

COVID-19 AND THE RIGHTS OF PERSONS WITH DISABILITIES: GUIDANCE

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 - a. prisoners with disabilities
 - b. persons with disabilities without adequate housing

OVERVIEW

While the COVID-19 pandemic threatens all members of society, persons with disabilities are disproportionately impacted due to attitudinal, environmental and institutional barriers that are reproduced in the COVID-19 response.

Many persons with disabilities have pre-existing health conditions that make them more susceptible to contracting the virus, experiencing more severe symptoms upon infection, leading to elevated levels of death. During the COVID-19 crisis, persons with disabilities who are dependent on support for their daily living may find themselves isolated and unable to survive during lockdown measures, while those living in institutions are particularly vulnerable, as evidenced by the overwhelming numbers of deaths in residential care homes and psychiatric facilities. Barriers for persons with disabilities in accessing health services and information are intensified. Persons with disabilities also continue to face discrimination and other barriers in accessing livelihood and income support, participating in online forms of education, and seeking protection from violence. Particular groups of persons with disabilities, such as prisoners and those who are homeless or without adequate housing, face even greater risks.

Awareness of these risks leads to better responses that can allay the disproportionate impact experienced by persons with disabilities. This guidance aims to:

- bring awareness of the pandemic's impact on persons with disabilities and their rights;
- draw attention to some promising practices already being undertaken around the world;
- identify key actions for States and other stakeholders; and
- provide resources for further learning about ensuring rights based COVID-19 responses inclusive of persons with disabilities.

1. WHAT IS THE IMPACT OF COVID-19 ON THE RIGHT TO HEALTH OF PERSONS WITH DISABILITIES?

Despite being a population that is particularly at-risk to COVID-19, persons with disabilities face even greater inequalities in accessing healthcare during the pandemic due to inaccessible health information and environments, as well as selective medical guidelines and protocols that may magnify the discrimination persons with disabilities face in healthcare provision. These protocols at times reveal medical bias against persons with disabilities concerning their

quality of life and social value. For example, triage guidelines for allocation of scarce resources with exclusion criteria based on certain types of impairment, having high support needs for daily living, “frailty”, chances of “therapeutic success”, as well as assumptions on “life-years” left should they survive. Persons with disabilities and their families have also faced pressure within the health system to renounce resuscitation measures.

What are some promising practices?

- The [Bioethics Committee of the San Marino Republic produced COVID-19 guidance on triage](#), which prohibits discrimination on the basis of disability: “The only parameter of choice, therefore, is the correct application of triage, respecting every human life, based on the criteria of clinical appropriateness and proportionality of the treatments. Any other selection criteria, such as age, gender, social or ethnic affiliation, disability, is ethically unacceptable, as it would implement a ranking of lives only apparently more or less worthy of being lived, constituting an unacceptable violation of human rights.”¹
- The [Office for Civil Rights at the United States Department of Health and Human Services issued a bulletin](#) to ensure that authorities prohibit discrimination on the basis of disability, stating that “persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person’s relative “worth” based on the presence or absence of disabilities or age”.² The bulletin also provides guidance to authorities on ensuring outreach and accessibility of information and communications to persons with disabilities for equal opportunity to benefit from emergency response efforts, “including making reasonable accommodations [to] help ensure that the emergency response is successful and minimizes stigmatization.”
- The [United Arab Emirates has launched a national program to test persons with disabilities in their homes](#) and as of mid-April had conducted 650,000 COVID-19 tests of persons with disabilities.³
- In the **Philippines**, the Commission on Human Rights has published information to support health agencies tailor [public messages for vulnerable groups](#) of the communities, including children and people with disabilities.⁴
- In **Canada**, [the COVID-19 Disability Advisory Group was established](#) with the participation of persons with disabilities and their representative organisations to advise the government on disability-specific issues, challenges and systemic gaps and strategies, measures and steps to be taken.⁵

What are some of the key actions States and other stakeholders can take?

