



# Financing rights and social justice for persons with disabilities in the era of COVID-19 and beyond

This briefing was written on behalf of the Stakeholder Group of Persons with Disabilities by Polly Meeks and Dr Elizabeth Lockwood.

Contacts: [polly.meeks@gmail.com](mailto:polly.meeks@gmail.com) and [Elizabeth.Lockwood@cbm-global.org](mailto:Elizabeth.Lockwood@cbm-global.org)

We are very grateful for advice and insights from Bodo Ellmers (Global Policy Forum Europe), Dr Mohammed Ali Loutfy (Disabled Peoples' International), and Ambrose Murangira (Light for the World). The briefing has also taken inspiration from the work of Alex Côte (Center for Inclusive Policy).

All errors or omissions are the responsibility of the authors.

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## Summary

Persons with disabilities make up some 15% of the world's population, and have been hit particularly hard by COVID-19. Yet proposals for financing the worldwide response to the crisis to rarely refer to disability, and it is rarer still that the voices of persons with disabilities are heard directly in such debates.

This briefing sets out some key considerations for ensuring that international economic policies to tackle the crisis always contribute to the enjoyment of human rights and social justice by persons with disabilities in their diversity, especially those in the Global South. It touches on a wide range of economic policy areas – including international public finance, debt justice, tax justice, financial sector regulation, trade and investment agreements, and business and human rights – and has two central themes.

The first theme is that **global economic solutions to tackle the crisis are a disability rights issue**. Persons with disabilities face compounding inequalities that leave them particularly exposed to the effects of injustices such as excessive debt burdens or tax dodging by multinational companies. Comprehensive action to address these issues, including through fundamental changes to the global economic architecture, is therefore essential to realising the rights of all persons with disabilities across the world.

The second theme is that **all proposed economic policies should be assessed for their potential impact on the enjoyment of rights and social justice by persons with disabilities**, taking an intersectional approach. Sometimes it is assumed that, so long as economic policy seeks to tackle income inequality, this will ensure substantive equality for persons with disabilities. On the contrary, the rights of persons with disabilities have important and specific implications for many areas of economic policy making – from the financial instruments used in international public finance, to the regulation of private sector actors. Unless these implications are taken into account, there is a risk that economic policies will leave some persons with disabilities even further excluded.

We hope that the considerations set out in this briefing can be a useful contribution towards the collective effort for a more just global economic system after COVID-19.

## 1. Introduction

### 1.1 Purpose of this briefing

As the devastating economic consequences of COVID-19 became clear, multilateral institutions, governments, civil society actors and academics put forward diverse and sometimes far-reaching proposals for financing the worldwide response to the crisis.<sup>1</sup>

Though they are rarely stated explicitly, such proposals have profound implications for the rights of persons with disabilities, who make up some 15% of the world's population,<sup>2</sup> and have been hit particularly hard by COVID-19. (For more on what we mean by 'persons with disabilities', see Box 1).

Taking a broad understanding of social justice that encompasses environmental as well as societal determinants of just outcomes, this briefing sets out some key considerations for ensuring that

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<sup>1</sup> The United Nations (UN) collected many of these proposals in a 'menu of options' (UN, 2020, '[Financing for development in the era of COVID-19 and beyond](#)': menu of options for the consideration of Heads of State and Government' - Part II). Civil society proposals and analysis are brought together on the [Civil Society Financing for Development Group](#) and [Campaign of Campaigns](#) websites.

<sup>2</sup> World Bank/World Health Organisation, 2011, [World Report on Disability](#), p.29

international economic policy responses to the crisis always contribute to the enjoyment of human rights and social justice by persons with disabilities in their diversity, especially those in the Global South.

Looking at a variety of economic policy areas, the briefing expands on two basic themes:

- **Global economic solutions to tackle the crisis are a disability rights issue.** Because of the compounding inequalities that they face, persons with disabilities are particularly exposed to the effects of injustices such as excessive debt burdens or tax dodging by multinational companies. Comprehensive action to address these issues, including through fundamental changes to the global economic architecture, is essential to realising the rights of all persons with disabilities across the world.
- **All proposed economic policies should be assessed for their potential impact on the enjoyment of rights and social justice by persons with disabilities,** taking an intersectional approach. Sometimes it is assumed that, so long as economic policy seeks to tackle income inequality, this will ensure substantive **equality for persons with disabilities.** On the contrary, the rights of persons with disabilities have important and specific implications for many areas of economic policy making – from the financial instruments used in international public finance, to the regulation of private sector actors. Unless these implications are taken into account, there is a risk that economic policies will leave some persons with disabilities even further excluded.

In view of the Stakeholder Group of Persons with Disabilities' mandate and experience, the briefing focuses on decisions being made by governments in international forums – primarily the United Nations (UN) – and on the rights of persons with disabilities. However, we hope the briefing will be a contribution and a complement to the wider literature calling for power and resources to be returned to marginalised and exploited people in all their diversity, at all levels of economic decision making.

**Box 1: persons with disabilities**

In line with the definition of the UN Convention on the Rights of Persons with Disabilities,<sup>3</sup> persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Defining disability this way means seeing disability not primarily as a medical issue, but rather as an equality issue: achieving the full enjoyment of rights and social justice for persons with disabilities requires the compounding social, economic and political barriers and inequalities that persons with disabilities face to be dismantled.

