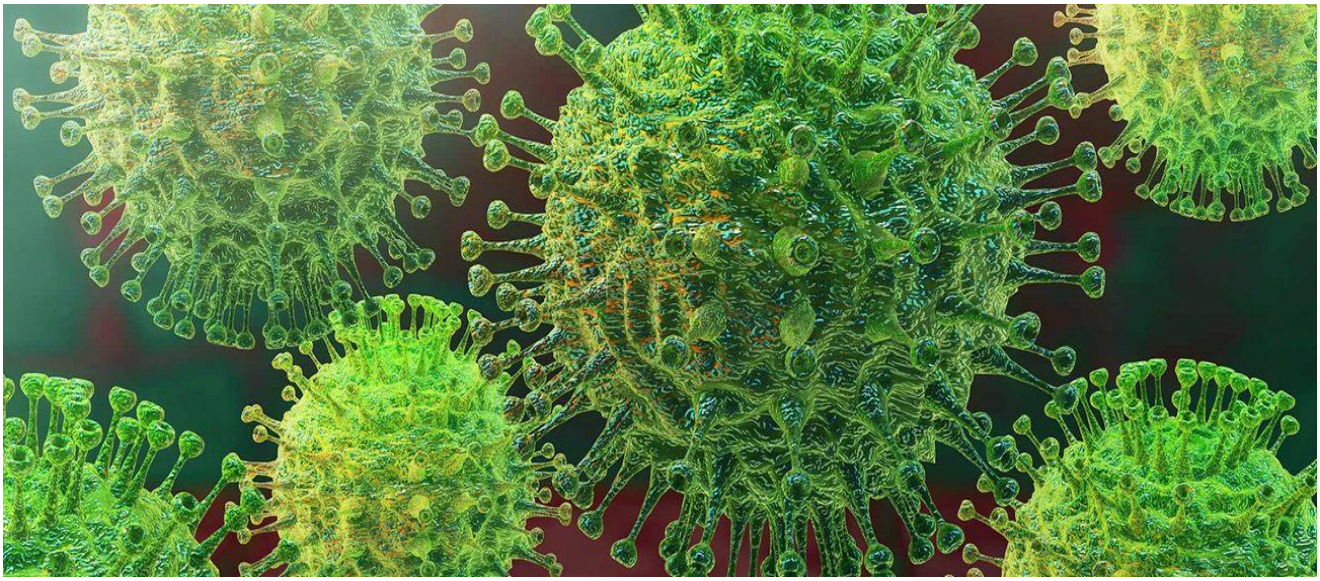
Leave no one behind during the coronavirus outbreak in Ghana



This briefing note outlines the challenges of the coronavirus (COVID-19) for people with disabilities, including people with mental health and/or psychosocial disabilities, as well as recommendations to support the Government of Ghana's commitment to 'Leave No One Behind' in their implementation of the Sustainable Development Goals (SDGs), and their commitments at the Global Disability Summit.

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Background

In Ghana, 20% of the population is estimated to have some type of impairment that causes a barrier to the full enjoyment of their rights i.e. disability[i], and 10% experience mental health conditions[ii]. People with disabilities tend to be poorer and more disadvantaged than their non-disabled peers in terms of access to education, healthcare, employment, income, justice, social support and civic involvement. Barriers to inclusion include discriminatory attitudes, inaccessible environments, institutional barriers, lack of budget provision and human resources, and inadequate data, statistics and evidence to inform government decision and policy makers, and civil society advocacy groups[iii].

"State parties shall take, in accordance with their obligations under international law, including international humanitarian law and international human rights law, all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters"

Article 11, United Nations Convention on the Rights of Persons with Disabilities

During public health epidemics, natural disasters and other emergencies, evidence demonstrates that the requirements of people with disabilities, including people with mental health and/or psychosocial disabilities, are disproportionately affected by emergencies[iv] because they can be more at risk, neglected,[v] forgotten, and face barriers to accessing information and services. For that reason, it is essential to ensure the inclusion of people with disabilities, including people with mental health and/or psychosocial disabilities, and their representative organisations, during crisis planning. They are best placed to identify and offset specific risks from government mitigation and containment measures, such as physical distancing or lockdown. Their inclusion will also help guarantee the best approach in ensuring access to essential services and care.

The challenges of an unprecedented pandemic

People with disabilities, including people with mental health and/or psychosocial disabilities, do not generally have an increased risk of acquiring the coronavirus, however, a subsection of people with disabilities, including people with mental health and/or psychosocial disabilities, may have underlying health conditions which may make them susceptible to acquiring the virus, and potentially making them very unwell.

