



Commonwealth Disabled People's Forum (CDPF)

Principles and Statement to Governments on Disabled People and the impact of Pandemic of COVID-19 Coronavirus.

The following principles and statement to Governments were agreed by the CDPF Executive Committee 30th March 2020 and provided to help ensure disabled people throughout the Commonwealth are not disadvantaged and have their needs met.

Principles

Preamble: Human Rights are not dispensable because there is a medical emergency. Indeed, the need to protect and ensure that all disabled people have their full and equal enjoyment of all human rights and fundamental freedoms, and to promote respect for their inherent dignity has never been greater. History shows us that in the past, disabled people have been inhumanely treated at times of political, social and humanitarian/medical crisis and this must not be repeated. 181 countries, including 49 of the 54 countries of the Commonwealth, have ratified the United Nations Convention on the Rights of Persons with Disabilities, with the above as its purpose. All member countries support the Commonwealth Charter¹ which reaffirms, among other points, the core principles of Democracy, Human Rights, Tolerance, Rule of Law, Sustainable Development, Gender Equality, Access to Education, Health, Nutrition and Shelter and the Role of Civil Society (Dec.2012).

1. Disabled People must receive information about infection mitigating tips, public restriction plans and the services offered in a diversity of accessible formats with use of accessible technologies.

¹ <https://thecommonwealth.org/sites/default/files/page/documents/CharteroftheCommonwealth.pdf>

2. Additional protective measures must be taken for people with certain types of impairment and for many disabled people to function they require close personal assistance from carers or family members.
3. Rapid awareness-raising and training are essential for all personnel involved in the response. This must include accommodations and support disabled people require.
4. All preparedness and response plans must be inclusive of and accessible to disabled women and children.
5. No disability-based institutionalization and abandonment is acceptable.
6. During quarantine, support services, personal assistance, food and clean water supply, physical and communication accessibility must be ensured.
7. Measures of public restrictions must consider disabled people on an equal basis with others.
8. Disabled people in need of health services due to COVID19 cannot be deprioritized on the ground of their disability.
9. Disabled People's Organisations (DPOs) can and should play a key role in raising awareness of disabled people and their families.
10. DPOs can and should play a key role in advocating for a disability-inclusive response to the COVID19 crisis to their Governments, Health Service and Communities.

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Statement to Commonwealth Governments from Commonwealth Disabled People's Forum

Dear

We appreciate all that States are doing to meet the needs of their populations created by the Coronavirus COVID-19 Pandemic. However, we consider it important to direct you to the impact on disabled people, which the pandemic and remediation measures may have, and the ways these can be countered.

In the light of the current pandemic and its disproportionate impact on disabled people, the Commonwealth Disabled People's Forum, which represents Disabled People's Organisations in 46 countries of the Commonwealth, has developed the following recommendations for policy makers, through discussion with our members, based on our members' current work and priorities. These recommendations aim to address the range of risks disabled people² face. Disabled people face the same risk as the rest of the population, compounded by many other issues: disruption of services and support; in some cases pre-existing health conditions, which leave them more at risk of developing serious illness or dying; being excluded from

² The CDPF use disabled people rather than persons with disabilities, as we are people with long term physical, psycho-social or mental impairments disabled by the barriers in environment, organisation and attitude that in interaction with our impairments lead to the denial of our full human rights and our disablement.

health information and mainstream health provision; living in an inaccessible world where barriers to goods and services are everywhere; being disproportionately more likely to live in institutional settings or being homeless.

A. Making public health communication accessible, respectful and non-discriminatory

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

- Ensuring all information is in plain language and easy to read.
- Providing alternative and accessible methods of accessing general information, not only relying on websites (automatic phone lines, videos, leaflets, etc).
- Appropriate sign language interpretation and captioning.
- Information provided in community languages, plain language and in easy to read format.
- Use of 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 general health emergency and specific phone numbers set up for this pandemic) are fully accessible, including relay services for deaf and hard of hearing people.
- Special attention must be paid to the accessibility needs of deafblind people, as they will be very negatively impacted by social isolation measures. Authorities must provide websites with plain text and sign language interpretation in larger size (as opposed to small windows on the corner of the image).
- 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.
- Ensure that public health messages in accessible format reach disabled people segregated in institutions (including psychiatric institutions).
- Use images that are inclusive and do not stigmatise people.

- False news about the pandemic is dangerous and states should ensure that internet providers take down such damaging messages. People should be directed to safe information on Government and Public Health websites.

This applies to all public and private information including national and local news providers (both live and recorded) and health services. There should be specific web pages with frequently asked questions for concerns of disabled people and their families.