## 1.2 Persons with disabilities are among the hardest hit by COVID-19

The COVID-19 pandemic and subsequent policies and recovery efforts are affecting many persons with disabilities around the world in grave ways. Recent research indicates that persons with disabilities around the world have been adversely affected by the pandemic in one way or another with additional or new barriers, including new barriers in the re-opening phase.<sup>4</sup>

<sup>3</sup> [United Nations Convention on the Rights of Persons with Disabilities](#), Article 1

<sup>4</sup> [www.internationaldisabilityalliance.org/sites/default/files/master\\_sqpwd\\_covid-19\\_report\\_-\\_repaired\\_via\\_365\\_june\\_22\\_2020finalfinal.docx](http://www.internationaldisabilityalliance.org/sites/default/files/master_sqpwd_covid-19_report_-_repaired_via_365_june_22_2020finalfinal.docx)

Persons with disabilities have greater risk of contracting COVID-19, increased barriers in accessing healthcare services, disruptions in needed services, lack of access to public information and healthcare communication messages. Available data suggest that persons with disabilities have died at a substantially higher rate than others. For example, data from parts of the United Kingdom (England and Wales) in the early months of the pandemic showed that, after controlling for certain contextual characteristics, women who had previously reported that their daily activities were 'limited a lot' by a health problem or disability were 2.4 times more likely to die than other women, and for men the ratio is 2.0 times.<sup>5</sup>

What is more, a recent report from a survey of over 2,000 persons with disabilities and their allies across the globe received testimonies of people being denied life-saving COVID-19 treatment on the basis of disability, leading to 'many preventable deaths'.<sup>6</sup> The report also highlighted failures to protect the lives and safety of persons with disabilities living in institutions, resulting in shocking cases of neglect against older persons with disabilities, some of whom have been left to die in appalling conditions.<sup>7</sup>

Women with disabilities can be particularly at risk. Women with disabilities are up to 10 times more likely to experience sexual violence than women without disabilities and this violence can be exacerbated during mandated lockdowns, shelter-in-place orders, and other periods of isolation. Additionally, most shelters and other programs are inaccessible to women with disabilities.<sup>8</sup>

Further compounding the issue, persons with disabilities are being left out of the recovery phase and are disproportionately impacted by the socioeconomic impacts due to the pandemic. Moreover, there is a widespread lack of COVID-19 and disability data to measure the impact on the lives of persons with disabilities.

Many organizations of persons with disabilities and international NGOs have carried out qualitative research to gather data to better understand the situation of persons with disabilities in the pandemic. Findings indicate that myriad barriers exist for persons with disabilities as a result of the pandemic, including additional and new ones. For example, the major survey cited above identified that many governments have not adequately ensured persons with disabilities could access essential commodities like food and medicine.<sup>9</sup>

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<sup>5</sup> United Kingdom Office for National Statistics, '[Coronavirus \(COVID-19\) related deaths by disability status, England and Wales : 2 March to 14 July 2020](#)'. Please refer to this page for more detailed information on the methodology used, which if anything is likely to have under-estimated the true correlation between disability status and mortality rates. See also International Commission of Jurists, 2020, '[Living like people who die slowly : the need for right to health compliant COVID 19 responses](#)', pp.76-77.

<sup>6</sup> Brennan et al, 2020, '[Disability rights during the pandemic: a global report on findings of the COVID-19 Disability Rights Monitor](#)', p.41

<sup>7</sup> Brennan et al, 2020, '[Disability rights during the pandemic: a global report on findings of the COVID-19 Disability Rights Monitor](#)', pp. 20, 21, 26

<sup>8</sup> Ortoleva, S. & Holoboff, A. (February 27, 2020). Women Enabled International. From: <https://womenenabled.org/blog/unleashing-the-power-of-women-with-disabilities/> and <https://twitter.com/WomenEnabled/status/1247190281658793984?s=20>

<sup>9</sup> Brennan et al, 2020, '[Disability rights during the pandemic: a global report on findings of the COVID-19 Disability Rights Monitor](#)', pp. 31 32, 42, 43, 44

Moreover, in the Covid-19 pandemic, some persons with disabilities experience double jeopardy— not only are persons with disabilities disproportionately impacted by the pandemic, but they are also disproportionately excluded from protection and survival support.<sup>10</sup>

Such grossly unequal outcomes for persons with disabilities have a complex mix of root causes, but among them is a longstanding lack of priority attached to the rights of persons with disabilities in much economic policymaking, meaning that in many countries inclusive and accessible social protection and other social infrastructure was not in place when the crisis struck.<sup>11</sup> For many countries in the Global South, this is not just a reflection of domestic policy choices, but also of international actors' economic decisions. For example, policy conditions attached to finance from international financial institutions such as the International Monetary Fund have put many governments in the Global South under pressure to cut public spending.<sup>12</sup> Moreover, the rights of persons with disabilities have historically received little attention in Official Development Assistance allocations, with one recent analysis finding that between 2014 and 2018, less than 2% of international aid was 'disability-relevant'.<sup>13</sup>

The rest of this paper focuses on key considerations to ensure that from now on, international economic policy responses to the crisis consistently foster and never undermine the enjoyment of rights and social justice by persons with disabilities. For simplicity, we split this into three themes: quantity of spending; qualitative policy choices; and participation – although we recognise all three themes are in reality tightly interwoven. In compiling these considerations, we have referred closely to the Office of the High Commissioner for Human Rights' checklist for a human-rights based approach to socio-economic country responses to COVID-19;<sup>14</sup> to the global civil society financing for development group's demands on global economic solutions;<sup>15</sup> and the 'feminist response to COVID-19' group's principles.<sup>16</sup>

## 2. Quantity of spending

### 2.1 The need for dedicated resources to realise rights and social justice for persons with disabilities

Ensuring rights-compliant and just outcomes for persons with disabilities, through the crisis and beyond, requires dedicated resources.

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<sup>10</sup> ADD International. (2020). COVID-19: Double Jeopardy for Persons with Disabilities.

<sup>11</sup> Côte and Balsubramanian, 2020, '[The new normal : getting governments to spend more and better for inclusion of all persons with disabilities](#)', p.4.