As governments around the world implement more restrictive measures to contain the spread of the coronavirus pandemic, such as physical distancing, self-isolation, or the lockdown of entire towns and countries, steps need to be taken to reduce the disproportionally negative impact they may have on people with disabilities, including people with mental health and/or psychosocial disabilities, and ensure they don't amplify existing barriers. Some of these immediate negative consequences of measures to contain the coronavirus can be:

Limited access to information through their usual channels:[vi] During crises, communication and information dissemination are usually directed towards a general public, with no specific consideration for the means by which groups with specific communication barriers acquire information. This means that people with disabilities, including people with mental health and/or psychosocial disabilities, are likely to face barriers to information and mass communication about preventative hygiene or other measures to prevent transmission of the coronavirus. They may also face barriers to information about possible scams or false or misinformation.

Challenges in following preventive and protective measures: People with disabilities, including people with mental health and/or psychosocial disabilities, may not be able to easily self-isolate or put in place additional hygiene measures to protect themselves as they may depend on others for assistance. Without adequate protective measures, caregivers may not be able to provide care and support safely.

Increased economic and health constraints: Control measures can lead to shortages and higher prices of food and essential medicines. People with disabilities, including people with mental health and/or psychosocial disabilities, may be less able to maintain their level of supplies while others panic buy and stockpile[vii]. People with disabilities, including people with mental health and/or psychosocial disabilities, and their families and carers are also more likely to be negatively impacted by restrictive economic measures, loss of employment, limited access to safety nets and social protection initiatives.

"Many people with disabilities depend on services that have been suspended and may not have enough money to stockpile food and medicine, or afford the extra cost of home deliveries."

Catalina Devandas, UN Special Rapporteur on the Rights of

Disruption to care and community services because of movement restrictions and the redeployment of the health workforce to respond to the emergency. This can lead to increased risk of neglect and inadequate care for people with disabilities, including people with mental health and/or psychosocial disabilities. In some situations, this may lead to death when caregivers have been quarantined[viii] or if there is inappropriate institutionalisation, or abandonment of people in residential and institutional care homes[ix].

Barriers to accessing testing and treatment sites: For example, whether coronavirus case management centres are accessible. In some centres, they are not equipped to

manage people with disabilities, including people with mental health and/or psychosocial disabilities, on an equal basis with others, because information about treatment is not delivered in an inclusive or accessible manner. In addition, some medical staff may not have received training about the specific requirements of people with mental health and/or psychosocial disabilities, for example, how to mitigate stress and agitation.

Enhanced risks in institutions: For example, where people are living in close proximity to each other, such as in residential care homes or psychiatric hospitals, where the coronavirus can spread rapidly[x].

Increased prejudice, negative stereotyping and discrimination against people with disabilities, including people with mental health and/or psychosocial disabilities. As deaths from COVID-19 are associated in the media with people with underlying health conditions, people risk becoming associated with the coronavirus and/or being perceived as spreaders. Additionally, if death from the COVID-19 is perceived as inevitable, then there is a risk that people with disabilities, including people with mental health and/or psychosocial disabilities, receive care that is not on an equal basis with others[xi]. Health systems in many countries are working at full capacity to respond to the pandemic, and hospitals may be required to develop triage processes to decide who should be prioritised to access intensive care units and ventilators. Protocols developed in various countries stress priority mechanisms based on age and years of life left, and some actively discriminate against people with disabilities, including people with mental health conditions and/or psychosocial disabilities[xii].

Increased stress and anxiety [xiii] for the population, particularly for people with mental health and/or psychosocial disabilities and their families and carers[xiv].

What can we do differently to ensure we Leave No One Behind?

Health crises, such as epidemics and pandemics, represent a shock for health systems and communities that have a lasting impact beyond the duration of the outbreak. Options and consortium partners have decades of experience in coordinating response efforts among governments and local and international partners, strengthening and increasing the resilience of health systems and using evidence to monitor a crisis as it evolves, identify gaps and required actions to address these.

The ONE programme, led by Options, will be working alongside our partners to make sure no one is left behind in Ghana during the coronavirus outbreak. This includes:

Working with people with disabilities, including people with mental health and/or psychosocial disabilities, and their representative organisations across all aspects of the coronavirus response

- The UN advises that it is critical to meaningfully engage with people with disabilities, including people with mental health and/or psychosocial disabilities, in all disaster response planning stages. This includes setting up inclusive and accessible accountability mechanisms, building on existing social protection mechanisms, and ensuring that any emergency legislation does not discriminate against or violate the rights of people with disabilities, including people with mental health and/or psychosocial disabilities[xv].

