COVID-19 response: Considerations for Children and Adults with Disabilities

What we need to know:

People experiencing social disadvantage and marginalization are known to be disproportionately impacted by ill-health.[1] In the context of the COVID-19 pandemic, persons with disabilities may have increased risk for exposure, complications, and death as:

- Persons with disabilities are disproportionately represented among older populations, who are known to be at increased risk in the COVID-19 pandemic. It is estimated that more than 46% of the world's population of people over age 60 have disabilities[2]
- Children and adults with disabilities may have underlying health conditions that increase their risk of serious complications from COVID-19
- Persons with disabilities are disproportionately represented among the world's people living in poverty[3]. It has been identified that the impacts of COVID-19 are likely to be worse for people in lower socio-economic groups[4]

However, while facing increased risk, men, women, boys and girls with disabilities also face obstacles to accessing prevention and response measures, as we have learned from previous experience[5]:

- Limited availability of disaggregated data results in an inability of surveillance systems to determine the impact on people with disabilities
- Inaccessible information and communication mean that persons with hearing, visual, intellectual or physical disabilities may not receive key information about prevention and assistance
- Persons with disabilities face barriers to accessing essential health services and WASH facilities due to environmental barriers; lack of accessible public transit systems; limited capacity of health workers to communicate and work with persons with disabilities; and high costs of health care, exacerbated in some contexts by more limited access to insurance
- Girls and boys with disabilities may be at risk of exclusion from education if remote/ distance learning programmes are not accessible or they do not have assistive devices[6] to allow participation and accommodate learning needs
- Persons with disabilities can be disproportionately impacted by interrupted home, community and social services and supports, including personal assistance
- Quarantine, health facilities and transport established as part of the COVID-19 response may fail to cater to the requirements of children and adults with disabilities, including with regards to accessibility
- Prejudices, stigma, and discrimination against people with disabilities, including misconceptions that people with disabilities cannot contribute to the outbreak response or make their own decisions.

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[1] https://www.who.int/news-room/fact-sheets/detail/human-rights-and-health

[2] Estimate from UN Department of Economic and Social Affairs. Note that estimates can vary according to country context https://www.un.org/development/desa/disabilities/disability-and-ageing.html

[3] https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf

[4] See, for example, https://www.weforum.org/agenda/2020/03/coronavirus-pandemic-inequality-among-workers/

[5] Campbell, V. A., Gilyard, J. A., Sinclair, L., Sternberg, T., & Kailes, J. I. Preparing for and responding to pandemic influenza: implications for people with disabilities. American journal of public health, 2009: 99 Suppl 2(Suppl 2), S294–S300. https://doi.org/10.2105/AJPH.2009.162677

[6] Some examples include talking calculators, text magnifiers, alternative keyboards and audio books

- In health emergencies, people with disabilities may be less likely to be prioritized in resource allocation and priority setting

What we need to do:

Reach out to local Organizations of Persons with Disabilities (OPDs) and engage with them at every stage of the response, from the identification of persons with disabilities and development of key messages to building capacity on disability inclusion among responders

Limit human to human transmission and protect individuals from exposure

- Messaging on prevention of COVID-19 and available assistance may not reach people with visual, hearing or intellectual impairments if it is not provided in multiple and accessible formats. Concretely, this means all messages must be available in:
    - Braille and large print for people who are blind or have low vision;
    - Easy-to-read version for people who have intellectual disabilities;
    - Written formats or video with text captioning and/ or sign language for people with hearing impairment
    - Accessible web content for those using assistive technologies such as screen reader
- Consider information channels that will be accessed by persons with disabilities. For example, as many children with disabilities are out of school, any information campaigns delivered through schools may not reach children with disabilities. Persons with disabilities may also have lower levels of access to social media and other technology-based platforms
- Advocate to ensure that children and adults with disabilities living in institutions, residential schools and other places have access to appropriate prevention and response measures

Minimize morbidity and mortality

- Identify and address barriers that prevent safe access to health services, including:
    - Ensure the availability of accessible transport and physical accessibility at health premises[7]
    - Work with communities and OPDs to address any social norms that result in persons with disabilities being de-prioritized in accessing medical attention
    - Ensure that health and child protection staff are trained in accessible forms of communication, and/ or have access to sign language interpreters and other resources to support communication
- Ensure that sanitation and washing facilities are accessible and affordable, including in health facilities, schools, Early Childhood Development facilities, and public spaces
- In the context of limited resources, rationing and treatment decisions may negatively affect persons with disabilities. Work with local health actors to ensure such decision-making processes are guided by human rights standards and do not discriminate based on disability
- Identify adults and children with disabilities who may need more targeted support and information

[7] To learn more on physical accessibility, please see UNICEF, Annex 12 to Supply Manual Accessible Components for the Built Environment: Technical Guidelines embracing Universal Design http://www.unicefinemergencies.com/downloads/eresource/docs/Disability/annex12%20technical%20cards%20for%20accessible%20construction.pdf

Prevent and address the secondary impact of the outbreak- minimize the human consequences of the outbreak