- **Prohibit the denial of treatment on the basis of disability** and repeal provisions that prevent access to treatment based on disability, level of support needs, quality of life assessments or any other form of medical bias against persons with disabilities, including within guidelines for allocation of scarce resources (such as ventilators or access to intensive care).
- **Ensure priority testing** of persons with disabilities presenting symptoms.
- **Promote research** on the impact of COVID-19 on the health of persons with disabilities.
- **Identify and remove barriers to treatment** including ensuring accessible environments (hospitals, testing and quarantine facilities), as well as the availability and dissemination of health information and communications in accessible modes, means and formats.
- **Ensure the continued supply and access to medicines** for persons with disabilities during the pandemic.
- **Conduct training and awareness-raising of health workers** to prevent discrimination based on prejudice and bias against persons with disabilities.
- **Closely consult with and actively involve persons with disabilities and their representative organisations** in framing a rights-based response to the pandemic that is inclusive of, and responsive to, persons with disabilities in all their diversity.

Resources

- [No exceptions with COVID-19: “Everyone has the right to life-saving interventions” – UN experts say](#)
- [UN Special Rapporteur on the rights of persons with disabilities, COVID-19: Who is protecting people with disabilities?](#)
- [WHO, Disability considerations during the COVID-19 outbreak](#)

2. WHAT IS THE IMPACT OF COVID-19 ON PERSONS WITH DISABILITIES LIVING IN INSTITUTIONS?

COVID-19 is having a disproportionate impact in psychiatric institutions, social care institutions (orphanages, day-care centers, rehabilitation centers) and institutions for older persons, resulting in high rates of infection and death. In some preliminary studies, the number of deaths in care homes represented from 42% to 57% of all COVID-19 deaths in those countries.⁶ Institutionalized persons with disabilities face heightened risk of contracting COVID-19 due to underlying health conditions, difficulty in enforcing social distancing amongst residents and staff, and abandonment by staff. Persons with disabilities living in institutions also face greater risks of human rights violations, such as neglect, restraint, isolation and violence.

What are some promising practices?

- In **Switzerland** and **Spain**, persons with disabilities living in institutions were moved out of the institutions to live with their families, where possible.
- In **Canada**, [priority testing guidelines](#) were issued with specific measures for institutional settings.⁷

What are some of the key actions States and other stakeholders can take?

- **Discharge and release persons with disabilities from institutions** and promptly ensure provision of support in the community through family and/or informal networks, and fund support services by public or private service providers.
- **In the interim, prioritise testing and promote preventive measures** within institutions to reduce infection risks by addressing overcrowding, implementing physical distancing measures for residents, modifying visiting hours, mandating use of protective equipment, and improving hygiene conditions.
- **Increase temporarily the resources of institutions** including human resources and financial resources to implement preventive measures.
- **During the emergency period, ensure continued respect of the rights of persons living in institutions** including freedom from exploitation, violence and abuse, non-discrimination, the right to free and informed consent, and access to justice.⁸
- **Recover better by adopting and reinforcing deinstitutionalisation** strategies to close institutions and return people to the community, and strengthening supports and services for persons with disabilities and older persons.

Resources

- [WHO Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19, Interim guidance, 21 March 2020](#)
- [WHO, Disability considerations during the COVID-19 outbreak](#)
- [Statement by regional and international organizations of people with psychosocial disabilities with recommendations in the context of COVID-19 pandemic](#)

3. WHAT IS THE IMPACT OF COVID-19 ON THE RIGHT OF PERSONS WITH DISABILITIES TO LIVE IN THE COMMUNITY?

Persons with disabilities face specific barriers in carrying out their daily lives in the community due to COVID-19 response measures. In particular, stay at home restrictions that do not consider their needs create disruptions and new risks to their autonomy, health and lives.⁹

Many persons with disabilities who rely on others for daily living (through formal support by service providers or informal support by relatives/friends) find themselves without support due to movement restrictions and physical distancing measures. This may leave them at high risk without access to food, essential goods and medicine, and prevented from carrying out basic daily activities such as bathing, cooking, or eating.

Public information on COVID-19 measures is not systematically communicated nor disseminated in accessible formats and means to reach all persons with disabilities (e.g. sign language interpretation, captioning, Easy to Read format, etc).

In addition, some persons with disabilities, such as persons with psychosocial disabilities and autistic persons, might not be able to cope with strict confinement at home. Short and careful outings throughout the day are key for them to cope with the situation.

What are some promising practices?