<sup>12</sup> Brunswijck, 2018, '[Unhealthy conditions: IMF loan conditionality and its impact on health financing](#)', p.6; Hopkins, 2019, 'The World Bank and gender equality: Development Policy Financing', p.6 ; Ortiz and Cummins, 2019, '[Austerity: the new normal. A renewed Washington Consensus 2010 – 2024](#)', pp. 22-25

<sup>13</sup> Development Initiatives, 2020, '[Disability-inclusive ODA: aid data on donors, channels and recipients](#)', p.4. Please note the definition of 'disability-relevant' aid is relatively broad and may capture some forms of spending that although relevant to persons with disabilities, are not fully compliant with the UN Convention on the Rights of Persons with Disabilities (e.g. some forms of segregated service provision). More methodological details are given in an annex to the paper.

<sup>14</sup> Office of the High Commissioner for Human Rights, 2020, '[Checklist for a human-rights based approach to socio-economic country responses to COVID-19](#)

<sup>15</sup> Civil society financing for development group, '[Global Economic Solutions Now!](#)' webpage

<sup>16</sup> Feminist response to COVID-19, 2020, '[Key Principles for Feminist Response to COVID-19](#)

The International Disability Alliance has set out 10 recommendations to ensure that the rights of persons with disabilities are upheld in responses to the crisis (elaborated in further detail in the annex to this briefing):<sup>17</sup>

1. Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats
2. Additional protective measures must be taken for people with certain types of impairment
3. Rapid awareness raising and training of personnel involved in the response are essential
4. All preparedness and response plans must be inclusive of and accessible to women with disabilities
5. No disability-based institutionalization and abandonment is acceptable
6. During quarantine, support services, personal assistance, physical and communication accessibility must be ensured
7. Measures of public restrictions must consider persons with disabilities on an equal basis with others
8. Persons with disabilities in need of health services due to COVID-19 cannot be deprioritized on the ground of their disability
9. Organisations of persons with disabilities can and should play a key role in raising awareness of persons with disabilities and their families.
10. Organisations of persons with disabilities can and should play a key role in advocating for disability-inclusive response to the COVID-19 crisis

The International Disability Alliance has also made specific recommendations on the need to prioritise persons with disabilities in accessing COVID-19 vaccinations, and to ensure that vaccinations and related information and decision making processes are fully accessible.<sup>18</sup>

At the same time, work for the UN Partnership on the Rights of Persons with Disabilities and allied organisations has highlighted the criticality of responding to COVID-19 with ‘collectively financed, comprehensive, inclusive and permanent social protection systems’ that consider the specific costs, safety issues and support needs associated with disability in its diversity; that are administered in an inclusive and safe way; and that provide sustained support into the long-term.<sup>19</sup>

These recommendations can only be fully implemented if sufficient resources are available. The need for dedicated resources is all the more pressing when intersectional considerations – for example, the particular importance of support services beyond the household for women with disabilities who are at risk of violence,<sup>20</sup> or the need for information to be accessible to indigenous persons with disabilities – are taken into account.

Moreover, achieving full substantive equality for persons with disabilities in the post-COVID world will require further resources across all areas of public spending – from inclusive education to non-

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<sup>17</sup> International Disability Alliance, 2020, [Toward a disability-inclusive COVID-19 response : 10 recommendations from the International Disability Alliance](#)

<sup>18</sup> International Disability Alliance, 2020, ‘[Reach the furthest behind first : persons with disabilities must be prioritized in accessing COVID-19 vaccinations](#)’

<sup>19</sup> Côte, 2020, [Disability-inclusive social protection response to COVID-19 crisis](#).

<sup>20</sup> See for example Women Enabled International, 2020, [Statement on Rights at the Intersection of Gender and Disability during COVID-19](#), pp 3-4



COVID related health services – to redress the cumulative effect of years of under-investment in the rights of persons with disabilities even before the crisis struck.<sup>21</sup>

The UN Committee on Economic, Social and Cultural Rights has said that in combating COVID, ‘allocation of resources should prioritize the special needs of ... [marginalised] groups’ and that ‘All States parties should, as a matter of urgency, adopt special, targeted measures, including through international cooperation, to protect and mitigate the impact of the pandemic on vulnerable groups such as ... persons with disabilities’.<sup>22</sup>

So while resource allocations to ensure rights-compliant and socially just outcomes for persons with disabilities are primarily the responsibility of national governments, governments have obligations beyond their borders too. We call on all governments engaged in the international response to COVID-19 to take the following three steps to ensure that maximum resources are devoted to mitigating the pandemic’s impact on persons with disabilities.

## 2.2 Allocating resources to realise rights and social justice for persons with disabilities

Official Development Assistance and other international public finance are critical resources for supporting rights and equality for persons with disabilities in the Global South through the crisis and beyond. We call for governments to make **Official Development Assistance and other international cooperation resources to be inclusive of and accessible to persons with disabilities in all their diversity**, in line with their obligations under Article 32 of the UN Convention on the Rights of Persons with Disabilities. They should ensure that all their mainstream programmes are fully inclusive of all persons with disabilities, complementing this also with specific disability-targeted programmes such as supporting organisations of persons with disabilities to carry out awareness raising work. All actors who report data through the Organisation for Economic Cooperation and Development’s Creditor Reporting System should **use the policy marker on the inclusion and empowerment of persons with disabilities to track support for the rights of persons with disabilities across their spending**.<sup>23</sup>

## 2.3 Applying an intersectional disability lens to wider resource allocation decisions

The imperative to realise rights and social justice for persons with disabilities in the allocation of international public finance goes beyond making cooperation programmes inclusive and accessible – vital though that is. We also call for **decisions taken further upstream – decisions about the type of finance used and the overall objectives that such finance will support – to be assessed in terms of their implications for the full enjoyment of rights and social justice by persons with disabilities. It is particularly important that such an assessment should take an intersectional approach and should also consider the situation of the most marginalised persons with disabilities** who face such extreme inequalities that their options for coping with COVID-19 are especially restricted if financing decisions do not create space for quality publicly funded support that is free at the point of use.

