Triple jeopardy: disabled people and the Covid-19 pandemic

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The three-fold risk experienced by people with disabilities during the current COVID-19 pandemic results from: a greater risk of negative outcomes from the disease itself; a greater risk of reduced access to routine healthcare and rehabilitation which differentially affects people with disabilities; and the deleterious social impacts of efforts to mitigate the pandemic. Ten years ago, the World Health Organisation (WHO) *World Report on Disability* noted that people with disabilities were more likely to be older, poorer, experience co-morbidities, and be female [1]. Other than being female, three of those four characteristics are also associated with greater risk of severe and/or fatal outcomes from COVID-19 [2]. Risk of death involving COVID-19 between 24 January and 30 November 2020 in England was 3.1 times greater for disabled men, and 3.5 times greater for disabled women, than for non-disabled men and women [3]. People with intellectual disabilities living in congregate residential settings, relevant mainly to high income settings, had a higher mortality rate than others [4, 5] but even in domiciliary settings [6], there were higher risks for people with intellectual disability [7].

Additionally, the lockdown measures societies have taken to protect themselves from the pandemic also render people with disabilities worse-off and more excluded. Evidently, these times are hard for everyone, but they impact particularly on those with disabilities. Worldwide, disasters and emergencies often disproportionately impact the disability community, and this pandemic is no exception [8, 9, 10]. Cancellation or postponement of regular healthcare or rehabilitation will differentially impact those with a narrower margin of health or additional health needs [10; 11]. When assistive technology is not prescribed, maintained or repaired, it is disabled people who are rendered dependent; when social care is put on hold or cancelled, disabled people are thrown back on the support of families, where they have them; when it is impossible to attend day centres or voluntary projects, it is disabled people who are left with nothing to do and no one to meet [12]; when everyone is expected to follow rules about masks or social distancing, it is particularly hard of hearing who cannot lip-read, or visually impaired people using guide-dogs who find that difficult; as a result they might be stigmatised. Often, confinement in homes increases the risk of sexual violence and abuse, to which children and adults with disabilities are additionally vulnerable [13,14].

If lockdown and curfew are enforced through aggressive actions by security forces, as in southern Africa, then people with disabilities who may need to access healthcare or pharmacies are particularly penalised.

The lack of preparedness for the impact of the pandemic on disabled people has been shockingly familiar. Disabled people have been ignored at worst, and an afterthought at best [9. 11], whether it comes to educational provision of children with special educational needs [9, 12, 15], PPE in social care [4,5,6], or sign language in government announcements. In Uganda, the closure of schools has led to the exclusion of many young people with disabilities since educational materials are not in accessible formats and access to assistive technology including the internet has been a challenge.

In a public health crisis such as the COVID-19 pandemic, clear information becomes more important than ever. In the UK messages have been confused or complicated, which has been very difficult for people with intellectual disabilities to understand; the situation has been better in Scotland. In other countries, there is often low confidence in public health messaging (16). People with mental health conditions often find isolation and fear particularly debilitating [17, 18]. People with physical health conditions are also disproportionately at risk of mental health conditions (19). British and Dutch evidence finds that mental health symptoms are higher than usual for everyone [17, 18].

It is not all bad: where people with disabilities can get internet access, they have been able to participate in society as never before, because physical and communication barriers have suddenly disappeared now that education, work, shopping and much leisure has been driven online [20]. Moreover, there are some reassuring signs that people are looking out for each other more, often replacing the dominant individualism of high-income settings with neighbourliness and mutual aid. Disabled people do much better in societies which support each other.

However, participation, whether digital or in person, usually requires financial and other resources. While families and societies everywhere have found the pandemic economically stressful, this particularly impacts the poorest in society, who are often old, disabled or female. About 80 percent of the poorest people with disabilities live in

Low- and Middle-Income countries where there is either inadequate social safety net or no welfare state [1]. The consequence is that people with disabilities often have to rely on families or charity.

People with disabilities do not want simply a return to the normality of a year ago, which was a world filled with complex barriers to inclusion, especially in Low and Middle-Income Countries. The COVID-19 pandemic has raised risks, compounded unmet health needs, and disproportionately affected the socioeconomic lives of people with disabilities around the world. As evidence evolves, the much-vaunted slogan of "Build back better" has to mean strategic thinking about how society, social inclusion and public health can be made real for the 15% of the global population [1] who are disabled. The inclusion of persons with disabilities in the COVID-19 response should be remembered throughout all stages of the post-recovery cycle by conducting needs assessments and ensuring that persons with disabilities are consulted and can participate in policy development, program design and implementation. This better world has to grow from learning the lessons, listening to the life experiences of people with disabilities and making meaningful investments that lessen the triple jeopardy faced by people with disabilities.

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Suggested panel: Barriers to inclusion

- Failure to ensure safety of persons with disabilities in congregate living or health facilities.
- Failure to ensure access for persons with disabilities: to food deliveries; to internet; to Coronavirus testing; to water, sanitation and hygiene facilities.
- Failure to give relevant persons with disabilities, or their families/support workers evidence-based priority for vaccination, or COVID-19 treatment where required.

- Lack of support for persons with disabilities living alone; or where family members/support workers self-isolating or affected by COVID-19
- Unclear public health messaging; lack of accessible messaging
- Postponement of required medical treatment, including rehabilitation
- Failure to collect data on disability to allow disaggregation