- **Paraguay**¹⁰ and **Panama**¹¹ have developed systems to ensure that relevant information is provided in accessible formats. In the same vein, the **New Zealand** Ministry of Health has a section of its website dedicated to providing information in accessible formats, including sign language and easy to read.¹² The government of **Mexico** adopted a similar practice.¹³
- In **Argentina**,¹⁴ support persons are exempted from restrictions of movement and physical distancing to provide support to persons with disabilities. Community support networks have developed in **Colombia** and recruit volunteers that support persons with disabilities and older persons with their groceries and other purchases.¹⁵ Also, in **Panama**, in an effort to reduce risks, specific opening hours have been allocated for persons with disabilities and their personal assistants for essential purchases.¹⁶
- The **United Kingdom of Great Britain and Northern Ireland**¹⁷ have relaxed initially strict confinement rules and introduced exceptions to permit autistic persons and other persons with disabilities to go outside. **France** has introduced similar measures.¹⁸

What are some of the key actions States and other stakeholders can take?

- Ensure that **information on COVID-19 related measures is accessible to** persons with disabilities, including through sign language interpretation, captioning, and easy to read formats, among others.
- Ensure that **support persons of persons with disabilities are exempted from stay-at-home restrictions** in order to provide support.
- Promote and coordinate the **development of community support networks**, and ensure the availability of protective materials, equipment and products.
- Consider establishing **opening hours giving priority to** persons with disabilities and their personal assistants in supermarkets, groceries and other essential shops, during stay-at-home/confinement measures.
- **Ensure the provision of reasonable accommodation** to persons with disabilities by refraining from blanket prohibitions of leaving home and imposing fines, and creating exemptions for persons with disabilities to be outside.

Resources

- [WHO, Disability considerations during the COVID-19 outbreak](#)
- [UNPRPD, ILO and others, Disability inclusive social protection response to covid-19 crisis](#)

4. WHAT IS THE IMPACT OF COVID-19 ON WORK, INCOME AND LIVELIHOOD OF PERSONS WITH DISABILITIES?

Persons with disabilities are less likely than others to be employed and when employed, they are more likely to be employed in the informal sector.¹⁹ As a consequence, they have less access to social insurance based on employment than others which decreases their economic resilience in the current COVID-19 context. For those who are employed or self-employed,²⁰ they may be prevented from working from home due to the absence of equipment and support which are available in the workplace, and face increased risks of losing their income and job. In addition, COVID-19 measures may indirectly affect persons with disabilities by preventing family and bread-winners of the household from working, negatively impacting the overall income of the household. The lack of income represents a disproportionate burden on persons with disabilities and their households which typically face extra costs and expenditures related to disability (accessible housing and equipment, assistive devices, specific goods and services, etc), pulling them more rapidly into poverty.

What are some promising practices?

- In response to COVID-19, **Bulgaria, Malta and Lithuania** have increased funding to their social protection systems to expand social support services and cover more beneficiaries, including persons with disabilities.²¹
- In **Argentina and Peru**, persons receiving disability benefits will receive an additional amount in light of the COVID-19 crisis.²² **France** announced a similar measure favouring beneficiaries of the disability allowance,²³ and **Tunisia's** emergency plan includes cash transfers for low income households, persons with disabilities and homeless people.²⁴
- The **United States of America**²⁵ has established tax relief programs that may contribute to alleviate the financial situation of persons with disabilities in this context.

What are some of the key actions States and other stakeholders can take?

- Provide **financial aid for persons with disabilities without any income** (e.g. lump sum payments; tax relief measures, subsidisation of goods, etc.).
- **Increase existing disability benefits**, including through advancing payments to cover extra costs.
- **Extend automatically** any soon-to-expire disability related entitlements.
- Provide **financial compensation** for self-employed persons with disabilities who find their income reduced.
- Implement **financial assistance programmes** for persons who stop working to support or to prevent contamination of their family member(s) with disabilities and who are not covered by unemployment or sickness benefits.
- Provide **financial support, including through tax credits, to employers** of persons with disabilities to provide equipment required for teleworking.
- Ensure that **food provision schemes include** persons with disabilities and are responsive to their needs, including logistical measures to deliver food at their houses.