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<sup>21</sup> See for example Meeks and Côte, 2018, « [Disability is always an afterthought](#) » : [why progress on inclusion demands action on budgets](#), pp. 9-10

<sup>22</sup> UN Committee on Economic, Social and Cultural Rights, 2020, [Statement on the coronavirus disease \(COVID-19\) pandemic and economic, social and cultural rights](#), p.3

<sup>23</sup> Organisation for Economic Cooperation and Development DAC Working Party on Development Finance Statistics, 2020, [The OECD-DAC policy marker on the inclusion and empowerment of persons with disabilities : handbook for data reporters and users](#)



Resource allocation decisions with important implications for persons with disabilities include the following.

- **Grants versus other forms of finance.** Much of the disability-specific spending recommended in section 2.1 above would not yield a financial return – or at best would only do so indirectly and over a very long time horizon. Such spending is therefore unlikely to be suited to loans or other forms of non-grant financing that rely on repayments and interest payments being made.
- **Support for the ‘social’ sectors versus support for the ‘productive’ sectors.** As section 2.1 illustrates, interventions in the social sectors (including healthcare, social protection and support for civil society) have a particularly important role to play in realising rights and social justice for persons with disabilities through COVID-19 and beyond. To be sure, interventions in the ‘productive’ sectors such as industry and agriculture can be highly relevant for persons with disabilities too<sup>24</sup> – and any such interventions should certainly be made fully inclusive and accessible. But it is vital that the criticality for persons with disabilities of interventions in the social sectors be borne in mind, before the balance of support to the social and productive sectors is finalised.
- **Support for social services that are free at the point of use, versus those that charge user fees.** Persons with disabilities tend to be over-represented among people living in poverty, due to the cumulative impact of inequalities and additional cost burdens,<sup>25</sup> so they are at particular risk of being unable to afford services that charge user fees.
- **Support for workers in subsistence or informal sector activities, versus employees of large formal sector enterprises.** Available evidence suggests that persons with disabilities – particularly women with disabilities – in the Global South are over-represented in work outside the formal sector.<sup>26</sup> If international public finance is used to support workers whose livelihoods have been threatened by the crisis, it is important to ensure that it reaches marginalised workers outside the formal economy, including persons with disabilities.

Further, overlapping with several of the above decisions, comes the question of whether to invest resources such as Official Development Assistance in private sector enterprises (a form of financing known as ‘**private sector instruments**’).<sup>27</sup> The choice to use private sector instruments can have significant consequences for persons with disabilities,<sup>28</sup> and the UN Special Rapporteur on the rights of persons with disabilities recently found that, “When considering official development assistance

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<sup>24</sup> For example, Meaney-Davis and Coe, 2020, [Addressing barriers to employment for people with disabilities: evidence and lessons learned](#), pp. 8-11

<sup>25</sup> For example, Braithwaite and Mont, 2009, ‘[Disability and poverty: a survey of World Bank Poverty Assessments and implications](#)’, pp. 229-230; and Mitra et al, 2017, ‘[Extra costs of living with a disability: a review and agenda for research](#)’, p.480

<sup>26</sup> Mizunoya S., Mitra S. Is there a disability gap in employment rates in developing countries? World Development. 2013;42:28–43, quoted in Banks et al, 2020, [Disability-inclusive responses to COVID-19: lessons learnt from research on social protection in low- and middle-income countries](#), World Dev. 2021 Jan; 137: 105178; Hiroyuki Konuma (Assistant Director-General of the Food and Agriculture Organization), 2013, welcome remarks at the [regional workshop on disability-inclusive agribusiness development in the Asia-Pacific region](#), p.21

<sup>27</sup> For the purposes of this briefing, we define ‘private sector instruments’ as the investment of official development finance in private sector enterprises, through loans and equity investments, as well as the use of official development finance to support private sector enterprises through guarantees.

<sup>28</sup> Meeks, 2020, [Submission](#) to the UN Special Rapporteur on the rights of persons with disabilities

investment in private sector instruments, States should conduct human rights impact assessments to explore the potential implications for the rights of persons with disabilities.”<sup>29</sup>

## 2.4 Supporting mobilisation of the maximum available resources for human rights and social justice

Financing a rights-compliant and socially just response and recovery to the crisis of course depends not only on how resources are allocated, but also on the total quantity of resources available. As dedicated resources are required to ensure safety and equality for persons with disabilities (section 2.1 above), resource shortfalls are likely to hit persons with disabilities particularly hard.

**We call on all governments and multilateral bodies to do everything in their power to ensure the maximum resources are available to uphold human rights and social justice in responding to COVID-19 in the Global South.** This includes urgent action on the following priority areas.<sup>30</sup>

### 2.4.1 Debt

Servicing unsustainable debt burdens deprives countries of resources that could otherwise be used for public services. Even in 2019, before the economic crisis brought on by COVID-19, 64 countries in the Global South spent more servicing external debts than they did on healthcare.<sup>31</sup> Public services have a particularly important role to play in countering the inequalities that persons with disabilities face (section 2.1 above). Where excessive debt service payments prevent states from financing such public services, persons with disabilities – particularly those experiencing intersecting inequalities – are therefore likely to be disproportionately affected.

We call for the **permanent cancellation of all external debt payments** for countries in need in the Global South for at least four years without penalties, coupled with a **debt relief initiative** to bring debts down to sustainable levels. (The degree of ‘need’ and the threshold for ‘sustainable levels’ should both be calculated taking into account long-term financing requirements, including for the realisation of human rights and commitments on equalities, as well as for the achievement of wider sustainable development and climate goals). In addition, we call for a **sovereign debt workout mechanism at the UN** that would comprehensively address unsustainable and illegitimate debt.

