



MISSING BILLION

International Conference on “Make Global Health inclusive”, Berlin, September 29 2020

Current situation on COVID-19 for people with disabilities

USA



Mortality rate among people with intellectual disabilities (age 18-74), compared to rest of population¹

2x

Mortality rate of people with disabilities from New York, compared to rest of population²

2.5x

UK



Mortality rate among all people with disabilities, compared to the rest of population

2x

(females)

2.5x

(males)

Mortality rate people with disabilities age 9-64 years, in comparison

11x

(females)

6.5x

(males)

Italy



% of all deaths that were of patients who also had dementia

12%

Disabled people (as defined in UK Census 2011) made up 59% of all deaths involving COVID-19

¹ Turk et al, 2020, "Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis"

² Study of 140,000 people.

³ ONS, Coronavirus (COVID-19) related deaths by disability status, England and Wales

⁴ Cipriani et al, 2020, "Access to Care for Dementia Patients Suffering From COVID-19"

COVID-19 prevention and disabilities (1/2)

Higher risk of contraction

- Reliance on physical contact for support (e.g. care homes)
- Lack of information (e.g., people with health and visual impairments)
- Lack of accessibility of handwashing facilities
- Inequalities (e.g. poverty)

Considerations

- Consult to understand potential risk situations and solutions
- Accessible information
- Training of carers
- Accessible hand-washing
- Appropriate PPE (e.g. face shields for people with hearing impairments)

COVID-19 prevention and disabilities (2/2)

Lock-downs with particular additional challenges

- Distress through isolation
- Difficulties getting usual medication/food due to lock down and restrictions
- Additional economic pressures

Disabled people cut off from vital supplies due to panic buying

People with disabilities say coronavirus means they are struggling to get deliveries

● [Coronavirus - latest updates](#)



Good practice examples

Inclusive devices



Jengu Handwashing facility
(co-designed by LSHTM,
ARUP and the British Red
Cross)

<https://www.arup.com/projects/handwashing-in-emergencies>

Communication



Whatsapp groups in many
countries among parents and
athletes to share information

Lockdown provisions



Additional time
outside for
people with
intellectual
disabilities (Chile,
Peru)



Extra cash
transfers for
people with
disabilities (Peru)

COVID-19 treatment and disability (1/2)

Higher risk of a severe case

- A large proportion of people with disabilities is >60 years (~30%)
- High prevalence of chronic conditions (higher than non-disabled population)
- Some people with disabilities have underlying conditions (e.g., respiratory diseases)
- Lack of access to services (further exacerbated)
- Attitude of health workers and risk of discrimination (e.g. health care rationing decisions)


Considerations

- Definition of how services are ensured (e.g. in twin-track approach to programming) as part of National Pandemic Preparedness Plans or Emergency Plans
- Targeted outreach to people with disabilities, e.g. through community workers
- Training of health workers on rights, increased risks and supporting people with disabilities
- Accessible facilities

COVID-19 treatment and disability (2/2)

Metro World News

Latam | Noticias | Deportes | Entretenimiento | Estilo de Vida | Social | Metro TV | Opinión



Coronavirus y discriminación: personas en situación de discapacidad serían los últimos en la lista por un ventilador mecánico


El caso de Oscar Walter, un hombre de 38 años con Síndrome de Down que falleció esperando un respirador artificial encendió las alertas en las organizaciones de personas en situación de discapacidad.

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ONAVIRUS 05/06/2020



Good practice examples

Prohibiting
discrimination
due to disability
in triage
(USA)

Testing people
with
disabilities in
their homes
(UAE)

COVID-19
Disability
Advisory Group
(Canada)

Use of
community
health workers
(South Africa)


Community based workers can help disabled people access services during COVID-19

May 13, 2020 3:39pm BST



Policy and political commitment

African Disability Forum, Arab Organization of Persons with Disabilities, ASEAN Disability Forum, Down Syndrome International, European Disability Forum, Inclusion International, International Federation of Hard of Hearing People, International Federation of Spina Bifida and Hydrocephalus, Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families, Pacific Disability Forum, World Blind Union, World Federation of the Deaf, World Federation of the Deafblind, World Network of Users and Survivors of Psychiatry



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Tuesday 31 March 2020
New York

Dear Dr. Tedros Adhanom Ghebreyesus,

On behalf of the International Disability Alliance, an organisation of persons with disabilities that brings together over 1,100 organizations of persons with disabilities and their families from across eight global and six regional networks, and represents more than one billion people with disabilities globally, we wish to thank you for the efforts undertaken by the World Health Organization to rapidly and effectively prevent the spread of the COVID-19 including among persons with disabilities. Specifically, we welcome the disability briefing issued by WHO last week which includes many significant recommendations for various key actors.

