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.

**OVERVIEW OF EVIDENCE**

**HIGHER RATES OF INFECTION AND DEATH FROM COVID-19**
- Disability data on COVID-19 is limited. Where data is available, it shows people with disabilities are more likely to die from COVID-19, making up more than 50% of all deaths. (Office for National Statistics, 2021)

**LESS ACCESS TO HEALTH CARE AND INFORMATION**
- People with disabilities had difficulties accessing critical public health information about COVID-19; and regular health care and medicines. (NDF-N, 2020)
- In some locations, people with disabilities were deprioritised for COVID-19 treatment. (Brennan, 2020)

**WORSENED MENTAL HEALTH**
- Psychosocial distress increased during the pandemic, yet people faced increased difficulties accessing services and supports. (World Blind Union, 2020)

**LACK OF INVOLVEMENT 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. (World Blind Union, 2020)

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Brennan, C. 2020. Disability rights during the pandemic
World Blind Union. 2020. Learning from COVID-19 through the experiences of blind and partially sighted persons across the world

Prepared by CBM Inclusion Advisory Group and Nossal Institute for Global Health
LOSS OF INCOME PLUS LITTLE OR NO FINANCIAL ASSISTANCE

- People with disabilities reported a severe reduction in employment and income as a result of COVID-19 restrictions. For example, people with disabilities lost 52% of their household income in Cambodia, and 65% in Bangladesh.
- Social protection programs had substantial gaps in coverage, with the vast majority (>85%) of those affected by lockdowns yet to receive financial assistance. Cash subsidies, where available, were insufficient to meet the higher costs of having a disability.

REDUCED ACCESS TO DISABILITY SUPPORTS AND SERVICES

- People with disabilities commonly reported issues accessing regular services and support, including personal assistants (required for daily care and hygiene), sign-language interpreters, and repairs of assistive devices.
- Personal assistants were not always considered "essential services", leading to a decrease or cancellation of services.
- As a result, living independently has become much more difficult.

INCREASED GENDER-BASED VIOLENCE

- A global survey of women and non-binary people with disabilities found nearly one in four people feared for their personal safety.
- In Cambodia, 40% of DPO members said they were at increased risk of psychological, economic, physical and/or sexual violence during the pandemic.

INACCESSIBLE REMOTE LEARNING

- Almost universally, children with disabilities did not have equal access to education when schools switched to remote learning. This was often because those planning had not considered accessibility for children with disabilities.

RECOMMENDATIONS

1. People with disabilities should be appropriately prioritised for access to COVID-19 vaccinations.

2. Mainstream development programs (such as education, social protection and gender-based violence) 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.

3. Crucially, COVID-19 response and recovery efforts must involve people with disabilities and their representative organisations in planning, implementation and ongoing monitoring.