

Evidence summary: Experiences of people with disabilities during COVID-19 in Asia and the Pacific

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Introduction

Global and national surveys conducted during the previous 12 months have highlighted that people with disabilities have been disproportionately affected by COVID-19. They have experienced poorer health outcomes, lower access to education, reduced services and supports, and increased violence and abuse. This review (completed in January 2021) presents a synthesis of the evidence of the health, economic and social impact of COVID-19 on people with disabilities in low and middle-income countries, with a focus on Asia and the Pacific.²

Higher rates of infection and death from COVID-19:

There are considerable gaps in disability data on infection and mortality from COVID-19, especially from low and middle-income countries (LMIC).³ However available data shows that people with disabilities are far more likely to contract the illness and die once diagnosed. Evidence from high-income countries shows that **people with disabilities make up more than 50% of all COVID-19 related deaths**. Increased risk of death remains even accounting for circumstances such as place of residence (particularly group homes or institutions), socio-economic and geographic factors and age. People with more severe impairments have a greater risk than those with less severe impairments.ⁱⁱⁱ There is evidence that several countries set up triage policies and practices that directly or indirectly **denied access to treatment (including for COVID-19)** on the basis of disability.ⁱⁱⁱ

Health:

There were **gaps in accessibility of critical public health information**^{ivv}, including information on preventing transmission of COVID-19, where to seek testing and treatment, as well as restrictions in movement and changes in access to services.

Disruptions to regular health care and medicines was common, including disability-related services that people depend on to maintain optimal health and function.^{vivii} Difficulties accessing health information and services places people with disabilities at a higher risk of infection, and potentially results in poorer health and functioning in the future.

Psychosocial health:

Most surveys reported an increase in psychosocial distress amongst people with disabilities. Those with existing mental health difficulties faced challenges accessing their regular support systems and medication, while those who had not previously experienced difficulties noted an increase in anxiety and isolation, particularly as virtual catch-ups and online recreational activities were not as accessible for them.^{viii}

Access to disability supports and services:

In a number of contexts in Asia and the Pacific^{ix} (including Nepal^x), **people with disabilities reported issues accessing their regular services and supports**, including personal assistance (e.g. required for daily-care and hygiene), sign language interpreters, and essential repairs of assistive devices. In several

¹ A previous version of the evidence review was published in July 2020 and is available [here](#).

² 18 surveys met inclusion criteria, including 4 from Indonesia, 2 from Cambodia, 2 from Nepal, 1 from the Philippines, 1 from Vietnam, and 1 from Bangladesh. There were 7 global surveys included, with only one disaggregating findings to a regional level. There was very limited data available from the Pacific.

³ Few countries have published disability disaggregated data on COVID-19. No data was available from Asia or the Pacific on infection or mortality, so evidence for this review was drawn from the only available sources (UK and US).

countries, personal assistants were not considered essential services, leading to a decrease or cancellation of services. This has restricted people's ability to live independently and increased dependence on family members, which in some situations could increase the risk of violence and abuse.

Access to livelihoods:

People with disabilities reported a severe reduction in employment and income as a result of the COVID-19 restrictions, which occurred at rate higher than the general population (e.g. in Indonesia where disaggregated data was available^{xi}). Other studies found people with disabilities lost 52% of their household income in Cambodia, and 65% in Bangladesh.^{xii}

Social protection programs had substantial gaps in coverage for people with disabilities. In surveys across Vietnam, Indonesia, and the Philippines, the majority of respondents (>85%) affected by COVID-19 lockdowns were yet to receive financial assistance.^{xiii} Low access was attributed to inaccessible information about government supports, low coverage for those in seasonal/informal jobs (in which people with disabilities are overrepresented), inadequate community mapping, and the need for recipients to physically travel to receive allowances. **Where cash or other subsidies were available they were considered insufficient** as payments only covered basic needs, not the higher costs associated with having a disability.