We would like to bring to your attention an issue of concern regarding triage protocols. We are receiving information on discriminatory treatment of persons with disabilities when accessing emergency services. While the extent of the problem has not been officially documented, we are aware that criteria such as 'dependency' and 'frailty' are used in several contexts to deny treatment, reflecting that the lives of persons with disabilities are less of a priority than others.

While we understand that difficult choices are inevitable in some cases, in no case, should be made



Disability considerations during the COVID-19 outbreak


On 30 January 2020, the World Health Organization (WHO) declared the outbreak of a novel coronavirus disease, COVID-19, to be a Public Health Emergency of International Concern (PHEIC), due to the speed and scale of transmission.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak.

COVID-19
www.who.int/emergencies/diseases/novel-coronavirus-2019

NCDs and mental health
www.who.int/ncds

Those with disabilities are disproportionately affected by COVID-19. Measures are being taken to ensure that people with disabilities are not left behind in the response actions.




Tedros Adhanom Ghebreyesus @DrTedros · Apr 1

Thank you @IDA_CRPD_Forum for your urgent letter & strong collaboration with @WHO. #COVID19 poses a global threat & people with #disability must not be left behind in the response. All people need to be protected, regardless of whether or not they experience disability.

Policy Brief: A Disability-Inclusive Response to COVID-19

MAY 2020



MISSING BILLION

Pandemic aftermath

People with disabilities are poorer and face challenges in a whole range of other areas (e.g. education), and inequalities may further widen due to the pandemic



