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Building disability-inclusive COVID-19 recovery plan for SL

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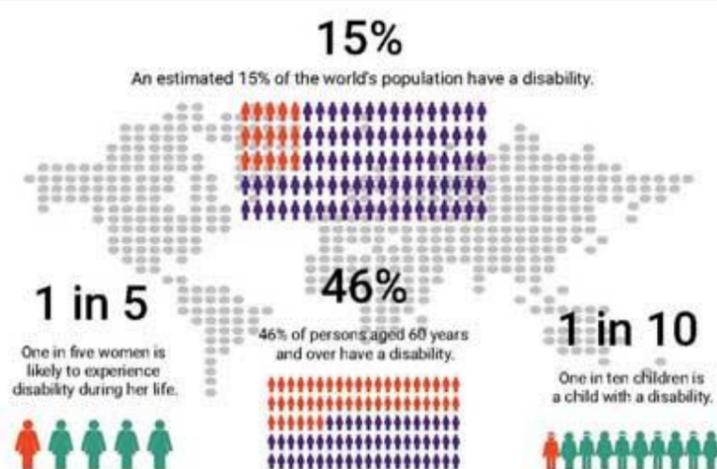
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GLOBAL POPULATION OF PERSONS WITH DISABILITIES



Source: United Nations. (2020). A Disability-Inclusive Response to COVID-19. Policy Brief. Retrieved from https://www.un.org/sites/un2.un.org/files/sq_policy_brief_on_persons_with_disabilities_final.pdf

Persons with disabilities (PWDs) are an important group that needs to be considered when building an all-inclusive COVID-19 recovery plan.

They often tend to get excluded or only partly considered due to the heterogeneous nature of the difficulties they face owing to the diversity in the types of disabilities and support required. This article explores the significant challenges faced by PWDs amidst COVID-19 and outlines strategies that Sri Lanka can adopt towards ensuring an inclusive recovery.



BY LAKSHILA
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PWDs and emerging challenges

Over 1 billion people around the world live with some form of disability, accounting for 15 percent of the world population as shown in the figure.

Around 80 percent of PWDs live in developing countries including 1,617,924 persons in Sri Lanka (as of 2012). Hardships faced by such persons are greater for those living in developing countries due to limited resources and facilities available to them.

Many developing countries lack resources to detect disability early on, have inadequate rehabilitation facilities, and lag in updated research and strategies to support PWDs. This is the case in Sri Lanka where PWDs have inadequate access to society, education, specialised healthcare, and employment opportunities in comparison to developed countries.

Adversities faced by PWDs have escalated due to COVID-19. A study conducted by Global Disability Inclusion found that apart from heightened health risks, the pandemic significantly affected the employment and financial security of PWDs.

This can widen existing disparities and lead to long-term consequences such as higher poverty rates, lower wages and increased costs of living among such persons, thereby leaving lasting impacts on their lives.

While COVID-19 has affected the global population, its effects are distinct and intensified for PWDs. Their pre-existing health conditions put them at greater risk of contracting the virus, experiencing severe symptoms and higher mortality rates. Depending on the nature of their disability, some individuals are unable to effectively communicate their symptoms or practice preventative measures such as regular sanitisation.

Lack of access to public health information due to physical, mental or sensory impairments poses a higher risk of PWDs contracting COVID-19 by being unaware of symptoms and precautionary measures that need to be taken. Disproportionate access to information also poses a threat when implementing recovery procedures.

Lockdowns and social distancing policies limit access to caretakers and medical professionals, putting those unable to care for themselves at substantial risk while in isolation. Lockdowns can also prevent PWDs from accessing basic necessities and seeking regular medical care. Further, school closures and the switch to distance education have led to higher learning disruptions among children with disabilities. This is more pronounced for children in developing countries due to factors such as disproportionate access to technology, and lack of assistive devices and in-person support.

Overcoming the challenges

An understanding of the barriers faced by PWDs is essential to ensure an inclusive recovery. Therefore, it is vital to consult PWDs and engage organisations that work with these groups –such as the Department of Social Services and the National Secretariat for Persons with Disabilities (NSPD) - throughout the decision-making process of creating a disability-inclusive recovery plan.

Information about the disease such as ways of contraction, symptoms, precautionary measures and procedure to follow in the event of contracting it should be made readily available in accessible formats. This includes presenting COVID-19 related information in sign language, captions, braille, graphics, etc.

It is important for PWDs to be prioritised during the vaccination process. If active efforts are not made to include these groups, they will be disproportionately excluded, and will be among the last to receive vaccinations.

The healthcare systems should identify PWDs that meet the eligible vaccination criteria and provide them information on vaccination.

However, this requires proper procedures to be in place for these individuals to register for vaccinations, along with disability-accessible vaccination centres and regular monitoring of such persons upon completion of the vaccination process. The NSPD and other local organisations that work with these groups can be utilised to make the process more accessible and effective. Further, special vaccination drives solely targeting PWDs are an option to ensure effective and efficient vaccination.

In addition, social protection systems should be enhanced to support PWDs better, especially those adversely impacted by COVID-19. A commendable initiative by the government was the extension of its COVID-19 relief cash transfers beyond regular recipients (PWDs in low-income households) to those in the waiting list and groups specially identified by rural committees. However, to ensure long-term recovery and prevent low-income groups from slipping into poverty, these groups should be evaluated by the NSPD and absorbed into the existing social protection system.

Road to recovery

COVID-19 has exposed many weaknesses in healthcare, education and social protection systems worldwide, such as high levels of inequalities and the lack of inclusivity. To ensure sustainable post-COVID recovery, resources should be strategically allocated to support all groups of people and inclusion must be made a priority to build a lasting recovery plan.

In the long-term attention should be directed at building more inclusive systems that are better equipped at serving all groups of people and are more resilient to shocks in the future. A starting point for Sri Lanka would be to increase disability-accessible infrastructure (in public buildings, public transport, restrooms etc.), provide better healthcare and rehabilitation facilities, actively engage PWDs in the workforce, reduce stigma surrounding disability, and increase engagement between PWDs and society at large.

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