B. 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.
They must also follow existing best practice such as:
- [World Medical Association Statement on Medical Ethics in the event of disasters](#) - “in selecting the patients who may be saved, the physician should consider only their medical status and predicted response to the treatment, and should exclude any other consideration based on non-medical criteria.”
- [Bioethics Committee of the San Marino Republic](#) produced guidance specifically for COVID-19: “The attribution of priority of treatments to be delivered, as well as the victims to be treated cannot fail to take into account the fundamental ethical principles, which materialize in a correct application of triage, trying to optimize the allocation of resources. The only parameter of choice, therefore, is the correct application of triage, respecting every human life, based on the criteria of clinical appropriateness and proportionality of the treatments. Any other selection criteria, such as age, gender, social or ethnic affiliation, disability, is ethically unacceptable, as it would implement a ranking of lives only apparently more or less worthy of being lived, constituting an unacceptable violation of human rights.”

C. Accessible, inclusive, hygienic health services and other facilities

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

- Sign language interpreters, personal assistants and all others that support disabled people in emergency and health settings, should be given the same health and safety protections as other health care workers dealing with COVID-19.
- Health care workers should be informed about the risks facing people with pre-existing conditions. There is evidence to suggest COVID-19 may pose a greater risk to those with chronic health conditions, including pre-existing respiratory conditions, heart disease, diabetes and immunodeficiency, as well as those who are undernourished.
- Instructions to health care personnel should highlight equal dignity for disabled people, so communication should be done directly with the disabled person whenever possible. They should include safeguards against disability-based discrimination. Rapid awareness-raising of key medical personnel is essential to ensure that disabled people are not left behind or systematically deprioritized in the response to the crisis.
- 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 disabled people. Sanitisers 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.
- Commonwealth countries should provide countries with personal protection kits to avoid infection if they lack these. This equipment should be for frontline employees such as healthcare staff, social workers, law enforcement officers.
- Disabled people should not be segregated into separate facilities, where healthcare for COVID-19 is often of a lower standard. For those in care homes or institutions, every effort should be made to give them equal standards of hygiene and the care and support needed.

D. Invest in provision of services and support – Commonwealth and 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 parts of the developing world. Investment in these services is essential and urgent to ensure they can meet the increased workload and costs associated with the crisis, including emergency planning, opening new facilities, medicines, respirators, protective materials and overtime of staff, in a way that is inclusive of everyone in the affected population.

- The World Community, United Nations, European Union Commonwealth Governments, Bilateral and Multilateral Aid need to provide additional emergency financial support to help States, and in particular Commonwealth States, at this extremely difficult time for many countries.

E. Involving disabled people

- Disabled people, 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 disabled people and DPOs - this applies to community and population wide initiatives as well as to individual situations.

F. Ensuring marginalised and isolated people are not left without essential goods, support and human contact

- Put in place flexible and safe mechanisms to authorise disabled people to be able to leave their homes during mandatory quarantines, for short periods and in a safe way, when they experience acute difficulty with home confinement.
- Forced seclusion, forced restraint, forced medication should not be used as methods to enforce isolation.
- Introduce proactive testing and more strict preventive measures for groups of disabled people who are more susceptible to infection due to respiratory or other health complications. These measures should extend to their support network and families.
- Disabled people should not be institutionalised as a consequence of quarantine procedures beyond the minimum necessary to overcome the stage of their illness and should be treated on an equal basis with others. Authorities should take measures to drastically reduce the number of people in residential institutions, psychiatric units, prisons (low risk inmates). It is an infringement of human rights and they are also settings with higher likelihood of infection.
- If residential and psychiatric institutions are not closed, authorities should urgently ensure that strict hygiene and prevention measures are guaranteed.
- Government planners must consider that mobility and business restrictions disproportionately impact those with reduced mobility and other disabled people and allow

for adaptations. Examples of such adaptations can include specific opening hours for disabled people and older people, or priority delivery services.

- 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. **Planners must ensure that no-one is left behind.**
- Government guidelines should ensure that Commonwealth countries focus on particularly vulnerable groups, such as disabled people and their families, when addressing COVID-19. They need to make sure that during the crisis they receive all the support they may need as a result of their greater vulnerability.
- In case of food or hygienic products' shortages, immediate measures must be taken to ensure that disabled people receive essential goods and services as a matter of priority.
- Any program to provide support to marginalised groups should be disability-inclusive.
- All plans to support women should be inclusive of and accessible to disabled women and conversely, programs to support disabled people should include a gender perspective.
- Conduct community outreach activities to identify and rescue disabled people deprived of their liberty or ill-treated at home or within communities and provide adequate support to them in a manner which respects their human rights.

