



EU global role in COVID-19 response and the Impact on the Lives of Persons with Disabilities

European Disability Forum | April 2021

Table of Contents

Table of Contents	2
Summary	3
Easy to Read	4
Legal and policy framework	5
UN Convention on the Rights of Persons with Disabilities	5
2030 Agenda for Sustainable Development	6
Sendai Framework for Disaster Risk Reduction	6
Charter on Inclusion of Persons with Disabilities in Humanitarian Action	7
EU Strategy on the Rights of Persons with Disabilities	7
EU funding in external action	7
Persons with disabilities and the COVID-19 crisis globally	8
EU global response to the COVID-19 pandemic	10
Team Europe's response to COVID-19	10
EU action at the UN level	11
EU work in international cooperation and development	12
EU global role in COVID-19 vaccines	12
Disability inclusive EU projects in the global south	13
Recommendations	16
Recommendations to European Union and the European leaders	16
Recommendations to representative organisations of persons with disabilities and civil society	18
Recommendations on inclusive vaccination	19
Document credits	21

Summary

COVID-19 is a global pandemic that continues impacting the world since 2020. The European Union (EU) is actively involved in the fight against the pandemic and has a leading role to play in the global response and recovery. In fact, the EU promotes human rights and diplomacy in the world and is a signatory of the UN Convention on the Rights of Persons with Disabilities (CRPD). The EU has representation offices all over the world and it has over 140 overseas delegations globally. The EU and its Member States are also the biggest global development donors in the world. The new budget of the EU 2021-2027 devotes [110.6 billion EUR \(in current prices\) funding of programmes outside the EU](#).

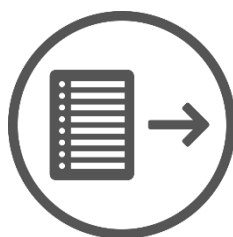
This report focuses on the impact of the COVID-19 pandemic on persons with disabilities globally and to what extent the EU response and recovery plans worldwide have been disability-inclusive. In particular, we provide an overview of the legal and policy frameworks the EU must respect during this crisis. We describe the situation of persons with disabilities in the world during this pandemic and the barriers and human rights violations they have faced. We reviewed the EU response to the pandemic globally and more specifically the response of “Team Europe” to COVID-19, the actions the EU has taken at the UN level, in its work in international cooperation and in relation to the COVID-19 vaccines. The report provides recommendations to the EU and to us in the disability movement on the ways forward to respond to the pandemic while respecting, protecting and fulfilling the rights of persons with disabilities, including on inclusive vaccination.

Overall, this report shows that the situation in the future could be improved by the advocacy and involvement of persons with disabilities and their representative organisations (DPOs). The report outlines various actions necessary in light of the EU commitment to the CRPD to ensure that we build back a more inclusive world following the COVID-19 pandemic and be better prepared for future crises.

Easy to Read



This report is about **COVID-19**, **people with disabilities** and what the **European Union** has done in the world to help.



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Legal and policy framework

Various international and EU legal and policy frameworks are relevant to protect and fulfill the rights of persons with disabilities in time of crisis such as COVID-19. The frameworks described below are unconditional and should always be respected.

UN Convention on the Rights of Persons with Disabilities

The [UN Convention on the Rights of Persons with Disabilities](#) (CRPD) has given the disability movement a strong legal framework to advocate for the rights of persons with disabilities, including in times of crisis such as the COVID-19 pandemic. The human rights violations experienced by persons with disabilities during the COVID-19 pandemic cut across the whole of the CRPD. The CRPD includes article 11 - Situations of risk and humanitarian emergencies as well as article 32 - International Cooperation, which obliges the EU to make its overseas development inclusive and accessible. Article 4.3 requires all States Parties to ensure meaningful participation of persons with disabilities through their representative organisations (DPOs), in all matters that concern them- including in all EUs external action responses to COVID-19.