Resources

- [ILO, No one left behind, not now, not ever Persons with disabilities in the COVID-19 response](#)
- [UNPRPD, ILO and others, Disability inclusive social protection response to COVID-19 crisis](#)
- [International Monetary Fund, Policy responses to COVID-19](#)

5. WHAT IS THE IMPACT OF COVID-19 ON THE RIGHT TO EDUCATION OF PERSONS WITH DISABILITIES?

Persons with disabilities are less likely than others to complete education, and more likely to be excluded altogether from schooling.²⁶ Because of COVID-19, most States have temporarily closed education institutions²⁷ affecting all students, including students with disabilities. To reduce the impact of disruption in education, some States are adopting remote learning practices. In these cases, however, students with disabilities are facing barriers on account of the absence of required equipment, access to internet, accessible materials and support necessary to permit them to follow online school programs. As a result, many students with disabilities are being left behind, particularly students with intellectual disabilities.

Furthermore, students with disabilities are also negatively affected by other dimensions of school closures, including access to school meals and opportunities to engage in play and sports with their peers.

What are some promising practices?

- The **United States of America** issued a guidance document on the federal legislation applicable, the Individual with Disabilities Act.²⁸
- **Ecuador** issued recommendations for teachers on supporting the education of children who need to remain isolated at home.²⁹
- The **United Kingdom of Great Britain and Northern Ireland** disseminated information and established systems to support parents and caregivers to guide them on how to face competing responsibilities while at home and to better support the educational process of children with disabilities.³⁰

What are some of the key actions States and other stakeholders can take?

- **Provide clear guidance** to education and school authorities on the scope of their obligations and the variety of available resources when providing education outside schools.
- **Ensure access to Internet for remote learning and ensure that software is accessible** to persons with disabilities, including through the provision of assistive devices and reasonable accommodation.
- **Provide guidance, training and support for teachers** on inclusive education through remote learning.
- **Establish close coordination** with parents and caregivers for early education of children with disabilities.
- **Provide guidance and distance support for parents and caregivers** to assist in setting up equipment and to support the education program of their children with disabilities.
- **Develop accessible and adapted materials** for students with disabilities, to support remote learning.
- **Develop accessible educational audio-visual materials** to disseminate through different media (e.g. online on demand, televised educational programs, etc.)

Resources

- [CRC Committee Statement on the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children](#)
- [UNICEF, COVID-19 response: Considerations for Children and Adults with Disabilities](#)
- [UNESCO, Website on COVID-19 response](#)

6. WHAT IS THE IMPACT OF COVID-19 ON THE RIGHT OF PERSONS WITH DISABILITIES TO PROTECTION FROM VIOLENCE?

Persons with disabilities are at higher risk of violence, particularly when isolated. Women and girls with disabilities face higher rates of gender, sexual, intimate partner and domestic violence.³¹ Women and girls with disabilities not only face higher risks of violence compared to other women, they also experience higher levels of violence than men with disabilities.³² While information on disability and gender based violence in the context of COVID-19 is not currently available, experience shows that in similar circumstances, people with disabilities are particularly at risk.³³

Reporting and access to domestic violence services and assistance are particularly challenging for persons with disabilities, as these services commonly do not include and are not accessible for persons with disabilities. Hotlines are often not equipped with interpretation services for deaf and deafblind persons, and emergency shelters and services are not prepared to meet the needs of persons with disabilities.

What are some promising practices?

In **Peru**, guidelines were issued for local governments to reach out to persons with disabilities by phone, during the crises, and in person after the emergency is lifted, indicating the duty to report situations of violence to the authorities.³⁴ Other than this, OHCHR could not identify new promising practices in this area, which elevates the level of concern. Several countries continue to provide accessible hotlines, assistance and reporting including texting, relay and video phone services for deaf persons.³⁵ Some good practices are identified in the resources listed below.

What are some of the key actions States and other stakeholders can take?

- **Ensure that reporting mechanisms, hotlines, emergency shelters and other forms of assistance are accessible to and include persons with disabilities.**
- **Carry out monitoring** of the situation of persons with disabilities, particularly those living in isolation, by engaging in proactive outreach including through community and voluntary networks.
- **Raise awareness and provide training** about the risk of violence faced by persons with disabilities, in particular women and girls with disabilities, and promote support networks including fostering peer support.

