



Australian **Disability+Development** Consortium

Submission to the Joint Standing Committee on
Foreign Affairs, Defence and Trade - Foreign
Affairs and Aid Sub-Committee:

*Inquiry into the implications of the COVID-19
pandemic for Australia's foreign affairs, defence
and trade*

June 2020

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Introduction

The COVID-19 pandemic has changed life as we know it and poses particular challenges and threats to the security, quality of life and economic stability of our neighbours in the Pacific and Asia.

This has direct implication on the work of the Department of Foreign Affairs and Trade (DFAT) in promoting resilience, stability and prosperity in the Asia-Pacific region. The United Nations University's World Institute for Development Economics Research has suggested that poverty levels in developing countries could be set back by up to 30 years due to the pandemic, pushing up to half a billion people into poverty.¹ This poses a significant threat to Australia's national interests as set out in the *2017 Foreign Policy White Paper* including ensuring sustainable economic growth and poverty reduction in our region.²

The Australian Disability and Development Consortium (ADDC) is a network of over 600 members including Australian development agencies, managing contractors, academic institutions and disabled people's organisations³ acting as a collective voice calling for the inclusion of people with disabilities across the Australian international development sector. We welcome the opportunity to provide insight and recommendations on the implications of the COVID-19 pandemic for Australia's foreign affairs, defence and trade. Given our purpose and expertise, we will particularly focus on the implications of COVID-19 on the human rights of people with disabilities in developing countries in which DFAT undertakes and funds development assistance. DFAT's *'Partnerships for Recovery: Australia's COVID-19 Development Response'* Strategy highlights that Australia's international development response to COVID-19 will specifically prioritise the most vulnerable people, including people with disabilities.⁴

People with disabilities are highly vulnerable during this pandemic for a range of reasons:

¹ Sumner, A., Hoy, C. & Ortiz-Juarez, E. (2020) Estimates of the impact of COVID-19 on global poverty. WIDER Working Paper 2020/43, available from <https://www.wider.unu.edu/publication/estimates-impact-covid-19-global-poverty>

² Australian Government (2017) *2017 Foreign Policy White Paper*, p. 90, available from <https://www.fpwhitepaper.gov.au/foreign-policy-white-paper>

³ Australian Disability and Development Consortium (2019) *Who we are*, available from <https://www.addc.org.au/who-we-are/executive-committee/>

⁴ Australian Government Department of Foreign Affairs and Trade (2020) *Partnerships for Recovery: Australia's COVID-19 Development Response*, available from <https://www.dfat.gov.au/publications/aid/partnerships-recovery-australias-covid-19-development-response> p. 1.

- a) Many people with disabilities have pre-existing health conditions which put them at a higher risk of illness and death due to COVID-19.
- b) Many COVID-19 response measures may themselves carry significant risks for people with disabilities. For example, social distancing or quarantine may prevent people with disabilities from receiving the support they require for everyday activities, such as caring for themselves, communicating or accessing basic necessities. Continuing to receive these services also increases people with disabilities' risk of being infected.
- c) People with disabilities are more likely to be living in poverty than their peers. This increases their likelihood of experiencing issues regarding crowded living arrangements, accessing adequate water, sanitation and hygiene services, and being able to afford medical assistance and medication.
- d) People with disabilities will encounter barriers in receiving adequate and timely public safety information about COVID-19 and government and community responses and initiatives, unless these are designed to be inclusive.

DFAT is committed to inclusion of people with disabilities throughout its work. Australia's *2017 Foreign Policy White Paper* included an overarching commitment to inclusion, with explicit reference made to people with disabilities in relation to 'promoting disability inclusive development', '[focusing] strongly on protection efforts for... people with disabilities', and '[promoting] the rights of people with disabilities'.⁵

Australia is recognised as a world leader in disability inclusive development, and has done significant work to bring disability inclusion into humanitarian action. We are also uniquely placed to strongly influence the COVID-19 response in our region. As such, Australia has a vital, life-saving role to play to advocate for disability inclusive measures throughout COVID-19 response work in developing countries, and advise on how this could be achieved.