### 2.4.2 Tax

Tax has a fundamental role to play in financing quality public services capable of upholding rights and social justice in the face of COVID-19 for the most excluded people– including persons with disabilities (section 2.1 above). When public budgets and public services are drained by tax dodging, excluded people are correspondingly likely to bear the heaviest burden.

We call for the **creation of a universal, intergovernmental process at the UN** that will comprehensively address harmful tax competition, tax avoidance, tax abuse by multinational corporations and other illicit financial flows.

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<sup>29</sup> UN Special Rapporteur on the rights of persons with disabilities, 2020, A/75/186, [Disability inclusive international cooperation](#), p.19

<sup>30</sup> These recommendations are drawn from [those made by the global civil society financing for development group](#), but have been edited to avoid duplication with recommendations whose disability rights implications are unpacked in more detail elsewhere in this briefing.

<sup>31</sup> Jubilee Debt Campaign, 2020, [Comparing debt payments with health spending](#). For further analysis on the impact of the COVID-19 crisis on debt sustainability, see for example Fresnillo, 2020, [The G20 Debt Service Suspension Initiative: draining out the Titanic with a bucket?](#)

### 2.4.3 Special Drawing Rights

Implementing some of the International Disability Alliance's priority recommendations for pandemic response (section 1.2 above) requires not only that governments have sufficient resources, but that these resources are available in currencies that allow them to pay for imports. This is likely to be true for at least some vaccine acquisition, for example. Special Drawing Rights – an international reserve asset issued by the International Monetary Fund, which can be exchanged for common currencies such as the US Dollar and the Euro – have the potential to play a vital role in allowing access to such currency.<sup>32</sup>

We call for the **allocation of new Special Drawing Rights, and reallocation of unused ones**, to provide a rapid injection of liquidity commensurate with the level of need among countries in the Global South.

### 2.4.4 International public finance

International public finance – particularly Official Development Assistance – has an essential role to play in increasing the total volume of resources available to finance a rights-compliant and socially just response to the crisis in the Global South.

But in some contexts, such finance is made conditional on prescribed changes to countries' economic policies – often in the form of fiscal consolidation, i.e. the reduction of government deficits and debts.<sup>33</sup> Fiscal consolidation is generally achieved through a combination of cutting public spending, cutting subsidies, raising consumption taxes, and raising user fees for services.<sup>34</sup> Since public services have a particularly important role to play in combatting inequalities facing persons with disabilities (section 2.1 above), and since persons with disabilities face economic inequalities that leave them less able to afford rapid price rises, regressive consumption taxes and user fees,<sup>35</sup> the effects of fiscal consolidation on persons with disabilities are liable to be 'disproportionate', all the more so where persons with disabilities also experience other intersecting inequalities.<sup>36</sup>

We call for **fulfilment of (at the very least) the UN target to provide 0.7% of Gross National Income in Official Development Assistance**. International public finance should be **free from economic policy conditionalities that restrict fiscal space**.

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<sup>32</sup> International Monetary Fund, 2020, [Fact sheet: Special Drawing Right](#); Ellmers, 2020, [Financing for Development in the era of COVID-19 and beyond: an analysis and assessment of innovative policy options](#), p.5.

<sup>33</sup> Brunswijck, 2018, ['Unhealthy conditions: IMF loan conditionality and its impact on health financing'](#), p.12 ; Hopkins, 2019, 'The World Bank and gender equality: Development Policy Financing', p.9

<sup>34</sup> Ortiz and Cummins, 2019, ['Austerity: the new normal. A renewed Washington Consensus 2010 – 2024'](#), pp. 22-25.

<sup>35</sup> For example, Braithwaite and Mont, 2009, ['Disability and poverty: a survey of World Bank Poverty Assessments and implications'](#), pp. 229-230; and Mitra et al, 2017, ['Extra costs of living with a disability: a review and agenda for research'](#), p.480

<sup>36</sup> Office of the High Commissioner for Human Rights, 2013, ['Report on austerity measures and economic and social rights'](#), p.21. For recent analysis on how austerity policies linked to IMF loans jeopardised access to healthcare and social protection for persons with disabilities in Argentina, see Asociación Civil por la Igualdad y la Justicia, 2019, ['Las personas con discapacidad no son una prioridad para el Gobierno argentino'](#); and Brunswijck, Meeks and Viera, 2019, ['IMF is failing people with disabilities in Argentina'](#).

#### 2.4.5 Financial sector regulation

Economic volatility triggered by speculative behaviour in the financial sector risks being especially damaging to persons with disabilities, given social and economic inequalities that mean they are likely to be over-represented in more precarious forms of employment,<sup>37</sup> and to place a higher importance on public services which are liable to be cut in times of recession.

We call for global action to **address systemic risks posed by unregulated or inadequately regulated financial sector instruments and actions.**

#### 2.4.6 Trade and investment agreements

UN human rights experts, including the UN Special Rapporteur on the Rights of Persons with Disabilities, have previously warned there is sometimes a risk that “both bilateral and multilateral investment treaties might aggravate the problem of extreme poverty, jeopardize fair and efficient foreign debt renegotiation, and affect the rights of indigenous peoples, minorities, persons with disabilities, older persons, and other persons living in vulnerable situations.”<sup>38</sup> Guarding against this risk is particularly important in the context of the COVID-19 crisis, which demands that governments have maximum policy flexibility to uphold the rights of marginalised people.