Resources

- [UNFPA, Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities](#)
- [Sustaining Services for Survivors with Disabilities During COVID-19](#)

7. WHAT IS THE IMPACT OF COVID-19 ON THE SPECIFIC POPULATION GROUPS IN WHICH PERSONS WITH DISABILITIES ARE OVERREPRESENTED: PRISONERS WITH DISABILITIES AND THOSE WITHOUT ADEQUATE HOUSING?

a. PRISONERS WITH DISABILITIES

Persons with disabilities are overrepresented among the prison population,³⁶ in particular persons with psychosocial disabilities and persons with intellectual disabilities. They are at heightened risk of infection due to the high risk of infection in crowded and unhygienic conditions where physical distancing is not possible. In particular, many prisoners

with disabilities depend on the informal support of their peers to access food, move around and bathe, and prison health services are generally inadequate to meet their needs.

These challenges are experienced not only by persons with disabilities in prison and pre-trial detention within the criminal justice and penitentiary systems, but also those who are currently under any form of administrative or other detention, including migrants with disabilities in immigration detention.

What are some promising practices?

- In the **United Kingdom of Great Britain and Northern Ireland**, prisoners with less than two months to complete their sentence are being released.³⁷ In the **United States of America**, several States have released, or are in the process of releasing prisoners.³⁸ Similar release of prisoners have taken place in **Iran, Turkey and Indonesia**. In **Colombia**, persons with disabilities who have functional restrictions that prevent them from autonomously implementing protection measures are included among the beneficiaries of early release.³⁹ Similarly, in **Argentina** the Supreme Court and the Criminal Appeal court identified persons with disabilities as beneficiaries of prison release efforts.⁴⁰ In **Brazil**, the National Justice Council, issued a recommendation to review, reassess, and release prisoners with disabilities, including those in the juvenile criminal system.⁴¹

What are some of the key actions States and other stakeholders can take?

- **Reduce the prison population by releasing at-risk groups of prisoners, including persons with disabilities, applying early release and probation or shortening or commuting sentences and reducing the use of pre-trial detention**, and promptly ensure provision of support in the community through family and/or informal networks and funding support services by public or private service providers.
- **Implement preventive measures** within prisons to reduce infection risks including by identifying prisoners with disabilities and ensuring their access to support, food, water and sanitation; applying isolation and physical distancing measures, requiring use of protective equipment, and improving hygiene conditions.

Resources

- [WHO, Prevention and control of COVID-19 in prisons and other places of detention](#)
- [UN Inter Agency Standing Committee, COVID-19: focus on persons deprived of their liberty](#)

b. PERSONS WITH DISABILITIES WITHOUT ADEQUATE HOUSING

Persons with disabilities, particularly those with psychosocial and intellectual disabilities are also over represented among the poorest populations. Homeless persons with disabilities and those living in emergency shelters and informal settlements are particularly vulnerable to contracting COVID-19 on account of overcrowded living conditions, lack of access to water and sanitation, and due to their pre-existing health conditions.

The COVID-19 emergency has pushed homeless persons, including those with disabilities, to seek shelter and support, overcrowding emergency shelters and spreading the virus. People who cannot comply with physical distancing due to their living arrangements are also in a disadvantaged situation.

What are some promising practices?

- In the **United States of America**, homelessness response has been implemented through [specific guidelines](#) that include a disability dimension on communication.

- In **Chile**, the government announced reinforcing its engagement on the street to provide health services to homeless persons.
- In **Argentina**, over 1,000 beds were installed in a large facility to provide emergency shelter to those who may require physical distancing without high medical requirements.

What are some of the key actions States and other stakeholders can take?

- **Ensure that homeless persons with disabilities are treated with dignity and respect**, and that first responders receive **training and guidance** on communication to avoid violent situations.
- **Avoid forced displacement of informal settlements**, as this can serve to accelerate the spread of the virus. Treat homeless persons with disabilities where they live and offer safe accessible shelter where available.
- **Explore different shelter options that provide physical distancing**, including rental properties, hotels, conference centres and stadiums, with adequate sanitation and proper living conditions.
- **Provide sanitation services on the streets**, including water, soap, sinks, and other resources to ensure that water and sanitation is available.