G. Education The closure of schools is necessary for the protection of children, families and communities and will help to flatten the curve so that the peak infection rate stays manageable. In many cases, children who depend on the school lunch programme will face food insecurity. All children, but particularly disabled children who are 3 to 4x more likely to experience it, become more vulnerable to violence in their homes and communities which can go undetected due to no contact. School closures also have a disproportionate burden on women who traditionally undertake a role as caregivers and in particular disabled women. In response to this challenge, we call on governments to:

- Direct educational institutions to prepare and review assignment packages for children to keep them academically engaged and provide guidance for parents on the use of the material.
- Create educational radio, TV and on-line programming appropriate for school-age children.

- Subsidize childcare for families unable to make alternate arrangements for their children.
- Expand free internet access to increase access to online educational platforms and material and enable children to participate in virtual and disability-accessible classroom sessions where available.
- Provide laptops/I-pads for children who need them in order to participate in on-line education.
- Adopt measures to ensure they continue receiving food, by making sure it can be delivered or collected and provision of food vouchers.
- Provide additional curriculum materials, advice and help on the adaptations and support required, so that disabled children can make progress in their learning, while at home.
- Provide extra financial and mental health support for families caring for disabled children.

H. Support networks and assistive devices

- Funding and practical solutions must be available to ensure that disabled people 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.
- Designate providers of support services (including care, support workers and personal assistants, family members) as 'key workers' who should continue to work and be provided with the personal protective equipment and instructions needed to minimise exposure and spread of infection, as well as be proactively tested for the virus. Workers should be allowed to travel safely to and from the workplace (both organisations or clients' homes).
- Similarly, services involved in the provision and reparation of essential assistive devices must be prioritised.
- Deafblind interpreters and support staff often need to be physically close to deafblind people. Authorities must ensure they receive adequate physical protection equipment and that social isolation measures allow them to do their job.
- Support to agencies providing disability support in developing continuity plans, for situations in which the number of available caregivers may be reduced. This includes reducing bureaucratic recruitment barriers while still maintaining protection measures, such as background checks for caregivers.

- Authorities should provide an accessible hotline for disability services so that service users and people in the support network are able to communicate with government and raise concerns.
- Crisis and confinement measures will greatly deteriorate mental health and generate fear and anxiety. Demonstrating solidarity and community support is important for all.

I. Economic Activity /Income protection

- Authorities need to put in place financial measures (commonly within a broader-based economic stimulus package) to support disabled people. These measures may include but are not limited to a Basic or Universal Income for All, lump sum payments for qualifying individuals, tax relief measures, subsidisation of goods or leniency for the payment of specific expenses.
- Authorities need to ensure that disabled people and those with underlying health conditions can work from home. If this is not possible due to the nature of the job or any other reason, a special leave needs to be ensured which guarantees 100% of the employee's income.
- Remote work or education services must be equally accessible for disabled employees/students. Authorities, organisations and educational institutions should ensure sign interpretation, live captioning, adapted work and any other measures in close consultation with disabled employees and students.
- In many countries there are radical changes being made in public services, including closure of education and rehabilitation services, day care facilities and crèches. It is essential that people who must leave work in order to support their family members, or others they may be assisting, continue to receive an acceptable level of income during this period.
- Provide financial support to unhoused people, refugees and women's shelters.
- Expedite the distribution of benefits and modify sick leave, parental and care leave and personal time off policies.
- Direct businesses to invite employees to work remotely on the same financial conditions as agreed prior to pandemic.

J. Habitation, Water and Sanitation

- Implement moratoriums on evictions due to rental and mortgage arrears and deferrals of rental and mortgage payments for those affected, directly or indirectly, by the virus and for disabled people and others belonging to vulnerable groups.
- Provide increased access to sanitation and emergency shelter spaces for homeless people.
- Urgently improve standards of sanitation and habitation in slum, shanties, temporary accommodation and refugee camps.
- Distribute packages with necessities including soap, disinfectants and hand sanitizer.
- Everyone does not have access to clean running water. In response to this challenge, we call on governments to:
 - Ensure infrastructure is in place for clean, potable water to be piped into homes and delivered to underserved areas
 - Cease all disconnections and waive all reconnection fees to provide everyone with clean, potable water
 - Bring immediate remedy to issues of unclean water
 - Build public handwashing stations in communities.

