ARE THE NEEDS OF PEOPLE WITH DISABILITIES ADDRESSED IN NATIONAL POLICIES RELATED TO COVID-19 PUBLIC HEALTH MEASURES? AN ANALYSIS BASED ON THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES

INTERIM EXECUTIVE SUMMARY

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BACKGROUND

The COVID-19 pandemic has amplified the health and social risks for many persons with disabilities. The attenuation of these risks lies in large part with the structures and systems tied to public policy. Public health measures, such as quarantine, shelter-at-home and lockdown, have had different impacts on persons with disabilities. The uncertainty of the trajectory of the pandemic coupled with shifts in the pandemic response creates a context where stringent and ongoing analysis of risk and risk response is warranted. Policy responses that are aligned with the provisions of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) have the potential to mitigate harms and serve to promote equity in policy responses.

OBJECTIVES

In this project we sought to assess the alignment of these policies with the Bridge the Gap indicators proposed by the United Nations Office of the High Commissioner in Human Rights (OHCHR) for the CRPD. We analyzed country-level policies related to COVID-19 in 14 countries across regions and income categories.

METHODS

The 14 countries included for analysis are: Canada, India, Australia, France, South Africa, Jamaica, Fiji, Philippines, Zimbabwe, Rwanda, Haiti, Malawi, Ireland, Guinea.These countries are signatories of the UNCRPD and have English or French as one of their official languages. Our selection was also guided by the goal of diversity based on geography (different continents) and income levels (based on World Bank categories). We collected online, publicly available COVID-19 policy documents from these 14 countries. We began the search in July 2020 (back searching to January 2020) and continued with monthly document collections. We analyzed these documents using the Cross Industry Standard Process for Data Mining (CRISP-DM) and followed an inductive and deductive computational text mining approach using WordStat8.

The team developed a categorization model based on the UNCRPD general articles and indicators related to structure, process, and outcomes for implementation of each article, as proposed by the UN OHCHR, to assess alignment of policies with the UNCRPD. We also developed a categorization model specific to COVID-19, using the WHO and UN guidance documents related to the COVID-19 pandemic and persons with disabilities. We used a combination of both analytical models to conduct our analysis.

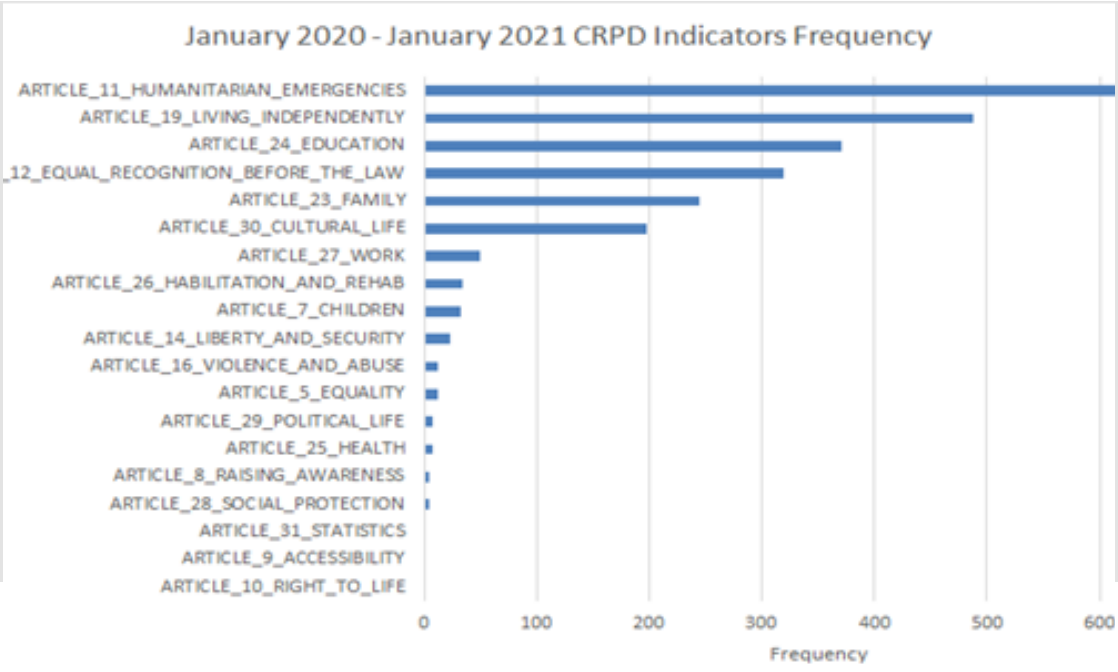

Figure 1. Frequency of the 20 UNCRPD articles' captured in the policy documents from January 2020 to January 2021

RESULTS JAN 2020 - JAN 2021

There was considerable variability in the number of policies created across countries both in absolute terms and relative to country size. Of the 14 countries, countries with the most policies were India, Jamaica, South Africa and Canada. During this period, fewer policies were identified from countries in the low-income category, which may reflect the variable timing and severity of the pandemic. Across all countries, the UNCRPD articles that were most frequently identified were Articles 11 (humanitarian emergencies), 19 (living independently) and 24 (education). (See Figure 1)

Comparing the frequency of articles between countries, we identified some trends: For example, article 19 was much more likely to be identified in policies from high income countries.

Analyzing within articles, we also identified patterns: For example, within Article 11, the indicators related to 'prevention and response' were the most commonly referenced. We also found changes over time, with emergency responses and accommodations in the first months of the pandemic evolving to higher frequency discussion of community living and accessibility to personal protection equipment and testing centers to vaccine-related topics in December 2020, particularly within high-income country policies.

KEY TAKEAWAYS

- The alignment of countries' responses with the UNCRPD indicates a gradual shift from emergency responses in the beginning of the pandemic (Article 11), to issues related to service provision and programs that accommodate a more "chronic" reality and impacts of restrictions in the daily life of citizens such as education and community living.
- Some countries had special considerations made for individuals with disabilities who face multiple layers of marginalization such as children, women, indigenous persons, and gender diverse.
- Although some policies recognized the vulnerability of persons with disabilities and flagged the need to concentrate efforts to consider this population, few documents outline concrete actions to address these issues beyond recognition of potential vulnerability or awareness raising.

NEXT STEPS

We are now analyzing the content of the policies that were cited across the different articles to identify for example: the extent to which policies really addressed the content related to structure, process, and outcomes of the UNCRPD; the different governmental institutions responsible for promoting disability-related policies during this emergency response period, the intersectionality in policy responses, and the legal aspects related to the use or absence of the UNCRPD during this public health crisis.

We hope these analysis will support a better understanding about the extent to which signatory countries of the UNCRPD do respect and meet the needs of persons with disabilities during the pandemic, to learn for present and future responses.