

20 April 2022

Mr. Gerard Quinn

United Nations Special Rapporteur on the Rights of Persons with Disabilities

Re.: Request for communications to United Nations member States providing further guidance on the rights of persons with disabilities and redress for violations in the context of the COVID-19 pandemic

Dear Mr. Rapporteur:

We write to share information gathered over the past several months concerning impacts on the rights of persons with disabilities (PwD) in the context of the COVID-19 pandemic and request your provision of responsive technical guidance and calls for redress to United Nations (UN) member States, through channels such as thematic reporting, State visits, and/or communications.

The pandemic has highlighted and exacerbated pre-existing issues of structural discrimination persons with disabilities face across the globe. As you have noted, many responses to the pandemic have undermined the human rights-centering paradigm on disability.¹ The pandemic has layered new problems relating, for instance, to equitable access to and accessibility of COVID-19-related healthcare. Two years into the pandemic, we hope the information shared below will serve to inform ongoing work on accountability, redress, prevention, and non-repetition of violations concerning rights to persons with disabilities in the current and future public health crises.

The research presented here (as noted in citations throughout) was informed by written and online exchanges over the past half year with organizations of persons with disabilities (OPDs) in Argentina, Bangladesh, Burundi, Colombia, Dominica, Ecuador, Haiti, India, Nepal, Pakistan, Peru, Sri Lanka, St. Kitts and Nevis, Tanzania, Timor Leste, Trinidad and Tobago, Uganda, Venezuela, and Vietnam.² Complementary research was done in turn to provide further references for the kinds of human rights issues raised by OPDs.

This research benefited from the cooperation of numerous civil society organizations, including the Vidhi Centre for Legal Policy (Vidhi)³ based in India, the Asociación Civil por la Igualdad y la

¹ Quinn, Gerard, *COVID-19 and Disability: A War of Two Paradigms*, in *COVID-19 and Human Rights* (Eds. Kjaerum, Davis, and Lyons), 2021.

² Discussion with OPDs in Argentina, Colombia, Ecuador, Haiti, Peru, and Venezuela occurred on a call with Red Latinoamericana de Organizaciones de Personas con Discapacidad y sus Familias (RIADIS). Discussion with OPDs in Dominica, St. Kitts and Nevis, and Trinidad and Tobago occurred on a regional call with OPDs in the Caribbean.

³ The Vidhi Centre for Legal Policy is an independent think-tank doing legal research to make better laws and improve governance for the public good.

Justicia (ACIJ)⁴ in Argentina, and l'Association pour la Réintégration Sociale des Aveugles et Malvoyants du Burundi, and was co-coordinated by the Disability Rights Initiative (DRI) of the Human Rights Law Network (HRLN)⁵ based in India and the secretariat of ESCR-Net – International Network for Economic, Social and Cultural Rights based in the United States.⁶

The submission addresses four areas of concern:

1. inadequate efforts to prioritize access and ensure accessibility during vaccine rollouts for persons with disabilities who may face greater risks of severe COVID outcomes;
2. failures to adequately support persons with disabilities who may disproportionately face severe indirect pandemic harms, including those related to lockdowns and other socio-economic impacts, such as those related to loss of livelihood, housing insecurity, and inaccessible social protection measures;
3. inaccessibility of certain public services due to pandemic-related circumstances, such as online/remote education methods or public health information provision; and
4. absence of disaggregated data necessary to precisely map impacts of the pandemic on persons with disabilities and inform policies that adequately meet human rights obligations.

For each topic, an overview of issues raised in conversations with OPDs is presented, followed by complementary research. The submission concludes with observations highlighting corresponding areas for your mandate's attention, noting how disability interacts with other markers of identity, such as gender, age, race, rurality, religion and ethnicity that could align with higher risks of contracting COVID and worse outcomes during the pandemic more broadly.

Vaccination Access and Accessibility

Many OPDs reported a lack of mechanisms for priority in vaccination for persons with disabilities who may face greater risk, as well as inadequate accessibility measures relating to vaccination centers, in-home vaccination, registration for health services, and provision of public health information.

OPDs in India filed lawsuits against the Union of India in the Supreme Court and in High Courts in the States of Karnataka, Tamil Nadu, Arunachal Pradesh, Mizoram, Jharkhand, West Bengal, Bihar, Jammu and Kashmir, Delhi, Odisha and Uttarakhand seeking priority for persons with disabilities in attendance and treatment of COVID-19. Courts responded ordering “measures necessary”⁷ to provide priority to persons with disabilities with regard to COVID-19 related healthcare needs (in

⁴ The Asociación Civil por la Igualdad y la Justicia is a non-partisan, non-profit organization dedicated to the defense of the rights of the most disadvantaged groups of society and the strengthening of democracy in Argentina.

⁵ Led by persons with disabilities themselves, the Disability Rights Initiative of the Human Rights Law Network is recognized as the only one of its kind in providing a comprehensive range of socio-legal support services to India's community of persons with disabilities.

⁶ ESCR-Net – International Network for Economic, Social and Cultural Rights is comprised of over 280 organizational and individual civil society members working toward the realization of human rights and social justice for all.

⁷ Court Order from the High Court of Gauhati, Public Interest Litigation 11/2021, June 28, 2021, p. 2.

Assam, Nagaland, Arunachal Pradesh), including the setting up of a separate counter at government-run vaccination centers catering to the vaccination needs of persons with disabilities (in Tamil Nadu),⁸ the setting up of door-to-door and community vaccination centers (in Uttarakhand)⁹ and the setting of vaccination sites (also in Uttarakhand),¹⁰ specifically addressing the vaccination needs of persons with disabilities.

In Africa, OPDs in Burundi,¹¹ Tanzania,¹² Uganda,¹³ reported there was no priority for persons with disabilities. In Burundi, persons with disabilities also experienced barriers in accessing personal protective equipment, and there was an absence of public health information, for instance, in Braille or sign language.¹⁴ While the government may not formally discriminate on the basis of disability, discrimination within families may keep persons with disabilities marginalized from COVID healthcare and other public services.¹⁵ Additionally, the registration process for vaccination was not accessible for persons with disabilities on account of pre-existing lack of technological access, formal education and resources.¹⁶ In Tanzania, persons with disabilities also lacked accessible information about vaccination.¹⁷ In Uganda, while there was a campaign directed towards and prioritizing the vaccine needs of healthcare workers, older adults, police and the armed forces, there was no campaign or priority for persons with disabilities.¹⁸ In Uganda, while the government made efforts to provide personal protective equipment such as masks and sanitizers at the beginning of the pandemic, these items remained difficult to access for persons with disabilities because of pre-existing isolation in society.¹⁹

In addition to the example of OPD legal advocates in India referenced above, many OPDs in South and South-east Asia and Asia-Pacific reported a lack of effective vaccination access and accessibility for persons with disabilities. In Nepal, while persons with disabilities have priority in vaccination at the policy level, OPDs have not seen this translate in the field level, including in remote and rural areas.²⁰ In Bangladesh, persons with disabilities were largely left out of prioritization in vaccination, with Protibondhi Nagorik Shangathaner Parishad reporting the government has failed to meet the

⁸ Court Order from the High Court of Madras, Writ Petition No. 2951, April 19, 2021, p. 3-4.