Resources

- [UN Special Rapporteur on the right to adequate housing, COVID-19 Guidance: Protection for those living in homelessness](#)
- [UN Special Rapporteur on the right to adequate housing, COVID-19 Guidance: Protecting residents of informal settlements](#)

RESOURCES – GENERAL

- [CRPD Committee and Special Envoy of the UN Secretary-General on Disability and Accessibility, Joint Statement: Persons with Disabilities and COVID-19](#)
- [International Disability Alliance, COVID-19 and the disability movement](#)
- International Disability and Development Consortium: [Repository of resources of disability inclusion and COVID-19](#)
- ILO, No one left behind, not now, not ever: Persons with disabilities in the COVID-19 response
- [Regional and international organizations of people with psychosocial disabilities, Statement on COVID19 and persons with psychosocial disabilities with recommendations](#)
- [UN working to ensure vulnerable groups not left behind in COVID-19 response](#)
- UN ESCAP: [Ensuring Disability Rights and Inclusion in the Response to Covid-19](#)
- [UN Inter Agency Standing Committee, COVID-19: focus on persons deprived of their liberty](#)
- [UNPRPD, ILO and others, Disability inclusive social protection response to COVID-19 crisis](#)
- UN Special Rapporteurs and independent experts, [No exceptions with COVID-19: “Everyone has the right to life-saving interventions”](#)
- [UN Special Rapporteur on the rights of persons with disabilities, COVID-19: Who is protecting people with disabilities?](#)
- [UNFPA, Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities](#)
- [UNICEF, COVID-19: Considerations for Children and Adults with Disabilities](#)
- [WHO, Disability considerations during the COVID-19 outbreak](#)
- [WHO, Infection Prevention and Control guidance for Long-Term Care Facilities in the context of COVID-19, Interim guidance, 21 March 2020](#)
- [WHO, Prevention and control of COVID-19 in prisons and other places of detention](#)

