

ISSN: 2415-038X (Print)

REVIEW ARTICLE

Open Access

inclusive resilience: empowering people living with disabilities in the fight against Covid-19

Patrick Lubasi Mbangweta¹

¹Department of Public Health, School of Medicine and Health Sciences, University of Lusaka, Lusaka, Zambia.

Abstract

To cite: Mbangweta PL., inclusive resilience: empowering people living with disabilities in the fight against Covid-19. JPRM 2023, 5(2): 31-36. doi: <https://doi.org/10.21617/jprm20232.526>

Background

The COVID-19 pandemic has brought unprecedented challenges to societies worldwide, with public health emergencies exacerbating the vulnerabilities of marginalized populations. Among these groups, persons with disabilities face unique and disproportionate hardships during such crises. The United Nations' Sustainable Development Agenda underscores the importance of inclusivity and ensuring the rights of all individuals, including those with disabilities, to lead lives of dignity and security. This paper aims to shed light on the plight of persons with disabilities during the COVID-19 pandemic by reviewing the impact of the virus on their rights and well-being.

Methods

This review draws on information from the United Nations Human Rights office of the high commissioner, as well as data and examples from various countries across the world. The paper explores specific topics related to COVID-19 and the rights of persons with disabilities. It delves into the challenges faced by individuals who heavily rely on support from others for their daily living, discussing the isolation and difficulties they endure during lockdown procedures.

Results

The review reveals that persons with disabilities encounter significant obstacles and heightened vulnerability during the COVID-19 crisis. Those reliant on assistance face severe challenges when support systems become inaccessible or disrupted due to lockdown measures. The isolation resulting from restricted mobility and limited support compromises their well-being and survival. Additionally, individuals residing in institutional settings suffer an increased risk of exposure to the virus, leading to alarming death tolls in such facilities.

Conclusion

The COVID-19 pandemic has shed light on the critical importance of prioritizing the rights and well-being of persons with disabilities during public health emergencies. The review highlights the disproportionate impact of the virus on this vulnerable group, with specific emphasis on those relying on support and those residing in institutions. As societies work to combat and recover from the pandemic, it is imperative to ensure inclusivity and equitable access to healthcare, support services, and essential information for persons with disabilities.

Keywords: *Inclusive, Empower, Covid-19, disability*

INTRODUCTION

People living with disabilities constitute a diverse group, encompassing various genders, identities, ages, and underlying health impairments that require specialized healthcare support. Providing appropriate interventions and accessible health information is crucial for individuals with conditions such as muscular dystrophy, cerebral palsy, hearing impairments, and vision impairments. Those with higher levels of disability, such as stroke, chronic obstructive pulmonary disease, spinal cord injury, and rheumatoid arthritis, require long-term and specialized healthcare from qualified practitioners. Moreover, elderly individuals with disabilities face additional challenges that necessitate increased healthcare support and caregiving [1].

The COVID-19 pandemic has had a devastating impact on people with disabilities, affecting more than 33,000 individuals, with over 1,300 deaths reported daily. In response to the crisis, governments worldwide have implemented lockdown measures, travel restrictions, and public regulations to mitigate the infection's spread and mortality rates. Although there has been rapid development and dissemination of information about COVID-19, disabled individuals face significant barriers in accessing healthcare, education, employment, and public services, exacerbated by the pandemic's restrictions [2].

Even before the pandemic, persons with disabilities experienced exclusion and marginalization within society, and COVID-19 has further deepened these challenges. A strong correlation between disability and poverty exists, where disability can be both a consequence and a cause of poverty. Disabled individuals often face substandard living conditions, limited access to healthcare, nutrition, and sanitation, and increased exposure to violence. Moreover, barriers to education and employment opportunities result in reduced income and perpetuate the cycle of poverty.

People with disabilities encounter multiple barriers to inclusion and accessible healthcare. The lack of physical accessibility in public spaces, including schools and workplaces, limits educational and employment opportunities. Negative attitudes and stereotypes towards disability also hinder social integration. Additionally, financial constraints

and inadequate support systems burden families with disabled members, leading to higher costs for specialized healthcare, assistive devices, and other necessities.

Disparities in the labor market led to higher unemployment rates and lower income levels for people with disabilities. Many face difficulties securing stable and well-paying jobs, limiting their economic independence. Families that include a member with a disability incur higher costs related to healthcare, assistive devices, and specialized services. Consequently, families may experience financial strain, and individuals may be forced to leave the workforce to provide care, further exacerbating poverty [3].

The COVID-19 pandemic has exposed and intensified the challenges faced by people living with disabilities, amplifying their vulnerability and economic insecurity. To achieve the United Nations' Sustainable Development Agenda's inclusive and equitable goals, comprehensive efforts are needed to address the barriers and discrimination faced by this population. Ensuring accessible healthcare, educational opportunities, and economic support for people with disabilities is crucial in building a more inclusive and resilient society. Efforts to promote awareness, combat stigma, and advocate for disability rights must be integrated into pandemic response and recovery strategies to leave no one behind in the fight against COVID-19.

