Leave no one behind

Disability inclusion in Australia’s

COVID-19 development response

**Summary**

COVID-19 is profoundly impacting our lives and our region[[1]](#footnote-1). This impact is even more evident for people with disabilities. The COVID-19 pandemic creates a perfect storm where:

1. The barriers already facing people with disabilities are increasing on multiple fronts.
2. As seen with large and complex emergencies, the needs of people with disabilities are overlooked and they cannot access vital health, economic and social support in response efforts.[[2]](#footnote-2)
3. Organisations of People with Disabilities (OPDs)[[3]](#footnote-3) are having to address urgent service shortfalls, stepping into the role government and humanitarian systems should be playing.[[4]](#footnote-4)

The COVID-19 pandemic is deepening pre-existing inequalities[[5]](#footnote-5). This risks reversing the economic and social gains Australian aid has achieved through investment in disability inclusion in our region in the past decade.

Much can be gained now by building on Australia’s significant investment in disability inclusive development, but much could be lost if we do not recognise and respond to the unique threat that COVID-19 poses to people with disabilities in developing countries. We can and must do more to save lives and livelihoods now.

**How people with disabilities are impacted by COVID-19**

One in seven people - over one billion people - live with some form of disability, and over 80% live in low and middle-income countries*[[6]](#footnote-6)*. People with disabilities are at much greater risk of dying from COVID-19 than people without disabilities.[[7]](#footnote-7) The World Health Organisation has identified people with disabilities as one of the most vulnerable populations in public health emergencies and disproportionately affected by the health, social and economic impacts of COVID-19.[[8]](#footnote-8) Research shows that women with disabilities and other under-represented groups of people with disabilities are experiencing greater social and economic exclusion during the pandemic.[[9]](#footnote-9) Globally, violence against women with disabilities has increased during the pandemic.[[10]](#footnote-10)

Research by CBM Australia and the Australian Disability and Development Consortium (ADDC) shows that if COVID-19 responses do not actively target people with disabilities, this group will be left further behind, further excluded from socio-economic development as communities start to recover.

Australia urgently needs to specifically target disability in its COVID-19 development response. While the need to include people with disabilities is recognised in Australia’s aid policy *Partnership for Recovery*, investment in disability inclusion has been reduced over the past two financial year foreign aid budgets. In all responses to the pandemic, it is vital that this decline be reversed and policy turned into action.

**Research into the impacts of COVID**

Widespread consultations during 2020-2021 with OPDs across Asia, the Pacific and Africa by CBM Inclusion Advisory Group and Nossal Institute of Global Health, and funded by the Australian Government, highlight that people with disabilities have experienced poorer health outcomes, less access to education, reduced services

and support, and increased violence and abuse[[11]](#footnote-11). Yet despite their high vulnerability, people with disabilities are not being adequately targeted or prioritised in COVID-19 responses.

**Key barriers include:**

* A lack of meaningful inclusion of people with disabilities in the planning and delivery of COVID-19 responses, both at national and global levels.[[12]](#footnote-12)
* OPDs, people with disabilities and their carers are not being consulted or provided with timely information about COVID-19, both at national and global levels.[[13]](#footnote-13)
* More than 85% of people with disabilities surveyed in Vietnam, Indonesia and the Philippines affected by COVID-19 lockdowns were yet to receive financial assistance.[[14]](#footnote-14)
* Increased psychosocial distress among people with disabilities, with COVID-19 not being adequately addressed as a mental health issue.[[15]](#footnote-15)
* Failure to prioritise persons with disabilities in COVID-19 prevention efforts and vaccine roll-out, despite their high vulnerability.

In this context of exclusion, OPDs are needing to address shortfalls in provisions for people with disabilities. In providing urgent support, they are having to use their already constrained resources to address issues the pandemic has brought to the fore.[[16]](#footnote-16) Nuanua O Le Alofa (NOLA) in Samoa successfully advocated for televised government public communications on COVID-19 to include sign language[[17]](#footnote-17).The National Indigenous Disabled Women Association Nepal is advocating for indigenous people with disabilities who were excluded from critical COVID-19 responses including basic services such as food packages and medical care.[[18]](#footnote-18) The Indonesian Mental Health Association has collected data, provided food assistance and advocated for prioritisation of vaccines for people with disabilities in social care institutions[[19]](#footnote-19).

OPDs are playing vital roles in ensuring people with disabilities are reached when they have been otherwise forgotten in pandemic responses and policy making. This could have been prevented if OPDs were included in government, international development and humanitarian responses from the outset.

**Recommendations – For a disability inclusive COVID-19 response within the Australian aid program:**

1. Enact the key principle of “nothing about us without us” by active inclusion of people with disabilities in all humanitarian responses and aid investments, and at all stages of programming (design, implementation, monitoring).
2. Governments, the private sector, and development actors must partner with OPDs to ensure localised and accessible COVID-19 responses, including dissemination of information on the pandemic.
3. Identify and address disability related barriers in all COVID-19 development investments and programs, including: vaccine accessibility, public health messaging, government social security payments, access to technology, access to market opportunities, and response planning and provision of relief.
4. Couple DFAT’s aid policy *Partnerships for Recovery* with a detailed, multi-year strategy on disability inclusion which clearly articulates how people with disabilities will be prioritised in Australia’s aid program, including the COVID-19 response.
5. Prioritise people with disabilities for early COVID-19 vaccinations, addressing specific barriers they may have to accessing vaccines and services, including: providing information in accessible formats (braille, and sign-language); ensuring vaccination facilities and services have fully accessible toilets, footpaths, buildings and equipment; and accessible transport.
6. Ensure pandemic-related data is disaggregated to identify people with disabilities and is publicly available.

Disability inclusive COVID-19 responses will result in recovery that better serves everyone, more fully suppressing the virus, saving lives and livelihoods, as well as building back better.*[[20]](#footnote-20)* A comprehensive and coordinated approach that partners with people with disabilities and OPDs from the outset is required to ensure everyone can build back better from the COVID-19 pandemic.

With an inclusive response we will build back better from COVID-19, paving the way for a more inclusive Australian development approach, where no one is left behind.

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