The UN Committee on the Rights of Persons with Disabilities and other bodies of the UN started reacting to the pandemic from a disability perspective in April 2020, once most countries were already in lockdown. Here is a list of some of the resources produced by the UN:

- OHCHR guidance note: [COVID-19 and the rights of persons with disabilities: Guidance \(29 April 2020\)](#).
- UN Secretary-General's Policy Brief: [A Disability-Inclusive Response to COVID-19 \(May 2020\)](#).
- UNDESA policy brief on the impact of covid-19 on women and girls with disabilities: [Leaving no one behind: the COVID-19 crisis through the disability and gender lens \(June 2020\)](#).
- UNICEF webpage on [Child disability and COVID-19](#) including several guidance notes.
- Joint statement, [Persons with Disabilities and COVID-19](#) by the Chair of the CRPD Committee and the Special Envoy of the United Nations Secretary-General on Disability and Accessibility (1 April 2020).
- [Statement on COVID-19 and the human rights of persons with disabilities](#) by the CRPD Committee (9 June 2020).

More [UN resources are available here](#).

2030 Agenda for Sustainable Development

The [2030 Agenda for Sustainable Development, including its 17 Sustainable Development Goals \(SDGs\)](#) are an international commitment to eradicate poverty and achieve sustainable development world-wide by 2030. It recognises the importance of empowering people in vulnerable situations, including persons with disabilities. The SDGs are vital for a recovery that leads to greener, more inclusive economies, and stronger, resilient societies.

The SDGs should contribute in these times of pandemic to:

- Reduce inequalities, addressing discrimination and eliminating barriers, through consultation and partnership by taking an intersectional approach and allocating proper consideration to include in the dialogue underrepresented groups, such as persons with disabilities, including women and girls with disabilities. It will contribute to reaching the furthest behind first.
- Recognise the vital role of representative organisations of persons with disabilities (DPOs) and ensure their critical contribution to the pandemic response. This once again highlights that persons with disabilities must become active leaders and participants in all decision-making processes to ensure that we are building back a better and more inclusive future for all.

Sendai Framework for Disaster Risk Reduction

The [Sendai Framework for Disaster Risk Reduction](#) 2015-2030 is part of the post-2015 development agenda that provides countries of the United Nations with concrete actions needed to protect populations from the risk of disaster. It aims to build the resilience of society to disaster risk by reducing their vulnerabilities and addressing the hazards that they are exposed to. The Sendai framework recognises the need for disability disaggregated data, that persons with disabilities should be empowered to lead, promote, and assess disaster risk reduction and humanitarian activities, and that universal design and accessibility are essential to achieve effective 'Build Back Better'. The EU and many of its Member States participated in the development and adoption of this framework. Throughout 2016, the EU also participated in deciding the steps required for Sendai to be effective, and has developed a specific [EU Action Plan on Sendai implementation](#).

Charter on Inclusion of Persons with Disabilities in Humanitarian Action

The [Charter on Inclusion of Persons with Disabilities in Humanitarian Action](#) can be seen as a 'tool' to implement the CRPD in situations of risk and humanitarian emergency. It was launched at the 2016 World Humanitarian Summit. Since then, it has been endorsed by the EU and 14 of its Member States.¹ In June 2019, the European Commission published a [Guidance Note on the Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations](#). This guidance note is related in purpose to the UN [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#) which were launched at the end of 2019.

EU Strategy on the Rights of Persons with Disabilities

External actions are part of the EU newly adopted [Strategy on the Rights of Persons with Disabilities 2021-2030](#), launched on 3rd March 2021. It includes actions to promote the rights of persons with disabilities globally and support their social inclusion in all international relations, and as part of all external action, policy planning, funding, programmes and activities. The Strategy includes actions in support of reforms of public policies globally to make these more disability inclusive. It also ensures that the rights of persons with disabilities remain at the core of the response to the COVID-19 pandemic and the global recovery.

EU funding in external action

The EU long-term budget (also known as Multiannual Financial Framework – MFF), running from 2021 to 2027 includes two budgets that are relevant to the topic of this paper:

- Neighbourhood, Development, and International Cooperation Instrument (NDICI) - Global Europe, worth €110.6 billion.
- External Action (including the budget for Humanitarian Aid amongst others) with a budget of 95,75 billion EUR as well as Pre-Accession assistance.

The NDICI 2021-2027 will contribute to the implementation of the external objectives of the strategy. Funds such as SOCIEUX+, the technical cooperation programme focusing on short-term missions, the Technical Assistance and Information Exchange instrument (TAIEX) and TWINNING programmes will help to implement EU disability policies worldwide.