⁹ Affidavit of the Health Secretary of Uttarakhand before the Court of Uttarakhand, in Writ Petition No. 71, July 24, 2021, p. 5.

¹⁰ Affidavit of the Health Secretary of Uttarakhand before the Court of Uttarakhand, in Writ Petition No. 71, July 24, 2021, p. 6.

¹¹ Email response from l'Union Nationale des Personnes Aveugles et Malvoyantes du Burundi, November 10, 2021.

¹² Online call with OPD in Tanzania, November 12, 2021.

¹³ Online call with OPD in Uganda, November 12, 2021.

¹⁴ Email response from l'Union Nationale des Personnes Aveugles et Malvoyantes du Burundi, November 10, 2021.

¹⁵ Email response from l'Union Nationale des Personnes Aveugles et Malvoyantes du Burundi, November 10, 2021.

¹⁶ Email response from l'Union Nationale des Personnes Aveugles et Malvoyantes du Burundi, November 10, 2021.

¹⁷ Online call with OPD in Tanzania, November 12, 2021.

¹⁸ Online call with OPD in Uganda, November 12, 2021.

¹⁹ Online call with OPD in Uganda, November 12, 2021.

²⁰ Online calls with Disability Human Rights Promotion Society (DHRPS), Nepal, August 4, 2021, and September 28, 2021.

COVID-19 related health care needs of persons with disabilities.²¹ Caregivers were also not prioritized.²² While vaccination centers prioritized persons with disability registering through apps, access to apps was limited and persons with disabilities still had to wait in long queues to receive vaccination at large public vaccination centers.²³ In Pakistan, the government also had no prioritization of persons with disabilities or caregivers in vaccination, however, a broad home-based and drive-in vaccination campaign mitigated this.²⁴ Public health information on COVID-19 also lacked accessibility.²⁵ In Timor Leste, the government was not prioritizing persons with disabilities in vaccination rollouts, although persons in “vulnerable groups” were mentioned in government responses.²⁶ OPDs also highlighted lack of accessibility of public health information.²⁷ OPDs in Vietnam said that while the government has been providing access to COVID-19 vaccines to persons with disabilities, there was no clear federal level policy that prioritizes vaccine access for persons with disabilities and that priority status depended on the policy preferences of local/provincial government.²⁸ For instance, while in Lam Dong province persons with disabilities were in the first priority group for vaccinations, in Can Tho, persons with disabilities were eighth on the list.²⁹ In Hanoi, persons with disabilities had no priority in vaccination.³⁰ However, OPDs reported government had supported vaccine access for all persons, including persons with disabilities, with special vaccination drives conducted for persons with disabilities in institutions.³¹ Service providers and caregivers for persons with disabilities had access to COVID-19 testing and personal protective equipment free of charge.³² In Sri Lanka, OPDs reported that mobile vaccination units had facilitated vaccination access by persons with disabilities.³³

In the Americas, in Peru, while the government prioritized some vaccinations for persons with disabilities, it had run out of vaccines before the vaccine needs of persons with disabilities could be met.³⁴ OPDs in Argentina, Ecuador and Colombia said there was widespread shortage of vaccines

²¹ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

²² Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

²³ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

²⁴ Online call with Sindh Persons with Disabilities Protection Authority, Pakistan, September 23, 2021.

²⁵ Online call with Sindh Persons with Disabilities Protection Authority, Pakistan, September 23, 2021.

²⁶ Email response from Ra’es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

²⁷ Email response from Ra’es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

²⁸ Email responses from Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 27, 2021, and October 9, 2021.

²⁹ Email responses from Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 27, 2021, and October 9, 2021.

³⁰ Email responses from Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 27, 2021, and October 9, 2021.

³¹ Online call with Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 5, 2021.

³² Email responses from Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 27, 2021, and October 9, 2021.

³³ Online call with Disabled People’s International (DPI) Sri Lanka, July 29, 2021.

³⁴ Online call with Red Latinoamericana de Organizaciones de Personas con Discapacidad y sus Familias (RIADIS) and members, September 9, 2021.

and a lack of information in accessible formats.³⁵ In Trinidad and Tobago, OPDs said that while there was priority for persons with disabilities in vaccination, the lack of an at-home vaccination program impeded vaccine access for persons with disabilities.³⁶ OPDs in the Caribbean also reported a lack of COVID-19 related-information in accessible formats, for deaf persons in particular.³⁷

The concerns detailed above align with other publicly available information on access and accessibility of COVID vaccinations by persons with disabilities, including:

- Regarding accessibility of COVID vaccination registrations in India, “[i]n an independent survey conducted by Vidhi Centre for Legal Policy] on accessibility to vaccines by PwDs, 36.9% of 268 respondents could register themselves on CoWIN [(registration channel)], and of those, only 28.9% could do so independently.”³⁸ Furthermore, “only 75.7% of the 235 respondents had received the vaccination, of whom only 56.1% reported it as accessible and 24.9% had to make multiple attempts to get the vaccine.”³⁹ An assessment conducted by OPDs Rising Flame and Sightsavers in India on the impact of COVID-19 on persons with disabilities notes that while the federal government issued policy directives under Rights of Persons with Disabilities Act of 2016 to prioritize the healthcare needs of persons with disabilities,⁴⁰ the report recommended further measures to ensure healthcare for persons with disabilities.⁴¹
- In Argentina, OHCHR indicated “[d]espite evidence of an increased risk of infection and death, persons with disabilities are currently not recognised as a priority group within Argentina’s vaccination program.”⁴²
- In South Africa, “the initial COVID19 public information announcements were not accompanied with captioning nor sign interpretation. Following lobbying by OPDs regarding the inaccessibility of public health information sign interpretation began to be provided but on an inconsistent basis... Furthermore, public health information has not been made available in plain language and easy read formats resulting in some persons with intellectual impairments being denied their right to access this information (Article 21, [Convention on

³⁵ Online call with Red Latinoamericana de Organizaciones de Personas con Discapacidad y sus Familias (RIADIS) and members, September 9, 2021.

³⁶ Online call with OPDs in the Caribbean region, October 8, 2021.

³⁷ Online call with OPDs in the Caribbean region, October 8, 2021.

³⁸ Bajaj, Rahul, and Kadambari Agarwal, Vidhi Centre for Legal Policy, *Comments on Creating a More Accessible Framework for Persons with Disabilities*, February 2022, p. 3.

³⁹ Bajaj, Rahul, and Kadambari Agarwal, Vidhi Centre for Legal Policy, *Comments on Creating a More Accessible Framework for Persons with Disabilities*, February 2022, p. 4.

⁴⁰ Sight Savers, & Rising Flame, *Neglected and Forgotten: Women with Disabilities during the Covid Crisis in India*, 2020, p. 48.

⁴¹ Sight Savers, & Rising Flame, *Neglected and Forgotten: Women with Disabilities during the Covid Crisis in India*, 2020, p. 80.

