



# PACIFIC DISABILITY FORUM COVID-19 UPDATE

25 March 2020

SITUATIONAL ANALYSIS

Ref No. COVID-19\_PDF\_01

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## Disability and COVID-19

### I. INTRODUCTION

The outbreak of coronavirus disease (COVID-19) has been declared a Public Health Emergency of International Concern (PHEIC) and the virus is now a global pandemic, spreading to many countries and territories. While a lot is still unknown about the virus that causes COVID-19, we do know that it is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). While COVID-19 continues to spread, it is important that communities take action to prevent further transmission, reduce the impacts of the outbreak and support control measures.<sup>1</sup>

Ensuring that persons with disabilities are protected and respond effectively to a COVID-19 outbreak, it is critical that their exposure and vulnerability to the spread of the disease are recognised and necessary measures are in place to ensure their inclusion, effective participation, protection and safety is addressed in the health response. We urge all levels of government, agencies and the private sector to work with disabled peoples' organisations to make sure that persons with disabilities in particular women, children and young persons with disabilities aren't left behind in the COVID-19 response.

Persons with disabilities and their families will be exposed to the COVID-19 outbreak. In the likely event of this, they face barriers in accessing information due to the lack of availability and accessibility of critical information to guide them in taking necessary precautions, identify where to go to seek help and who to contact in cases of emergencies. Lack of access to education for most persons with disabilities further contributes to their vulnerability to the outbreak as they would lack the understanding of technical medical terms used in public advisories, further contributing to their inability to respond to the outbreak and take necessary actions. Most persons with disabilities are unemployed, poor and live in overpopulated areas with poor living conditions. This exacerbates their exposure to the outbreak and limits their ability to put in place measures to respond to the outbreak, hence raises the risk of their vulnerability.

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<sup>1</sup> Key Messages and Actions for COVID-19 Prevention and Control in Schools

## II. COVID-19 VULNERABILITY AND EXPOSURE

### **COVID-19 increases vulnerability of persons with disabilities**

- Persons with disabilities with pre-medical conditions including respiratory or other health complications associated with their impairment requires high support needs from carers, personal assistants and family members.
- The situation of people with disabilities in institutions, psychiatric facilities and prisons is particularly grave, given the high risk of contamination and the lack of external oversight.
- When visits to care facilities are banned and social distancing is recommended, people who are already more isolated, exposed and with high support needs will be disproportionately impacted. Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe.
- Persons with psychosocial disabilities' and those with intellectual disabilities', fear, anxiety and panic may increase due to lack of awareness on COVID-19 response processes. This can cause them to become unwell resulting in further stigmatization and discrimination.
- With social distancing being one of the major mechanisms in place to reduce the spread of the virus, people who are blind who uses sighted guide to move around have very high exposure to and vulnerability to be infected by the virus.
- People who use a wheelchair for mobility are also at risk as their wheelchairs might be exposed to the virus and affect them as they use their hands to wheel their wheelchairs through the health facilities when accessing health services.
- Children, young people, girls, women and persons with disabilities are even more vulnerable to having a mental health issue and health issues during this period of time. A result of this could be due to accumulated stress which raises the vulnerability in acquiring other health issues as well.
- Stress/Accumulated stress can further exacerbate existing health conditions and or other mental and health issues in persons with disabilities and family members/carers or support persons.
- Girls and women with disabilities can be prone to violent situations.

### **Lack of access to lifesaving information puts persons with disabilities at risk**

- Persons with disabilities are at higher risk of contracting COVID-19 due to the various attitudinal, communication and environmental barriers they face, in particular in accessing key information on COVID-19 precautions, preparedness and response actions.

- The lack of capacity and accessibility for persons with disabilities to receive information, understand and act on it, exacerbates their vulnerability to the outbreak.
- Little has been done to provide people with disabilities with the guidance and support needed to protect them during the ongoing COVID-19 pandemic, even though many of them are part of the high-risk group
- Lack of access to education for persons with disabilities limits their capacity to understand and act on technical and complex medical information shared through various means.
- Lack of translation and interpretation of information for persons with disabilities by carers/families/support persons.
- Lack of overall general mental health and wellbeing information and support for persons with disabilities and their families. Fear, panic and anxiety can contribute to other physical illnesses during this time.