¹ Belgium, Bulgaria, Republic of Cyprus, Czech Republic, Denmark, Finland, France, Germany, Italy, Luxembourg, Netherlands, Poland, Spain and Sweden. See <http://humanitariandisabilitycharter.org/>.

Persons with disabilities and the COVID-19 crisis globally

Evidence shows that the one billion persons with disabilities worldwide are among the hardest hit during the COVID-19 pandemic, including in terms of number of fatalities.² COVID-19 has exacerbated existing inequalities and persons with disabilities have been excluded and discriminated against in our societies, more so during this crisis.

The EU has largely failed to include persons with disabilities in their response to the pandemic, both within Europe and in their global response. This failure has increased the barriers faced by persons with disabilities in accessing health care, education, work, to be free from violence, abuse and neglect and to live independently in the community. COVID-19 has further compounded the social exclusion and poverty in which many persons with disabilities live.

Persons with disabilities belonging to other disadvantaged groups were even more marginalized during the crisis and put at greater risk of COVID-19 infection and impact. For example, persons with intellectual or psychosocial disabilities, were more likely to be excluded from services or be forced to live in institutions which have been shown to be an environment where the COVID-19 virus is exacerbated. Prior to the pandemic, women with disabilities were already three times more likely to have unmet needs for health care comparing to men without disabilities.³ The United Nations denounced the 'appalling impact' of COVID-19 on racial and ethnic minorities due to a range of factors also including discrimination, unequal access to healthcare, and poverty.⁴

The disability movement at the international level⁵ documented some of the main barriers that persons with disabilities have faced during the pandemic:

1. Alarming number of deaths in institutions and other closed settings: The UN Secretary General reported that the fatality rates for those over 80 years of age is 5 times the global average. The World Health Organisation indicated that half of the deaths related to COVID-19 in Europe have so far occurred in long-term care facilities, in particular in care homes for older persons.⁶ Institutions did not seem prepared to prevent the virus from spreading, or to inform the residents adequately

² [UN Policy Brief: a disability-inclusive response to COVID-19](#) (May 2020)

³ [UNDESA, Leaving no one behind: the COVID-19 crisis through the disability and gender lens](#) (June 2020)

⁴ [UN News "Address 'appalling impact' of COVID-19 on minorities, UN rights chief urges"](#) (June 2020)

⁵ [COVID-19 Disability Rights Monitor Report](#), COVID-19 Disability Rights Monitor (October 2020): The report is the result of a major global initiative aimed at conducting rapid, independent monitoring of state measures to assess the impact of COVID-19 on persons with disabilities. International Disability Alliance, [End Discrimination Campaign, COVID-19](#)

⁶ United Nations, [Policy Brief: The Impact of COVID-19 on older persons](#), (May 2020)

on how they could stay healthy. The lack of comprehensive and reliable data on people in residential care makes the monitoring of their human rights, health and well-being in times of crisis even harder. All these elements combined contribute to this alarming death rate in residential care.

2. Gaps in continuity of health care, medical treatment and support services: During the pandemic peak and lockdown, continuity of health services, care and medical treatment could not be ensured due to constrained resources and years of reduced budgets allocated to the health and social sector. Often, these services are important and lifesaving, such as rehabilitation services and medicine for people with epilepsy. Social distancing may be particularly challenging for persons with disabilities who require support with personal care.⁷

The unavailability of personal protective equipment was an additional difficulty on the already long list of challenges faced by health and social care staff. This has forced health and emergency services to establish triage procedures, according to which age and disability were initially thought of as criterion to determine individual vulnerabilities, diagnosis, and/or treatment options.

Persons with disabilities were at home isolated, without access to basic necessities such as food, nutrition and medication. Personal assistance and other community-based support services were reportedly halted or severely curtailed in many countries.

3. Inaccessible information, communication, transport and buildings: although some governments started to provide public health announcements in accessible formats, this came too late and was not consistent. Persons with disabilities lacked the essential information related to the pandemic on how to keep themselves safe. Persons with disabilities were denied their right to make informed decisions, f.e. due to the lack of sign language interpreters. Transport and physical buildings (including health facilities, and testing and quarantine centers) are often inaccessible.

4. Domestic and sexual violence: Data shows that since the start of the COVID-19 pandemic, and especially during lockdown measures, violence against women and domestic violence has intensified. Although we do not know the proportion of women and girls with disabilities who were victims of violence during the pandemic, the UN Office of the High Commissioner for Human Rights (OHCHR) has reported that, globally,

⁷ International Disability Alliance, [End Discrimination Campaign, COVID-19](#)

women with disabilities, although likely facing higher numbers of domestic violence, are reporting less.