⁴² United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 46.

the Rights of Persons with Disabilities] CRPD).⁴³ COVID healthcare accessibility problems also existed for testing. “[M]any testing sites are not accessible; therefore persons with disabilities are not tested at the same rate as others.”⁴⁴

- Lack of accessibility for COVID testing was also reported in the Democratic Republic of Congo, where a stadium was used for public screens, but it “is not accessible to persons with physical impairments.”⁴⁵ In addition, “[p]revention and public health information provided by the State was limited and was not provided in formats that are accessible to persons with hearing and/or visual impairments.”⁴⁶
- Testing accessibility problems were also reported in Niger, where “physical, financial and communication barriers prevent persons with disabilities from accessing this service.”⁴⁷ In Argentina, the limited data available indicated a higher COVID death rate among persons with disability as compared with the rest of the population, “7% compared to 2.2%.”⁴⁸
- In Ecuador, the limited disaggregated data available indicated that as of 14 May 2020, persons with disabilities comprised 17.49% of those who had died of COVID, while 2010 census data indicated 5.6% of the population identified as having a disability (estimated to be under-inclusive).⁴⁹ Several structural reasons were cited for increased risk to persons with disabilities in Ecuador, including that, [o]wing to poverty, persons with disabilities are more likely to be living in overcrowded housing where infection risks are high and they are less likely to have access to adequate sanitation and PPE. Furthermore persons with disabilities and OPDs, report that because they are economically disadvantaged and without access to adequate social protection, they have had to continue working throughout the pandemic thereby increasing their exposure to infection.⁵⁰
- In Barbados, a generalized “[c]ommunication barrier for the deaf to access medical information and treatment,” was noted by the Barbados Council for the Disabled.⁵¹

⁴³ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 29.

⁴⁴ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 29.

⁴⁵ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 37.

⁴⁶ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 37.

⁴⁷ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 40.

⁴⁸ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 43.

⁴⁹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 50.

⁵⁰ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 51.

⁵¹ Barbados Council for the Disabled, *The Inclusion of Persons with Disabilities in Barbados Growth & Development Plan 2021*, October 20, 2021, p. 2.

- Lack of accessibility of public health information was also cited as among the reasons persons with disabilities may face greater risks from the pandemic in an overview of COVID-19 impacts on persons with disabilities in Africa.⁵²
- Similarly, in a CBM Global and Stakeholder Group of Persons with Disabilities studies on COVID impacts in Bangladesh, Bolivia, and Nigeria, “lack of access to COVID-19 information for all persons with disabilities” was one of the common threads in the research.⁵³ Furthermore, researchers found “[t]here was no clarity on how persons with disabilities are included in vaccination programmes, which are severely limited due to lack of vaccines.”⁵⁴
- “People with disabilities reported a lack of accessible health information” in Papua New Guinea in 2021.⁵⁵

As OHCHR noted, “[d]espite being a population that is particularly at-risk to COVID-19, persons with disabilities face even greater inequalities in accessing healthcare during the pandemic due to inaccessible health information and environments, as well as selective medical guidelines and protocols that may magnify the discrimination persons with disabilities face in healthcare provision. These protocols at times reveal medical bias against persons with disabilities concerning their quality of life and social value. For example, triage guidelines for allocation of scarce resources with exclusion criteria based on certain types of impairment, having high support needs for daily living, ‘frailty’, chances of ‘therapeutic success’, as well as assumptions on ‘life-years’ left should they survive. Persons with disabilities and their families have also faced pressure within the health system to renounce resuscitation measures.”⁵⁶ In addition, “[p]ublic information on COVID-19 measures is not systematically communicated nor disseminated in accessible formats and means to reach all persons with disabilities (e.g. sign language interpretation, captioning, Easy to Read format, etc).”⁵⁷ As noted by the UN Economic and Social Commission for Western Asia, “[p]ersons with disabilities are twice as likely to find health-care services and facilities inadequate, which makes it more difficult for them to recover from COVID-19. Moreover, persons with disabilities are three times more likely to be denied health care, which puts them at risk of not receiving treatment.”⁵⁸ The UN Special Rapporteur on the Rights of Persons with Disabilities in March 17, 2020, affirmed, “persons with disabilities deserve to be reassured that their survival is a priority and urged States to establish clear

⁵² Fotso, Arlette Simo, Centre Population et Développement (CEPED), Institut de Research pour le Développement (IRD), *COVID-19 Pandemic, Lockdown, Restrictions and Disability in Africa*, September 1, 2020.

⁵³ CBM Global, *Experiences of Persons with Disabilities in the COVID-19 Pandemic: Bangladesh, Bolivia, and Nigeria*, June 21, 2021.

⁵⁴ CBM Global, *Experiences of Persons with Disabilities in the COVID-19 Pandemic: Bangladesh, Bolivia, and Nigeria*, June 21, 2021.

⁵⁵ CBM Global, *Covid-19 Impacts People with Disabilities the Most in the Pacific and Timor-Leste*, November 24, 2021.

⁵⁶ United Nations Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, April 29, 2020, p. 1-2.

⁵⁷ United Nations Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, April 29, 2020, p. 4.

⁵⁸ United Nations Economic and Social Commission for Western Asia, World Health Organization, *The Impact of COVID-19 on Older Persons in the Arab Region*, June 2020, p. 2.

protocols for public health emergencies to ensure that, when medical resources are scarce, access to healthcare, including life-saving measures, does not discriminate against people with disabilities.”⁵⁹

Socio-economic Pandemic Impacts

Many OPDs expressed concern over the socio-economic impacts of the pandemic on certain groups of persons with disabilities who may disproportionately be affected due to pre-existing marginalized situations relating to structural discrimination, such as housing insecurity or overrepresentation in the informal economy.

The former was reported by OPDs in Bangladesh,⁶⁰ the Caribbean region,⁶¹ and Timor Leste.⁶² In Bangladesh, persons in situations of homelessness, including many persons with disabilities, did not receive adequate support during the pandemic, and only through direct advocacy were Protibondhi Nagorik Shangathaner Parishad (PNSP) [was?] able to secure housing for a few persons with disabilities via the Prime Minister’s Asrayon (Shelter) Project.⁶³ In Dominica, the economic impacts of the pandemic caused inability to pay rent, with persons with disabilities facing eviction.⁶⁴ Ra’es Hadomi Timor Oan (RHTO) in Timor Leste reported persons with psychosocial disabilities in situations of homelessness pre-existing the pandemic did not receive required support.⁶⁵ Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities in Vietnam, however, reported that government “financial compensation schemes cover people with disability and homelessness, and provide flexible work arrangements for them, their families and caregivers.”⁶⁶

The situation of persons with disabilities in the informal sector was raised by OPDs in Bangladesh,⁶⁷ the Caribbean region,⁶⁸ Pakistan,⁶⁹ Nepal,⁷⁰ Uganda,⁷¹ and Timor Leste.⁷² As reported by Uganda National Action on Physical Disability, lockdowns “destroyed the informal sector,” in which many persons with disabilities were employed, causing large-scale joblessness, leaving many surviving on

⁵⁹ United Nations Special Rapporteur on the Rights of Persons with Disabilities, *COVID-19: Who is Protecting the People with Disabilities?*, March 17, 2020.

⁶⁰ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

⁶¹ Online call with OPDs in the Caribbean region, October 8, 2021.

⁶² Email response from Ra’es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

⁶³ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

⁶⁴ Online call with OPDs in the Caribbean region, October 8, 2021.

⁶⁵ Email response from Ra’es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

⁶⁶ Email responses from Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 27, 2021, and October 9, 2021.

⁶⁷ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

⁶⁸ Online call with OPDs in the Caribbean region, October 8, 2021.

⁶⁹ Online call with Sindh Persons with Disabilities Protection Authority, Pakistan, September 23, 2021.