Risks Of Covid-19 On Disabled People

The COVID-19 pandemic has highlighted the disproportionate risks faced by individuals living with disabilities. This paper examines three major dangers confronting this population during the pandemic: the higher risk of contracting the virus, the increased susceptibility to severe symptoms or mortality, and the adverse impact on overall health during and after the outbreak [4].

People with disabilities face significant barriers in protecting themselves from COVID-19. Lack of accessible health information and communication hampers their ability to receive timely and vital messages [5]. Moreover, inadequate accommodation in health facilities and institutional settings has resulted in a higher incidence of infections among individuals with disabilities [9][10].

Individuals with underlying health conditions related to disabilities, such as diabetes and respiratory diseases, are at higher

risk of experiencing severe COVID-19 symptoms or death [13–18]. Unfortunately, some regions have witnessed discriminatory practices in healthcare settings, with certain patients being denied treatment based on their disability, contributing to alarming death rates among this vulnerable population [21][19].

Social distancing measures have led to increased isolation and challenges for people with disabilities, particularly those with visual or hearing impairments. The disruption of social services has left many individuals relying heavily on family support, leading to further seclusion [3]. Additionally, children with disabilities have faced obstacles in accessing education due to a lack of accessible resources [21].

To mitigate these challenges, a comprehensive approach is essential, focusing on three main areas. Firstly, equitable access to healthcare and health information must be ensured for people with disabilities, utilizing accessible formats and communication channels [5]. Secondly, public emergency response plans should incorporate disability-inclusive measures to protect the rights and well-being of this population during crises [18]. Lastly, cross-sectoral health interventions should address the mental health and social service needs of individuals with disabilities, ensuring their access to essential resources and support [12].

Acknowledging and addressing the unique vulnerabilities of people with disabilities is vital to fostering inclusivity and resilience in public health responses. By prioritizing the rights and well-being of individuals with disabilities, societies can create a more equitable and inclusive future for healthcare and beyond, safeguarding the health and dignity of all citizens. Achieving this goal requires incorporating selected disability comprehensive measures in line with the UN Convention on the Rights of Persons with Disabilities into broader Sustainable Development Goals [24].

ENSURING INCLUSIVENESS IN HEALTH CARE

To ensure the successful implementation of SDG 3, a comprehensive Global Action Plan has been proposed, encompassing seven key drivers of progress

[38]. It is imperative that these drivers prioritize disability inclusion, ensuring that people with disabilities are not left behind by the healthcare sector, particularly in the face of future health crises. The following actions should be integrated into the plan:

EMPOWERING PLWD DURING COVID-19

Accessible and affordable primary healthcare is a crucial pillar in achieving the health-related Sustainable Development Goals for everyone. Particularly for people with disabilities, it becomes essential to provide free and easily accessible healthcare services. Amid the COVID-19 pandemic, it is vital to uphold the fundamental rights of all individuals, regardless of disability status. Focused attention should be given to specific vulnerable subgroups, such as women, children, and youths with disabilities. Sustainable financing and comprehensive community involvement are crucial to address the unique needs and challenges faced by people with disabilities during this crisis [16]. In both emergency and recovery phases, it is imperative to treat all individuals with respect and uphold their inherent rights, regardless of disability status. Scarce healthcare resources must be distributed without discrimination, ensuring equal access to government-run relief programs and services.

Affordable and rational financing for healthcare is essential to reduce financial burdens and ensure accessible services for all. Friendly social healthcare programs should cover additional costs for medications, assistive products, and personal assistance without compromising an individual's health and livelihood. Governments must reinforce non-contributory healthcare support for people with disabilities and their families. Many nations have currently designated grants or money for people with disabilities, for whom diverse selection criteria are applied. However, the measures of these benefits or transfers are often low and not proportionate to the needs of families with disabilities [13].

People with disabilities and their families possess valuable insights and expertise. Their active involvement in policymaking and healthcare system planning is essential. Governments must ensure accessibility, non-discrimination, and support for their effective participation [25]. Spaces for engagement and

dialogue with disability organizations should be expanded and encouraged. Throughout the pandemic planning and execution of interventions, these organizations will be better equipped to address the specific needs and concerns of people with disabilities [17]. Health interventions and policies must address the determinants of health in a proportionate manner to ensure inclusivity. Facilities for COVID-19 testing and treatment should be physically accessible and equipped to accommodate individuals with disabilities, including sign language interpreters and other support services.

In humanitarian settings, an inclusive approach to addressing the heightened risks faced by people with disabilities is essential. Interventions must encompass accessibility measures and directly cater to disability-specific needs, such as providing assistive devices.