"Nothing about is without us" - the slogan of the disability movement - is central to the way DFAT operates. DFAT for years has partnered with representative organisations of persons with disabilities who are now playing the first responders role with respect to persons with disabilities and COVID-19. Many DPOs have had to make 'the COVID pivot' with DFAT and other donor funds and therefore are well positioned and critical in supporting the strategic, programmatic and practical responses required for an inclusive and accessible DFAT COVID response.

This submission's discussion outlines **how the human rights of people with disabilities have been affected by the COVID-19 pandemic**, in accordance with third dot point of the Terms of Reference for this Inquiry. As Australia's Foreign Policy White Paper explains, 'Human rights underpin peace and prosperity'⁶ and 'Societies that protect human rights and gender equality are much more likely to be productive and stable.'⁷ It is in Australia's foreign policy mandate and national interests to protect and address the violations of people with disabilities' human rights outlined in this submissions' discussion.

In order to effectively and inclusively address these human rights, **we make the following recommendations for DFAT to incorporate into its COVID-19 response work.**

These will not only work to **address people with disabilities' human rights**, but also lead to **more effective COVID-19 responses**, and **retain Australia's leadership in disability inclusion** throughout our international development work.

⁵ Australian Government (2017) *2017 Foreign Policy White Paper*, pp. 89, 93-94.

⁶ As above, p. 88.

⁷ As above, p. 32.

Recommendations

In order to address the additional barriers to human rights being experienced by people with disabilities in developing countries during this time, we recommend that the Australian Government:

1. Requires that all DFAT-funded procurement and response work regarding the COVID-19 pandemic **specifically addresses the inclusion of people with disabilities, and monitors and reports against how people with disabilities are being included and benefitting from this work.**
2. Raises **the need for disability inclusion in all high-level dialogue regarding the COVID-19** pandemic with other national governments and multilateral organisations.
3. **Partners with and ensures active participation of people with disabilities in all aspects of COVID-19 work**, including making sure people with disabilities and their representative bodies across the region are:
 - a) represented in all consultations and response-planning, noting many DPOs are the first responders and are already working to support the disability community in their countries; and
 - b) kept informed of and be included in DFAT response work in their region.
4. **Circulates and promotes guidance on disability inclusion to all DFAT staff and partners** working on COVID-19 pandemic responses.
5. Protects the hard-won progress towards inclusion and empowerment for people with disabilities that was underway through DFAT's pre-existing development and humanitarian work, by:
 - a) **Dedicating new, additional Commonwealth expenditure that is required to adequately respond to COVID-19**, above and beyond existing Australian Official Development Assistance which remains allocated to vital development programs needed for long-term recovery.
 - b) **Continuing to support existing DFAT-funded development and humanitarian work to promote the human rights of people with disabilities** - especially through direct support to people with disabilities and their representative organisations - even as the delivery of these may have to be adapted due to restrictions brought about by COVID-19 responses.

Discussion

Right to an adequate standard of living and access to work and employment

- All persons have the **right to an adequate standard of living**, including the right to have their basic needs such as water, hygiene, food and shelter met, as well as the **right to decent work and employment**.
- States must particularly ensure that people with disabilities have **access to social protection to ensure an adequate standard of living and also to enable access to work and economic empowerment programs**.⁸

Persons with disabilities are less likely than their peers to be employed, and when they are employed, persons with disabilities are more likely to work under informal employment arrangements.⁹ This means that people with disabilities are disproportionately vulnerable to and affected by the economic impacts of the current COVID-19 context on employment and livelihoods. The shift to working from home also has greater impact on people with disabilities who may be less able to work from home if they require accessible workspaces and digital content, and specific equipment or support provided in their workplace, thereby facing increased risks of losing their income and job.¹⁰

The economic impacts of the COVID-19 pandemic are also gendered. The Women Enabled Survey highlighted that many women, girls, trans, non-binary and non-gender confirming people with disabilities – many of whom work in informal arrangements – are experiencing particular financial hardships as a result of the pandemic.¹¹

People with disabilities also frequently face additional barriers in accessing social protection measures that States have made available in response to COVID-19 context. A paper released by the Centre for Inclusive Policy found that only sixty of the 181 countries that have adopted social protection measures in response to COVID-19 specifically referred to people with disabilities while announcing these.¹²

Right to education

- All people with disabilities have **the right to education**, with the CRPD requiring states to ensure **inclusive education at all levels as well as life-long learning**.¹³

People with disabilities are already disadvantaged when it comes to education, being less likely to complete education than those without disabilities, and more likely to not access any schooling.¹⁴ The

⁸ United Nations Convention on the Rights of People with Disabilities (CRPD), Art 28, available from <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

⁹ OECD (2010) *Sickness, Disability and Work. Breaking the barriers, A Synthesis of Findings across OECD Countries*, OECD Publishing, Paris, available from <https://doi.org/10.1787/9789264088856-en>, p. 23.

