



People Living with Disability, The Ones Left Behind in the Pandemic

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Introduction

Based on a joint report by world bank and World Health Organization, an estimated 15 million people in Ethiopia lives with some kind of disability [1]. Over 95% of these people live in poverty and lack basic necessities, further adding to their daily challenges [2]. There are multiple factors contributing to the existing disparities decreasing access to health care for disabled individuals. Inadequate policies, negative attitudes towards the disabled, poor coordination of services at health institutions and inadequate funding towards potentially helpful projects are

some of the reasons attributed to this disparity [1]. Additionally, the majority of disabled people in Ethiopia live in rural areas which exacerbates the challenges in accessing basic health care, including health information [1].

Since the first report of the novel corona virus by WHO on Dec 2019, more than six million people have been infected with the virus worldwide. As of May 31, 2020, more than 1172 people in Ethiopia are infected with the virus and 11 people have lost



their life related to the infection. One of the critical strategies in controlling the spread of infection is effective communication of information to the society. This is a major challenge when it comes to People Living With Disability (PLWD). Common communication channels used to disseminate information are not easily accessible, or sometimes even understandable, by PLWD. This is partly due to historic inequity that resulted in the marginalization of PLWD from active community engagement and opportunities. Active communication with disabled communities/associations and exploring the real challenges facing PLWD will help us find collective mitigation measures that can help to address this challenge. All efforts should be made to ensure that we are using the most effective and efficient communication channels to reach the disabled community. Additionally, sending health professionals and/or health extension workers home to home will also have a powerful impact in reaching the members of this community who are not able to move out of their home.

The other successful strategies recommended by World Health Organization for prevention of the spread of corona virus is social distancing [4]. This strategy will be more challenging for PLWD due to their social condition. People living with disability are dependent on families and friends to perform one or more activities of daily living. They may need support to move, take medication, dress, or even to perform simple tasks necessary for survival like putting food in their mouth. So, a pragmatic approach should be used in implementing this strategy in local settings, without putting both PLWD and their care giver at risk. Moreover, both PLWD and individuals involved in care of PLWDs should be part of formulating strategies in the mitigation effort.

Personal protective gear including face masks and sanitizer is a critical component of combating the mechanism of virus transmission and spread. This equipment has some cost, which will be a challenge to this already financially disadvantaged population. PLWD are economically marginalized and disproportionately poor, caused mainly due to lack of opportunity and a system that poorly accommodates this part of society [3]. Significant number of PLWD in Ethiopia earn their living through street begging. The government, in collaboration with stake holders, should advocate for free and adequate distribution of necessary personal protective gear throughout the country.

Despite the existing major mitigation measures made by the Ethiopia government, including a ban on mass gathering, school closure, church closure, suspension of international flights to at least 80 destinations, and border closures, there is still long way to go. More work needs to be done to provide inclusive protection of the disabled population from the COVID-19 pandemic. All stake holders in the country are expected to act proactively and fill these gaps to protect the health of the disabled community and maintain the global commitment to achieving universal health coverage and ensure that no one is left behind during this trying time.

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