Enhancing Access through Information and Communication Technologies

ICTs can be powerful tools to bridge the gap and support people with disabilities during social distancing measures. Governments should invest in and facilitate access to technologies, while also providing training and support for their utilization. Innovative solutions can enhance the quality and reach of public services. Ensuring universal access to services, information, and products for people with disabilities is crucial to creating a truly inclusive society. Continuous data collection is essential to assess the impact of the COVID-19 pandemic on specific population groups, including people with disabilities. Comprehensive data will inform targeted interventions and contribute to an evidence-based approach in future crises [18]. Empowering people with disabilities during the COVID-19 crisis requires a holistic and inclusive approach. By upholding their rights, providing equitable healthcare, fostering community engagement, and embracing innovation, societies can build a more inclusive and resilient future for all, including those with disabilities.

Inclusive Data and Digital Accessibility for People with Disabilities during the COVID-19 Pandemic

Access to comprehensive, accurate, and well-aggregated information is crucial to understanding the unique needs and circumstances of people with disabilities. This

data is essential for assessing the impact of COVID-19 on this population, including mortality rates, healthcare barriers, and health outcomes. Such information plays a vital role in designing inclusive programs, policies, and advocacy efforts, guiding resource allocation, informing public decisions, and measuring progress.

In the era of technological advancements, digital accessibility becomes paramount for people with disabilities. During the COVID-19 pandemic, the use of digital technology for symptom tracking, contact tracing, and testing has been widespread. It is essential to ensure that disability-related data is also collected through these digital means. Making disability-related information available through digital platforms empowers this community with essential insights [18].

All information related to the pandemic must be made accessible to everyone. This includes crucial health information about COVID-19 prevention, diagnosis, and treatment, as well as details about government actions and economic support during the crisis and recovery period [8]. Ensuring that people with disabilities can access such information through sign language interpretation, simple language formats, and various communication modes, including digital technology, captions, relay services, and text messages, is of utmost importance. The COVID-19 pandemic has highlighted the significance of inclusive data and digital accessibility for people with disabilities. By incorporating their needs into data collection efforts and ensuring accessible information dissemination, we can empower this population to make informed decisions about their health and well-being. Inclusive data and digital accessibility are not only crucial during a crisis but are fundamental pillars of creating an inclusive and equitable society for people with disabilities.

CONCLUSION

The COVID-19 pandemic has unleashed a global humanitarian crisis, disproportionately affecting people with disabilities. However, amidst the challenges, lies an opportunity to create a more equitable and inclusive healthcare system, where everyone enjoys equal access to information, facilities, programs, services, and goods. Embracing digital technology can pave the way for Carefully Enhanced Healthcare, offering

virtual or remote services to ensure the well-being and prosperity of individuals with disabilities. The achievement of SDG 3, "Good Health and Well-being," hinges on addressing health disparities, bridging the digital divide, and reducing vulnerabilities across nations. Policymakers and the entire healthcare community must recognize the inherent rights and needs of people with disabilities as integral

DECLARATION

Competing interests There were no competing interests from all authors in this study.

