided to persons affected by the socio-economic impact of the crisis.⁴⁵ It is particularly relevant for persons with disabilities out of work, who have lost their job or their income resulting from the informal economy, all of which are at risk of poverty and extreme poverty.

Expand mainstream and disability-targeted social protection and adapt delivery mechanisms to provide adequate relief and support to persons with disabilities and their families. This can be done by: advancing and/or increasing payments of disability benefits; extending coverage to persons with disabilities already registered but who were not previously eligible, and through (online) registration of

persons with disabilities; providing disability top-ups to beneficiaries of mainstream social assistance schemes, including to family members who have to stop work to support persons with disabilities; and establishing electronic payment and home delivery for cash and essential food and non-food items.

Employment and working conditions need to be responsive to accessibility and inclusion.

Persons with disabilities who continue working, whether essential workers or others, may need specific protection or adjustments to stay safe during the pandemic. At all times it is important that employers and workplaces provide accessible environments and reasonable workplace adjustments based on individual needs. Persons with disabilities who own businesses or work in the informal economy may need particular support to be able to maintain their livelihoods.

Alternate working arrangements and conditions made accessible and inclusive. Platforms and new ways of meeting must be accessible to all, and adequate adjustments put in place to allow persons with disabilities to work from home.

44 Such practice is promoted by States, such as Colombia.

45 United Nations, *Shared Responsibility, Global Solidarity: Responding to the Socio-Economic Impacts of Covid-19*, March 2020

Ensure disability-inclusive Occupational Health and Safety (OSH) measures. New OSH measures may apply particularly to persons with disabilities. In such cases, different arrangements may be required, such as priority to work from home or placed in paid leave.

Approaches to coming out of lockdown need to be sensitive to the particular situation of persons with disabilities. Persons with disabilities and their family members or support services have different levels of vulnerability to COVID-19. Some persons with disabilities, including older persons with disabilities, may need to isolate for longer than other groups. Social protection and working arrangements need to be adaptive to support their ability to do this.

The International Labour Organization (ILO) has developed a [guidance note on socio-economic actions](#) for persons with disabilities. Information is also available on: [Disability inclusion in COVID-19 and the world of work](#) and [Social protection measures for persons with disabilities in the COVID-19 crisis](#).

EDUCATION

Students with disabilities are likely to face greater barriers in accessing distance learning or rejoining classes once they are available, and face increased risk of dropping out of education during disruptions to learning.

Ensure distance learning is accessible to, and inclusive of, students with disabilities.

Education actors need to take measures to ensure continuity of learning for students with disabilities and return to school programmes. This may include providing specialized equipment to support their learning, including assistive technology and devices, and support to caregivers/parents of children with disabilities. UNICEF has produced a guidance note for staff and partners on supporting the learning of children in areas of school closures, which includes guidance on making learning accessible to children with disabilities.⁴⁶

Address impacts that go beyond learning. For many children with disabilities, peer relations, social perception and social competence are significant aspects of their Individual Education Plans, all of which are challenged in the context of school closures. School closings can also mean that many children with disabilities will not access complementary services,⁴⁷ such as food and medical check-ups, or referral mechanisms for abuse and neglect.

Ensure that return to school programmes are inclusive. Education actors need to ensure that return to school programmes are inclusive of children and young persons with disabilities, in recognition of the increase in the learning/achievement gap. This may include development of plans for accelerated education, remedial, and catch-up programmes.

⁴⁶ UNICEF, [All Means All – How to support learning for the most vulnerable children in areas of school closures](#), 2020

⁴⁷ United Nations, [Policy Brief: The impact of COVID-19 on Children](#), April 2020

PREVENTION OF AND RESPONSE TO VIOLENCE

Persons with disabilities often face incidents of violence in situations of isolation, with women and girls with disabilities at even higher risk.⁴⁸ Reporting and access to domestic violence services and assistance are particularly challenging, as these are commonly not inclusive of, nor accessible to persons with disabilities.

Ensure inclusive and accessible victim assistance services. It is important to ensure that reporting mechanisms and access to victim assistance services are accessible to persons with disabilities.⁴⁹ Being proactive and innovative in outreach to those who are isolated, including through voluntary networks, has proven to be a key measure, as well as ensuring that online counseling and other technology-based solutions are accessible and respond to the diversity of people with disabilities.

Strengthen awareness raising and knowledge. Building capacity of services and communities to prevent disability-related violence is key, as is promoting awareness-raising about violence against persons with disabilities, particularly women and girls. For example, UN Women Papua New Guinea is working with partners to integrate COVID-19 aspects to improve quality and standards for counselling and case management services that will particularly target women with disabilities. Women with disabilities are being supported to run campaigns on ending violence against women in a pandemic.

