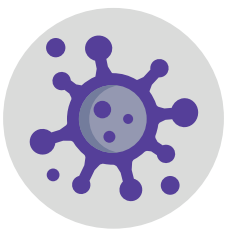


Accessibility and Covid-19 (coronavirus)



Persons with disabilities in many countries are missing out on vital information about Covid-19 (coronavirus). This is because information is not being made available in accessible formats.

It is crucial that public health information and communication about Covid-19 is fully accessible to everyone, and that persons with disabilities can stay up to date on changing health advice.

What are accessible formats?

**Braille**

**Closed captioning**

**Large print**

**Sign language**

**Assistive listening**

**Screen reader-friendly content**

**High contrast**

**Plain, clear language (including Easy Read)**

**Tactile communication & interpretation**

What does this mean?

Accessible format information about Covid-19 should include:

- **Health and hygiene advice**
- **Services offered**
- **Public restriction plans**
- **Tips to reduce the risk of infection**

Mass media communications and daily briefings by the United Nations as well as information from the World Health Organization should also be accessible.

* based on the IDA and IDDC materials

COVID-19 and Deafblindness

Recommendations on inclusive policies from the global deafblind community.












In these times of turmoil, with the whole world severely affected by the Coronavirus (COVID-19) outbreak, we must ensure that those who are the most left behind, neglected, vulnerable and exposed to double isolation in any crisis, persons with deafblindness, are also equally protected according to Article 11 of the UN Convention of the Rights of Persons with Disabilities (CRPD).

Representing between 0.2% to 2% of the global population, an estimated 15 to 155 million persons on earth experience combined hearing and vision impairments - deafblindness. Adding dual sensory impairment due to aging, the number rises to 6% implying as many as 467 million experience a degree of deafblindness during life¹. This group of persons with deafblindness must not be neglected and forgotten during this time of crisis.

Furthermore, we would like to emphasise that the number of those persons rises with age, making the elderly in our society more vulnerable to the virus. Older persons with deafblindness experience a higher risk than most others as, in addition to being in the high-risk group due to age, they struggle to cope with both accessing and processing information, as well as resolving daily tasks such as shopping for essentials like basic food and/or medicine, a couple of examples among many issues being faced. The crucial fact is that the combination of their dual sensory impairment and age strongly impacts on and increases the complexity of their situation, increasing their need for proper services to reduce risk of serious and severe health complications due to COVID-19.

The European Deafblind Union (EDbU), the African Federation of the Deafblind (AFDB), the Latin American Federation of the Deafblind (FLASC) and the World Federation of the Deafblind (WFDB) urges the UN, WHO, EU bodies, state parties and governments across the world to ensure that:

- **1 The importance of media access** - All media communication should be in plain language and accessible for persons with deafblindness through (but not limited to) closed captioning, national sign language, clear-speech translation, high contrast and large print publications. It must also be made available at the same time while information is given.
- **2 Dissemination of official information** - Official COVID-19 instructions, guidance and guidelines should be provided in accessible formats for Deafblind persons that includes large print and braille.
- **3 Access to Service Providers** - All services provided to the public due to the COVID-19 outbreak like Red Cross services, telephone helplines and other providers of support and/or psychological help are accessible to all persons with deafblindness.
- **4 Access to Digital Media** - Digital media should include accessible formats in plain language for deafblind persons. Special online access should also be given in plain text format (without any pictures and advertising) which may need adjusting if required. It is also essential for text and/or email messages to be sent with such information upon request.
- **5 Access to Personal Protection Equipment (PPE)** - Urgent priority should be considered to ensure that all persons with deafblindness can be given priority access to protective gear such as masks and gloves due to the extreme difficulty of doing so because of mobility limits during lockdowns or impossibility to finding help.
- **6 Protecting the Deafblind interpreters (interpreter-guides)** - The nature of our unique disability of Deafblindness encourages close proximity and touching of hands with Deafblind interpreters (interpreter-guides) which allows to follow information on the environment surrounding them and translations from spoken/written language. Therefore, Deafblind interpreters (interpreter-guides) who work in emergency and health settings should be **given the same health and safety protections as other health care workers dealing with COVID19.**
- **7 Awareness raising** - Immediate awareness raising on support to Deafblind persons is essential and should be established together with national organisations who should also have a key role in protection campaigns.
- **8 Access to services while in quarantine or in need of medical help** - During quarantine or when in need of health services, deafblind persons must have access to Deafblind interpreting services (including interpreter-guides), support services, personal assistance as well as physical accessibility. As such, persons with deafblindness cannot be deprioritized on the basis of their disability.
- **9 Access to work and education** - Remote work or education services must be equally accessible to all employees/students with deafblindness.
- **10 Restrictions during COVID-19 crisis** - Measures of public restrictions such as gatherings limit of 2 persons in some places must consider persons with deafblindness on an equal basis with others. This is due to the fact that most, if not all, deafblind persons still need a Deafblind interpreter to help them to get all necessary instructions and information when they do not have family support or where alternative communication methods have failed, therefore, it is vital that our unique disability is treated with respect under such restrictions.
- **11** For DPOs representing persons with deafblindness we advise a reduction of all direct services and organise work from home if possible while still ensuring and continuing:
 - Organisation of the Deafblind interpreting (interpreter-guide) services for persons with deafblindness, so that they can urgently reach out and help elderly and lonely persons with deafblindness
 - The vital task to make sure that the most isolated deafblind persons receive the most urgent information, all conveyed in their preferred mode of communication, while also ensuring that they have prioritized access to food and medicines
 - Recognition of deafblind persons - advise them to use red-white canes so they are more visible and/or hold at least an official card that indicates their deafblindness to the authorities and emergency services.

¹ Please share any information and good practices from your country with us, that you consider relevant on providing quality services and support of persons with deafblindness, currently severely impacted by the Coronavirus outbreak.

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