



Global Action on Disability Network Statement on persons with disabilities in the COVID-19 outbreak and response

We, members of the GLAD network, recognize that COVID-19 is an international pandemic requiring strong international co-operation to save lives and livelihoods, especially of those most at risk such as persons with disabilities and the elderly. We commend the support being provided to low and middle-income countries to combat the spread of the virus.

More than one billion persons with disabilities are at higher risk of contracting COVID-19 and are disproportionately affected by the compounding socio-economic factors. This is due to barriers that may limit or prevent them from accessing public health and hygiene information, adequate resources to implement good hygiene, a reliance on physical contact with the environment, and a need for contact with support persons that challenges the call for social distancing. Many persons with disabilities also have an elevated risk of serious illness and death if infected with COVID-19, due to pre-existing health conditions and other risk factors. An additional challenge for people with disabilities is the disruption of and access to the health services they routinely rely on.

Since the spread of COVID-19, stories have emerged of persons with disabilities facing increased isolation and exacerbated discrimination, the denial of support services including sign language and tactile interpretation, and the denial of equal protection for their support personnel working in medical facilities. Overwhelming evidence emanating from the most affected countries shows that persons with disabilities in residential institutions are extremely vulnerable and account for a significant portion of the total infection cases and fatalities. Moreover, other intersecting factors like gender, age and humanitarian settings might increase their likelihood of violence and discrimination.

Persons with disabilities must be included in all responses to COVID-19 and related humanitarian interventions, from health preventive measures to social protection responses. Discrimination of persons with disabilities in access to COVID-19 treatment, including life-saving procedures and equipment such as ventilators, is a serious human rights violation. Furthermore, failure to consider disaggregation of epidemiological data by disability deprives us from comprehending the magnitude of the outbreak's impact and under-values the life experiences and contributions of persons with disabilities to the community their life experiences and contributions to the community. Without this information, it is difficult to fully understand the pandemic, its impact on persons with disabilities; and consequently, limits the possibilities to ensure equitable and or targeted services to persons with disabilities.

Failure to address the exclusion of persons with disabilities and their families from the full cycle of prevention, treatment and recovery from COVID-19 will have a significant impact on the overall fight against the pandemic. In light of this, we call on all actors, including governments, international financial institutions, international cooperation agencies and private donors to be inclusive of persons with disabilities in their response to COVID-19. In particular, all actors should:

- take into consideration the increased risks for people with disabilities and the specific barriers they face. All public information, crisis response measures, health and social protection interventions, emergency responses and recovery programs must be inclusive, accessible for all and not discriminate against persons with disabilities. Financial support must be available to that end. Such measures include: the accessibility of communications including in sign language; access to services and programs including health centers and food and other essential distribution centers or programs; targeted social protection measures; securing the



continuity of home support services and monitoring; disability-inclusive humanitarian responses; and data collection disaggregated by disability, etc.

- take urgent action to protect the health and rights of persons with disabilities in all institutional settings, including nursing homes, social care and psychiatric facilities, and small group homes.
- meaningfully engage with organizations of persons with disabilities (which represent the diversity of disability) at all stages of response and recovery activities to ensure the full and effective inclusion of persons with disabilities in the overall response to COVID-19.
- ensure that all emergency measures, including new and existing legislative frameworks aiming to mitigate the medical as well as socio-economic impact and recovery from COVID-19, such as ethical/hospital guidelines for decisions regarding medical triage, do not discriminate against or violate the rights of persons with disabilities. Persons with disabilities should continue to receive appropriate support and protection services. Personnel working for and with persons with disabilities should be adequately protected including access to testing, where possible, PPE and given appropriate medical care.
- ensure that data on the testing, recovery and deaths of persons with disabilities is continuously captured and used for formulating emergency responses and recovery plans.
- ensure that funds allocated and investments made to combat and recover from COVID-19 are designed explicitly to be inclusive of persons with disabilities and take all measures to mitigate the risk of discrimination on the grounds of disability and other multiple and intersecting factors of identity.