- Monitor and ensure plans are in place for a continued provision of support and assistance for people with disabilities where caregivers and service providers may not be able to visit their homes due to hospitalization, quarantine or social distancing practices
- When social distancing is recommended, people who are already more isolated will be among those most impacted. Ensure that mental health and psychosocial support (MHPSS) mechanisms are accessible to persons with disabilities, including those living in care facilities. For example, support front line workers and actors with both knowledge of COVID-19 as well as MHPSS skills[8] on how to refer individuals who may need more specialized support, while ensuring that sufficient personnel are equipped with knowledge and skills to deliver MHPSS to children and adults with disabilities.
- Provide support to education actors to ensure that distance learning platforms are safe and accessible to children with disabilities; teachers are trained on supporting children with disabilities remotely; and that any special education programmes are included in measures to ensure continuity of education. Provide support to caregivers of children with disabilities, including those with development and/or intellectual disabilities, in implementing specific consideration when managing care and education of their children at home, and their own mental health and psychosocial wellbeing
- In the context of reallocation of resources, support the continuity of inclusive health and social services used by persons with disabilities, including rehabilitation, assistive technology, and personal assistance
- Ensure that public messaging is respectful and free of bias, avoiding the potential for stigma against any part of the population based on age or disability (for example, inadvertently associating a rise in COVID-19 transmission with people with disabilities, through messaging on the increased risk faced by older populations and those with underlying health conditions)
- As with other women and girls, women and girls with disabilities who experience disruption of essential services, restricted movements and have primary responsibility for caring for their families are at increased risk of gender-based violence (GBV)[9]. Ensure that any programmes to prevent and respond to GBV are inclusive of women and girls with disabilities (e.g. ensuring that information and reporting channels are available in multiple and accessible formats)
- Contribute to the evidence base on how the pandemic and the response impacts differently on population groups depending on gender, age, disability, underlying medical conditions and other factors. For example, through KAP studies, monitor stigma against persons with disabilities such as beliefs that persons with disabilities are responsible for spreading the virus

Enhance risk reduction and in-country preparedness including coordination

- Engage with organizations of persons with disabilities in designing and delivering prevention and response plans

[8] For more information see: https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf & https://resourcecentre.savethechildren.net/document-collections/save-children-psychological-first-aid-training

[9] Statistics by the anti-domestic violence in Jinzhou, China reveals that 90% of cases documented in February 2020 are related to the COVID-19 epidemic. https://www.sixthtone.com/news/1005253/domestic-violence-cases-surge-during-covid-19-epidemic

- Support participation by organizations of persons with disabilities in local and national coordination mechanisms
- Support disaggregation of monitoring and surveillance data by disability, using the Washington Group Short Set of Disability Questions[10], and the Washington Group UNICEF Child Functioning Module for children[11]

> Inclusion of persons with disabilities in COVID-19 response needs to be deliberate and purposeful. If not explicitly included in planning from the start, including in budgeting and resource allocation, there is a risk that persons with disabilities will be excluded from prevention and response measures, despite facing heightened risk.

Inclusion in UNICEF operations

- Ensure that the Business Continuity Plan is accessible and inclusive for all employees, including those with disabilities. For example, ensure that platforms used for working remotely are accessible to employees with diverse communication needs and preferences. Concretely, this could involve use of video in all calls and typing chat as needed for those with difficulties hearing, and using multi-modal teleconferencing
- Ensure that any reasonable accommodation provided in the workplace (including communication support, personal mobility, personal assistance) can be applied and adapted to working remotely [12]
- Employees with disabilities may be at heightened risk of serious complications from COVID-19 and full provisions for flexible work arrangements (including teleworking) should therefore be made available to minimize their exposure. Where necessary and appropriate, measures such as relocation should be made available on a priority basis to persons at heightened risk of infection or disproportionately affected by secondary impacts (such as disruption of support services)
- Employees with children with disabilities may no longer have access to the childcare or support they need, with significant impacts on their capacity to work and on their psychosocial well-being. Added flexibility with regards to work expectations should be afforded to employees with such responsibilities
- Employees with disabilities and employees with children with disabilities may face additional barriers to accessing national health services. Any information, advice and other support provided to employees regarding access to health care should include information, advice and support to address these barriers
- In the context of social distancing, employees with disabilities may be at heightened risk if they do not have regular access to usual service providers and care assistants. Mechanisms should be made available (on a voluntary basis) for regular check ins and mobilizing support for staff with disabilities
- Any psychosocial support provided to employees should be fully inclusive and accessible to persons with disabilities
- For some employees, this will be the first time that they speak about their disability or health condition in the workplace because for it has been newly diagnosed or because it has not had an impact on their ability to work until now.[13] Particularly for employees who do not feel comfortable discussing with their manager, all employees should be encouraged to approach HR or PSV (personal support volunteer) or GSA in office for support

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[10] See http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/

[11] See http://www.washingtongroup-disability.com/washington-group-question-sets/child-disability/

[12] For more guidance on inclusion in the workplace, see https://unicef.sharepoint.com/sites/PD-Disability/SitePages/Inclusive-UNICEF.aspx

[13] https://businessdisabilityforum.org.uk/media-centre/newsletter/legal-update/legal-march-2020-coronavirus/