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IDDC

MAY 18, 2021

1500 P.M. CET

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>> SIMON BROWN: Alessandra I guess you just launch in, once everyone is in the room, straight on with you.

>> ALESSANDRA ARESU: Perfect. No problem. And I just want to double check that the three speakers from the health panel are already on the line and hi Simon, now you can see you. Nice to see you.

>> SIMON BROWN: You, too.

>> We have Christopher and we are missing Alarcos I think.

>> ALESSANDRA ARESU: Okay. Can I double check if I am pronouncing your name correctly, so let me just check as to make sure ‑‑ Dr. Yahya, how do you pronounce your first name?

>> YAHYA DISU: It is Yahya.

>> ALESSANDRA ARESU: Yahya Disu, perfect. And Christopher Agbega, correct?

>> YAHYA DISU: You are muted Christopher.

>> CHRISTOPHER AGBEGA: Yes. Correct. That's correct.

>> ALESSANDRA ARESU: Thank you. Thank you for being here. We are just waiting for the green light to start. And we get a couple of minutes to the other speakers to come on.

>> Yeah. So I will no longer ‑‑ I will start. Just to let you know.

>> ALESSANDRA ARESU: Please Angelique, repeat because the voice came through interrupted.

>> Everybody is arriving.

>> ALESSANDRA ARESU: Perfect. I'm still waiting ‑‑ oh, okay. I can now see also Alarcos she is on the line. So we can ‑‑ we can say that the team of three speakers is on the line. And I would say that we can start this session. So that we have the full 45 minutes for the health. Perfect.   
 Good afternoon.

>> Hi.

>> ALESSANDRA ARESU: Hello. Good afternoon, good morning, or good evening, according to where you are based today. I'm Alessandra Aresu, I'm the director for global health at humanitarian inclusion and the co‑Chair of the inclusive health group at IDDC. I hope you can hear me and see me well.

>> SIMON BROWN: Yes, we can.

>> ALESSANDRA ARESU: So perfect. It is a pleasure for me to facilitate this session dedicated to health and build back inclusively. The first 45 minutes will be dedicated to health. And then we know that the second 45 minutes will be dedicated to livelihoods.   
 As a reminder the inclusive health task group of IDDC is composed of three co‑Chairs. I'm facilitating on behalf of all of us. The second and the third co‑Chair are Nick Cobe and Andrea Pregel. I thank Andrea all his work in putting together this panel. It was great to do this together.   
 Can I ask you before starting with some remarks if you could keep your microphone closed, muted while others are speaking. And if you are not speaking just to make sure that the background noise doesn't interrupt the presentation of the speakers. And if you can keep your video on when you are presenting, that is also very much welcome.   
 The captioning service is also available together with the sign language interpretation. And you should be able to use this service. Please if you have troubles, if you have problems, use the chat box to let us know so that my colleague, our colleague, Angelique can help us in solving this problem if that happens.

>> Yes. Thank you.