⁷⁰ Online calls with Disability Human Rights Promotion Society (DHRPS), Nepal, August 4, 2021, and September 28, 2021.

⁷¹ Online call with OPD in Uganda, November 12, 2021.

⁷² Email response from Ra’es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

charity.⁷³ In discussing impacts of lockdowns in Nepal, Disability Human Rights Promotion Society (DHRPS) cited the example of the harm to livelihoods of street singers, many of whom are persons with disabilities.⁷⁴ Though there had been some government relief efforts, they had not been adequately informed by data, leaving substantial support gaps.⁷⁵ Protibondhi Nagorik Shangathaner Parishad in Bangladesh reported severe socio-economic impacts of the pandemic on persons with disabilities, with many struggling for food and medicines and dropping into poverty.⁷⁶ Government social support programs had not been targeted to address needs of persons with disabilities, with assistance amounts being only 750 Taka per month (approximately 9 USD).⁷⁷ Sindh Persons with Disabilities Protection Authority in Pakistan emphasized the need for a disability-inclusive response to the public health crises, reporting that loss of livelihoods and deterioration in living standards were the largest pandemic impacts.⁷⁸ In St. Kitts and Nevis, government social assistance for economic hardship was underadvertised and highly inaccessible, being open for a very short period and entailing only a small stipend.⁷⁹

The socioeconomic issues highlighted in conversations with OPDs coincide with other research findings. In a study by the UN Partnership on the Rights of Persons with Disabilities, “[a]s of 17 May 2020, of the 181 countries that have adopted social protection measures, 60 countries have specifically referred to persons with disabilities while announcing their relief measures.”⁸⁰ As the UN Office of the High Commissioner for Human Rights (OHCHR) noted in May 2021:

COVID19 has had a devastating impact on all communities globally. However, its impact has not been equal, and persons with disabilities have been amongst the worst affected. Prior to the pandemic, persons with disabilities experienced widespread discrimination and exclusion. COVID19 has exacerbated existing inequalities resulting in persons with disabilities dying at higher rates, being pushed further into poverty and excluded from pandemic response measures.⁸¹

As observed by OHCHR, “COVID19 has highlighted and added to the risk of economic vulnerability of persons with disabilities, who are less likely than others to be employed and are

⁷³ Online call with OPD in Uganda, November 12, 2021.

⁷⁴ Online calls with Disability Human Rights Promotion Society (DHRPS), Nepal, August 4, 2021, and September 28, 2021.

⁷⁵ Online calls with Disability Human Rights Promotion Society (DHRPS), Nepal, August 4, 2021, and September 28, 2021.

⁷⁶ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021. Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

⁷⁷ Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021.

⁷⁸ Online call with Sindh Persons with Disabilities Protection Authority, Pakistan, September 23, 2021.

⁷⁹ Online call with OPDs in the Caribbean region, October 8, 2021.

⁸⁰ United Nations Partnership on the Rights of Persons with Disabilities, *Initial overview of specific social protection measures for persons with disabilities and their families in response to COVID 19 crisis*, May 2020, p. 3.

⁸¹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 2 (citing COVID-19 Disability Rights Monitor, *Disability rights during the pandemic* September 2020, available at www.internationaldisabilityalliance.org; EDF, European Human Rights Report Impact of COVID-19 on Persons with Disabilities, Issue 5 (2021)).

overrepresented in the informal sector where they do not have access to employment-based social security and labour rights.”⁸² While noting some States had good practices in de-bureaucratizing the extension of disability-related assistance schemes during the pandemic, OHCHR also found accessibility problems, such that “owing to significant administrative barriers, lack of information and support in the application process, as well as restrictive qualification criteria, many persons with disabilities do not have a disability card. Those that do not have been excluded from receiving COVID19 emergency support.”⁸³ These broader findings drew in part on examples from case studies, including:

- OHCHR reported in relation to Belarus that, “Overall the pandemic has exacerbated the inadequacies of support services that discriminate against persons with intellectual disabilities in particular. Persons whose personal assistant have been incapacitated with COVID19 and are as a result left without support have been particularly exposed to the inadequacy of the current community based services.”⁸⁴
- Regarding economic support policies enacted in Montenegro in light of the pandemic, OHCHR found “response and recovery measures have largely not been inclusive, and none have directly targeted persons with disabilities.”⁸⁵ Nearly half of persons with disabilities surveyed reported a “negative economic impact” of the pandemic.⁸⁶ “Students with disabilities experienced not only interruptions in their education but also a loss of housing and food support.”⁸⁷
- In South Africa, where over 90% of persons with disabilities are unemployed, the government’s suspension of hundreds of thousands of disability grants due to lack of funds meant those suddenly without assistance, “were requested to reapply and carryout the required medical assessments at the same time that infection rates were peaking within the second wave.”⁸⁸
- In the Democratic Republic of Congo, “COVID19 has pushed many persons with disabilities in Kinshasa further into poverty. Of the 80 persons with disabilities interviewed for this case study, 27.5% are now economically active compared to the 64% who were economically active prior to the pandemic... The majority of persons with disabilities [for the

⁸² United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 4.

⁸³ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 5 (internal citations omitted).

⁸⁴ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 18.

⁸⁵ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 23.

⁸⁶ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 25.

⁸⁷ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 25.

⁸⁸ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 33.

OHCHR-commissioned study] said that they had not received any support to help mitigate the negative economic impact of the pandemic on their lives.”⁸⁹ In Niger, economic harms from the pandemic resulted in persons with disabilities reporting “a reduction in their income that prevented them to pay for healthcare services and medication.”⁹⁰ The disproportionate number of persons with disabilities working in the informal sector also contributed to disparate socioeconomic harms of the pandemic, including through job loss, income reduction, marketplace closures.⁹¹ Available government “support was not enough to allow [persons with disabilities interviewed in the OHCHR-commissioned study] to meet their basic needs including food, water, shelter and medication.”⁹²

- Though disaggregated data was not available in Argentina, OHCHR’s study indicated “persons with disabilities are more likely to be unemployed than others and are disproportionately represented in the informal sector where they do not have access to social security and labour rights.”⁹³
- In Ecuador, the government introduced austerity measures in 2020 that “further exacerbated the negative impact that COVID19 has had on persons with disabilities who were already living in poverty at a higher rate than others.”⁹⁴ The impact on persons with disabilities was greater in part due to overrepresentation in the informal economy and corresponding lack of access to labor and social benefits.⁹⁵

OHCHR also observed other structural factors contributing to a disproportionate socioeconomic impact of the pandemic on persons with disabilities, including that their “households which typically face extra costs and expenditures related to disability (accessible housing and equipment, assistive devices, specific goods and services, etc), pulling them more rapidly into poverty.”⁹⁶ The United Nations Children’s Fund (UNICEF) noted that the COVID crises was layered upon existing disparities faced by children with disabilities, including significantly lower access to sanitation, water, and educational resources.⁹⁷ The UN ECLAC noted too that, “[c]onsidering that persons with disabilities already had a weak position in the labour market and significant participation in the

⁸⁹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 37.

⁹⁰ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 41.

⁹¹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 41.

⁹² United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 41.

⁹³ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 43.

⁹⁴ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 49.

⁹⁵ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 51.

⁹⁶ United Nations Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, April 29, 2020, p. 1-2.

