The COVID-19 response must be disability inclusive

There are more than 1 billion people living with disabilities (PLWD) worldwide. The coronavirus disease 2019 (COVID-19) pandemic is likely to disproportionately affect these individuals, putting them at risk of increased morbidity and mortality, underscoring the urgent need to improve provision of health care for this group and maintain the global health commitment to achieving Universal Health Coverage (UHC).[1]

PLWD, including physical, mental, intellectual, or sensory disabilities, are less likely to access health services, and more likely to experience greater health needs, worse outcomes, and discriminatory laws and stigma.[2] COVID-19 threatens to exacerbate these disparities, particularly in low-income and middle-income countries, where 80% of PLWD reside, and capacity to respond to COVID-19 is limited.[3,4] Preparedness and response planning must be inclusive of and accessible to PLWD, recognising and addressing three key barriers.

First, PLWD might have inequities in access to public health messaging. All communication should be disseminated in plain language and across accessible formats, through mass and digital media channels. Additionally, strategies for vital in-person communication must be safe and accessible, such as sign language interpreters and wearing of transparent masks by health-care providers to allow lip reading.

Second, measures such as physical distancing or self-isolation might disrupt service provision for PLWD, who often rely on assistance for delivery of food, medication, and personal care. Mitigation strategies should not lead to the segregation or institutionalisation of these individuals. Instead, protective measures should be prioritised for these communities, so care workers and family members can continue to safely support PLWD, who should also be enabled to meet their daily living, health care, and transport needs, and maintain their employment and educational commitments.

Third, PLWD might be at increased risk of severe acute respiratory syndrome coronavirus 2 infection or severe disease because of existing comorbidities, and might face additional barriers to health care during the pandemic.[2] Health-care staff should be provided with rapid awareness training on the rights and diverse needs of this group to maintain their dignity, safeguard against discrimination, and prevent inequities in care provision.

COVID-19 mitigation strategies must be inclusive of PLWD to ensure they maintain respect for "dignity, human rights and fundamental freedoms,"[5] and avoid widening existing disparities. This necessitates accelerating efforts to include these groups in preparedness and response planning, and requires diligence, creativity, and innovative thinking, to preserve our commitment to UHC, and ensure people living with disabilities are not forgotten.

We declare no competing interests.

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1 Kuper H, Heydt P. The mission billion: access to health services for 1 billion people with disabilities. London School of Hygiene & Tropical Medicine, 2019. https://www.lshtm.ac.uk/TheMissingBillion (accessed March 22, 2020).

2 UN News. Preventing discrimination against people with disabilities in COVID-19 response. *UN News*, March 19, 2020. https://news.un.org/en/story/2020/03/1059762 (accessed March 22, 2020).

3 The Lancet. Prioritising disability in universal health coverage. *Lancet* 2019; **394:** 187.

4 Global Health Security Index. 2019. https://www.ghsindex.org (accessed March 22, 2020).

5 Human Rights Watch. Human rights dimensions of COVID-19 response. *Human Rights Watch*, March 19, 2020. https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response#_Toc35446586 (accessed March 22, 2020).

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