¹⁰ United Nations Office of the High Commissioner of Human Rights (OHCHR) (2020) *COVID-19 and the rights of persons with disabilities: guidance*, available from https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf, p. 5.

¹¹ Women Enabled International (2020) *COVID-19 at the Intersection of Gender and Disability: Findings of a Global Survey Report*, available from <https://womenenabled.org/blog/resources/covid-19-at-the-intersection-of-gender-and-disability/> p. 11.

¹² United Nations Partnership on the Rights of Persons with Disabilities (UNPRPD) (2020) *Initial overview of specific social protection measures for persons with disabilities and their families in response to COVID 19 crisis*, available from https://inclusive-policy.org/wp-content/uploads/2020/05/Overview-response_1.4.pdf

¹³ CRPD, as above, Art 24.

¹⁴ World Health Organization (WHO) & World Bank (2011) *World report on disability 2011*, available from <https://www.who.int/publications-detail-redirect/world-report-on-disability>

widespread school closures and shift to remote learning resulting from the COVID-19 pandemic have a particular impact on students with disabilities, due to difficulties in accessing assistive devices, internet, accessible materials and the support these students with disabilities may require to facilitate their studies. As a result, many students with disabilities are being left behind, particularly students with intellectual disabilities.¹⁵

Right to freedom from violence

- *The CRPD provides people with disabilities **the right to freedom from violence and abuse, including gender-based aspects of violence.***¹⁶

People with disabilities in general are at higher risk of violence, particularly when isolated.¹⁷ Women and girls with disabilities experience higher risks of violence compared to other women (at least two to three times the rate)¹⁸ and also experience higher levels of violence than men with disabilities.¹⁹ It is too early for specific data on disability and gender based violence in the context of COVID-19, however previous similar circumstances highlight that people with disabilities are particularly at risk: for example, due to the physical restrictions and isolation imposed and recommended in response to COVID-19, people with disabilities will be even less able to escape violence, particularly if their usual supports are not available to them.²⁰ People with disabilities may face additional barriers in accessing domestic violence services as these are often not inclusive and accessible. For example, where hotlines do not provide interpretation services for Deaf and Deafblind persons, or where emergency shelters are not prepared to meet the needs of persons with disabilities.²¹

Right to health

- *Article 12 of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) – which Australia was one of the first States to sign and ratify - specifically stipulates that people with disabilities have **a right to health care on equal basis as those without disabilities.***²²
- *People with disabilities' right to healthcare **during times of emergency** is recognised by the Economic, Social and Cultural Rights Committee's note about prioritising the most marginalised or vulnerable groups, which includes people with disabilities.*²³
- *States must also ensure people with disabilities' **right to healthcare that arises because of their disabilities** (e.g. pain management and rehabilitation).*²⁴
- *Finally, the right of health for all means that States must ensure that health information, goods and services are **accessible to all people on a non-discriminatory basis** – including discrimination on the basis of disability – and are distributed equitably.*²⁵

¹⁵ OHCHR, as above, p. 6.

¹⁶ CRPD, as above, Art 16.

¹⁷ OHCHR, as above.

¹⁸ USAID, *United States Strategy to Prevent and Respond to Gender-based violence globally*, available from <http://state.gov/documents/organization/196468.pdf>

¹⁹ UNDESA, *Disability and Development Report*, pp. 7, 16, 113-115, 249-252, available from <https://social.un.org/publications/UN-Flagship-Report-Disability-Final.pdf>

²⁰ Emma Pearce (2020) *Disability Considerations in GBV Programming during the COVID-19 Pandemic* available from http://www.sddirect.org.uk/media/1889/gbv-aor-research-query_covid-19-disability-gbv_final-version.pdf

²¹ OHCHR, as above.