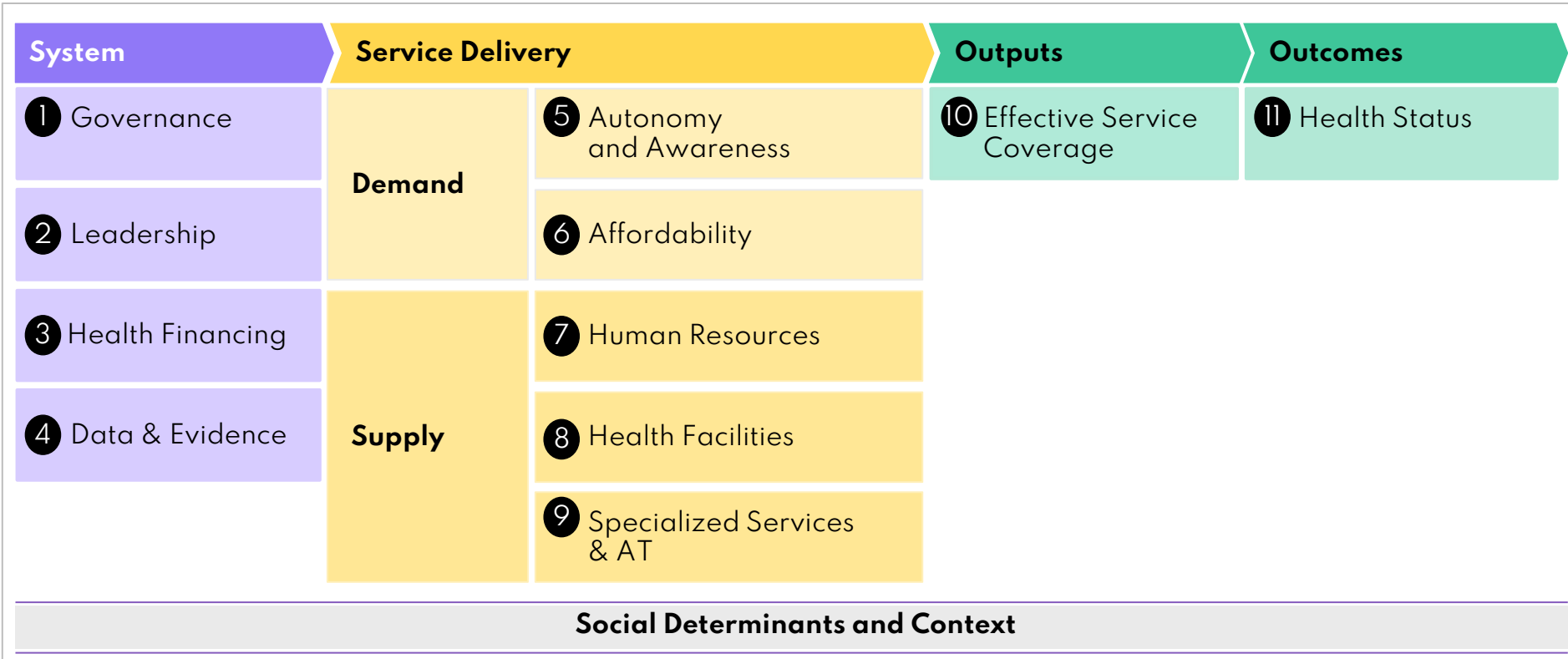
Pandemic aftermath

The recovery and redesign of health systems after COVID-19 are a chance to build disability-inclusive health systems, which will better serve everyone