As a result of lost income, low access to supports and insufficient value of payments, people with disabilities commonly reported difficulties being able to afford food, water, and other essential household items. In Nepal and Vietnam, emergency food assistance was the most common request from disabled persons organisations (DPOs).^{xvixvii}

Education:

Almost universally, children with disabilities did not have equal access to education when schools switched to remote learning. This was often because those planning remote learning had not specifically considered accessibility for children with disabilities.^{xviii} **Home schooling teaching materials were not accessible to parents with disabilities**, limiting their ability to support their children's learning. It is anticipated that school closures will exacerbate existing inequalities and significantly set back progress in both school participation and learning.^{xix}

Gender-based violence:

In a global survey of women and non-binary people with disabilities, nearly one in four respondents reported fear for their personal safety. This was thought to be due to power imbalances caused by increased dependence on others, fewer opportunities to access safe spaces and support services (e.g. gender-based violence (GBV) services) during lockdowns, and instances of stigma and discrimination from members of the public.^{xx}

In Cambodia, a survey of (mostly female) DPO members found 40% of respondents said they were at increased risk of psychological, economic, physical and/or sexual violence during the pandemic. Those already at risk of violence, and older people, experienced a greater increase in risk.^{xxi}

Involvement of people with disabilities in response planning:

There has been a lack of meaningful inclusion of people with disabilities in the planning of COVID-19 responses, both at national and global levels, which undermines inclusion gains in recent years.^{xxii} However, there are promising examples (such as in Timor-Leste), where DPOs successfully advocated for sign-language interpretation to accompany all televised official messages about COVID-19.

Recommendations

The COVID-19 pandemic has resulted in serious setbacks in implementing the UN Convention on the Rights of Persons with Disabilities (CRPD) and achievement of the SDGs. Immediate action is required to ensure people with disabilities are not left further behind in development efforts. This includes ensuring people with disabilities are appropriately prioritised for access to COVID-19 vaccinations. Disability data on COVID-19 should be collected and shared. Mainstream development programs (such as social protection, inclusive education, and GBV) should consider the specific needs and barriers to access for

people with disabilities. Barriers often include inaccessible information and infrastructure, attitudes of service providers, and financial cost. Finally, COVID-19 response and recovery efforts must involve people with disabilities and their representative organisations in planning, implementation and ongoing monitoring.

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ⁱ Office for National Statistics. 2021. *Updated estimates of coronavirus (COVID-19) related deaths by disability status, England: 24 January to 20 November 2020*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid-19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020>

ⁱⁱ Shapiro, J. 2020. *COVID-19 Infections And Deaths Are Higher Among Those With Intellectual Disabilities*. Retrieved from NPR: <https://www.npr.org/2020/06/09/872401607/covid-19-infections-and-deaths-are-higher-among-those-with-intellectual-disabili>

ⁱⁱⁱ Brennan, C. 2020. *Disability rights during the pandemic: A global report on findings of the COVID-19 Disability Rights Monitor*. COVID-19 Disability Rights Monitor

^{iv} ASB disability cluster. (2020). *Survey for Messages and Information Dissemination on COVID-19 in the community*.

^v NDF-N, 2020. *Impact of COVID-19 Pandemic and Lockdown on Persons with Disabilities*. <https://nfdn.org.np/wp-content/uploads/2020/05/COVID-19-Disability-NFDN-Rappid-Assessment-Final-Report-accessible-version.pdf>

^{vi} Save the Children International. 2020. *Protect a generation: The impact of COVID-19 on children's lives*.

^{vii} UNDP Viet Nam. 2020. *Rapid Assessment of the Socio-economic impact of COVID-19 on persons with disabilities in Vietnam*.

^{viii} World Blind Union. 2020. *Learning from COVID-19 through the experiences of blind and partially sighted persons across the world*.

^{ix} Stakeholder Group of Persons with Disabilities for Sustainable Development. 2020. *The experience of persons with disabilities with COVID-19*.

^x Handicap International, 2020. *Nepal COVID-19 Rapid Need Assessment Report*.

^{xi} Rema H, O. B., 2020. *Current Results of Online Survey on Economic Impact of COVID-19- results for people with disabilities*. J-PAL Southeast Asia.

^{xii} ADD International. 2020. *COVID-19: Violence Risk and income loss among persons with disabilities*.

^{xiii} UNDP Viet Nam. 2020. *Rapid Assessment of the Socio-economic impact of COVID-19 on persons with disabilities in Vietnam*.

^{xiv} DPO Network, 2020. *Rapid Assessment*.

^{xv} Aggarao, S. & Bernardino, B., 2020. *Access of Filipinos with disabilities to the Philippine Government Social Amelioration*.

^{xvi} UNDP Viet Nam. 2020.

^{xvii} NDF-N, 2020. *Impact of COVID-19 Pandemic and Lockdown on Persons with Disabilities*.

^{xviii} World Blind Union. 2020.

^{xix} Save the Children International. 2020.

^{xx} Women Enabled International, 2020. *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Human Rights Survey*

^{xxi} ADD International. 2020.

^{xxii} Brennan, C. 2020.