⁹⁷ United Nations Children’s Fund (UNICEF), *Leaving No One Behind during the Pandemic*, December 2021.

services sector and informal employment, this population is likely to be particularly affected by the adverse labour market scenario during the crisis and the recovery period...research in Paraguay estimated that 40% of persons with disabilities in the country became unemployed after the start of the quarantine, with significant impacts on their household incomes.”⁹⁸ In Vietnam, a survey by the UN Development Programme found “an astonishing 30% of respondents were made unemployed due to COVID-19. Another 49% saw their working hours reduced. Among those who work, 59% received a pay cut.”⁹⁹

Similarly, in a CBM Global and Stakeholder Group of Persons with Disabilities studies on COVID impacts in Bangladesh, Bolivia, and Nigeria, “barriers in receiving social protection measures and employment” was one of the common threads in the research.¹⁰⁰ In Papua New Guinea, persons with disabilities reported “extreme economic hardship and a lack of government support,” according to CBM Global.¹⁰¹

Inaccessible Services during the Pandemic

OPDs also reported increased inadequacies in accessibility of a broad range of services during the pandemic, including education, transport, support for daily activities and non-COVID healthcare.

In Bangladesh, OPDs reported persons with mobility and hearing disabilities were particularly impacted by difficulties in accessing healthcare in the pandemic, and noted that frequent lockdowns hampered regular medical services, including medical therapies for persons with higher support needs, with government and private therapy centers closed.¹⁰² In Timor Leste, persons with disabilities were facing greater levels of inaccessibility of public transport, services, and healthcare facilities in the context of the pandemic.¹⁰³

In Uganda the education of students generally has suffered, but students with disabilities have been acutely impacted because modes of education on television, video and internet are often not provided accessibly: sign language is often not available and accessibility is inadequate for persons with sight or attention-related disabilities.¹⁰⁴ School closures were also cited as disparately impacting

⁹⁸ United Nations Economic Commission for Latin American and the Caribbean, *Persons with disabilities and coronavirus disease (COVID-19) in Latin America and the Caribbean: status and guidelines*, April 2020, p. 2-3. (citing ABC Color, *El 40% de personas con discapacidad quedaron desempleadas durante cuarentena*, April 6, 2020).

⁹⁹ United Nations Development Programme, *Rapid Assessment of the Socio-Economic Impact of COVID-19 on Persons with Disabilities in Vietnam*, May 2020, p. 7.

¹⁰⁰ CBM Global, *Experiences of Persons with Disabilities in the COVID-19 Pandemic: Bangladesh, Bolivia, and Nigeria*, June 21, 2021.

¹⁰¹ CBM Global, *Covid-19 Impacts People with Disabilities the Most in the Pacific and Timor-Leste*, November 24, 2021.

¹⁰² Online call with Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, July 29, 2021. Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹⁰³ Email response from Ra'es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

¹⁰⁴ Online call with OPD in Uganda, November 12, 2021.

the rights of persons with disabilities in Nepal.¹⁰⁵ In Bangladesh, as of August 2021, educational institutions had been shut down since March 2020, with particular impacts on persons with intellectual disabilities.¹⁰⁶ Certain schools for persons with disabilities with hostels under the National Disabled Development Foundation (JPUF) were closed due to the pandemic, “and those students had to go back to their families where most of them mainly live hand to mouth.”¹⁰⁷

Observations from other sources align with the concerns raised by OPDs regarding inaccessibility of certain services in the context of the pandemic. A Lancet study observed, “People with disabilities have been overlooked or are an afterthought in the education provision for children with special educational needs, the provision of personal protective equipment in social care, or the inclusion of sign language in government announcements.”¹⁰⁸ OHCHR reported that:

- In relation to Belarus, “[g]overnment officials claim that information has been disseminated to persons with disabilities through targeted telephone calls. However, OPDs and persons with disabilities claim these calls did not reach the vast majority of persons in need of access to information.”¹⁰⁹
- In Montenegro, of 90 persons with disabilities respondents to a questionnaire, 62% reported health harms related to the pandemic, including “because of reduction in access to regular health care, medication, medical equipment and/or assistive devices.”¹¹⁰ Furthermore, “Taxi services were suspended and public transport systems significantly reduced... [P]ersons with disabilities who do not have a driving licence and are reliant on others to drive them were left without transportation.”¹¹¹ In addition, “children and youth with disabilities were largely excluded from online education, as they were not provided with assistive devices, internet connection and adequate support in the teaching process.”¹¹²
- In South Africa, “[s]tudents with disabilities faced a detrimental impact on their education and mental health, as consequence of the closure of schools... [W]hile mainstream schools were reopen after the development of general guidelines, special schools remained closed because no guidelines were developed for them.”¹¹³ After piecemeal re-openings that were underinclusive of all persons with disabilities, and ensuing legal action against the

¹⁰⁵ Online calls with Disability Human Rights Promotion Society (DHRPS), Nepal, August 4, 2021, and September 28, 2021.

¹⁰⁶ Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹⁰⁷ Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹⁰⁸ Shakespeare, Ndagire and Seketi. *Triple Jeopardy: Disabled People and the COVID-19 Pandemic*, The Lancet, March 16, 2021 (internal citations omitted).

¹⁰⁹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 18.

¹¹⁰ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 24.

¹¹¹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 25.

¹¹² United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 26.

¹¹³ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 30.

government, as of February 2021 (11 months into the closures), “[s]ome special schools remain closed as they do not have the resources, including PPE, or support to implement the guidance.”¹¹⁴ Regarding accessibility in healthcare, “[p]ersons with hearing impairments report telephone and online consultations were not accessible as no support was provided to ensure that they could communicate in an effective manner with their healthcare professional.”¹¹⁵

- In the Democratic Republic of Congo, “[m]ovement restrictions, imposed to prevent the spread of COVID19, had a negative impact on access by persons with disabilities to healthcare.”¹¹⁶
- In Argentina, “[t]he pandemic has exacerbated the barriers that students with disabilities experience in accessing education... [O]fficial materials, including on the Ministry of Education’s remote portal as well as television networks, are not accessible to students with visual and/or hearing impairments.”¹¹⁷

Regarding education in Africa, with the exception of Algeria, distance learning initiatives were often inaccessible, including because “not enough stress is put on inclusiveness dimension when programs are put in place.”¹¹⁸ A study in India observed, “2 out of every five people (42.5%) with disability [interviewed out of 403] reported that lockdown had made it difficult for them to access routine medical care.”¹¹⁹ The study also noted, “[a]n overwhelming proportion (73.3%) stated that children were distressed with school closures and it had affected learning (school level education).”¹²⁰ As OHCHR stated, “students with disabilities are facing barriers on account of the absence of required equipment, access to internet, accessible materials and support necessary to permit them to follow online school programs. As a result, many students with disabilities are being left behind, particularly students with intellectual disabilities.”¹²¹

Public transport accessibility has also been hampered during the pandemic. In a survey by UN Women, some respondents, also “identified that accessible forms of public transportation in their

¹¹⁴ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 31.

¹¹⁵ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 31.

¹¹⁶ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 36.

¹¹⁷ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 46.

¹¹⁸ Fotso, Arlette Simo, Centre Population et Développement (CEPED), Institut de Research pour le Développement (IRD), *COVID-19 Pandemic, Lockdown, Restrictions and Disability in Africa*, September 1, 2020.