### **Lack of disability inclusive COVID-19 response discriminates, marginalise and stigmatise persons with disabilities**

- Persons with disabilities could be discriminated against, isolated and abandoned by carers, personal assistants and family members when displaying signs of COVID-19 symptoms. This will disrupt lifesaving services vital for many persons with disabilities and undermine basic rights such as food, health care, WASH and communications.
- 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.
- Persons with disabilities may be abandoned, isolated and discriminated against if their carers, personal assistants and family members are quarantined with no contingency measures in place to provide alternate support services and ensure continuity of support to the person with disability. This can result in institutionalization of persons with disabilities without consent.
- Persons with psychosocial disabilities' and those with intellectual disabilities', fear, anxiety and panic may increase due to lack of awareness on COVID-19 response processes. This can cause them to become unwell resulting in further stigmatization and discrimination. Additionally, can escalate existing health conditions and or suicidal tendencies.

### **COVID-19 and women, girls, children and young people with disabilities**

- Women, girls and children with disabilities need to have a disability specific package which includes a suite of health-based initiatives such as priority access to personal protective equipment such as masks and sanitiser.
- Provide access to sanitary products for women and girls with disabilities.
- Women and girls with disabilities are vulnerable and are at higher risks to gender based violence and service provider's needs to extend emergency domestic and family violence prevention packages through the DPOs.
- Ensure flexibility in supports service as younger children may not have any support.
- There must be clear plans for families and caregivers of children with disabilities if schools and early childhood services are shut down, and clear information throughout this uncertain time.

### **Lack of physical accessibility limits persons with disabilities access to health services**

- Persons with disabilities have different accessibility needs and it is crucial that their participation and access to health services are accommodated.
- Pacific Island Countries do not have basic set of accessibility standards and corresponding enforcement mechanisms, and most countries in the region may not have the know-how or financial resources to develop or revise their own comprehensive national accessibility standards. Therefore, most health facilities in the region might not be accessible to persons with disabilities.
- Signage within hospitals and health facilities responding to COVID-19 may be unclear and inaccessible to some persons with disabilities.
- Lack of accessible transportation might impact persons with disabilities access to health as they may not have the means of transportation to get to health facilities or find an accessible public transportation due to the attitude of the driver or they cannot afford it. For example, some taxi drivers might not want to stop to pick up persons with disability using a wheelchair.

### **Poverty status of persons with disabilities and their families increases their exposure to the virus**

- Most persons with disabilities and their families are unemployed and live in poverty, in the streets, in residential homes or are institutionalized.
- In the needs assessment conducted for persons with disabilities in TC Winston and TC Gita it was noted that there was a:
  - Lack of resources for persons with disabilities to put in place necessary measures to protect them from the spread of the virus which puts them at great risk.

- Lack of accessibility and empowerment of persons with disabilities to access sustainable livelihood source weakens their ability to respond to the outbreak.

### III. RECOMMENDATION

The term 'Access to' for persons with disabilities means that it is:

Available – The services are available to persons with disabilities

Accessible – Persons with disabilities can access these services. (It is important to ensure that people understands the term Accessibility as articulated in Article 9 of the CRPD.)

Affordable – Services if charged are offered at a reasonable and affordable price

Quality – Persons with disabilities are enjoying the service on an equal basis with others

1. Work with Disabled Persons Organisations to ensure the voices of persons with disabilities are included in decision making processes.
2. Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats. Accessible formats could include easy read formats, soft copies in word format, braille, videos with captioning, pictures & flow chart and sign languages. When sharing pictures electronically apart from the caption describe the picture and its content using alternate text to ensure screen reading software users can also access the picture on an equal basis with anyone else.
3. All communication should be in plain language, easy to read language. Breakdown complex technical medical terms into simple conversational day to day language.
4. Ensure that the information sharing platforms are available and accessible to persons with disabilities, e.g. ensure that information is shared through radio, television channels with captioning or sign languages, txt messages, online and IEC materials. Mass media communication should include closed captioning, sign language, high contrast, large print information
5. 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
6. Ensure that persons with disabilities are able to reach, enter, circulate and use the different health facilities on an equal basis with others.

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**"A PARTNERSHIP OF PACIFIC ORGANISATION OF AND FOR PERSONS WITH DISABILITIES"**