²² CRPD, as above.

²³ ESCR Committee, General Comment No. 14, *The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights)*, para. 43(a), UN Doc E/C.12.2000/4 (2000).

²⁴ CRPD, as above, Art 25.

²⁵ ESCR Committee General Comment No. 14, as above, paras 12, 43-44.

The COVID-19 pandemic has posed vast challenges to these healthcare rights; in terms of both availability (where services have been cancelled) and delivery (where services have been delayed or moved to telehealth). These challenges have had particular impact on people with disabilities.²⁶

- People with mobility-related disabilities encountering additional barriers to travel, e.g. where public transport or their usual reliance on another party to transport them has become unavailable due to COVID-19 restrictions.
- Cancellation or delay of health services required for treatment arising from impairments, such as procedures or physical therapy.
- Limitation of visitors or support persons allowed to accompany patients to appointments or hospital visits, which has had a disproportionate impact on people with disabilities who may need support persons simply assist with transport, communication or physical assistance (such as with personal hygiene when healthcare staff were overstretched).
- The move to telehealth appointments created difficulties for people with disabilities, if they did not have the technology or where this was not accessible to them; or where they felt this format did not provide the same level of care.
- Healthcare systems come under extreme pressure due to the pandemic, there have been reports of hospital and other authorities making decisions about who to allocate care to. Entrenched discrimination means this 'rationing' may unfairly exclude people with disabilities. There have also been reports of people with disabilities not being able to access required medication due to the pandemic. The Women Enabled Survey included many responses from women, girls, trans, non-binary and other gender non-conforming people with disabilities expressing fear about going to hospitals or whether they would receive adequate healthcare due to disability-related discrimination – to the point that some respondents referred either avoiding hospital or trying to hide their disability due to these fears.²⁷

Right to live in the community

- *People with disabilities have **the right to live in the community**, including 'access to a **range of in-home, residential and other community support services, including personal assistance** necessary to support in home living and inclusion in the community, and to **prevent isolation or segregation from the community.**'²⁸*
- *In order to access this right, people with disabilities will often require **basic disability support services**, including to assist with communication, self-care, day to day tasks and transport.*²⁹

Restrictions arising from COVID-19 including lockdowns and physical distancing have significantly impacted people with disabilities' ability to access basic needs and live independently. The pandemic had affected their ability to access disability-related support services such as access to technical assistance, personal assistance including self-care and hygiene, guides, wheelchair provision and maintenance, accessibility services such as Sign Language interpreters, and public transport.³⁰ For many people with disabilities this has meant that they are unable to leave the house, or family

²⁶ Drawn from discussion in Women Enabled International, as above.

²⁷ As above, pp. 9 – 10.

²⁸ CRPD, as above, art 19.

²⁹ Special Rapporteur on the rights of persons with disabilities (2017) *Report on access to rights-based support to persons with disabilities*, available from <https://www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/Provisionofsupporttopersonswithdisabilities.aspx>

³⁰ Women Enabled International, as above, pp. 11, 13; see also OHCHR, as above.

members were unable or unwilling to continue a support role such as assisting with shopping or delivering medications. These outcomes have profound impact on people with disabilities in terms of their independence, quality of life, health and wellbeing, mental health and ability to participate in and contribute to their communities. Increased dependence due to a restriction of access to services can also place people with disabilities at higher risk of violence or abuse, as it increases stress and power dynamics say within family units.

People with disabilities in institutional settings

People who live in psychiatric, social care and older persons' institutions – amongst which people with disabilities are disproportionately overrepresented – are at much higher risk of impact due to COVID-19. Some preliminary studies are showing that the number of deaths in care homes represented from 42 to 57 percent of all COVID-19 deaths in those countries. People with disabilities in institutions are more likely to contract COVID-19 due to underlying health conditions, difficulty in ensuring physical distancing amongst residents and staff, and abandonment by staff. Institutionalised people with disabilities are also at higher risk of neglect and violence, particularly when visitors and monitors may not be allowed in.³¹

Australia's response needs to consider and re-direct resources away from costly, segregated models of care towards rights based approaches to care and support that enable people to live and be included in their communities.

³¹ WHO and World Bank (as above), OHCHR (as above).