HUMAN RIGHTS BASED APPROACH GUIDELINE ON DISABILITY INCLUSION IN COVID-19 RESPONSE

I. INTRODUCTION

The pre-existing and intersecting inequalities and power imbalance can exacerbate in a crisis situation. In the context of COVID-19 pandemic, response agencies need to ensure protection to improve safety, well-being and dignity for affected populations. It is also crucial to recognize the capacity of affected population in understanding the information and carrying out their role to respond to and effectively participate through the various measures in place to combat the outbreak.\(^1\)

Ensuring effectiveness of health services and guaranteeing that no one is left behind, discriminated against and excluded from the COVID-19 response, a human rights based approach must be adopted. COVID-19 response must ensure full and equal enjoyment of all human rights by all persons with disabilities when accessing health services, taking into considerations their diversities of needs, priorities, capacities and vulnerabilities to the outbreak.

It promotes respect for their inherent dignity, ensuring equal opportunities, upholds non-discrimination on the basis of disability and promotes meaningful participation of persons with disabilities in COVID-19 response. The human rights based approach requires authorities to ensure rights of its citizens are not restricted and perceive persons with disabilities as rights-holders. It upholds people’s autonomy and ensures that services and COVID-19 actions are gender sensitive, age appropriate and disability inclusive.

Pacific Disability Forum is calling on all sectors to adopt a human rights based approach to COVID-19 response and ensure that no one is left behind in all phases of the outbreak. An upsurge in discrimination against people with disabilities during the COVID-19 pandemic may occur unless all sectors and communities take action. All stakeholders in recognising the need for effective inclusion, have to promote equal opportunities for all

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\(^1\) Extracted from Pacific Humanitarian Protection Cluster, The COVID-19 Outbreak Protection Brief, shared on email on 19 March 2020
persons with disabilities and considering the evolving communication needs and development of children with disabilities.

The following principles underlines measures that needs to be taken to ensure that we save lives of persons with disabilities during the COVID-19 pandemic. These principles uphold, complement and support the implementation of the humanitarian principles and standards, the protection principles and the DO NO HARM principle, and other human rights and humanitarian laws.

II. INCLUSION

- We need to guarantee inclusion for all, to ensure that no one is left behind in accessing health services. This can be ensured through:
  - Removal of environmental, attitudinal, communication and institutional barriers that limits full participation of persons with disabilities.
  - Provision of support services that supports participation and independent living of persons with disabilities
  - Provision of assistive devices that will support access to health services for person with disabilities on an equal basis with others.
  - Ensuring accessibility of health services, facilities, ambulance services, fever clinics and other necessary mechanisms within the COVID-19 response
  - Eliminating discrimination on the basis of disability and the stigma associated with persons with disabilities
  - Training of health workers on communicating with persons with disabilities and disability inclusion.
- Mainstream gender sensitive, age appropriate, disability inclusive and human rights based interventions across all actions of COVID-19 response.

III. PARTICIPATION

- Involve representative organisations of persons with disabilities (OPD) by inviting them to share their lived experiences, offer advice on disability inclusion and be the voice of all persons with disabilities in the COVID-19 response.
- Create an enabling environment that allows persons with disabilities and their representative organisations to effectively participate and take action. This can be ensured through:
  - Provision of sign language in meetings, advisories and presentations
  - Ensuring that information shared in meetings, advisories and presentations are available in accessible formats.
  - Information going out to the general public are available in easy read formats
  - Ensuring that health services including health workers and health facilities and all COVID-19 response space of sharing and participation does not discriminate on the basis of disability.
• Eliminating all stigma against all persons with disabilities.
• Ensuring that COVID-19 response meeting venues or platforms are accessible to persons with disabilities.
• Provision of ample time and notice to persons with disabilities and OPDs when they are required to provide technical advises on disability inclusion in the COVID-19 response.

