People with disabilities in the face of COVID-19 in the Americas and the Caribbean

23 April, 2020

#PreventionSavesLives
There are approximately 85 million persons living with some form of disability in the Americas and the Caribbean region. If we add to that their caregivers, families and support networks, it is clear that, either directly or indirectly, disability is a factor in the lives of a significant percentage of our population. Due to existing barriers in their environment, people with disabilities tend to live in situations of greater vulnerability than other social groups and are more likely to experience conditions of poverty or extreme poverty.

The magnitude of the emergency generated by the COVID-19 pandemic has far exceeded the response capacity of governments and other service providers. This particularly affects people with disabilities, who face additional barriers due to the way they interact with their surroundings as well as from a lack of or interruption to health services, support networks and other critical services.

The Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted by United Nations member states in 2015 to achieve “the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries.” In this regard, the Sendai Framework stresses the need to incorporate different perspectives based on the principles of inclusion.

Among other things, the Sendai Framework states that:

- “Disaster risk reduction requires an all-of-society engagement and partnership. It also requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective should be integrated in all policies and practices, and women and youth leadership should be promoted. In this context, special attention should be paid to the improvement of organized voluntary work of citizens.” (Paragraph 19d)

- “Disaster risk reduction requires a multi-hazard approach and inclusive risk-informed decision-making based on the open exchange and dissemination of disaggregated data, including by sex, age and disability, as well as on easily accessible, up-to-date, comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge.” (Paragraph 19g)

- “Empowering women and persons with disabilities to publicly lead and promote gender, equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches is key. Disasters have demonstrated that the recovery, rehabilitation and reconstruction phase, which needs to be prepared ahead of a disaster, is a critical opportunity to “Build Back Better”, including through integrating disaster risk reduction into development measures, making nations and communities resilient to disasters.” (Paragraph 32)

**In this context**, the United Nations Office for Disaster Risk Reduction (UNDRR), Regional Office for the Americas and the Caribbean, ONG Inclusiva and the Latin America and the Caribbean Network for Disability Inclusive Disaster Risk Management (LAC DiDRR Network) organized a webinar on Thursday, 23 April that focused on people with disabilities in the face of COVID-19. Reflections surrounding the inclusion and active participation of people with disabilities within all disaster risk management and disaster risk reduction processes were among the issues analysed through this seminar. The results of a survey aimed at gaining a greater understanding of the experience of people with disabilities in the face of COVID-19 that was carried out by ONG Inclusiva were also presented.

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1. El webinar completo se encuentra disponible en: [https://www.youtube.com/watch?v=ULbGxUbS3Og](https://www.youtube.com/watch?v=ULbGxUbS3Og)
In addition to interventions made by the distinguished panellists, the webinar also benefited from simultaneous sign language interpretation and the valuable participation of more than 230 people.

The panellists were as follows:

**Carlos Kaiser**
Director of ONG Inclusiva, representative of the Latin America and the Caribbean Disability Inclusive Disaster Risk Management Network (LAC DiDRR Network) and regional focal point of the global Stakeholder Group of Persons with Disabilities: Thematic Group on Disaster Risk Reduction (TG-DRR).

**Ana Lucía Arellano**
President of the Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS) and President of the International Disability Alliance (IDA).

**Angélica Monteagudo**
President of the Sendas Foundation, an organization affiliated with RIADIS and activist for the human rights of persons with disabilities, particularly women and girls.

**Sonia Castro**
President of the Mamá Terapeuta Foundation and creator of the Mamá Terapeuta network which provides support and capacity-building for families of children and youth with disabilities and brings together more than 15,000 families from different countries.

**Fernando Jácome**
Director of International Cooperation, Ministry of Health, Ecuador

**Nibaldo Meza**
Mayor of the Municipality of Peñaflor, Santiago Metropolitan Region, Chile

**Jorge Gallardo**
Coordinator of Research and Development, ONG Inclusiva

**Antony Duttine**
Disability and Rehabilitation Advisor, Pan American Health Organization (PAHO)
The context of the present crisis was presented as a triple pandemic, namely a health, psychological and socioeconomic pandemic, in which the stakeholders’ knowledge and coordination are required for finding comprehensive solutions. In this sense, we must bear in mind that the differentiated needs of people in situations of vulnerability. Beyond highlighting the existing inequalities and differentiated needs in our countries, the current crisis offers us the opportunity to reformulate certain concepts and trends.

The 2030 Agenda and the Sustainable Development Goals (SDGs) stress leaving no one behind. Nevertheless, never has the gap faced by persons with disabilities in meeting this goal been quite so evident as during this pandemic. Although necessary, measures aimed at containment, physical distancing and quarantine, lockdown or isolation can have a tremendous effect on people with disabilities. Similarly, the lack of personal protective equipment and other basic health supplies can also present insurmountable challenges for persons with disabilities.

