

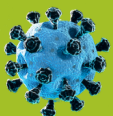
THE *LANCET* COVID-19 COMMISSION
TASK FORCE ON HUMANITARIAN RELIEF,
SOCIAL PROTECTION & VULNERABLE GROUPS

**Policy and Practice
Recommendations for the
Pandemic and Post-COVID Era
for Persons with Disabilities**

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THE *LANCET*
COVID-19 COMMISSION

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The following report has been posted online by the Commission Secretariat, and has not been peer-reviewed or published in *The Lancet*, nor in any other journal. This reports intends to bring together expert views on key topics as the COVID-19 pandemic unfolds.

OVERVIEW

Over 1 billion people are estimated to be living with a disability and this constitutes about 15% of the global population, with up to 190 million (3.8%) people aged 15 and older, experiencing substantial difficulties in functioning, necessitating the frequent use of health care services. On access to health and health-related services, as well as other critical services, social protection and income security, mental health care, and communication technology, persons with disabilities (PWD) confront multiple challenges which include systematic marginalization, stigmatization and prejudice. These challenges were exacerbated by the COVID-19 pandemic.

PWD are frequently left behind in emergencies and this also posed a risk during the COVID-19 pandemic. The daily constraints which include physical accessibility, barriers to implementing basic hygiene practices, healthcare affordability, limitations on health insurance, limited employment opportunities and discriminatory legislation and stigma have been life threatening risks during the pandemic.¹

Attaining the highest possible standard of health and well-being for all will be possible only if governments, private organizations, and non-governmental organizations (NGOs) recognize the need for a paradigm shift and if they recognize that global health goals can only be met if disability inclusion is integrated into health sector priorities. When health emergencies such as the pandemic, places additional pressure on national health services, it is important that national authorities establish non-discriminatory policy and practice guidelines to protect PWD.

POLICY RECOMMENDATIONS

- Ensure that all persons with disabilities have constant access to health services and social protection that are appropriate for their needs.
- Prioritize funding for health care for people with disabilities and implement financial support programmes for PWD.
- Provide equal employment opportunities and promote disability inclusive economic policies for PWD to achieve a more inclusive and job-rich recovery.
- Ensure that people with disabilities have an equal and full participation in all decision-making processes and at all levels, especially in local communities.²

PRACTICE RECOMMENDATIONS

GOVERNMENTS SHOULD:

- Ensure that medical decisions are made fairly, and that data on morbidity, mortality and other indicators for persons with physical disabilities and other health issues be collected, analyzed and interpreted in a routine manner.
- Support research and evidence-based policy making in collaboration with academic institutions, INGOs, NGOs and municipalities.
- Promote inclusive and accessible treatment and care, particularly for PWD who have limited access to such services, such as mental health and psychosocial support and care services.³
- Implement non-discriminatory ethical guidelines for health policies and practices for PWD, such as stigma-free triage decision-making and access to testing and vaccinations.
- Provide training on disability sensitivity to service providers, including government officials and public agencies.⁴
- Provide inclusive and sensitive solutions for remote work and education, such as appropriate accommodations at home and access to adapted and accessible materials.
- Ensure that all people, especially those with limited access to internet and technology, have access to inclusive and non-discriminatory public information and communication.⁵
- Ensure responsive social protection measures, and provide targeted financial assistance and economic support for PWD and their caregivers who are disproportionately affected by the crisis.⁶
- Commit to funding and implementing a rapid extension of health and social protection for people with disabilities. Make these systems shock-resistant, construct contingency finance mechanisms for rapid scale-up, and develop operating systems, human resources, and training protocols that allow these programs to expand quickly.

- Ensure that primary healthcare services are properly integrated with social protection systems and community-based social care, with a focus on the special needs of PWD and their families.⁷
- Promote health as a human right and a national public good by distributing COVID-19 testing, treatment and vaccines to PWDs based on need rather than financial means. Prohibit denial of treatment based on disability, and repeal regulations that prevent access to treatment based on disability, degree of support needs, quality of life assessments, or any other kind of medical discrimination against PWD. Ensure that PWD are given priority when it comes to health services.⁸
- Commit to funding and integrating health and social services in order to support universalism and equity for PWD, their families, and people living with multiple vulnerabilities. Create national financial reforms to support agencies, organizations, and programs dedicated to meeting the health and social needs of PWD, including health worker training and awareness-raising to minimize stigma and discrimination towards PWD.⁹
- Ensure that all people with disabilities have access to the internet, with more information, distance learning, and telework and telemedicine options.¹⁰
- Assist PWD and other vulnerable groups in actively participating in decision-making processes linked to the response and recovery periods. Persons with disabilities and their families must be included in all decision-making: they are experts on the needs, barriers, and opportunities they face, and participatory approaches will increase the success rate of policies and practices.¹¹
- by supporting information and communication campaigns. Connect with local media and invite young people with disabilities to speak — to ensure that health information and prevention measures are accurately communicated to their peers, eliminating stigma and promoting social cohesion.¹²
- At workplaces, ensure that the Business Continuity Plan is accessible and inclusive for all employees with disabilities and flexible work arrangements (including teleworking) is available for those in need.¹³
- Ensure that mental health and psychosocial support services are truly inclusive and accessible to PWD.¹⁴
- Increase capacity of service providers to better respond to the specific needs of PWD, to prevent abuse and neglect in institutional settings, and to raise service providers' awareness on empowerment issues and social inclusion strategies.¹⁵

**INTERNATIONAL ORGANIZATIONS,
NON-GOVERNMENTAL ORGANIZATIONS (NGOS),
AND PRIVATE SECTOR SHOULD:**

- Offer technical guidance and support on information accessibility, as well as assist in the development of local capacity for inclusive emergency planning and response for PWD.
- Consider young people with disabilities not only as beneficiaries, but also as change agents who may contribute to development, implementation and evaluation of policies and practices and empower children and young people living with disabilities.
- Build the capacity of organizations for PWD to proactively confront stigma and discrimination

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