• “Nothing About Us Without Us” – This means that when dealing with issues of persons with disabilities it is important to involve them and create an enabling environment that allows them to fully and effectively participate.
• It is important that persons with disabilities and OPD’s individual autonomy, inherent dignity and freedom of choice and independence are respected and recognised.

IV. ACCESSIBILITY
• Persons with disabilities must receive, understand and act on COVID-19 information on prevention tips, public restriction plans, and services offered.
• Persons with disabilities should be able to share their experience and communicate with health workers and first responders in the COVID-19 response.
• Persons with disabilities should be able to reach, enter, circulate and use public health care facilities and COVID-19 specific health care facilities.
• Information sharing platforms like websites, media outlets, social media pages and SMS advisories should be accessible to all persons with disabilities.
• Information Communication Technologies should be inclusive of and accessible to persons with disabilities.

V. NON-DISCRIMINATION
• Health services and COVID-19 response should not discriminate persons with disabilities on the basis of their disability.
• Eliminate all forms of discrimination and stigma against all persons with disabilities including women and girls with disabilities who faces multiple forms of discriminations based on their gender, disability and other characteristics.
• Stakeholders providing communication and other services including the general public need to have positive attitude towards persons with disabilities and ensure that their dignity is upheld.
• Ensure that persons with disabilities infected by COVID-19 are not discriminated, labelled and stigmatised

VI. RESPECT FOR DIFFERENCE AND DIVERSITY
• Recognise that persons with disabilities have diversities of:
• **Impairments** - includes physical, sensory\(^2\), psychosocial and intellectual
• **Barriers** – environmental, communication, attitudinal and institutional
• **Needs** – mild and moderate, severe and high support needs
• **Other characteristics** – including but not limited to gender, socio-economic status, etc.

- Recognise that persons with disabilities need support to build their capacity to be able to fully and effectively participate in COVID-19 response, understand COVID-19 and take necessary actions to save themselves and their families from the outbreak.
- Recognise that different persons with disabilities will have different coping mechanisms to cope and might require different support services to help them act and respond to the COVID-19 outbreak
- Recognise that COVID-19 will have different impacts on different persons with disabilities and fear and panic caused by the outbreak may exacerbates the impacts on those with psychosocial and intellectual disabilities.

### VII. EQUALITY OF OPPORTUNITIES

- Ensure that all persons with disabilities have access to health services and COVID-19 response on an equal basis with others.
- Ensure that COVID-19 response and health services are available, accessible, affordable and provided with quality. Ensuring access to health services and equitable participation of persons with disabilities in the COVID-19 response. This means that persons with disabilities:
  - are able to see, reach, and receive services, information, communication and other facilities on COVID-19 provided in all communities in both rural and urban areas.
  - have access on an equal basis with others to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public on COVID-19, in both urban and rural areas.
  - persons with disabilities have the ability to pay for goods and services at a reasonable price.
  - are able to use and benefit from the COVID-19 response on an equal basis with others.
- Ensuring the provision of reasonable accommodation to facilitates access to health services and guarantee meaningful and effective participation of all persons with disabilities on an equal basis with others.

\(^2\) Sensory impairments include those who are blind, deaf, speech impairment, low vision, deaf blind and hard of hearing.
• Ensuring the collection, analysis and use of disability disaggregated data to highlight areas of concern and influence decision making and review of policy, processes and procedures in implementing the COVID-19 response plan.

VIII. RESPECT FOR INHERENT DIGNITY
• When making reference to persons with disabilities avoid the use of words such as “disabled”, “people with different ability”, “special people”, “invalids”, “people living with a disability” etc. These words degrade and perceive persons with disabilities as different from others in society.
• Use the term “persons with disabilities” when making reference to persons with disabilities.
• The term persons with disabilities recognises that the person comes first and recognises that they are people with impairments who in interaction with various barriers limits their participation in society.
• Recognising that persons with disabilities are people first and further recognising that their participation is limited due to the interaction between their impairments and various barriers.

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