Improving accessible communication

- Ensuring messages on the coronavirus[xvi] reach people with disabilities, including people with mental health and/or psychosocial disabilities and their caregivers by, for example,

publishing spoken and written communications on the outbreak in multiple languages, including sign language, suitable for people with low or no literacy, and in plain language to maximise understanding. Information should, for example, also include details on how and where people with disabilities, including people with mental health and/or psychosocial disabilities, can access care.

- Community based organisations and local leaders can be strong allies helping to increase reach, alongside Disabled People's Organisations and Self Help Groups.
- Options' experience indicates that effective and inclusive communication campaigns help to improve trust both in government and health workers. This is important when it comes to following preventative and containment measures.

Mitigating economic and social impacts

- Work with the private sector (businesses, retailers, health providers, etc.) as well as community organisations to ensure special provisions are put in place to support people with disabilities, including people with mental health and/or psychosocial disabilities, to access basic necessities such as food, medicines and medical supplies, water and sanitation. This could include price controls on necessities like soap and hand sanitiser.
- Where food distribution programmes are used, World Food Programme recommends supporting people with disabilities to access the front of the line, or hiring porters to deliver food[xvii].
- Another example is Ireland's plan to 'cocoon' older and disabled people, and shield them from exposure while ensuring that food and care is provided[xviii]. In other countries communities are leading on this[xix]. Canadian citizens have also started a 'caremongering' trend as an antidote to the fear brought on by worrisome headlines and to encourage communities to be more supportive of each other[xx]. Elsewhere, governments are working with communities to put in place 'leave no one behind' plans[xxi].
- Authorities must put in place financial measures to support persons with disabilities, including people with mental health and/or psychosocial disabilities, and their families and carers, such as tax relief measures, lump sum payments, support to work from home, and safety nets to secure incomes.

Addressing disruptions to care and community services

- Any outbreak response should be based on a rapid assessment of the requirements of people with disabilities, including people with mental health and/or psychosocial disabilities, and their resources. This could include a review of people with immediate need for assistance to ensure their access to goods and services. This rapid assessment should inform a disability and mental health strategy for COVID-19 cases, survivors, contacts (particularly those in isolation), family members, and frontline workers and the broader community[xxii]. The experience of Ebola in other African countries can help to prepare for the coronavirus disease[xxiii].
- If a caregiver is quarantined, arrangements must be made to guarantee continued provision of support to the person receiving assistance.

Improving access to testing and treatment

- Developing a functioning referral system for people with disabilities, including people with mental health and/or psychosocial disabilities, which is cross-sectoral, and that all actors that are part of the outbreak response are aware of and use such a system[xxiv].
- Training staff to respond to the requirements of people with disabilities, including people with mental health and/or psychosocial disabilities during the epidemic is also important in terms of building trust and ensuring continuity of care.

- Ensure triage protocols to access Intensive Care Units, ventilators and other medical services and equipment do not violate the human rights of people with disabilities, including people with mental health and/or psychosocial disabilities. UN human rights treaty bodies have issued a joint statement on the need to avoid discrimination[xxv].
- Ensure collected data is disaggregated by sex, age and disability and is available when compiling information: include differentiated infection rates, information on barriers faced by women and girls with disabilities when accessing available support, and the rates of domestic and sexual violence.

Implementing enhanced care in institutions

- Putting in place enhanced testing programmes for people with disabilities, including people with mental health and/or psychosocial disabilities who reside in institutions as well as providing resources for regular deep cleaning and ensuring staff are assigned to specific institutions and not moved between sites.
- Isolation and treatment resources are recommended on site, and staff should be supplied with personal protective equipment and adequately trained, including in rights-based approaches.
- Efforts must be made to support the social connectedness[xxvi] of people in institutions who may be in isolation or quarantine.

Taking actions to provide equal access to treatment

- This could include the dissemination of public messages that all citizens, including people with disabilities, and people with mental health and/or psychosocial disabilities, have an equal right to care and treatment.
- Actions could also include stringent measures to address discrimination or scapegoating of people with disabilities, including mental health and/or psychosocial disabilities by the general public, media, politicians, local leaders or healthcare professionals.

Developing accessible psychosocial support systems

- Ensuring systems are put in place to support potential anxiety resulting from the coronavirus containment measures on people with disabilities, including people with mental health and/or psychosocial disabilities[xxvii].

Call to action

As delay and emergency measures are applied, it is critical to ensure that governments leave no one behind and take “great care to protect people most at risk or neglected in society, both medically and economically"[xxviii].

The ONE programme can support the Government of Ghana to ensure that all relevant stakeholders work in partnership with people with disabilities, including people with mental health and/or psychosocial disabilities, and their representative organisations, to ensure that their voice and meaningful participation are included in responses to the coronavirus outbreak.

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