¹¹⁹ Indian Institute of Public Health Hyderabad (IIPH-H), CBM and Humanity Inclusion, Public Health Foundation of India, *A Strategic Analysis of Impact of COVID-19 on Persons with Disabilities in India*, August 2020, p. 10.

¹²⁰ Indian Institute of Public Health Hyderabad (IIPH-H), CBM and Humanity Inclusion, Public Health Foundation of India, *A Strategic Analysis of Impact of COVID-19 on Persons with Disabilities in India*, August 2020, p. 12.

¹²¹ United Nations Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, April 29, 2020, p. 6.

communities had either stopped running or had become unaffordable, which meant they had been cut off from stores and services to meet their needs.”¹²²

As observed by OHCHR, “[m]any persons with disabilities who rely on others for daily living (through formal support by service providers or informal support by relatives/friends) find themselves without support due to movement restrictions and physical distancing measures. This may leave them at high risk without access to food, essential goods and medicine, and prevented from carrying out basic daily activities such as bathing, cooking, or eating.”¹²³

Lack of Disaggregated Data on Pandemic Impacts on Persons with Disabilities

OPDs frequently cited a lack of official disaggregated and disability-inclusive data as a source of difficulty in assessing impacts of the pandemic and a hinderance to sound and rights-compliant state policymaking in relation to persons with disabilities. In Vietnam, no data was being kept by the government regarding vaccination of persons with disabilities.¹²⁴ In Timor Leste, OPDs observed the government was not gathering disaggregated data on the pandemic in relation to persons with disabilities.¹²⁵ No data existed in relation to COVID infections and persons with disabilities in Nepal.¹²⁶ In Bangladesh, OPDs reported the digital vaccine registration app, “has no indicator of persons with disabilities,” despite containing other information, such as profession and gender.¹²⁷ Data was also missing on persons with disabilities infected by COVID or who died as a result.¹²⁸ Data was similarly lacking on how persons with disabilities with high support needs or comorbidities fared if infected.¹²⁹ The government also had no disaggregated data on how many persons with disabilities dropped below the poverty line, were excluded from education, lacked access to digital devices, or were left unemployed in the context of the pandemic.¹³⁰ In Pakistan, the government did provide data on COVID-19 at a general level, but did not disaggregate it relating to persons with disabilities.¹³¹ OPDs in Tanzania reported a similar situation, with general data being made available by the government but a lack of information on persons with disabilities in particular.¹³² OPDs in

¹²² United Nations Entity for Gender Equality and the Empowerment of Women, *Meeting Basic Needs for Women and Girls with Disabilities during COVID-19*, 2020, p. 3.

¹²³ United Nations Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, April 29, 2020, p. 4.

¹²⁴ Email responses from Hanoi Association of Persons with Disabilities and Can Tho Association of People with Disabilities, Vietnam, August 27, 2021, and October 9, 2021.

¹²⁵ Email response from Ra’es Hadomi Timor Oan (RHTO), Timor Leste, August 16, 2021.

¹²⁶ Email response from Disability Human Rights Promotion Society (DHRPS), Nepal, August 30, 2021.

¹²⁷ Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹²⁸ Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹²⁹ Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹³⁰ Email response from Protibondhi Nagorik Shangathaner Parishad (PNSP), Bangladesh, August 25, 2021.

¹³¹ Online call with Sindh Persons with Disabilities Protection Authority, Pakistan, September 23, 2021.

¹³² Online call with OPD in Tanzania, November 12, 2021.

Latin America emphasized the need for improved data collection regarding the pandemic and rights of persons with disabilities.¹³³

As noted by OHCHR, “[d]ata collection is essential to design and monitor policy that gives effect to the rights of persons with disabilities and is a requirement of States Parties to the Convention on the Rights of Persons with Disabilities (Article 31).”¹³⁴

It found, however, many States where such data was not available:

- Relating to Belarus, “The government to date has decided not to define persons with disabilities as a group particularly vulnerable to COVID19 and the negative impacts of the crisis. This has resulted in a lack of targeted action to mitigate the disproportionate impact of the pandemic on persons with disabilities.”¹³⁵ Coupled with little government transparency more broadly, this phenomenon has meant, “the health outcome and mortality rate amongst the population of persons with disabilities is not known.”¹³⁶ Indeed, the lack of disaggregated data is often an outcome of the lack of official recognition of groups who may face discrimination, in breach of obligations to take steps to ensure non-discrimination and guarantee substantive equality.
- In Montenegro, “[t]he health outcomes and mortality rate among the population of persons with disabilities is not known. Montenegro has no systematized data on persons with disabilities, in breach of data collection requirements under the Convention on the Rights of Persons with Disabilities (CRPD).”¹³⁷
- In South Africa, COVID “[i]nfection and mortality data is not disaggregated by disability therefore the impact on the population of persons with disabilities is unknown.”¹³⁸
- In the Democratic Republic of Congo, “[t]here is a gap in reliable data regarding the population of persons with disabilities.”¹³⁹
- “Official data on COVID19 infection and mortality rates is not disaggregated by disability,” in Argentina, according to OHCHR.¹⁴⁰

¹³³ Online call with Red Latinoamericana de Organizaciones de Personas con Discapacidad y sus Familias (RIADIS) and members, September 9, 2021.

¹³⁴ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 13.

¹³⁵ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 18.

¹³⁶ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 18.

¹³⁷ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 23.

¹³⁸ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 29.

¹³⁹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 36.

¹⁴⁰ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 43.

Some States did collect and publish disaggregated data on COVID infection and mortality rates. For instance, the OHCHR-commissioned study noted that, “[t]he [United Kingdom] collects and publishes data on COVID19 infection and mortality rates disaggregated by disability, age and sex.”¹⁴¹

Other international agencies and OPDs also noted the problem of a lack of disaggregated data, often building on gaps pre-existing the pandemic. The Barbados Council for the Disabled noted that 2010 census data noted the number of persons with disabilities but did not provide other breakdowns relating to specific situations, such as socioeconomic conditions or educational and employment needs and backgrounds.¹⁴² In India, Vidhi Centre for Legal Policy reported that registration forms for COVID vaccination did not have an option for noting disability.¹⁴³ In a CBM Global and Stakeholder Group of Persons with Disabilities studies on COVID impacts in Bangladesh, Bolivia, and Nigeria, “[l]ack of data on how many persons with disabilities had been infected or died because of COVID-19, and how many were impacted from a socio-economic perspective” was one of the common threads in the research.¹⁴⁴

Request for Redress and Updated Human Rights Guidance with an Intersectional Approach

The information presented above reveals widespread harms to the rights of persons across a range of direct (e.g. COVID healthcare access) and indirect (e.g. disproportionate impacts of non-inclusive lockdown policies) effects of the pandemic. Several studies note, in turn, that such harms are often exacerbated along lines of identity intersecting with disability and coinciding with increased risks and potentially aggravated factors of structural discrimination. Redress for these harms suffered over two years and updated human rights guidance with an intersectional approach to inform current and future pandemic preparedness policy is of paramount importance. International human rights standards contained in the CRPD and other applicable instruments need to be made effective in the course of stocktaking, policy correction, and prevention of violations. While many international human rights entities, including those cited in the present document, have offered analyses and technical assistance on COVID-19 and the rights of persons with disabilities, your mandate can fulfill the need for an authoritative in-depth thematic analysis and accounting of the pandemic, substantiated call for corresponding remedies, and advancement of measures of non-repetition.