In Latin America and the Caribbean, the pandemic has brought to light some of these challenges. For example, it has revealed the importance not only of official figures, statistics and disaggregated data, personal protective equipment and basic services, specific guidelines and sanitary measures for working with persons with disabilities, but also of the need to guarantee human rights, access to information and education, and the dignity of persons with disabilities, their caregivers, families and support networks.

In short, existing barriers have become evident and are being exacerbated by the pandemic. The social and economic conditions of persons with disabilities, which tend to place them in situations of poverty or extreme poverty, may be aggravated by this crisis.

The survey on people with disabilities and COVID-19 launched by ONG Inclusiva sought to explore different biopsychosocial dimensions in order to identify those areas and activities deemed important for the life and dignity of a person with disabilities: relationships with care providers (or group of caregivers), employment, education, health, food and nutrition, and access to information.

The results show that the majority of persons with disabilities who participated in this survey responded that they require the support of another person to carry out their daily activities (70.5%). This highlights their dependence on their support person, 80% of whom were revealed to be family members. Regarding their risk of contagion and that of their support person or care provider, 59% of respondents said they do not have another person who could provide them with necessary care if their main care provider were to become infected, this being another factor that further increases their vulnerability.

Regarding the deployment of specific actions, 80% of the people who responded to the survey said that they are not aware of any specific public actions, programs or initiatives in their country for persons with disabilities to address the pandemic. Of those remaining 20% who responded that they are aware of such initiatives, 48% rated these measures as poor. Among those that are known, 59% were notes as public measures by national authorities and only 29% as those by local public authorities. Regarding access to information, 68% of respondents stated that they do have access to information related to the pandemic in an accessible way. (See the annex for more details on the survey results)

In summary, the data obtained by the survey carried out by ONG Inclusiva on disability and COVID-19, together with the panellists’ contributions, serve to highlight that the gaps and challenges which prevent people with disabilities from leading a dignified life have increased as a result of this pandemic, in terms of medical and psychological, as well as economic and social dimensions.

States and local governments that prioritize reducing inequalities and vulnerability are inherently better prepared to respond to these needs in times of crisis. The sheer existence, however, of policy and legal provisions for human rights does not in itself guarantee compliance. In this sense, the pandemic offers a unique opportunity to review and reformulate public policies so as to be more inclusive and equitable, to provide guarantees and even to offer up the need to implement changes in current development models and developmental trends.
The current pandemic has taught us that the resilience of our countries must be measured by how they protect the most vulnerable groups. Not all vulnerable groups are the same, nor do they have the same needs, challenges, opportunities and strengths. The inclusion of people with disabilities in policies, plans and decision-making processes must not only be supported by the active involvement of persons with disabilities, but also of their families, care providers and support networks.

Persons with disabilities are at a higher risk of contracting COVID-19 due in part to factors such as limited access to information or the way of interacting with their surroundings. The World Health Organization (WHO) publication “ offers important recommendations in this area oriented toward different types of stakeholders.

From the perspective of caregivers, this pandemic has also provided lessons about the benefits of rebuilding societies that are more inclusive for people with disabilities as well as their caregivers. These are often family members, mainly women and mothers, who are devoted to providing such care on a permanent basis and without remuneration, with all the physical, psychological and mental strain that this entails and which is aggravated even further during crises such as COVID-19.

So, what can we do? Some concrete proposals

To confront the negative effects of the pandemic through an inclusive approach and reduce the risk for persons with disabilities, the following actions and recommendations are proposed:

- To achieve appropriate and functional measures, organizations of persons with disabilities, their caregivers and their families, as well as civil society organizations must be consulted and actively involved in all phases of COVID-19 preparedness, response and recovery.

- State resources, information technologies, partnerships and support networks must be made available to all people, through coordination and collaboration, to ensure the rights, protection, dignity and well-being of all people without prejudice.

- In order to be inclusive, communications and information platforms must be made accessible, including Braille, captioning and sign language. Communication that is not inclusive is not truly communication, especially when it comes to risk management.

- Disaggregated and georeferenced data that enables a more adequate response to the population is needed, providing more flexible social protection packages for the inclusion of people with disabilities.

- Identify lessons learned and policies that promote universal inclusion to guarantee access to services, information technologies, training and empowerment of persons with disabilities and their families. Ensure more equitable opportunities for employment and education.

- Strengthen the role of international cooperation to ensure that States prioritize the inclusion and the rights of persons with disabilities.

- Returning to normality is insufficient: we must recover and build back better.