5. Denial of access to healthcare: Because of inaccessibility and discrimination, persons with disabilities have greater difficulties in accessing healthcare and life-saving interventions, including in times of pandemic. In some countries, persons with disabilities are directly discriminated against through triage protocols or indirectly discriminated against due to de-prioritisation.⁸ This is often due to discriminatory criteria, such as older age, or assumptions about quality or value of life based on disability.⁹

6. Persons with disabilities through their representative organisations were not sufficiently involved and consulted in COVID-19 response and recovery. Since the onset of the pandemic, that the only support given to persons with disabilities was provided through their representative organisations. DPOs informed persons with disabilities in accessible formats about COVID-19 and provided direct support in education, health care or in other daily activities. These responses rarely were financed by governments.

EU global response to the COVID-19 pandemic

Team Europe's response to COVID-19

A number of EU Commissioners are involved in the EU role around the world including:

- Vice President - High Representative (Borrell, the EU Chief Diplomat)
- Commissioner responsible for Crisis Management (Lenarčič)
- Commissioner in charge of International Partnerships (Urpilainen).
- Commissioner for Neighbourhood and Enlargement (Várhelyi)

In the global response by the EU to COVID-19¹⁰, a "Team Europe" package of 38.5 billion euros was launched in April 2020 to support partner countries in the fight against the pandemic¹¹. The budget has been mobilised to support the response plans of international organisations, providing immediate humanitarian relief in the most affected countries, organising logistics, supplying healthcare devices, and

⁸ [UN Policy Brief: a disability-inclusive response to COVID-19](#) (May 2020)

⁹ S. Bagenstos, "May Hospitals Withhold Ventilators from COVID-19 Patients with Pre-Existing Disabilities? Notes on the Law and Ethics of Disability-Based Medical Rationing", 130 Yale Law Journal Forum (Forthcoming), (2020)

¹⁰ European Commission, [EU global response to COVID-19](#)

¹¹ EEAS, [Team Europe](#)

delivering essential goods, food, and water. The EU is also assisting the development of a fast and equitable access to safe, quality, effective and affordable tests, treatments and vaccines against coronavirus.

Team Europe is supported by the EU Civil Protection Mechanism¹² and the European Fund for Sustainable Development.¹³ The support is provided both directly and through the World Health Organisation's Strategic Preparedness and Response Plan (SPRP)¹⁴.

In July 2020, the Commissioner for International Partnerships, launched the [Global Monitor of COVID-19's Impact on Democracy and Human Rights](#)¹⁵, which is a partnership between the EU and the International Institute for Democracy and Electoral Assistance (IDEA). The online platform gathers updated information on 162 countries about democracy and human rights, from media freedoms to constitutional checks and balances. There is no specific attention given to the protection against discrimination. For example, in searching this platform, it is not possible to gain knowledge on the impact on women, persons with disabilities, etc.

EU action at the UN level

The EU also acted at the UN level, in May 2020, when the EU leaders - Vice Presidents Borrell and Jourova, and Commissioner for Equality, Dalli, supported the [Joint Statement on the UN Secretary-General's call for a Disability-inclusive response to COVID-19](#) – Towards a better future for all¹⁶.

There is evidence of commitment to disability inclusion in international cooperation and humanitarian action: Jutta Urpilainen, European Commissioner for International Partnerships, made a keynote speech at the UN High Level Political Forum in July 2020, in which she highlighted that tackling inequalities facing persons with disabilities was an important element of 'building back better' after the COVID-19 pandemic¹⁷.

In May 2020, Commissioner Urpilainen organised a Civil Society roundtable on the Global Response to COVID-19 in which the disability movement was included. During the meeting, it was highlighted that the situation of groups at risk of vulnerability is particularly difficult and that the crisis is heavily affecting persons with disabilities, children, and women. The participants referred to the importance of involvement and

¹² https://ec.europa.eu/echo/what/civil-protection/mechanism_en

¹³ https://ec.europa.eu/eu-external-investment-plan/about-plan/how-it-works-finance_en

¹⁴ <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf?ua=1>

¹⁵ IDEA, [Global Monitor of COVID-19's Impact on Democracy and Human Rights](#)

¹⁶ Delegation of the European Union to the United Nations, [Joint Statement on the UN Secretary-General's call for a Disability-inclusive response to COVID-19 – Towards a better future for all](#), (18 May 2020)

¹⁷ European Commission, '[Keynote speech by Commissioner Urpilainen at the 2020 High Level Political Forum \(HLPF\) opening session](#)', (2020)

support of local civil society organisations and DPOs in dialogue, consultations, and implementation, but no concrete actions were agreed.