An intersectional lens on the issues detailed above is consistent with the approach taken by various human rights actors. As OHCHR stressed, in South Africa, “[p]ersons with disabilities are

¹⁴¹ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 13.

¹⁴² Barbados Council for the Disabled, *The Inclusion of Persons with Disabilities in Barbados Growth & Development Plan 2021*, October 20, 2021, p. 1.

¹⁴³ Bajaj, Rahul, and Kadambari Agarwal, Vidhi Centre for Legal Policy, *Comments on Creating a More Accessible Framework for Persons with Disabilities*, February 2022, p. 6.

¹⁴⁴ CBM Global, *Experiences of Persons with Disabilities in the COVID-19 Pandemic: Bangladesh, Bolivia, and Nigeria*, June 21, 2021.

disproportionately represented amongst those living in poverty. Race, gender and class will further increase the level of exclusion that persons with disabilities face.”¹⁴⁵ Regarding Argentina, an OHCHR commissioned study observed “[w]omen and girls with disabilities in Argentina face intersectional discrimination which results in them being further left behind in accessing health, education and employment, it also results in their increased vulnerability to gender and disability based violence. COVID19 has exacerbated that risk.”¹⁴⁶ In Sri Lanka, researchers noted, “the combination of COVID-19 related stresses with their gender, rurality and ethnicity disproportionately entrenches them within systems of exclusion and marginalization.”¹⁴⁷ A policy brief by the UN Department of Economic and Social Affairs observed, “women and girls with disabilities are subject to intersecting forms of discrimination related to sexual and reproductive health, gender-based violence, legal protection, unpaid care and domestic work. Women and girls with disabilities who are migrants, refugees, or from ethnic minorities endure even more hardships and unequal treatment. Gender, disability and structural inequalities, which characterized societies before the crisis, are being exacerbated by the multifaceted impact of the COVID-19 crisis.”¹⁴⁸

UN mechanisms have detailed several sources of human rights obligations and analyses relating to persons with disabilities and the pandemic. As noted by the CRPD Committee, “[t]he CRPD outlines the normative legal standards to address discrimination and inequality, and these standards need to be integral to COVID-19 protection, response and recovery measures.”¹⁴⁹ The Committee also cautioned that persons with disabilities are often wrongly perceive to be a result of the “inherent vulnerabilities” in persons with disabilities, whereas in actuality the impacts are a direct result of “pre-existing discrimination and inequality”.¹⁵⁰ The Statement, along with other international human rights legal pronouncements placed States and other relevant actors on notice since the early days of the pandemic of key rights obligations relating to persons with disabilities. As explained in a joint statement by the CRPD Committee, the Special Envoy of the UN Secretary General on Disability and Accessibility, “Article 11 of the CRPD establishes that States parties shall take all possible measures to ensure the protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies. This comprises measures in all areas of life of persons with disabilities, including the protection of their access to the highest attainable standard of health without discrimination, general wellbeing and prevention of infectious diseases, and measures to ensure protection against negative attitudes, isolation, and stigmatization that may arise in the

¹⁴⁵ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 29.

¹⁴⁶ United Nations Office of the High Commissioner for Human Rights, *The socioeconomic impact of COVID19 on persons with disabilities*, May 2021, p. 46.

¹⁴⁷ Kandasamy, Perera and Soldatic, *COVID-19 from the margins: Gendered-Disability experiences in Sri Lanka*, Disability and the Global South, Vol.8, No. 1, 1923-1934 (2001), p. 1931.

¹⁴⁸ United Nations Department of Economic and Social Affairs, *Leaving No One Behind: the COVID-19 Crisis through the Disability and Gender Lens*, May 2020.

¹⁴⁹ United Nations Committee on the Rights of Persons with Disabilities, *Statement on COVID-19 and the Human Rights of Persons with Disabilities*, June 9, 2020.

¹⁵⁰ United Nations Committee on the Rights of Persons with Disabilities, *Statement on COVID-19 and the Human Rights of Persons with Disabilities*, June 9, 2020.

midst of the crisis.”¹⁵¹ The statement added, “States should safeguard the provision of food, medicine, and other supplies for persons with disabilities during situations of isolation and quarantine. The range of support in the community, including home-care and personal assistance support, and rehabilitation services, when necessary, must be ensured and not discontinued as they are essential for the exercise of the rights of persons with disabilities. All services related to COVID-19 crisis, including remote/telephone medical advice, quarantine facilities, public information, including information on essential supplies and services should be accessible for persons with disabilities on an equal basis with others and provided on accessible platforms in various alternative formats, modes and methods of communication.” The UN Special Rapporteur on Persons with Disabilities and the World Health Organization also “stressed that during the current outbreak, authorities must provide public health information that is accessible to people with disabilities, such as using sign language, captioning, text messages and relay services.”¹⁵²

The points raised by DPOs noted in the present submission, and corroborated by complementary research, implicate the right to equality and non-discrimination (Article 5), the right to life (Article 10), the right to health (Article 25), the right to living independent and being included in the community (Article 19) and the right to being protected in situations of risk and humanitarian emergencies (Article 11) of the CRPD, along with guarantees contained in other international human rights instruments, including the International Covenant on Economic, Social and Cultural Rights. Under Article 5 of the CRPD, State parties must promote equality and eliminate discrimination and to do so take “appropriate steps” to ensure “reasonable accommodation is provided”. Article 10 provides guarantees for the equal enjoyment of the right to life. Under Article 25, States are under an obligation to take “all appropriate measures” to ensure access to healthcare for persons with disabilities such that this population is provided with same range and quality of free or affordable services, health care required because of disabilities and to prevent further disability and to prevent discrimination against the health care needs of persons with disabilities. Under Article 19, States have an obligation to take effective and appropriate measures to the right of persons with disabilities to have choices equal to others and to live in the community including by facilitating the availability of community services and facilities on an equal basis to persons with disabilities. States are also under Article 11 obligation to take “all necessary measures” to ensure the protection and safety of persons with disabilities including in situations of risk and humanitarian emergencies.

A lack of access to COVID-19 vaccination and other healthcare technologies or to accessible information about these technologies implicates the right to equality and non-discrimination (Article 5), the right to accessibility (Article 9), freedom of expression and opinion, and access to information (Article 21) of the Convention on the Rights of Persons with Disabilities (CRPD). Under Article 9 of the CRPD, State parties must take “appropriate measures” to ensure persons

¹⁵¹ United Nations Committee on the Rights of Persons with Disabilities, Special Envoy of the United Nations Secretary General on Disability and Accessibility, *Joint Statement: Persons with Disabilities and COVID-19*, 2020.

¹⁵² United Nations News, *Preventing Discrimination against People with Disabilities in COVID-19 Responses*, March 19, 2020.

with disabilities are able to access information and communication technologies and public amenities such as healthcare on an equal basis as others including promoting access of persons with disabilities for “new information”. Under Article 21, State Parties are under obligation to ensure that persons with disabilities can “seek and receive” information on an equal basis with others and through all forms of communication including by providing information to persons with disabilities in formats and technologies accessible to different kinds of disabilities such as by use of Braille, sign languages and augmentative and alternative communication.