HUMANITARIAN CONTEXTS

Persons with disabilities in humanitarian and disaster contexts face specific and heightened challenges in the COVID-19 outbreak: barriers to implementing basic hygiene measures; physical distancing limitations in high-density sites; barriers to accessing health care on the basis of both disability and legal status, which may determine and restrict their access to health care and other services.⁵⁰ The Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action provide detailed sectoral information for stakeholders working in humanitarian contexts.⁵¹

Ensure disability-inclusive humanitarian assistance and disaster response. National and local coordination mechanisms, as well as Preparedness and Response Plans need to be disability-inclusive. In particular, it is important to ensure that Humanitarian Response Plans factor in responses targeted towards persons with disabilities, including in WASH, health, and food and nutrition, with adequate resourcing, monitoring and adjustment, as required. Concrete adaptations in humanitarian assistance could include, for example, improving accessibility of WASH facilities; distribution of additional or disability-specific hygiene items and supplies; targeted shelter assistance for at-risk individuals to allow for physical distancing; in-kind provision of goods, cash and voucher assistance, and direct service provision; and providing alternative arrangements for food and non-food items distribution to households of persons with disabilities.

48 S. Hellum Braathen, P. Rohleder and G. Azalde, "Sexual and reproductive health and rights of girls with disabilities: a review of the literature", SINTEF, 2017.

49 United Nations, [Policy Brief: Impact of COVID-19 on Women](#), April 2020

50 See also references to persons with disabilities in the UN-led [COVID-19 Global Humanitarian Response Plan](#), March 2020

51 Inter-Agency Standing Committee, [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), 2019

5. Delivering on the SDGs – Building Back Better

Everything we do during and after the COVID-19 crisis must have a strong focus on building more equal, inclusive and sustainable economies and societies that are more resilient in the face of pandemics and the many other global challenges we face.

Countries' immediate efforts towards social and economic recovery will be crucial for progress towards the Sustainable Development Goals (SDGs), including addressing inequalities and ensuring that no one is left behind⁵².

While building back better⁵³, it is critical that persons with disabilities are part and parcel of the response which countries, often with the support of the UN, are preparing. These responses, if well designed, can address the exclusion and discrimination faced by persons with disabilities, thus creating more resilient communities and systems.

To build equal, inclusive and resilient communities it is important to:

- 1. Meaningfully engage persons with disabilities at all stages of the response:** When supporting local initiatives, governments, UN entities, international donors and civil society organizations need to promote, fund and monitor the inclusion of persons with disabilities in all stages of design and implementation of the relevant measures.
- 2. Prioritize persons with disabilities in the socio-economic response:** National and sub-national economic models and assumptions need to be critically reviewed to identify gaps that disproportionately impact persons with disabilities and take into account the cost of under-investment in disability-inclusion.
- 3. Track inclusion and empowerment of persons with disabilities in national response and recovery plans:** A long-term inclusive response needs to be closely tied to inclusive national development planning and financing processes. Disability inclusion should be a requirement in all COVID-19 actions and systems to allow tracking and accountability (e.g. OECD DAC disability marker).⁵⁴
- 4. Improve health outcomes for persons with disabilities:** This entails building accessible health systems, rights-based training of health personnel and ensuring universal health coverage for persons with disabilities as a cornerstone for achieving the health-related SDG targets. Further, improving the determinants of health for persons with disabilities is critical.
- 5. Build sustainable and disability-inclusive social protection systems:** Universal disability allowances across the life cycle addressing disability-related

⁵² United Nations, [A UN framework for the immediate socio-economic response to COVID-19](#), April 2020

⁵³ United Nations, [Sendai Framework for Disaster Risk Reduction 2015-2030](#), 2015

⁵⁴ OECD, [Handbook for the marker for the inclusion and empowerment of persons with disabilities](#), 2019

extra costs should be designed so that these are compatible with employment and other social assistance schemes aiming at basic income security.

- 6. Address the specific situation of workers with disabilities in all sectors:** Stimulus packages, including those that will promote training and jobs in the transition to a green economy should explicitly include persons with disabilities in general, as well as women and youth with disabilities in particular.
- 7. Invest in community-based solutions**
now: Particular attention needs to be given to persons with disabilities living in residential institutions and funds should be used to initiate, accelerate and complete deinstitutionalization strategies and transition to community-based solutions. This includes investing and developing support services and implementing inclusive services at local level, such as education and primary health care, including rehabilitation, as cornerstones for achieving the SDG targets for persons with disabilities.
- 8. Initiate multi-stakeholder dialogue and collaboration:** Inter-sectoral linkage is required to address the multi-dimensional nature of disability and the inter-sectoral response that is necessary. Bringing together all stakeholders—government, UN entities, private sector, organizations of persons with disabilities and broader civil society—in the design, implementation and monitoring of the long-term rebuilding plan will be critical.

6. Conclusion

COVID-19 has created a human crisis of unprecedented scale, which is disproportionately impacting one billion people with disabilities. This requires an unprecedented response—an extraordinary scale-up of support and political commitment—to ensure that people with disabilities have access to essential services, including to immediate health and social protection services, to tide over the crisis.

A disability inclusive COVID-19 response and recovery will better serve everyone. It will provide for more inclusive, accessible and agile systems capable of responding to complex situations, reaching the furthest behind first. It will pave the way for a better future for all.