>> ALESSANDRA ARESU: Give me only one second. Perfect. So this panel today will have the pleasure to welcome three contributions, three speakers. The first speaker, Alarcos Cieza from WHO is the unit head of sensory functions disability and rehabilitation division. The second speaker will be Dr. Yahya Disu, the head of risk communication division at the Nigeria Center for Disease Control. And our third speaker will be Christopher Agbega, coordinator of COVID‑19 initiatives at Ghana federation of disability organizations.   
 Each of the panelists will have a few minutes to share their inputs and their reflections on this very important time of COVID‑19, COVID‑19 response from the disability inclusive perspective as well as building back inclusively. And then, of course, there will be a space for questions and answers as the presentations are over.   
 As questions come to mind while listening to the presentations, please do include your questions in the chat box, including also the name of the speaker you would like to ask your question to. So that we can ensure our speakers can address them one by one. And can have as many questions as possible covered. Before giving the floor to our speakers, I want to just bring you up to speed with what the inclusive health task group of IDDC has been working on in the context of COVID‑19 disability inclusive response and build back inclusively because I don't assume that all of you are updated on the subject.   
 And, of course, it has been a very long year, full of initiatives, starting at the beginning of the pandemic early days with our cooperation with the core group platform in creating a repository of resources on COVID‑19 and disability inclusion that were at that time aimed to start to gather information in key materials at the very early stage of the pandemic. We then move forward joining forces with the International Disability Alliance throughout the month to promote disability inclusive COVID‑19 response campaign asking for the right to health of Persons with Disabilities to be acknowledged, respected and promoted.   
 And, of course, we went on throughout the month and most recently with a campaign on COVID‑19 vaccination. And in addition to the very focused activities on COVID‑19 as a reminder as COVID‑19 has certainly exacerbated barriers that Persons with Disabilities face when it comes to access to health information and services, certainly in the last few months, more and more the fact that there is more and more attention to the Article 25 of the CRPD dedicated to access to health, and the fact that we are still far away from seeing the rights to the highest standard of health for Persons with Disabilities to be fully respected in many countries and translated in to practice.   
 And what we observed during the COVID‑19 confirmed really the need for the World Health Assembly Resolution and the highest standards for health for Persons with Disabilities, in fact, the core group of WHO Member States were already discussing about for many months, already when COVID‑19 entered in our lives, and we had as IDDC the opportunity to be part of influencing action, and a collaboration to make sure that the contents of this and the language of this Resolution also respects and reflects the ideas and the contributions of Civil Society organizations and OPDs. This action of influencing the WHO Resolution draft was done once again in collaboration with IDA.   
 Of course, we will hear more and more about all this elements directly from our speaker from WHO. And in ‑‑ that is today with us, and so we are very, very grateful to have Alarcos with us today. I do not want to take more time. I really would like to pass the microphone directly to you, Alarcos to invite you to share with us some of your reflections and inputs on the step that WHO has taken to promote disability inclusion in COVID‑19 response, but also with a view of building back better, what are the steps WHO is taking to promote the development of more disability inclusive health systems and services. And I will really also if you have the time, ask you to share with us a little bit more what do you think stakeholders such as IDDC can and organizations of Persons with Disabilities can really support WHO in this process. This is our ask, our let's say our first question, multiple questions for you. I will give you the floor Alarcos. And you will have up to eight to ten minutes to share your inputs and thank you again for being with us.