EU work in international cooperation and development

EDF has been informed by contacts at the European Commission's Directorate-General for International Partnerships (INTPA) that they have intensified the mainstreaming of disability in the COVID-19 response, especially in health and emergency activities and in internal project design phase. This type of information is not yet public, so it is difficult for us to report on progress.

EDF has also been informed by INTPA that briefing notes on COVID-19 and social protection as well as briefing notes on COVID-19 and inequalities were shared within INTPA but they were internal and not shared publicly. Similarly, EDF has been informed that INTPA sent recommendations for the inclusion of persons with disabilities in the COVID-19 response to all EU overseas delegations, after asking EDF's to prepare a briefing. More specifically, our briefing was sent to 85 human rights/disability focal points in EU delegations and in headquarters.

EU global role in COVID-19 vaccines

The EU also has a significant role in the research, production and distribution of COVID-19 vaccines. The lack of a fair distribution of vaccines globally risks impacting persons with disabilities in low- and middle-income countries.

International organizations, including the World Health Organisation called for a fairer distribution of vaccine globally.¹⁸ In September 2020, according to Oxfam wealthy nations representing just 13% of the world's population had already bought more than half (51 percent) of the promised doses of leading COVID-19 vaccine candidates.¹⁹

In June 2020, the EC announced a pledge of €300 million to Gavi, the [Vaccine Alliance](#), for the period 2021–2025 to fight infectious diseases. The objective, among others, is to immunise 300 million children around the world and finance vaccine stockpiles to shield against virus outbreaks. Some days later, the EC unveils its new [EU vaccines strategy](#) to accelerate the development, manufacturing and deployment of vaccines against COVID-19. It is unclear at this stage if a particular plan will be in

¹⁸ Reuters, [WHO tells rich countries: stop cutting the vaccines queue](#) (8 January 2021)

¹⁹ Oxfam, [Small group of rich nations have bought up more than half the future supply of leading COVID-19 vaccine contenders](#) (17 September 2020)

placed to ensure the inclusion of children with disabilities. The EU was contacted but we did not receive any response.

The EU has also set up the Access to COVID-19 Tools Accelerator initiative and the [COVAX Facility](#), a global initiative bringing together governments and manufacturers to ensure COVID-19 vaccines reach those most in need. Team Europe is investing more than €2.2 billion to help secure 1.3 billion doses of vaccines for 92 low and middle-income countries by the end 2021.

Disability inclusive EU projects in the global south

In terms of projects in the global south, several EU projects have adapted their response to COVID-19 to include persons with disabilities. The projects are difficult to find on EU institutions' websites, unfortunately, but nonetheless, they are ongoing with the EU as one of the donors or as the main donor. During the research for this report, EDF identified disability inclusive COVID-19 projects in Burkina Faso, Ecuador, Ethiopia, Nigeria, Mongolia, Paraguay, Sudan, Timor-Leste, and Zambia.

- **[Bridging the Gap \(in Burkina Faso, Ecuador, Ethiopia, Paraguay and Sudan\)](#)**: Bridging the Gap has adapted both its workstyle and workplan to cope with the COVID-19 pandemic. On one hand, accessible online communication and dissemination mechanisms have strengthened also through dedicated staff training. On the other, specific initiatives have been put in place to ensure the project continuity and a reinforcement of the inclusive response to the emergency.
- **Nigeria**: The EEAS's delegation in Nigeria provided food items and handwashing equipment to 2,200 households whose livelihoods have been mostly impacted by the crisis. The benefiting communities were selected in partnership with local leaderships. These include people with disabilities; female heads of households and widows, as well as families depending on informal sector work. Information booklets on COVID-19 were also provided to enhance awareness of the COVID-19 pandemic. Video available [here](#).
- **Mongolia**: This EU projects support the country in boosting employment and transparency amid COVID-19 pandemic. Part of the project will focus on employment creation in the non-mining sectors for youth and for persons with disabilities. More information [here](#).
- **Timor Leste**: With a grant from the European Union of USD 1.3 million, Team Europe supports CARE, Oxfam, Plan International, Catholic Relief Services and World Vision and local civil society organisations to let 32,000 people overcome the challenges that COVID-19 had brought. The support consists of handwashing

