

ENSURING DISABILITY RIGHTS AND INCLUSION IN THE RESPONSE TO COVID-19



This policy brief has been developed in consultation with persons with disabilities.

Asia and the Pacific is home to an estimated 690 million persons with disabilities. Persons with disabilities face barriers to full and effective participation and inclusion in society, with many experiencing intersecting disadvantages when disabilities interact with other characteristics, including gender, age, ethnicity, income and place of residence, among others.

Many persons with disabilities are poor and in vulnerable employment without adequate social protection. ESCAP research indicates that the difference in poverty rates between persons with disabilities and the general population can be as high as 20.6 per cent, and persons with disabilities are two to six times less likely to be employed than those without disabilities.

These disadvantaged circumstances make persons with disabilities more vulnerable during the COVID-19 pandemic, especially those with existing health conditions¹.

Certain containment measures, including social distancing and self-isolation, may be difficult, as persons with diverse disabilities may require support from personal assistants and communication personnel to fulfil physiological requirements and meet daily needs. The livelihoods of persons with disabilities are also at serious risk due to the

¹ While not all persons with disabilities have underlying health conditions, many do. Persons with amyotrophic lateral sclerosis, for example, experience degenerative functions in muscle strength and breathing; persons with muscular dystrophy tend to have lower diaphragm function; and persons with spinal cord injuries tend to have compromised pulmonary functions.

economic downturn brought about by the pandemic.


In the wake of the COVID-19 outbreak, governments have the responsibility to mainstream disability inclusion into pandemic responses to ensure that the rights and wellbeing of persons with disabilities are safeguarded.

Recommendations

- 1. Ensure that all pandemic responses are disability-inclusive, including through close consultation, meaningful participation and partnerships with persons with diverse disabilities.**

All policy responses to COVID-19 should be disability-inclusive, ranging from public health and containment measures to economic stimulus packages and socioeconomic impact assessments.

Given the diverse range of disabilities and their respective specificities, there is a need for governments to consult organizations of persons with disabilities (OPDs) throughout the process of policy design and implementation to ensure the needs of persons with diverse disabilities are adequately met, with their rights and dignity respectfully upheld. Further, there is an opportunity for governments to collaborate with OPDs as service delivery partners to alleviate human resource shortages while tapping into their expertise during this critical period.



2. Provide continued access to all goods and services, including disability-specific support services necessary for safeguarding the wellbeing of persons with disabilities.

In situations with broken supply chains, widespread shortages of essential items and locked down areas, persons with disabilities may not have the resources to obtain daily necessities (such as food, toiletries and medicines), hand sanitizers, hygiene kits, and protective masks. Mechanisms, such as home delivery options, should thus be established to ensure that persons with disabilities have adequate and continuous supply of these requisite items.

Importantly, where persons with disabilities require any medicines or medical equipment (such as respirators and oxygen tanks) as part of their healthcare and/or daily living, governments should strictly prohibit any deprivation, denial or confiscation of these items from persons with disabilities under the pretext of COVID-19 related medical shortages.

Governments should also develop mechanisms to ensure that persons with disabilities have continued access to essential services, including healthcare, personal assistance and rehabilitation, in order to safeguard their wellbeing, independence and self-determination. In cases where restrictions of movement apply (for instance, during partial or full lockdowns), governments should provide clearance for personal assistants and communication personnel to travel, and ensure that enforcement officers on the ground are aware of such permissions. Alternative arrangements should also be in place for situations where the regular personal assistants and communication personnel of persons with disabilities are quarantined, fall ill and/or become unable to continue providing support during this period.

Where public health concerns warrant the suspension of services (for example, the temporary closure of schools and rehabilitation facilities), alternative arrangements – such as accessible online

learning and reasonable accommodation measures (including for family members) – should be made to minimize the disruption. Social support mechanisms including hotlines and virtual peer support groups could also serve to reduce anxiety brought about by the sudden interruption of core services, especially for persons with autism and psychosocial disabilities.


3. Deliver public information in accessible formats – with public communication messaging that is bias-free and respectful of all population groups, including persons with disabilities.

To empower persons with disabilities to protect themselves against COVID-19, it is critical that governments disseminate public information in accessible formats. This would include, among others: the provision of on-site or remote sign language interpretation and real-time captioning for press conferences and public service announcements; the development of public communication materials in audio, Braille, large print, E-pub and easy-to-understand formats; the use of accessible digital technologies; and the compliance with W3C accessibility standards for web-based information.

In the crafting of messages on COVID-19, governments should also take extra care to ensure that all public communications do not discriminate against or reinforce harmful stereotypes of any population group, including persons with disabilities.

4. Make COVID-19 related medical and quarantine policies and processes accessible and disability-inclusive.

There is a need to make sure that designated health facilities such as testing and quarantine centres are accessible so as to allow persons with disabilities to seek medical assistance when required. Medical providers need to stand ready to offer sign language interpretation, including exploring the use of relay services and/or remote signing via smart phone applications and



video technologies. Where required, governments should allocate trained personal assistants to address the daily needs of persons with disabilities in quarantine; medical and social service professionals should also stand ready to support their emotional and mental wellbeing during the confinement, especially for those with psychosocial and/or intellectual disabilities. Throughout the process, the attitudes of healthcare professionals should be respectful and non-discriminatory – and all unlawful seclusion, restraints, non-consensual medication should be strictly prohibited.

5. Safeguard the income security and livelihoods of persons with disabilities through social protection and employment support to ensure an adequate standard of living.

Governments should encourage employers to implement reasonable accommodation measures, such as flexible working arrangements and paid leave, to enable persons with disabilities to continue working while reducing social contact to reduce infection risks. Where employees with disabilities work from home, the employer's digital infrastructure (including associated work tools and materials) should be made accessible so that employees do not face barriers in delivering their work outputs remotely. Where persons with disabilities need to continue commuting to work, authorities should ensure that the physical environment does not pose additional barriers or health risks to persons with disabilities, including those stemming from any full or partial lockdowns, closures or movement restrictions.

Governments should also consider enacting stricter anti-discrimination and labour laws, and strengthen enforcement of such laws, to safeguard against unfair or discriminatory dismissal of persons with disabilities during the period.

On the social protection front, there is a need for governments to ensure that those receiving disability benefits continue to do so on time. Governments should also consider

providing additional financial assistance, where required, to buffer the increased costs of living for persons with disabilities stemming from the pandemic situation, such as the extra costs of home deliveries and/or hiring of private support due to the suspension of public services.

6. Protect the rights and wellbeing of persons with disabilities living in institutions and facilities.

Persons with disabilities who live in institutions and facilities, including psychiatric hospitals, detention centres and prisons, are especially vulnerable, given the high risk of infection and cross-contamination, lack of external oversight brought about by states of emergencies, and structural discrimination experienced.

Governments should, through timely regulations and inspections, protect persons with disabilities from any possible abuse or neglect (for example, unlawful isolation), while ensuring that these institutions practice the appropriate social distancing and hygiene measures. Governments should also ensure that all public information on COVID-19 is available and accessible to persons with disabilities living in these institutions.

Critically, there should not be any unlawful and unnecessary institutionalization of persons with disabilities. There is also a need to protect homeless persons with psychosocial disabilities, including through engagement with community-based organizations.



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