We call for a **moratorium on negotiating, implementing and enforcing trade and investment agreements that conflict with the promotion of public policy objectives** on human rights and health equalities during the pandemic. Crucially, this should include:

- **Binding commitments to ensure that patents and other intellectual property rights do not limit production of and access to vaccines and other COVID-19 related medical technologies.** Access to such technologies is a particularly urgent priority for persons with disabilities around the world, given the heightened mortality risks that they face (sections 1.2 and 2.1 above). Yet evidence to-date indicates extreme inequalities in access between countries, suggesting many persons with disabilities in the Global South will only be able to access needed technologies after very long delays – if ever: for example, at 18 January 2021, 39 million doses of COVID-19 vaccine had been administered in nearly 50 richer countries, while only 25 doses had been given in a single low income country.<sup>39</sup> As a group of UN human rights experts has highlighted, enforcement of intellectual property rights threatens to be a key impediment to equitable vaccine access around the world.<sup>40</sup> We join our voice with the many others calling not only for the full use of voluntary initiatives<sup>41</sup> and of flexibilities in the Agreement on Trade-Related

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<sup>37</sup> Mizunoya S., Mitra S. Is there a disability gap in employment rates in developing countries? World Development. 2013;42:28–43, quoted in Banks et al, 2020, [Disability-inclusive responses to COVID-19: lessons learnt from research on social protection in low- and middle-income countries](#), World Dev. 2021 Jan; 137: 105178

<sup>38</sup> Office of the High Commissioner for Human Rights, 2015, '[UN experts voice concern over adverse impact of free trade and investment agreements on human rights](#)'.

<sup>39</sup> UN News, 18 January, '[WHO chief warns against “catastrophic moral failure” in COVID-19 vaccine access](#)'. For an example on inequalities in access to therapeutics, see Medecins Sans Frontières, 2020, [Briefing document: India and South Africa proposal for WTO waiver from intellectual property protections for COVID-19-related medical technologies](#), pp. 6-7

<sup>40</sup> Office of the High Commissioner for Human Rights, 2020, [Statement by UN Human Rights Experts: Universal access to vaccines is essential for prevention and containment of COVID-19 around the world](#)

<sup>41</sup> In particular, the World Health Organisation’s COVID-19 Technology Access Pool (C-TAP)

Aspects of Intellectual Property Rights (TRIPS)<sup>42</sup> to facilitate the sharing of COVID-19 related medical technologies, but also for the adoption of the proposed ‘Waiver from certain provisions of the TRIPS agreement for the prevention, containment and treatment of COVID-19’ submitted to the World Trade Organisation by South Africa and India.<sup>43</sup>

### 3. Qualitative policy choices

In this section we examine three areas of international economic policy that – while they do not have significant direct fiscal implications – nonetheless can profoundly affect the enjoyment of human rights and social justice by persons with disabilities during the pandemic and beyond.

#### 3.1 Do no harm – avoiding spending that violates the rights of persons with disabilities

Not all ‘disability-relevant’ spending necessarily upholds the rights of persons with disabilities. On the contrary, certain ‘disability-relevant’ programmes may also contravene the UN Convention on the Rights of Persons with Disabilities (CRPD), for example if they force persons with disabilities to undergo psychiatric treatment or compel them to live in residential institutions.<sup>44</sup> In some contexts, institutionalisation has left persons with disabilities exposed to drastic risks from COVID-19.<sup>45</sup>

**We call on governments providing international public finance including Official Development Assistance to ensure that in future no such resources are spent on activities that contravene the CRPD. We also call on them to reallocate resources away from any such activities that are already underway, towards CRPD-compliant policies and actions**<sup>46</sup>

#### 3.2 Incentivising private sector actors to support human rights and social justice through procurement policy

Procurement – the purchase of goods and services by governments through a contracting process, in order to implement public projects or provide public services – accounts for a substantial share of international public finance, including Official Development Assistance. In 2015 alone, Official Development Assistance procurement amounted to an estimated US \$55 billion.<sup>47</sup> This gives providers of international public finance important purchasing power: if they specify particular social and environmental criteria for their purchases, suppliers have a strong incentive to adapt their

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<sup>42</sup> For more information on these flexibilities, please see Medecins Sans Frontières, 2020, [Briefing document: India and South Africa proposal for WTO waiver from intellectual property protections for COVID-19-related medical technologies](#), pp. 5-6

<sup>43</sup> [Waiver from certain provisions of the TRIPS agreement for the prevention, containment and treatment of COVID-19](#), communication from India and South Africa, 2020. The waiver was supported by over 300 civil society organisations globally (source : Medecins Sans Frontières, 2020, [‘Civil society to WTO members : support India and South Africa’s proposal for a waiver from IP protections for COVID-19 medical technologies’](#)). It was also supported by and a number of international organisations including WHO and UNAIDS (source : [Civil society letter \[to the EU\] on supporting the proposal to a waiver from certain provisions under the TRIPS agreement during the COVID-19 pandemic](#), end-note v).

<sup>44</sup> Côte and Balsubramanian, 2020, [‘The new normal : getting governments to spend more and better for inclusion of all persons with disabilities’](#), pp. 9-10

<sup>45</sup> International Commission of Jurists, 2020, [Living like people who die slowly : the need for right to health compliant COVID 19 responses](#), pp.77-78

<sup>46</sup> For more on this point, please see Côte and Balsubramanian, 2020, [‘The new normal : getting governments to spend more and better for inclusion of all persons with disabilities’](#), pp. 9-10.

