Talking Points for Rosario

[HLPF side event: Learning from COVID-19 to accelerate action for a more inclusive decade of SDG delivery](https://eur05.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsustainabledevelopment.un.org%2Findex.php%3Fpage%3Dview%26type%3D20000%26nr%3D6941%26menu%3D2993&data=02%7C01%7C%7C2e4cebf5cba94083a10c08d81e9ff5de%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C637293020406688129&sdata=sTf421G%2FMqLo3s4iJSvJXAexU8xlit8sawkFROE9fMk%3D&reserved=0)

7 July from 12-1:30pm EDT

## The Stakeholder Group of Persons with Disabilities carried out a qualitative research study on “[The experience of persons with disabilities with COVID-19](http://www.internationaldisabilityalliance.org/sites/default/files/master_sgpwd_covid-19_report_-_repaired_via_365_june_22_2020finalfinal.docx).”

The study aimed to complement existing COVID-19 efforts by gathering data from leaders from the disability movement. The data were gathered around thematic units related to the global pandemic and the Sustainable Development Goals. Twenty-eight people with disabilities were interviewed in six languages, including International Sign. In addition, 65 people with disabilities from 54 countries participated in the focus groups.

Findings indicate that myriad barriers exist for persons with disabilities as a result of the pandemic, including additional and new ones. The most common barriers that emerged include: (1) lack of access to COVID-19-related information for all persons with disabilities, (2) barriers in receiving social protection measures and employment (formal and informal, losing employment first, and accessibility barriers in the virtual working environment) and (3) lack of disability inclusion in COVID-19 response efforts at all governmental levels, creating significant disconnections between national and local actions.

I will address some main themes that emerged from the research next, but will not be able to cover all of the information from the report, so I encourage you to read it to get the full picture.

**Lack of access to information**

Overwhelmingly, there was lack of access to information for persons with disabilities related to COVID-19. This included lack of information in native sign languages, Braille, easy read and other alternative formats. In some places, information did not reach communities in rural and remote settings, which impacted indigenous peoples, refugees, and persons in institutions, impacting older persons and persons with disabilities in these communities.

**The role of** **organizations of persons with disabilities**

To address lack of information and other gaps in government services, organizations of persons with disabilities (DPOs) stepped in and played a role to address gaps in government services. Many DPOs became sources of information, were raising awareness with their members and providing accessible materials in different formats.

In many countries, governments provided sign language interpretation and captioning for COVID news briefings, but not always consistently. Often these services were put in place as a result of Deaf community and DPO-led advocacy and in sometimes with support from international organizations.

#### **Lack of access to healthcare facilities and hospitals**

In all regions participants indicated barriers or limitations regarding access to healthcare facilities and hospitals. Overall, many people said they felt that their life was considered less valuable than those without disabilities, and, in some grave cases persons with disabilities were denied access to hospitals and sent back home without support. Also quite concerning, in some dire cases, the COVID-19 triage system excluded the appropriate treatment for persons with disabilities. The exclusion and denial of treatment were not on the basis of a medical condition, but because of discrimination.

Other barriers included, lack of disability awareness among staff, communication barriers for deaf and hard of hearing people from healthcare staff wearing personal protective equipment and lack of access to information in sign language, lack of accessible transportation to and from health facilities, and support persons and sign language interpreters were unable to accompany persons with disabilities into hospitals and healthcare facilities, creating serious situations in some cases.

**Lack of disability data**

In terms of data, we asked participants to share any resources on national-level data on COVID-19 and persons with disabilities. Overwhelmingly, participants had access to basic government data sources on the daily number of infected cases, deaths and recoveries. In some cases, they had sources of data disaggregated by gender, age, pre-existing health conditions, location, but not disability. Overall, participants indicated that governments are not disaggregating by disability, or if they are, are not sharing the data.

To address this gap, many surveys are being carried out by DPOs and other organizations around the world to collect information from persons with disabilities. We learned about surveys in the Philippines and the Dominican Republic, as well as from various international DPOs and organizations.

**Rosario, please add personal experiences here.**

In closing, we know that the post-pandemic world is becoming our new way of life. Persons with disabilities and older persons are encountering increased discrimination and inequalities. To combat this, let's use the SDGs and the global indicator framework as guiding tools to fully and equally include the most marginalized groups to build back better, safer, resilient, and more inclusive communities worldwide.