
Disability-Inclusive COVID-19 Recovery and Response in Africa

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Millions of Africans have a disability—and compared with people without disabilities, they're more likely to live in poverty, have limited educations, and be in poor health. Because health, education, employment, and transportation services are often inaccessible, people with disabilities are less likely to get the support they need to thrive. To make matters worse, the COVID-19 pandemic, which has made many of these disparities more apparent, poses a new threat to the well-being of people with disabilities. In this brief, we'll provide recommendations for COVID response and recovery that include people with disabilities throughout.

Background: Disability rights in African countries

Although several African countries have moved toward protecting people with disabilities through legislation and community services, people with disabilities and their households continue to face discrimination, poverty, and social exclusion. For example, about 65 million school-age children in Africa have disabilities—and roughly half aren't in school. The situation is even worse for adults: by some estimates, about 80 to 90 percent of people with disabilities in African countries are not participating in the workforce. People with disabilities often struggle to have their needs met when they try to receive health and rehabilitation services. Only 5 to 15 percent of people with disabilities receive assistive devices that could help them move, communicate, and otherwise go about their lives.

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Since people with disabilities in Africa don't always have their needs met through official channels, they often have to spend a lot of money on healthcare, food, assistive devices, personal care attendants and home modifications to have a standard of living similar to people without disabilities.

How does COVID-19 affect Africans with disabilities, and how can organizations mitigate inequities?

Less than 5% of confirmed COVID-19 cases have occurred in Africa, but many worry that discriminatory policies and practices may prevent people with disabilities from receiving life-saving care in hospitals, such as ventilators or admission to an intensive-care unit. Although having a disability doesn't increase the likelihood of coronavirus infection or severe illness on its own, many disabled people have other medical conditions—including respiratory illnesses, heart disease, and weakened immune systems—that raise their risk of severe COVID-19 complications.

The economic shock has also destabilized the lives of millions of Africans—and since disabled people in Africa are more vulnerable to economic instability, they're at particularly high risk. Some of these risks include pandemic-containment practices like social distancing, restrictions on movement, and lockdowns. For workers in the informal sector who depend on face-to-face contact with customers, these policies can be financially ruinous. Many disabled Africans rely on informal employment for their survival, and because informal workers are unlikely to qualify for benefits or have significant amounts of money in savings, they must continue to work to support themselves and their households.

These economic risks don't solely affect disabled people's personal income; indeed, they can also affect their families' income and ability to support any relatives who may contract COVID-19. For instance, a household's primary breadwinner may have to stop working to take care of relatives who need medical care, rehabilitation, or assistive devices.

National governments and local authorities much change their policies and practices to reduce the medical and socioeconomic effects of COVID-19 on people with disabilities. To that end, we've included eight recommendations for more inclusive COVID-19 response and recovery that governments and other organizations can use.

Recommendation 1: Provide accessible information about COVID-19

Information about COVID-19, containment measures, and services should be available in several accessible formats.

- Provide accessible information about COVID-19, containment measures, and services. There are several ways to make information accessible, including captions and subtitles, sign-language interpretation, high-contrast themes, and large-print documents. Remember, too, that accessibility includes accommodating cognitive disabilities, limited literacy, and other potential roadblocks to understanding public-health messages.
- Use plain language to communicate—avoid officialese, medical jargon, and other specialized language that will confuse readers.
- Sign-language interpreters are essential healthcare workers, too, so be sure to provide sign-language interpreters with the same protection that other frontline healthcare workers receive.
- Remember that deaf and hard-of-hearing people have the right to assistive technology to help them communicate. For example, people who rely on lip-reading will need an alternative way to understand what others are saying when they're wearing face masks.

Recommendation 2: Use protective measures for people at risk for severe COVID-19 infection

- Disinfect doorknobs, handrails, and other surfaces, including accessibility knobs for people with mobility disabilities, since the people who need them may not be able to disinfect them themselves.
- Use stricter prevention measures for people who are more vulnerable to severe COVID-19 infection, including those with respiratory conditions.

Recommendation 3: Train first responders and other service providers about disability

- Teach service providers—and emergency responders in particular—about the rights of people with disabilities and the increased vulnerability to COVID complications among people with certain diseases.
- Train the public about the importance of supporting people with disabilities during the pandemic.
- Disability isn't limited to physical and sensory disabilities. Remember that people with intellectual and developmental disabilities need support and accessible services, too.

Recommendation 4: Avoid institutionalization and abandonment

- Limit the use of institutions as quarantine sites. People with disabilities should not (a) stay in institutions beyond the time needed to avoid COVID transmission or (b) remain in institutions longer than their nondisabled counterparts.
- Minimize disruptions to social services for disabled people.
- Find alternative support networks for people with disabilities whose informal supporters—for example, friends, partners, and family—have caught the virus and must go into quarantine.

Recommendation 5: Provide continuing support services, including accessibility and personal care, to people with disabilities who are in quarantine

- Provide interpretation, support services, and other aids to people with disabilities in quarantine. Support can come from family members, friends, community members, or external providers.
- Allow interpreters, personal assistants, and other supporters to accompany people with disabilities in quarantine, as long as (a) everyone agrees to the arrangement, and (b) supporters protect themselves from COVID-19 infection and transmission.

Recommendation 6: Develop equitable COVID policies and regulations for people with disabilities.

- Make sure that people with disabilities continue to receive support with food, housing, healthcare, school, education, and transportation during lockdowns and other restrictions on public movement.
- Consider how mobility and business constraints adversely affect people with disabilities—and modify policies accordingly.
- Ensure that people with disabilities continue to have access to food and hygiene products during shortages. Often, disabled people are the first to be shortchanged when resources are scarce.
- Consider the needs of people with disabilities when developing programs that support marginalized groups, such as cash transfers.

Recommendation 7: Ensure equal access to healthcare for people with disabilities who contract COVID-19

- Create healthcare policies that emphasize the human rights and dignity of people with disabilities, including antidiscrimination rules.

- Talk directly with disabled COVID patients about treatments and prognoses. Be sure to communicate accessibly.

Recommendation 8: Help people with disabilities get support within their communities.

- Prepare accessible COVID-19 instructions and guidance in local languages.
- Help create peer-support networks (a) to reach out to people with disabilities who are quarantined and (b) to train responders about disability rights and inclusion.
- Compile an up-to-date directory of accessible healthcare and other service providers in each community.
- Work with all relevant authorities, including the healthcare system, the media, responders, and educational officials.
- Teach officials about the disproportionate effects of the pandemic and response on people with disabilities.

Credit

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