



## [SDDirect COVID-19 Pandemic Blog Series](#)

Why people with disabilities are disproportionately impacted by COVID-19

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This blog introduces a [new report on the primary and secondary impacts the Coronavirus \(COVID-19\) pandemic might have on people with disabilities](#), and lessons learned from other recent epidemics, following a request from the UK Department for International Development for a rapid review of the emerging evidence.

The COVID-19 pandemic is a global public health emergency affecting millions of people around the world. While the publicly available data on COVID-19 cases has so far not been disaggregated to show the impacts on people with disabilities, disturbing reports are emerging on the **severe and disproportionate impacts on people with disabilities**, including primary impacts of the COVID-19 virus itself, and secondary impacts of the response to the pandemic, including on **health, education, food security and livelihoods**.

**Emerging evidence suggests the COVID-19 pandemic may have the following impacts on people with disabilities:**

- **Greater risks of contracting COVID-19 due to a range of barriers:** eg. public health information not being provided in accessible formats; water, sanitation and hygiene facilities being inaccessible; social distancing and self-isolation measures being unfeasible for some people with disabilities who rely on carers; and people living in residential institutions or humanitarian contexts living in close proximity to large numbers of people, sometimes in unsanitary conditions, and relying on carers or officials to prevent and respond to outbreaks.
- **Greater risks of developing serious illness or dying from COVID-19,** due to the risk of exacerbating underlying health conditions, but also due to barriers such as physically inaccessible healthcare facilities, a lack of capacity amongst health workers to treat people with disabilities, and stigma and discrimination against people with disabilities. Many countries have recently introduced guidelines that may lead to discrimination, as they permit the de-prioritisation of treatment for people with disabilities and underlying health conditions when health systems have reached capacity. This practice would contravene the [UN Convention on the Rights of Persons with Disabilities \(UNCRPD\)](#).
- **Exacerbation of pre-existing mental health conditions and psychosocial disabilities** as a result of fear and anxiety about contracting COVID-19, economic and financial pressures, long periods of social isolation, family pressures and conflict.

- **Decreased access to healthcare, food, medications and housing** due to increased pressure on healthcare systems, markets and supply chains (made worse by the reality of pre-existing accessibility challenges and deficiencies in many health systems).
- **Increased and disproportionate impacts on livelihoods** as a result of containment measures that restrict movement – this impact may be especially severe in low and middle-income countries where people with disabilities are more likely to be in informal work or self-employed, with less access to labour protections.
- **Limited access to or inadequate social protection**, as many social protection schemes are already inaccessible to or inadequate for people with disabilities, and increased pressures on social protection schemes may intensify the economic and social exclusion of persons with disabilities.
- **Increased stigma, discrimination, neglect, violence and abuse:** risks for people with disabilities include: being devalued in public messaging about COVID-19; being falsely associated with COVID-19 infection; being left behind by carers and communities who are quarantined or fearful of infection; or being abused by family members, carers or community members in close confinement, as has been highlighted in SDDirect's [report on disability considerations in gender-based violence programming during the COVID-19 Pandemic](#).

SDDirect is also concerned about the specific impacts of COVID-19 on women and girls with disabilities in low- and middle-income countries, on which there is currently very little information available.

**Lessons from past epidemics on disability inclusion are limited.** Available lessons show that information on disease prevention and response has not always been accessible and that people with disabilities may face worsening deprivation, including harsh impacts on livelihoods and limited access to social protection schemes. Such impacts may continue after emergencies are over – for example, additional efforts may need to be made to ensure children with disabilities go back to school. More useful learning will emerge over the coming weeks as the international community continues to make comparisons with other public health crises and draw on lessons from viral emergencies such as the Ebola outbreaks in West Africa.

[The full detailed report on the primary and secondary impacts of the COVID-19 Pandemic is available here on SDDirect's website.](#)

[You can also find a list of recommendations for a disability-inclusive response to COVID-19 under our COVID 19 blog page.](#)

*We welcome constructive feedback on this blog and are keen to collaborate with organisations that share our values and our commitment to ensuring no one is left behind as part of the COVID-19 response. If you would like to share feedback or explore opportunities for collaboration, please email [laura.martineau-searle@sddirect.org.uk](mailto:laura.martineau-searle@sddirect.org.uk).*