<sup>47</sup> Meeks, 2018, [Development, untied: unleashing the catalytic power of Official Development Assistance through renewed action on untying](#), p.5

working practices to comply, because providers of international public finance represent such valuable potential clients. Through their procurement policies, providers of international public finance can thus ensure that, among other important social and environmental objectives, private sector suppliers make their products and services accessible and inclusive for persons with disabilities. Some major providers of Official Development Assistance, such as the European Union, Sweden and the United States, have already taken steps in this direction.<sup>48</sup>

**We call for all providers of international public finance to ensure that, in COVID-19 response and beyond, their procurement activities uphold their obligations and commitments on human rights, on tackling inequalities, on decent work and on environmental sustainability,<sup>49</sup> including by requiring that all procured goods and services be accessible and inclusive for persons with disabilities.<sup>50</sup>**

### 3.3 Ensuring that private sector actors support human rights and social justice through regulation

The crisis has “exposed and exacerbated the deep inequalities of power and wealth between business and the workers and communities they depend on.”<sup>51</sup> We join our voices to those across civil society calling for **comprehensive and effectively enforced regulations** to ensure that private sector actors respect and protect human rights, and behave consistently with international commitments on the reduction of inequalities and on tackling the climate emergency. We call specifically for governments to **support the ongoing negotiations for the UN Binding Treaty on Business and Human rights under the open-ended intergovernmental working group.**<sup>52</sup>

Comprehensive and effective regulation is particularly important for the enjoyment of rights and social justice for persons with disabilities. This is partly because, even when damaging actions by corporations affect entire populations, persons with disabilities may be disproportionately exposed to their effects as a result of the other inequalities that they face (for example, persons with disabilities are at greater risk from the adverse effects of climate change – all the more so when disability intersects with other factors such as gender or geography).<sup>53</sup> So regulations that tackle such population-wide damage are particularly valuable from a disability perspective. In addition, regulation has an essential role to play in combatting disability-specific inequalities – for example, inaccessible technology and infrastructure, or discrimination in access to employment. **We call for**

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<sup>48</sup> European Commission, [Practical Guide](#), Section 2.8; Swedish [Public Procurement Act \(2016:1145\)](#), Chapter 4 Section 18 and Chapter 9 Section 2 ; USAID, [ADS Chapter 302](#), pp. 36, 47, 48, 57, 58 and [ADS Reference 302 mak](#)

<sup>49</sup> See Meeks, 2018, [Development, untied: unleashing the catalytic power of Official Development Assistance through renewed action on untying](#), p.20

<sup>50</sup> For more on this point, please see Côte and Balsubramanian, 2020, ‘[The new normal : getting governments to spend more and better for inclusion of all persons with disabilities](#)’, pp. 11, 24

<sup>51</sup> Business and Human Rights Resource Centre and Center for Economic and Social Rights, 2020, [Recovering rights: business and human rights in a just recovery](#), p.1

<sup>52</sup> These recommendations draw on those made by the [global civil society financing for development group](#), and in Business and Human Rights Resource Centre and the Center for Economic and Social Rights, 2020, [Recovering rights: business and human rights in a just recovery](#)

<sup>53</sup> Office of the UN High Commissioner for Human Rights, 2020, [Analytical study on the promotion and protection of the rights of persons with disabilities in the context of climate change](#), p.15. See also Keogh and Acula Gonzalez, 2020, [Climate change : this century’s defining issue](#).



**all regulation of private sector actors to be fully harmonised with the UN Convention on the Rights of Persons with Disabilities.**

## 4. Participation

As the COVID-19 crisis unfolded, the UN Special Rapporteur on the rights to freedoms of peaceful assembly and of association highlighted that ‘active citizenship is key in times of crisis. Civil society must be regarded as an essential partner of governments in responding to the present crisis, in terms of helping to frame inclusive policies, disseminating information, building shared and cooperative approaches, and providing social support to vulnerable communities... States should provide financial support to civil society organizations delivering vital social support, including in particular organizations which support and advocate for persons with disabilities and vulnerable communities. States must ensure that the ability of such organizations to access the communities they serve is not inappropriately limited’.<sup>54</sup>

Inclusion of persons with disabilities and their representative organizations is more important than ever not only to address existing inequalities and barriers, but to tackle new and emerging challenges. We call **for organizations of persons with disabilities to be part of all stages to combat COVID-19, in the response<sup>55</sup> and recovery phases – including all decisions relating to international economic policy measures. Particular attention should be paid to the participation of highly marginalised persons with disabilities and those experiencing intersectional inequalities.**

## Annex – full recommendations from the Stakeholder Group of Persons with Disabilities and the International Disability Alliance on upholding the rights of persons with disabilities in the COVID crisis

The International Disability Alliance (IDA) and the International Disability and Development Consortium collaborated and led a campaign and advocacy efforts on COVID-19 and persons with disabilities. This broad coalition has been gathering messages from the disability movement to remind governments and the UN system that persons with disabilities are being left behind and need to be included in all phases of COVID-19 planning and response. Building on these excellent efforts, the Stakeholder Group of Persons with Disabilities recommends the following key actions.

- Periodically visit the IDA website and follow the [key disability inclusive COVID-19 recommendations](#).
- Refer to key [resources and tools for action](#) to include persons with disabilities.
- Ensure all virtual meetings, events and activities are inclusive for all persons with disabilities and refer to [these periodically updated accessibility guides](#).
- Increase awareness by sharing [stories about people with disabilities during the COVID-19 outbreak](#).
- Publish and disseminate [information about persons with disabilities](#) in mainstream journals and periodicals to gain widespread attention about disability inclusion.

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<sup>54</sup> UN Special Rapporteur on the rights to freedom of peaceful assembly and of association, 14 April 2020, ‘States responses to Covid 19 threat should not halt freedoms of assembly and association’ <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25788&LangID=E>

<sup>55</sup> For more information refer to the International Disability Alliance’s key recommendations to support a [disability-inclusive response](#) to the COVID19 crisis.



- Develop a disability-inclusion guide based on lessons learned from the pandemic for governments and local authorities. This can save lives and ensure persons with disabilities receive the vaccine first.
- Launch a campaign on kindness as an integral part of non-discrimination and equality in order to remind people about the importance and value of kindness in society.

