

DISABILITY-INCLUSIVE COVID-19 RESPONSE AND RECOVERY

Key Messages

Background

- At the beginning of April 2020, the coronavirus COVID-19 had infected over 1 million people in 204 countries and territories around the world. The pandemic's disruption to economic activity has left millions of workers unemployed, the seen the collapse of trade, investment and financial markets over the course of few weeks. Countries with existing humanitarian crises are particularly vulnerable, and less equipped to respond. Humanitarian needs may also occur in other countries as a result of excessive pressure on health systems and the overall delivery of essential services, as well as secondary effects on employment, the economy and mobility, the rule of law, protection of human rights, and possible social discontent and unrest.
- The Secretary-General has outlined in his policy brief '[A Disability-Inclusive Response to COVID-19](#)' how persons with disabilities are disproportionately affected by health, social and economic impacts of COVID-19. The impact of the pandemic is heterogenous depending on regions, countries, sectors, and activities. It is even further exacerbated in humanitarian contexts, where persons with disabilities often face obstacles to accessing water, sanitation and hygiene facilities that are essential to prevention of COVID-19 infection. And school closures will result in children with disabilities being even further excluded from education, unless we take concrete steps to make learning inclusive. This also impacts women – mothers – who support homeschooling for children with disabilities and carry the disproportionate share of care burden.
- Mainstream COVID-19 funding response has been swift, yet constrained by lack of information, field work restrictions and the overwhelming severity of the crisis. It is also stymied by a prediction of reduced GDP and thus diminished ODA. This might result in a pivot to repurpose the bulk of overall funding for COVID-19 programming at the risk of reduced funding availability for regular disability projects as well as thematic programme and advocacy components.
- Persons with disabilities are not a homogeneous group; intersecting factors of risk, such as gender, age ethnicity or displacement status can compound discrimination faced when accessing the public health response and further deteriorate socio-economic resilience in general, and in humanitarian contexts in particular.
- Very few positive and normative lessons learnt exist from previous epidemics, (i.e. Ebola) in relation to the inclusion of persons with disabilities. However, lessons learned from the inclusion of persons with disabilities in natural and manmade disasters show that a disability-inclusive response to COVID-19 is a better response for all.

Key Messages

- Information about COVID-19 risk and prevention may not reach persons with disabilities if messages are not produced in accessible formats.
- Addressing the current challenges requires commitment and creativity. Most importantly, addressing these challenges requires engagement of persons with disabilities as actors in the health,

socio economic and humanitarian response. One concrete action that can and should be taken by country and regional offices is to reach out to local organizations of persons with disabilities (OPDs) and engage them in assessing risks and designing an inclusive response. This engagement should involve a mutual exchange of expertise, including capacity building of OPD partners.

Another key action for ensuring that our response to COVID-19 is inclusive is to prioritize the collection and use of data disaggregated by disability. This is essential to understanding how persons with disabilities are differently impacted by COVID-19 and to monitoring how the response is reaching persons with disabilities. The lack of disability-inclusive information and knowledge, including on specific challenges faced by women and girls with disabilities, hampers the design of responses.

- It is essential that inclusion of persons with disabilities in the COVID-19 response be considered throughout all stages of the Humanitarian Programme Cycle, starting from needs assessment. As we are entering the process of needs analysis for 2021 Humanitarian Needs Overviews (HNOs), we need to be looking at how to make this process inclusive, such as by ensuring that any consultation with affected populations includes persons with disabilities. Tools and resources to guide operations on doing this already exist and can be used in the context of the COVID-19 pandemic. The [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#) provide an important guiding framework and the note on '[Applying the IASC Guidelines to the COVID-19 Response](#)' should be used to identify concrete actions that we can integrate into programming at country and multi-country levels.
- Similarly, disability inclusion needs to be a key element in the design of the socio-economic response and recovery. This starts with the socio-economic assessments which need to include an analysis of the situation of persons with disabilities and recommendations which will set the basis for the relevant response and recovery plans. Such economic assessment must carefully assess the economic price of disproportionate care burden that women play in both family and other social settings.
- In recent years, there has been significant momentum on inclusion of persons with disabilities in development and humanitarian action and it is important that this global momentum translates to change 'on the ground' and that the current crisis does not prevent us from maintaining important gains.
- Disability-inclusive strategies need to be embedded in all stages of the response and recovery and will create the basis for building back better. A disability-inclusive response is a better response for everybody.