stations, protective material, better links between local food vendors and farmers, technical assistance for savings and loans systems, actions to prevent gender violence. These initiatives are targeting in particular women, people with disabilities, health workers, farmers, community leaders, and savings and loan group members in Dili, Aileu, Baucau, Viqueque, Liquica, Ermera, Covalima and Oecussi. More information [here](#).

- **Zambia:** The Ana Atukuke project works to ensure the inclusion of children with disabilities in education, health and social services. Volunteer caseworkers carry out door-to-door community outreach in order to raise awareness about the rights of children with disabilities in the Eastern province. As a response to the COVID-19 pandemic, the Ana-Atukuke project team is promoting the protection of children with disabilities by providing reusable facemasks, soaps and hand sanitisers to families, but mostly by raising awareness on the special care children with disabilities required in this context. A crucial intervention are radio programmes, so even during physical distancing, families obtain pertinent information and are sensitised on the rights of their children. More information [here](#).

EU project in focus:

Building Partnerships for the SDGs: Empowering DPOs in India – example of responses to COVID-19

Context: According to the 2007 World Bank Report entitled “People with disabilities in India: From commitments to outcomes”, India has some 40-80 million persons with disabilities. Although DPOs play a vital role in promoting and safeguarding fundamental rights of men, women and children with disabilities, DPOs can lack awareness of their rights and the legal frameworks, the capacity to fully engage in policy dialogue processes and to hold duty bearers accountable.

Project: The overall objective of the project is for women and men with disabilities to engage in, shape and monitor SDGs implementation in India. The project will contribute to boost DPOs’ participation in SDGs processes and support the Indian government in terms of SDGs implementation and monitoring.

The project is funded by EEAS India, with Sightsavers India the lead delivering organisation and other partners including EDF, Together 2030, APRCEM, WNTA and other likeminded women’s organisations in close collaboration with the government at State and National level.

Response to COVID-19: At the time when COVID-19 pandemic crisis began in India, ‘Building Partnerships’ project had just entered its third / last year of implementation. Several activities like exchange visits,

workshops and consultations related to conclusion of the project had been planned. The most challenging part was supporting the 15 project DPOs during this time of crisis and lockdown.

Due to the complete lockdown, persons with disabilities in the project states faced many challenges in getting information on prevention from COVID-19, taking precautionary measures, accessing medical services and mostly struggled to get food and essential supplies. Responding to this situation, some states formed taskforce to raise awareness on preventive measures for COVID-19, provide relief material and assist during medical emergencies. They also mobilized support from relevant government departments. Telephonic surveys were also conducted to gather information if persons with disabilities have been receiving government provisions and services. DPOs leaders have been playing a major role and reaching out to other people to understand their issues to deal with the crisis and do advocacy at the local level.

Further, members of DPOs participated in a study on persons with disabilities and an online consultation with women with disabilities. These were conducted to understand the situation of persons with disabilities including women during the pandemic in terms of their knowledge and awareness on COVID-19, issues related to health, accessibility, livelihoods, social protection and education.

In Jabalpur, Madhya Pradesh, persons with disabilities were not being engaged in employment schemes during the lockdown. As a result of advocacy by DPOs at state level, they were employed in various employment schemes benefitting many others. In another instance, 17 families with members with disabilities were deprived of food supplies, as they did not have required documentation (slips for getting these items). DPOs advocacy resulted in provision of required items without the slips. Moreover, local government instructed village administration to ensure ration & groceries to all persons with disabilities.

In an innovative initiative in Jharkhand, Sightsavers India along with the state DPOs, conducted an online competition on the impact of COVID-19 on the lives of persons with disabilities and the road map for future. Participants could share their views in short audios/texts. The winning entries received cash prizes, which is more valued than trophies presently. Additionally, DPOs developed a concept note to be submitted to the government with recommendations for improving the situation for persons with disabilities.