Specifically, IDA's key disability-inclusive recommendations are below.

**Recommendation 1: Persons with disabilities should receive information in a diversity of accessible formats, including about infection mitigation, public restriction plans, and available services**

- Mass media communication should include captioning, national sign language, high contrast, large print information.
- Digital media should include accessible formats to blind persons and other persons facing restrictions in accessing print.
- All communication should be in plain language.
- In case the public communications are yet to become accessible, alternative phone lines for blind persons and email address for deaf and hard of hearing may be a temporary option.
- Sign language interpreters who work in emergency and health settings should be given the same health and safety protections as other health care workers dealing with COVID19.
- There may be appropriate alternatives for optimum access, such as interpreters wearing a transparent mask, so that facial expressions and lip movement is still visible,
- Alternatives are particularly important as remote interpretation is not accessible for everyone, including people with deaf-blindness. Solutions should be explored with concerned people and organizations representing them.
- Assistive technologies should be used, such as FM systems for communicating with hard of hearing persons, and are especially important when face masks make lipreading impossible.

**Recommendation 2: Additional protective measures must be taken for people with certain types of impairment.**

- Disinfection of entrance doors reserved for persons with disabilities, handrails of ramps or staircases, accessibility knobs for doors reserved for people with reduced mobility.
- Introducing proactive testing and more strict preventive measures for groups of persons with disabilities who are more susceptible to infection due to the respiratory or other health complications caused by their impairment.
- The COVID19 crisis and confinement measures may generate fear and anxiety; demonstrating solidarity and community support is important for all, and may be critical for persons with psychosocial disabilities

**Recommendation 3: Rapid awareness raising and training of personnel involved in the response are essential**

- Government officials and service providers, including emergency responders must be trained on the rights of persons with disabilities, and on risks associated to respiratory complications for people who have specific impairments (e.g. whose health may be jeopardized by coughing).
- Awareness raising on support to persons with disabilities should be part of all protection campaigns.

**Recommendation 4: All preparedness and response plans must be inclusive of and accessible to women with disabilities**

- Any plans to support women should be inclusive of and accessible to women with disabilities
- Programs to support persons with disabilities should include a gender perspective.

**Recommendation 5: Disability-based institutionalization and abandonment is unacceptable**

- Persons with disabilities should not be institutionalized as a consequence of quarantine procedures beyond the minimum necessary to overcome the sickness stage and such actions should be carried out on an equal basis with others.
- Any disruptions in social services should have the least impact possible on persons with disabilities.
- Support family and social networks, in case of being quarantined, should be replaced by other networks or services.

**Recommendation 6: During quarantine, support services, personal assistance, physical and communication accessibility must be ensured**

- Quarantined persons with disabilities must have access to interpretation and support services, either through externally provided services or through their family and social network;
- Personal assistants, support workers or interpreters shall accompany them in quarantine, upon both parties agreement and subject to adoption of all protective measures;
- Personal assistants, support workers or interpreters should be proactively tested for COVID 19 to minimize the risk of spreading the virus to persons with disabilities
- Remote work or education services must be equally accessible for employees/students with disabilities.

**Recommendation 7: Measures of public restrictions must consider persons with disabilities on an equal basis with others**

- In case of public restriction measures, persons with disabilities must be supported to meet their daily living requirements, including access to food (as needed with specific dietary requirements), housing, healthcare, in-home, school and community support, as well as maintaining employment and access to accessible transportation.
- Government planners must consider that mobility and business restrictions disproportionately impact persons with reduced mobility and other persons with disabilities and allow for adaptations. For example, Australia has reserved specific opening hours in supermarket for persons with disabilities and older persons
- Providers of support services must have the personal protective equipment and instructions needed to minimize exposure and spread of infection, as well as should be proactively tested for the virus.
- In case of food or hygienic products shortage, immediate measures must be taken to ensure that people with disabilities are prioritized, as they will be among those first affected.
- Any program to provide support to marginalized groups should be disability-inclusive, e.g. distribution of cash may not be a good option for many people with disabilities as they may not be able to find items they need due to accessibility barriers.

**Recommendation 8: Persons with disabilities in need of health services due to COVID19 cannot be discriminated against on the ground of their disability**

- Instructions to health care personnel should highlight equal dignity for people with disabilities and include safeguards against disability-based discrimination.
- Public health communication messages must be respectful and non-discriminatory.
- While we appreciate that the urgency is to deal with the fast-rising number of people infected and in need of hospitalization, rapid awareness-raising of key medical personnel is essential to ensure that persons with disabilities are not left behind or deprioritized in the response to the crisis on a systematic or ad hoc basis.
- Communications about the stage of the disease and any procedures must be to the person themselves and through accessible means and modes of communication.

**Recommendation 9: OPDs can and should play a key role in raising awareness of persons with disabilities and their families.**

- Prepare COVID19 instructions and guidance in various accessible formats in local languages; please see existing resources produced by IDA members and their members, which we will keep updating
- Help establish peer-support networks to facilitate support in case of quarantine;
- Organize trainings on disability inclusion for responders
- Compile an updated list of accessible health care and other essential service providers in each area

**Recommendation 10: OPDs can and should play a key role in advocating for disability-inclusive response to the COVID19 crisis**

- Proactively reach out to all related authorities including the health system, the national media, the crisis response headquarters and education authorities to:
  - Sensitize authorities on how the pandemic as well as the response plans may disproportionately impact persons with disabilities;
  - Offer tailored practical tips on how to address accessibility barriers or specific measures required by persons with disabilities; and
  - Based on available resources and capacity, contribute to the national or local emergency response.

Check [here for updated resources](#) on inclusion of persons with disabilities in COVID-19 prevention and response.