K. Guaranteeing the rights of disabled women and girls

- Ensure data disaggregated by sex and disability is available when compiling information: include differentiated infection rates, information on barriers faced by women when accessing available humanitarian aid and the rates of domestic and sexual violence.
- Consult directly with organisations of disabled women concerning the situation faced by disabled women and girls, their needs and the steps that must be taken to face the pandemic.
- Include the gender dimension in the responses you are offering to disabled people. Responses should differentiate the needs of disabled women and girls, but also the specific needs they may have within each specific impairment group.
- Involve disabled women in all stages of your responses and in all decision-making processes.
- Ensure disabled women working in all essential sectors (including healthcare, social services providers, shops, farming, sanitation, food production) are adequately taken care of and

protected in the face of potential infection. This includes access to information, to personal protective equipment and hygiene products (including menstrual products).

- Support local organisations of disabled women or community-based groups of disabled women in developing accessible messages about prevention strategies and responses.
- Ensure access to necessary sexual and reproductive health services, including prenatal and postnatal healthcare, emergency contraception and safe abortion for women.
- Adopt measures to provide direct compensation to informal women workers, including healthcare staff, domestic staff, migrants and those in other sectors most affected by the pandemic.
- Foster policies to recognise, reduce and redistribute the unpaid work inside homes for healthcare reasons and to look after disabled people, work mostly carried out by women, including disabled women.

L. Violence against women, domestic violence/Intimate partner violence (DV/IPV)

Rates and severity of domestic violence/intimate partner violence against women, including sexual and reproductive violence, will likely surge as tension rises. Mobility restrictions (social distance, self-isolation, extreme lockdown, or quarantine) will also increase survivors' vulnerability to abuse and need for protection services. (See Economic inequality.) Escape will be more difficult as the abusive partner will be at home all the time. Children face specific protection risks, including increased risks of abuse and/or being separated from their caregivers. Accessibility of protection services will decline if extreme lockdown is imposed as public resources are diverted. Women and girls fleeing violence and persecution will not be able to leave their countries of origin or enter asylum countries because of the closure of borders and travel restrictions. All the above impact on disabled girls and women 3 to 4x that of non-disabled girls and women. In response to this challenge, we call on governments to:

- Establish fully accessible separate units within police departments and telephone hotlines to report domestic violence.
- Increase resourcing for non-governmental organizations which respond to domestic violence and provide assistance to survivors including shelter, counselling, and legal aid.
- Ensure services in response to violence against women and girls stay available, including to disabled women, or introduce them where they do not currently exist (helplines, shelters, etc).

- Ensure that Shelters remain open and are all are accessible.
- Disseminate information about gender-based violence and publicize accessible resources and services available.
- Ensure protection services implement programmes which have emergency plans that include protocols to ensure safety for residents and clients with any necessary reasonable accommodations.
- Develop protocol for the care of women who may not be admitted to shelters, due to exposure to the virus, which includes safe quarantine and access to testing and additional support to overcome access barriers.
- Make provisions for domestic violence survivors to attend court proceedings via accessible teleconference.
- Direct police departments to encourage and respond to all domestic violence reports and connect survivors with appropriate resources.
- Ensure disabled women and girls and other people in vulnerable positions are not rejected at the border, have access to the territory and to asylum legal procedures. If needed, they will be given access to testing.

M. Ensuring disabled people are counted

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

N. Abuse of power

Disabled people in prisons, administrative migration centres, refugee camps and disabled people in institutions and psychiatric facilities are at higher risk of contagion due to the confinement conditions. They can also become more vulnerable to abuse or neglect as a result of limited external oversight and restriction of visits. It is not uncommon for authorities to become overzealous in their practices related to enforcement of the law and introduction of new laws. During this crisis, vulnerable people, especially dissidents, are at a higher risk of having negative, potentially dangerous interactions with authorities. In response to this challenge, we call on governments to:

- Adopt human rights-oriented protocols to reduce spreading of the virus in institutions, care homes, detention and confinement facilities.

- Strengthen external oversight and facilitate safe contact with relatives i.e. free telephone calls.
- Encourage law enforcement officers to focus on increasing safety rather than arrests.
- Train law enforcement officers, care workers and social workers to recognize disabled people's needs and make necessary adjustments in their approach and engagement.
- Support DPOs, civil society organizations and country Ombudsmen/Human Rights Institutes in monitoring the developments within those institutions on a regular basis.
- Consult any changes in existing laws in an accessible manner with DPOs, civil rights societies and Ombudsmen/Human Rights Institutes.
- Commit to discontinuing emergency laws and powers once pandemic subsides and restore the check and balances mechanism.

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