In Madhya Pradesh, Sightsavers India and its implementing partners supported in providing disability wise disaggregated data of the essential services received from Government. This is in reference to the letter

issued by Government of India to all states Commissioners for collecting Disability Disaggregated data from all the districts to track the benefits persons with disabilities have received during COVID 19.

As the lockdown is being eased, livelihood options are seen as a major challenge for persons with disabilities. The project is facilitating formation/resumption of self help groups (SHGs) and supporting them to resume income generation activities. Many SHGs have now switched to alternative livelihood option of making face masks.

As far as project activities are concerned, we plan to conduct most of the activities online. For this, DPOs members were oriented on using virtual platforms to participate in events and trainings. In the coming months, the project envisages organising DPOs meetings and trainings, exchange visits, launches and consultations to be conducted virtually.

Recommendations

Recommendations to European Union and the European leaders

Drawing on the dramatic consequences of the COVID-19 crisis worldwide for persons with disabilities and the immediate challenges they will face soon, the European Disability Forum calls on the EU and European leaders to commit to:

1. **Political commitment:** Adopt an EU External Disability Action Plan to ensure the rights of persons with disabilities at all times in all EUs global work, including in situations of risk and humanitarian emergencies such as the COVID-19 crisis. The Action plan should refer to
 - a) the implementation of the new ECHO "Guidance note on the inclusion of persons with disabilities in EU-funded humanitarian aid operations" in line with the Charter on Inclusion of Persons with Disabilities (2016) and the Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019).
 - b) the implementation of the Sendai framework for disaster risk reduction (DRR) 2015, by using and improving the Sendai framework EU action plan.
2. **Consultation and involvement:** Adopt measures to ensure systematic involvement of all persons with disabilities through their representative organisations in all decisions that affect their lives, and include the most disadvantaged groups, including self-advocates. This is a legal requirement of the CRPD. Consultation should take place at all levels of the design, implementation as well as monitoring preparedness and recovery plans of Team Europe.

- This requires capacity building and adequate funding for representative organisations of persons with disabilities globally.
3. **Preparedness and response:** Ensure consistent and joined-up disability inclusion throughout all stages of the global EU humanitarian programme cycle, from preparedness to response, including in Team Europe's work. This strategy should be 'twin-track', with targeted actions to support persons with disabilities and inclusive and accessible mainstream services. It will, for example, include the obligation for fully accessible public health announcements, emergency communication and vaccination programmes, as well as initiatives around employment, social protection and prevention of violence. This inclusive strategy requires initial dedicated financial investment but – as well as being obligatory under human rights and humanitarian law – will bring sustainable and economically beneficial results.
 4. **EU delegations:** Ensure that the EU external delegations are inclusive of and accessible to persons with disabilities and include DPOs in their local civil society dialogue, including in the response to the COVID-19 crisis. Training should be provided to the workers in the EU delegations on disability issues, the CRPD and the needs of persons with disabilities, including women and girls with disabilities, in the areas of international cooperation, emergency response and humanitarian aid.
 5. **Disaggregated data:** Invest in disaggregated data on disability type, age and gender to advance knowledge on how inclusive EU funds in external action are and ensure the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) disability inclusion marker is enforced in all EU international cooperation policies and programmes, to monitor finance in support of persons with disabilities.
 6. **Adequate budget and inclusive investment:** Adequate budget must be allocated to advance the rights of persons with disabilities globally. All EU-funded actions for international development and humanitarian action, including in the COVID-19 response and recovery, should uphold to the principles of accessibility and inclusion of persons with disabilities in the community, and local, national and regional representative organisations of persons with disabilities should be strengthened as to ensure their meaningful involvement in the development of policies and programmes.
 7. **Accessibility and inclusion:** Ensure accessibility and inclusion of persons with disabilities at all levels of governance, public health information, response and recovery measures, service-provision, and in societies globally. The impact of COVID-19 on the world's economy should not lead to deprioritisation of investment in accessibility of information and communications technologies, transport and other services, and built environment.