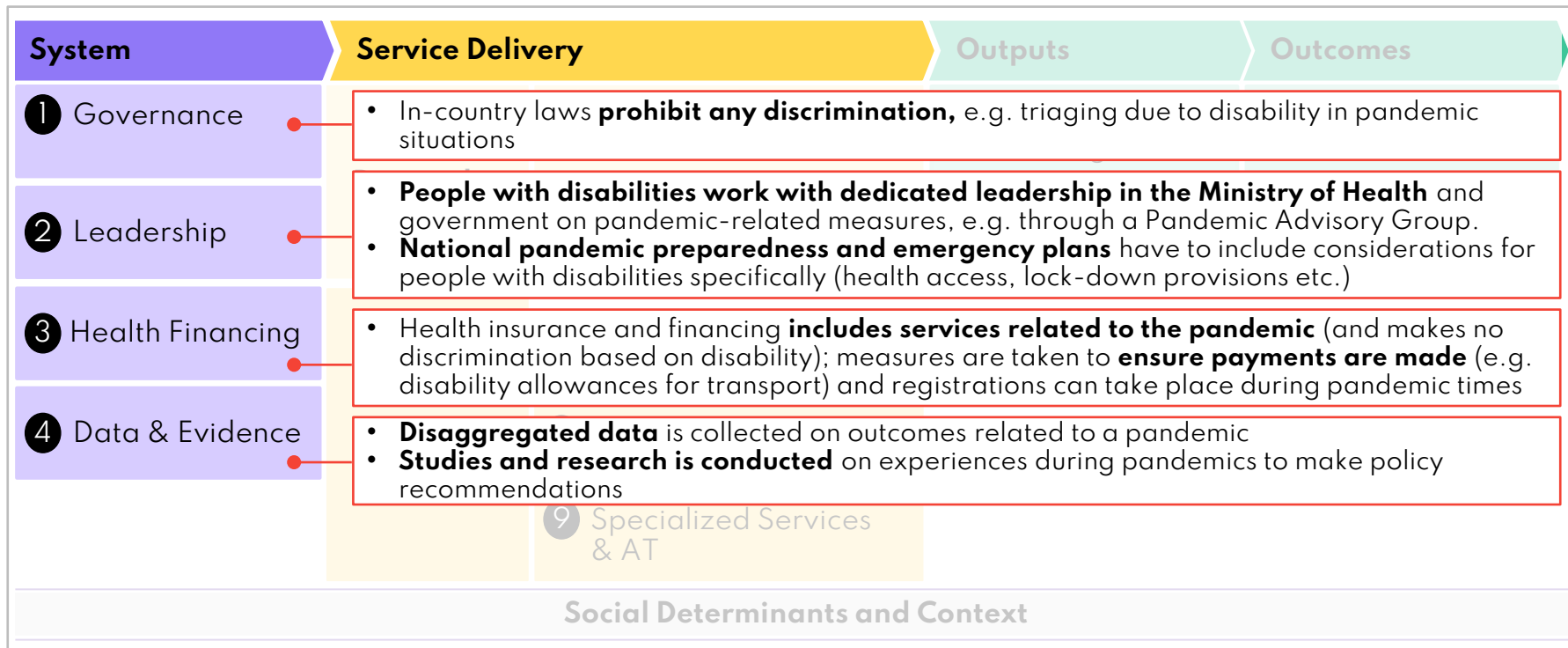


Image: WEF/Reuters

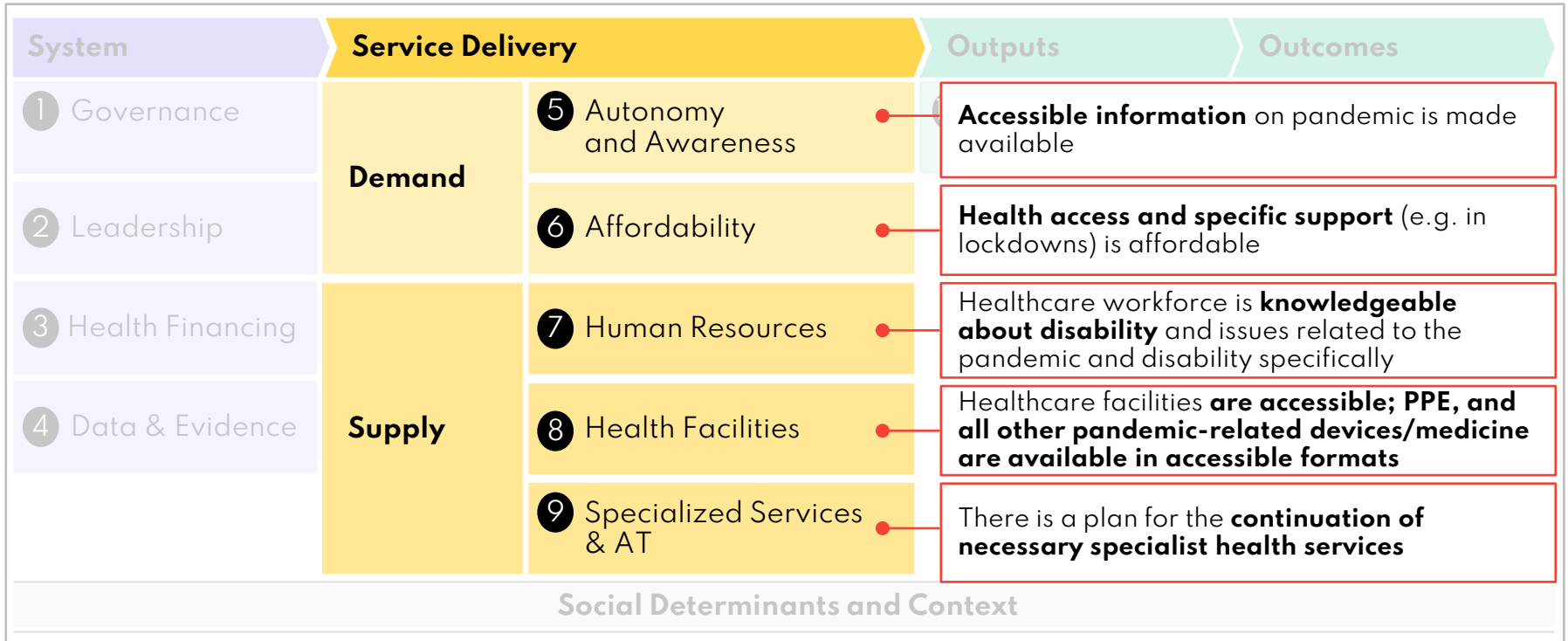
Health systems framework



“Must-have’s” from a pandemic perspective



“Must-have’s” from a pandemic perspective



The Missing Billion report's overall recommendations

For Global Policymakers

- Recognize persons with disabilities as a “cohort”/vulnerable population.
- Ensure people with disabilities and their access barriers are addressed as part of in-country UHC and SDG 3 Action planning processes.
- Consider health access for people with disabilities as a key driver of and metric for UHC achievement.

For Governments

- Develop and/or reform health and disability laws, policies, strategies, and plans.
- Improve access to and quality of general health services, rehabilitation services, and assistive technologies.
- Collect data on healthcare disaggregated by disability.

For Funders

- Develop/review criteria for grant making to ensure that all programming on health makes specific considerations for people with disabilities.
- Invest in catalytic activities that are known to be high-impact (e.g., the actions provided).
- Invest in further operational research and human-centered design work to strengthen knowledge what works.

For Implementers

- Ensure that all health services, programming, and trainings consider the needs of people with disabilities