REFERENCES

- World Health Organization, WHO. *R&D Blueprint and COVID-19* (2020). www.who.int/teams/blueprint/covid-19
- WHO, *Standardization of vaccines for coronavirus disease (COVID-19)* (2020). www.who.int/biologicals/Standardization_Covid-19/en/
- United Nations Secretary-General, *Statement on corruption in the context of COVID-19* (2020). www.un.org/en/coronavirus/statement-corruption-context-covid-19
- WHO, Draft landscape of COVID-19 candidate vaccines. *The Lancet, Digital Health*, vol. 2, Issue 5, 2020.
- European Commission, *Questions and answers: Coronavirus and the EU Vaccine Strategy* (2020). https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_1662
- WHO, *Immunization supply chain and logistics*. (2020) www.who.int/immunization/programmes_systems/supply_chain/en/
- Koller T, Clarke Dand T. Vian, "Promoting anti-corruption, transparency and accountability to achieve universal health coverage." *Global Health Action*, 2020, vol. 13, Issue 1.
- United Nations Office on Drugs and Crime, *Guidebook on anti-corruption in public procurement and the management of public finances –Good practices in ensuring compliance with article 9 of the United Nations Convention against Corruption* (2013)
- Kohler J.C. and Dimancesco D., "The risk of corruption in public pharmaceutical procurement: how anti-corruption, transparency and accountability measures may reduce this risk." *Global Health Action*, 2020, vol. 13, Issue 1.
- Group of Twenty, *G20 good practices compendium on combating corruption in the response to COVID-19*(2020). Prepared by UNODC at the request of the G20 Saudi Presidency.
- Kohler J and Wright T, "The urgent need for transparent and accountable procurement of medicine and medical supplies in times of COVID-19 pandemic." *Journal of Pharmaceutical Policy and Practice*, 2020, vol.13, Issue 58.
- Vian T, "Corruption and the consequences for public health." *International Encyclopedia of Public Health* (2008): 26-33.
- International Monetary Fund, IMF, *World economic outlook update*, June 2020: www.imf.org/en/Publications/WEO/Issues/2020/06/24/WEOUpdateJune2020
- The World Bank Group, *World Bank approves \$12 billion for COVID-19 vaccines* (October 2020). www.worldbank.org/en/news/press-release/2020/10/13/world-bank-approves-12-billion-for-covid-19-vaccines.
- Audit Service Sierra Leone, *Report on the audit of the management of the Ebola funds by the National Ebola Response Centre*, (2015). NERC.
- Taonga Z. Chikwanka, Brain C. Chiluba. Occupational Health and Safety For Workers Who Are Disabled In Africa. *Indonesian Journal of Disability Studies (IJDS)*.2020: Vol. 7(1): pp 110-115.
- Chiluba BC,. COVID-19 Pandemic: Where Does It Stand in the Pantheon of Deadly Infectious Diseases. *JPRM* 2021,3(1):1-3. doi:10.21617/jprm2021.311
- Steingruber S, et al., *U4 Anti-Corruption Resource Center, Corruption in the time of COVID-19: A double-threat for low-income countries* (2020). Chr. Michelsen Institute.
- James W. et al., "Maternal health after Ebola: unmet needs and barriers to healthcare in rural Sierra Leone." *Health Policy and Planning* (2020). vol. 35:1, pp. 78–90.
- Strong A and Schwartz D, *Pregnant in the Time of Ebola: Effects of the West African Ebola Epidemic on Health Care of Pregnant Women: Stigmatization with and Without Infection* (2018) pp. 11–30.
- Newton P and Bond K, "COVID-19 and risks to the supply and quality of tests, drugs, and vaccines." *The Lancet Global Health* 8, 6 (2020): e754-e755.
- United Nations Office on Drugs and Crime, Research Brief: *COVID-19-related trafficking of medical products as a threat to public health* (2020). UNODC.
- Chiluba, B.C, Mwansa, Mulenga Gideon. Disability Of Gait In Stroke Survivors: Physiotherapy Clinical Use Of Visual Gait Analysis In Lusaka, Zambia. *Indonesian Journal of Disability Studies (IJDS)*.2019: Vol. 6(2): PP 176-183.
- Mpemba M, Shula HK, Chiluba BC. Stroke Disability and Physiotherapy Interventions: A Quantitative Evaluation of Physiotherapy Treatment Approaches in Zambia. *Indonesian*

- Journal of Disability Studies (IJDS).2020: Vol. 7(1): pp. 92-100.
25. UNODC Education for Justice (E4J) University Module Series: Anti-Corruption (2020). www.unodc.org/e4j/en/anti-corruption/module-6/key-issues/transparency-as-a-precondition.html
 26. Natasha S et al., "Do we need a new approach to making vaccine recommendations?" (2015). *British Medical Journal* www.bmj.com/content/350/bmj.h308.
 27. Wrage A, "We can't stop the coronavirus unless we stop corruption." (2020). *Foreign Policy*.
 28. Chiluba, B.C. Shula, H. Zambia: Editorial Comment - COVID-19 - Epidemiological Thought on why Politics and Religion are Compromising the Fight. *J of Prev and Rehab Med*, Vol. 2, No. 1, 2020, pp. 1-4. doi: 10.21617/jprm2020.211
 29. Nkole, J.; Chisotwa, M.; Chikumbi, R.; Bota, F.; Mulemwa, M.; Kasonde, M.; Musele, C.; Kasapatu, N.; Chiluba, B.C. Impacts of COVID-19 on Accessibility of Sexual and Reproductive Health Services: Scoping Review. *Preprints.org* **2022**, 2022060054. <https://doi.org/10.20944/preprints202206.0054.v1>
 30. Chiluba BC, Phiri J. Tackling Disability of Speech due to Stroke: Perspectives from Stroke Caregivers of the University Teaching Hospital in Zambia. *Indonesian Journal of Disability Studies (IJDS)*.2019: Vol. 6(2): PP 215 - 222.
 31. Lupenga et al. Evaluating Evidence Based Practice of Physiotherapists and The Quality of Physiotherapy Services in Selected Health Facilities of Lusaka, Zambia. *Indonesian Journal of Disability Studies (IJDS)*.2019: Vol. 6(2): PP 133-142.
 32. Chiluba BC. The Infodemic of COVID-19 Vaccines: Science and Pseudoscience Highlights. *Journal of Preventive and Rehabilitative Medicine*. 2021 May 30;3(2):1-4.