8. **Services and support:** Ensure that disability-specific and mainstream support services are available and accessible to all persons with disabilities and are recognised as essential services.
9. **Independent living:** ensure that all EU initiatives on international cooperation, enlargement policy, human rights, democracy and gender equality globally, including in response and recovery to the COVID 19 crisis, promote the end of institutionalisation by immediately investing in independent living, fostering transition from institutions to community-based support services.
10. **Human rights-based approach:** Ensure all EU initiatives on international cooperation, enlargement policy, human rights, democracy and gender equality globally are in line with the human rights approach to disability and the CRPD, the 2030 Agenda and SDGs.
11. **Women's rights:** Ensure the protection of women and girls with disabilities against violence and abuse, and the maintenance of accessible support services, including those regarding their sexual and reproductive health and rights in the implementation of the Gender Action Plan III and its activities in response of COVID-19.

[Our more detailed recommendations on COVID-19 \(March 2020\)](#)

[Our recommendations on exit measures for transport services in light of COVID-19 \(May 2020\)](#)

Recommendations to representative organisations of persons with disabilities and civil society

The European Disability Forum, its members and the disability movement globally have learned a lot during this last year of pandemic – learning while doing. We need to be prepared for a completely altered future, in Europe and globally. We ourselves and our members need to reflect on these points. We need to focus on different areas:

1. **Our working methods and our resources:** We had to completely change our way of working in 2020. These changes were abrupt and unprepared for. We need to ensure we always have the ability and resources to react and adapt.
2. **Partnerships:** To be effective, we need to collaborate with others – we need to invest in partnership. We should reach out to work with those creating policies in health, in preparedness, in the labor market, in education, etc., to ensure they can and will build systems and policies that are inclusive and accessible to all persons with disabilities, including those with multiple identities.
3. **Intersectionality:** It was clear and demonstrated in this report that many people with disabilities fall through the cracks of governments' planning, and our own responses, because of

intersectional forms of discrimination. We need to build on our cooperation and interactions with other minority and disadvantaged people so that we can speak with one voice in advocating for a Europe of equality.

4. **The importance of meaningful participation:** A major gap in government actions worldwide in 2020 was the lack of systematic involvement of persons with disabilities through their representative organisations. The motto of our movement, 'nothing about us without us', was not in action at the onset of this pandemic, for the most part, in Europe and globally. We need to advocate for better involvement. We need also to strengthen our own movement so our members can be strong, sustainable, and united in our diversity and be fully involved in all decisions that affect the lives of all persons with disabilities.
5. **Preparedness:** COVID-19 crisis planning did not include us. We need to be included in resilience planning at the EU and global levels.
6. **Looking ahead:** Be aware of the global changes in the economy, and in society. All these changes will affect us, our members and DPOs globally. We should be part of the change, so a new, more inclusive world evolves from COVID-19.

Recommendations on inclusive vaccination

1. COVID-19 vaccinations are available in free or low-cost targeted programs to all people including persons with disabilities and support networks of their choice.
2. Persons with disabilities and support networks of their choice have priority access to vaccinations; including personal assistants, family caregivers, and persons working in disability-related services.
3. Sites, where vaccinations are delivered, are physically accessible and live guidance and assistance is provided for those who need it. Free or low-cost targeted programs for accessible transportation must be provided where necessary.
4. Specific outreach is conducted to ensure that persons with disabilities know of the availability of vaccinations, and all information campaigns are inclusive and accessible to persons with disabilities, including gender and age-appropriate.
5. All information systems related to vaccinations must collect data disaggregated by age, gender and disability, and web-based services should also be fully accessible while ensuring respect for private life and the confidentiality of health-related information.
6. Receiving a COVID-19 vaccination must be based on free and informed consent of persons with disabilities. Autonomy and legal capacity of all persons with disabilities including persons with intellectual disabilities, persons with psychosocial disabilities and

autistic persons must not be undermined with justifications such as public good or the best interest of the person.

7. International organizations and governments globally must ensure that persons with disabilities and their representative organizations meaningfully participate in policy-making and planning on distribution of COVID-19 vaccinations and related processes.

Organizations of persons with disabilities must be properly resourced to become partners in the roll-out of information campaigns, for instance by reaching out to the most marginalized people and ensure their messages are clear, inclusive and accessible.

Document credits

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This report is based on the more extensive [fifth edition of the European Disability Forum's Human Rights Report](#) presenting the impact of the COVID-19 pandemic on person with disabilities in Europe in 2020. It highlights how EU and European countries have largely failed to include persons with disabilities in their response to the pandemic, both within Europe and in their global response.



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