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- ¹ See <http://www.sanita.sm/on-line/home/bioetica/comitato-sammarinese-di-bioetica/documents-in-english/documento2116023.html>.
- ² See <https://www.hhs.gov/sites/default/files/ocr-bulletin-3-28-20.pdf>.
- ³ See <https://www.khaleejtimes.com/coronavirus-pandemic/combating-coronavirus-uae-launches-home-testing-programme-for-people-of-determination>
- ⁴ See https://www.facebook.com/pg/chrgovph/photos/?tab=album&album_id=2681151298668065&_tn=-UC-R
- ⁵ See <https://www.canada.ca/en/employment-social-development/news/2020/04/background-2020-covid-19-disability-advisory-group.html>
- ⁶ Adelina Comas-Herrera and Joseba Zalakain, "Mortality associated with COVID-19 outbreaks in care homes: early international evidence", International Long term care policy network, 12 April 2020, p 5.
- ⁷ See http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_covid_testing_guidance.pdf
- ⁸ Statement by regional and international organizations of people with psychosocial disabilities with recommendations in the context of COVID-19 pandemic, at https://dkmedia.s3.amazonaws.com/AA/AG/chrup-biz/downloads/357738/COVID19-and-persons-with-psychosocial-disabilities-final_version.pdf
- ⁹ At the beginning of the outbreak in China, a 16-year old adolescent with cerebral palsy died because his family members were isolated leaving him behind with no support.
- ¹⁰ Paraguay's Disability Focal Point (SENADIS) launched [its use of social media](#) to provide information in sign language, promoting access by the deaf community.
- ¹¹ See SENADIS, Panamá toma medidas para la inclusión de las personas con discapacidad frente al covid-19, 3.1.
- ¹² See <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-resources/covid-19-novel-coronavirus-new-zealand-sign-language>
- ¹³ See <https://coronavirus.gob.mx>.
- ¹⁴ Argentina, [Decree 297/2020](#), Article 6.5.
- ¹⁵ Such practice is promoted by States, such as Colombia (see <https://www.minsalud.gov.co/sites/rid/Lists/BibliotecaDigital/RIDE/DE/PS/asif13-personas-con-discapacidad.covid-19.pdf>)
- ¹⁶ See SENADIS, *Panamá toma medidas para la inclusión de las personas con discapacidad frente al covid-19*, 3.3.
- ¹⁷ See United Kingdom of Great Britain and Northern Ireland, [Coronavirus outbreak FAQs: what you can and can't do](#), section 15.
- ¹⁸ See Secrétariat d'Etat auprès du Premier Ministre chargé des personnes handicapées, at <https://handicap.gouv.fr/autisme-et-troubles-du-neuro-developpement/infos-speciales-coronavirus/article/information-covid-19-et-confinement>
- ¹⁹ See OECD, *Sickness, Disability and Work. Breaking the barriers*, page 23, indicating that persons with disabilities present higher rates of inactivity compared to others: 49% to 20%, respectively.
- ²⁰ See, UNDESA, *Disability and Development Report*, page 157, Figure II.81, indicating that persons with disabilities are 9% more represented among the self-employed (Data on 19 countries)
- ²¹ Bulgaria, [State Gazette, 24 March 2020](#), Art.12; IMF, Policy responses to COVID-19, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#T>
- ²² See <https://www.argentina.gob.ar/noticias/bono-extraordinario-para-las-personas-con-discapacidad-que-cobran-pensiones-no>
- ²³ See <https://informations.handicap.fr/a-prime-solidaire-aah-covid-12818.php>
- ²⁴ IMF, Policy responses to COVID-19, <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#T>
- ²⁵ See <https://www.benefits.gov/benefit/945>
- ²⁶ E.g. for primary school, completion rate of persons with disabilities is 56% compared to 73% for others.
- ²⁷ UNESCO estimates that closures are impacting over 91% of the world's student population. See <https://en.unesco.org/covid19/educationresponse>
- ²⁸ See USA, Department of Education, [Questions and answers on providing services to children with disabilities during the coronavirus disease 2019 outbreak](#), March 2020.
- ²⁹ See <https://educacion.gob.ec/wp-content/uploads/downloads/2020/03/Anexo-2-RECOMENDACIONES-A-LOS-DOCENTES-PARA-BRINDAR-APOYO-PEDAGÓGICO-A-LOS-ESTUDIANTES-EN-AISLAMIENTO-EN-FUNCIÓN-DE-PREVENIR-POSIBLES-CONTAGIOS-POR-ENFERMEDADES-RESPIRATORIAS.pdf>
- ³⁰ See United Kingdom, <https://www.gov.uk/guidance/supporting-your-childrens-education-during-coronavirus-covid-19>. See also, <https://www.gov.uk/guidance/help-children-with-send-continue-their-education-during-coronavirus-covid-19>
- ³¹ World Health Organization, *COVID-19 and violence against women What the health sector/system can do*, at <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>
- ³² UNDESA, *Disability and Development Report*, pp. 7, 16, 113-115, 249-252, at <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>; Special Rapporteur on the rights of persons with disabilities, A/72/133, para 35.
- ³³ Emma Pearce, *Disability Considerations in GBV Programming during the COVID-19 Pandemic*, at https://gbvaor.net/sites/default/files/2020-03/Disability%20Considerations%20in%20GBV%20programming%20during%20COVID_Helpdesk.pdf
- ³⁴ Peru, Ministerio de Desarrollo e Inclusión Social, *Resolución Viceministerial N° 001-2020-MIDIS/VMPES*, 24 April 2020, at <https://www.gob.pe/institucion/midis/normas-legales/484313-001-2020-midis-vmpes>
- ³⁵ Australia's National sexual assault, domestic and family violence counselling service <https://www.1800respect.org.au/accessibility/>; UK's Coronavirus (COVID-19): support for victims of domestic abuse <https://www.gov.uk/government/publications/coronavirus-covid-19-and-domestic-abuse/coronavirus-covid-19-support-for-victims-of-domestic-abuse#disability-specialist-services>
- ³⁶ Penal Reform International, *Global Prison Trends 2020*, at <https://cdn.penalreform.org/wp-content/uploads/2020/04/Global-Prison-Trends-2020-Penal-Reform-International.pdf>

³⁷ Guidance: Coronavirus (COVID-19) and prisons, at <https://www.gov.uk/guidance/coronavirus-covid-19-and-prisons>

³⁸ <https://www.prisonpolicy.org/virus/virusresponse.html>

³⁹ Colombia, Decreto legislativo 546, 14 April 2020, at

<https://dapre.presidencia.gov.co/normativa/normativa/DECRETO%20546%20DEL%2014%20DE%20ABRIL%20DE%202020.pdf>

⁴⁰ Argentina, National Supreme Court of Justice, *Acordada 10/2020*, and complementary regulation, Federal Court of Criminal Appeal, *Acordada 9/2020*, at <https://cnpt.gob.ar/wp-content/uploads/2020/04/Acordada-9.20-CFCP.pdf>

⁴¹ Brazil, National Justice Council, recommendation 62, 17 March 2020, at <https://www.cnj.jus.br/wp-content/uploads/2020/03/62-Recomenda%C3%A7%C3%A3o.pdf>.