Disparate socio-economic pandemic impacts and inaccessibility of services (especially those related to education, transport, support for daily activities and non-COVID healthcare) harmed the rights of persons with disabilities, building on pre-existing structural discrimination. The harms reported above run counter to CRPD guarantees of equality (Article 5), including in relation to rights pertaining to life (Article 10), health (Article 25), adequate standards of living and social protection (Article 28), work (Article 27), independent living in the community and being included in the community (Article 19). Discrimination has meant greater risks to many persons with disabilities of stemming from lockdown and other pandemic policies, as evidenced by harms to livelihood, accessibility of services, and access to support, as reported by OPDs and in complementary research.

Lastly, the lack of disaggregated data on the pandemic’s impact on persons with disabilities does not comply with human rights obligations towards persons with disabilities, particularly those related to the rights to non-discrimination and equality, which mandate states gather representative data on the implementation of obligations of human rights treaties, including the CRPD (Articles 31 and 35) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) (articles 16 and 17).¹⁵³ As ESCR-Net members of the Monitoring Working Group have described, data exclusion is a form of discrimination insofar as it hinders states’ ability to develop policies that adequately address the needs of groups who experience discrimination and inequalities, including intersecting forms of discrimination.¹⁵⁴ As they have detailed in a collective position on a human rights-based approach to data, in order to fulfill human rights obligations, states must gather data that is:

- Disaggregated and representative: Data must be produced and used to eliminate discrimination and bring about substantive equality, and data processes and systems must themselves be free from discrimination and as inclusive as possible. To this end data must be representative, which states can achieve by disaggregating data and ensuring that rights-holders are able to self-identify when being counted in data. Data should be produced and published with the highest possible level of disaggregation, including all protected characteristics at the international, regional, and national levels, as well any other category relevant for inequality or discrimination purposes.

¹⁵³ The United Nations Committee on Economic, Social and Cultural Rights has stressed that effective monitoring of Covenant obligations is a State duty of an immediate character. United Nations Committee on Economic, Social and Cultural Rights, General Comment 4: The right to adequate housing (art. 11(1) of the Covenant, para. 13), 1991, para. 13.

¹⁵⁴ ESCR-Net – International Network for Economic, Social and Cultural Rights, Collective Position on Data for Economic, Social and Cultural Rights – forthcoming at <https://www.escr-net.org/monitoring/developing-principles-data-and-escr/developing-principles-data-and-escr/developing>.

- Community-owned: states should create spaces and opportunities for communities to meaningfully shape and participate in the collection of official data and ensuring that monitoring processes are accountable to communities, and reflect their priorities about which types of information is important to them.
- Of high quality: official data must be relevant, timely, accurate, complete, and consistency. States must increase the quality of data by diversifying the types and sources of data, such as civil society and community-led data.
- Transparent and accessible: all information and data on the status of economic, social, and cultural rights and the steps states are taking to comply with their human rights obligations, is publicly available. This information and data must be accessible, that is, rights-holders must be able to understand and use it.
- Respectful of the rights to privacy and security: Data must be produced and used in such ways as to protect the rights to privacy and security of person, including ensuring the right to data protection.

Violations of the rights of persons with disabilities in the context of the pandemic were documented in the 2020 global report of the COVID-19 Disability Rights Monitor, a human rights monitoring initiative sponsored by seven leading disability rights organizations; in that document, researchers concluded “states have overwhelmingly failed to take sufficient measures to protect the rights of persons with disabilities in their responses to the pandemic... some states have actively pursued policies which result in wide-scale violations of the rights to life and health of persons with disabilities, as well as impacting on a wide range of other rights including the rights to liberty; freedom from torture, ill-treatment, exploitation, violence and abuse; the rights to independent living and inclusion in the community, and to inclusive education, among others. Such practices give rise to specific instances of discrimination on the basis of disability, and must be directly challenged and prevented.”¹⁵⁵

In sum, the manifold, overlapping, and serious human rights harms suffered by many persons with disabilities around the world in the context of the pandemic merits a thorough accounting, call for reparation, distilling of lessons learned for the future. Numerous entities, particularly in the first weeks of the pandemic, offered human rights recommendations that provide useful prescriptions of State obligations across a range of themes and overarching principles.¹⁵⁶ However, provision of

¹⁵⁵ COVID-19 Disability Rights Monitor, *Disability rights during the pandemic: A global report on the findings of the COVID-19 Disability Rights Monitor*, 2020, p. 7.

¹⁵⁶ See e.g. United Nations Office of the High Commissioner for Human Rights, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, April 29, 2020; United Nations, *Policy Brief: A Disability-Inclusive Response to COVID-19*, May 2020; International Disability Alliance, *Toward a Disability-Inclusive COVID19 Response: 10 Recommendations from the International Disability Alliance*, March 19, 2020; International Disability Alliance, *Reach the Furthest Behind First: Persons with Disabilities Must be Prioritized in Accessing COVID-19 Vaccinations*, December 1, 2020; World Health Organization, *Disability considerations during the COVID-19 outbreak*, 2020 (undated); United Nations, *Policy Brief: The Impact of COVID-19 on Older Persons*, May 2020; International Labour Organization, *COVID-19 and the World of Work: Ensuring the inclusion of persons with disabilities at all stages of the response*, June 2020; United Nations Economic and Social Commission for Asia and the Pacific, *Ensuring Disability Rights and Inclusion in the Response to COVID-19*, March 20, 2020; United Nations Economic Commission for Latin American and the Caribbean, *Persons with disabilities and coronavirus disease (COVID-19) in Latin*

detailed guidance has yet to be done comprehensively and in a way that is informed by knowledge of how the pandemic continued to play out over the last two years. As noted in recommendations from a dialogue facilitated by the UN Office of Disaster Risk Reduction, “[r]eturning to normal is not enough: we should recover and (re)build back better.”¹⁵⁷ Your mandate can fill this gap and provide a grounding for redress and updated guidance that considers lessons learned for the remainder of the public health crisis and future ones. Thank you for your time and consideration.

Sincerely,

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America and the Caribbean: status and guidelines, April 2020; United Nations Entity for Gender Equality and the Empowerment of Women, *Meeting Basic Needs for Women and Girls with Disabilities during COVID-19*, 2020; International Labour Organization, *No One Left Behind, Not Now, Not Ever: Persons with Disabilities in the COVID-19 Response*, April 8, 2020; United Nations Children’s Fund, *COVID-19 Response, Considerations for Children and Adults with Disabilities*, March 19, 2020; United Nations Children’s Fund, *All Means All – How to Support Learning for the Most Vulnerable Children in Areas of School Closures: A Checklist for UNICEF Staff on Factors to Consider When Planning COVID-19 Education Response* (undated); United Nations Educational, Scientific and Cultural Organization, *Empowering Students with Disabilities during the COVID-19 Crisis*, May 4, 2020; United Nations Partnership on the Rights of Persons with Disabilities, International Disability Alliance, and Embracing Diversity, *Disability Inclusive Social Protection Response to COVID-19 Crisis*, April 2020; Bajaj, Rahul, and Kadambari Agarwal, Vidhi Centre for Legal Policy, *Comments on Creating a more Accessible Framework for Persons with Disabilities*, February 2022; The Partnership for Inclusive Disaster Strategies, *National Call to Action*, March 3, 2020.

¹⁵⁷ UN Office of Disaster Risk Reduction, *Personas con Discapacidades frente al COVID-19 en las Américas y el Caribe*, May 27, 2020, p. 5 (our translation).