



To

Jutta Urpilainen, Commissioner for International Partnerships

Janez Lenarčič, Commissioner for Crisis Management

Brussels, 07<sup>th</sup> April 2020  
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cc

Helena Dalli, Commissioner for Equality

**Subject: COVID-19 – Disability inclusive response**

Dear Commissioners,

In the light of the COVID-19 crisis, **we - on behalf of persons with disabilities across the world** - would like to draw your attention to the inclusion of persons with disabilities in the EU response to the crisis.

**One billion people, or 15% of the world's population, experience some form of disability**, and disability prevalence is higher in developing countries. One-fifth of the estimated global total, or between 110 million and 190 million people, experience significant difficulties in functioning.

The European Union and all of its Member States have ratified the Convention on the Rights of Persons with Disabilities (CRPD), whose articles 11 and 32 on humanitarian action and international cooperation require the inclusion of persons with disabilities.

Today, Europe has been hard hit by COVID-19 with a high number of deaths and infections and we have seen the disproportionate impact on persons with disabilities: the impact of the disease itself, and also the measures taken to fight the disease.

The European response to COVID-19 will be global and therefore we would like to **highlight (in annex), key recommendations for the implementation of the CRPD in your upcoming response to COVID-19.**

These recommendations aim to address the range of risks which persons with disabilities face as a result of the COVID-19 crisis. As such, this gives situation-specific advice that is fully in line with DG ECHO Operational Guidance "The

*Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations”*  
(2019).

Please do not hesitate to contact us if you would like more information or you wish to discuss this further.

Yours sincerely,



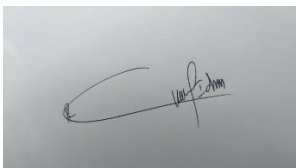
**Ioannis VARDAKASTANIS**  
President  
European Disability Forum (EDF)



**Ana Lucia ARELLANO**  
Chair  
International Disability Alliance (IDA)  
Presidenta  
Red Latinoamericana de Organizaciones no Gubernamentales de Personas con Discapacidad y sus Familias (RIADIS)



**Dr. Nawaf Kabbara**  
President  
Arab Organization of Persons with Disabilities (AOPD)



**Mr. Idriss Alzouma Maïga**  
President  
African Disability Forum (ADF)



## Annex: Recommendations for a disability-inclusive COVID-19 response

### Making public health communication accessible

Every person has the right to immediate and correct information on the epidemic and the measures they and their families should take. This includes:

- Providing alternative and accessible methods of accessing general information and not solely relying on websites (for instance: automatic phone lines, videos, leaflets, etc).
- Providing appropriate sign language interpretation to national sign languages and captioning.
- Providing information in plain language and in easy-to-read format.
- Using fully accessible digital technology.
- Ensuring telephone numbers and other direct channels providing public health information are fully accessible, including relay services for deaf and hard of hearing people.
- Ensuring emergency numbers (both standard and specific phone numbers set up for this pandemic) are fully accessible, including relay services for deaf and hard of hearing people.
- Ensuring that information and health/support services is not only made available, but also delivered through all modes and formats of communication utilised by persons with deafblindness, including (but not limited to) the use of sign languages (traditional, haptic and tactile) and clear-speech interpretation.

This applies to all public and private information including national and local news providers (both live and recorded) and health services. Specific web pages with frequently asked questions for concerns of persons with disabilities and their families can be also useful.

### Accessible, inclusive, hygienic health services and other facilities

- Facilities and services involved in providing quarantine should be fully accessible to persons with disabilities, including full accessibility of information.

- Health care workers should be informed about the risks facing people with pre-existing conditions which leave them vulnerable to respiratory conditions.
- All entry points to health facilities (including those which may have been deemed 'secondary' entrances and which are, in fact, the only accessible approach) should be treated with the same hygiene protocols as all other parts of the service. This includes cleaning handrails of ramps or staircases, accessibility knobs for doors, etc.
- Sterilisers and other hygiene materials should be equally available for persons with disabilities. They should be located in an accessible place, there should be accessible information to point to its location, and the mechanism to dispense the product should be accessible.

### **Invest in provision of services and support – international solidarity is needed to ensure strengthening of essential services**

- Health and social care systems are consistently underfunded in the 'developed' world and partial or non-existent in many developing countries. Investment in these services is essential and urgent to ensure they can meet the increased costs associated with the crisis, including medicines, protective materials and overtime of staff, in a way that is inclusive of everyone in the affected population.

### **Non-discriminatory ethical medical guidelines**

- In countries where healthcare professionals will not be able to provide the same level of care to everyone due to lack of equipment and underfunding of the healthcare sector, medical guidelines need to be non-discriminatory and follow international law and existing ethics guidelines for care, in the event of disaster and emergencies. These are clear: disabled people cannot be discriminated against.
- In producing these guidelines, authorities must take into account their commitment to the UN Convention on the Rights of Persons with Disabilities, especially Article 11 – situations of risk and humanitarian emergency.

### **Involving persons with disabilities**

- Persons with disabilities, through their representative organisations (Disabled People's Organisations - DPOs), are the best placed to advise authorities on the specific requirements and most appropriate solutions when providing accessible and inclusive services.
- All COVID-19's containment and mitigation activities (not only those directly related to disability inclusion) must be planned and implemented with the active participation of persons with disabilities and DPOs - this applies to community and population wide initiatives as well as to individual situations.

### **Ensuring marginalised and isolated people are not left without essential goods, support and human contact**

- When visits to care facilities are banned and social distancing is recommended, people who are already more isolated will be among those most impacted. Nobody should be left without support, food and essential services.

### **Support networks and assistive devices**

- Funding and practical solutions must be available to ensure that persons with disabilities are not negatively affected by the temporary loss of people from their support networks (including personal assistants, family, and specific professional services) through illness or indirect impact of COVID-19.
- Similarly, services involved in the provision and reparation of essential assistive devices must be prioritised.

### **Income protection**

- Authorities need to ensure that persons with disabilities and underlying health conditions are not disproportionately affected by the impact of COVID-19 on employment.

### **Ensuring that public health communication messages are respectful and non-discriminatory**

- Many people with pre-existing health conditions, older people, and people with complex needs are more at risk of serious health complications due to COVID-19. However, public messaging on the topic must be respectful and free of bias, avoiding potential of discrimination towards any part of the population based on age or disability.

### **Ensuring persons with disabilities are counted**

- Health information systems and monitoring, and new systems used to monitor and contain the spread and effect of COVID-19 should disaggregate data by age, sex and disability.

### **Most marginalised groups**

- Specific attention should be paid to ensuring that people facing multiple discrimination and who are at greater risk of abuse and violence (e.g. women and girls with disabilities), and people who are most marginalised because of stigma and other barriers (e.g. persons with intellectual disabilities and deaf-blindness), are also fully included in, and meaningfully consulted about, all measures undertaken.