>> ALARCOS CIEZA: Thank you, Alessandra and let me also start with saying thank you and emphasizing what a great pleasure is for me to be here today, representing the World Health Organization.   
 And I would be as brief as possible so that there is time for discussion and questions. Regarding the first question, what has been WHO's response regarding disability and Persons with Disabilities during the COVID‑19 outbreak? And let me emphasize that the response of the WHO has been strategic, more than operational from the beginning. So if WHO announced on December, on January 13th of our 2020, that COVID‑19 is a public health emergency of global relevance, it was March, the 6th of March and we have the first guidance on disability consideration, disability considerations during the COVID‑19 outbreak. So it took us only six weeks to put this guidance forward. And it was one of the first documents that actually WHO released at that point, related to COVID‑19 as a whole.   
 And because we saw that it is of fundamental importance to strategically to attract attention to the agenda for Persons with Disabilities and how Persons with Disabilities were being left behind during the ‑‑ during the outbreak. So there are world recommendations for Persons with Disabilities themselves, but also for the general public, for health care workers, for disability service providers.   
 What we did also immediately in March is to link very closely with the UN ‑‑ with the UN office and specifically with the office of the Under‑Secretary General responsible for disability and we called for a webinar inviting all other UN agencies as well as Civil Society, and organizations of Persons with Disabilities. And UN country teams.   
 And the reason why it was so important so early in the pandemic to come together is because immediately was clear that we couldn't look at COVID‑19 only as a public health emergency, COVID‑19 as we are seeing has tremendously socioeconomic consequences as we knew that if we don't bring a global response together, then Persons with Disabilities again will be left behind.   
 So during this webinar in April was a tremendous emphasis and also motivated the Under‑Secretary General to ask the Secretary‑General of the United Nations for the policy brief on disability that came out already in the first week of May.   
 That also attracted a lot of attention to ministries of health of having to put an emphasis to the disability agenda.   
 We move forward then in time and WHO then let one of the Working Groups at the UN level on the COVID‑19 health response.   
 And one of the main focuses was to bring a country level this guidance and this disability considerations during the COVID‑19 outbreak. We translated this guidance to 22 languages. We work with UN country teams, with our regional country offices, to really bring this as close as possible to the partners in the ground so that advocacy could also take place at the country level.   
 Then we move forward also in the time and the UN PRPD, the UN partnership on rights of Persons with Disabilities, they put together a project and building back better for Persons with Disabilities. And WHO played also a leading role in this group. And thank also to the collaboration with IDDC we could move forward with two essential pieces of work.   
 The first one is putting all the data together in terms of the information that exists to what extent Persons with Disabilities has been or there is data on ‑‑ mortality of Persons with Disabilities during COVID‑19. We collected all the evidence. We came to the conclusion that actually we could say with confidence that Persons with Disabilities have been ‑‑ they are at an increased risk of being infected by COVID‑19, that are at increased risk in developing severe symptoms or even from dying from COVID‑19. And that even if they don't get COVID‑19, the health outcomes of Persons with Disabilities are also impacted negatively.   
 So we ‑‑ this paper is written and is now a publication. But it is on the revision. And we expect that will be also published very soon.   
 This information also was used for an additional document that we launched recently, also in collaboration with the input of IDDC and the input of organizations of Persons with Disabilities that was guidance and disability considerations for COVID‑19 vaccination.   
 And last but not least, I also would like to mention another activity with ‑‑ that we have ‑‑ we are coming out with IDDC and that is the development of accessibility standards for telehealth. Because as you will know the health sectors have moved and service delivery have moved tremendously to telehealth services. However, there is not accessibility standards. We are working with the International Telecommunication Union and also with IDDC and we will be launching this standards later this year. And again emphasizing that all these activities have always been done with the perspective of what strategically we could do so that the agenda of Persons with Disabilities and Persons with Disabilities get attraction and attention at country level and that all our partners can use those messages.   
 We have to recognize however, and I think that is what brings us or brings me to the current agenda moving forward from WHO we need to recognize that disability is not at the core and the agenda of Persons with Disabilities, disability inclusion is not at the core of the attention of the health sector. And that is something that needs to be change moving forward. One of the things that COVID‑19 has done is to bring this to the attention of ministries of health. And that is really like the positive consequences of not a positive outbreak like COVID‑19 but it cannot be denied that disability inclusion has not been in the agenda of ministries of health. Luckily a couple of Member States moved forward, proposing a Resolution during the ‑‑ at the World Health Assembly that will be endorsed next week asking WHO to move forward with this mandate. And the mandate is disability inclusion in the health sector. And this means now three things, moving this agenda in three pillars. Making sure that health systems are inclusive of Persons with Disabilities, that all the barriers that Persons with Disabilities encounter and identify and address approaches are developed to address those barriers. Secondly, it means or the second pillar that is how to make sure that the means of requirements of Persons with Disabilities are included in their health emergency preparedness and response plans. And the UN ‑‑ the World Health Assembly Resolution also requests WHO to take action towards that and develop guidance. And third and not least or the last part at least is about making sure that all public health strategies that are implemented in order to improve population of health are inclusive of Persons with Disabilities.   
 And one of the typical examples is water and sanitation. But it is also health promotion. And making our health promotion strategies also inclusive of Persons with Disabilities and so on and so forth. Concentrating on three pillars and then cross‑cutting action that is the action of data and data of Persons with Disabilities also in health information systems. That is what the World Health Assembly Resolution is requesting from WHO. The World Health Assembly Resolution also requests the Civil Society and organizations of Persons with Disabilities to be part of this action. And WHO when moving forward with developing all these guidance that the World Health Assembly Resolution has, will be ‑‑ will consult with organizations of Persons with Disabilities and also, of course, we can with IDDC as a partner moving forward. So I just stop here and then happy to answer any questions or have a discussion.

>> ALESSANDRA ARESU: Thank you. Thank you Alarcos for your contribution and your reflections so far. As mentioned please stay on the line to ensure that we can hear the other speakers and then receive all the questions from the audience. And I would like to mention that, of course, there will be this week an event led by WHO and Member States and some selected Member States with the support of IDDC on the Resolution that Alarcos has just mentioned. I will make sure that I drop a link in the chat for everyone. So that you can also take part and follow the conversation around Resolution before the World Health Assembly starts.   
 While doing this I'm really really happy now to give the floor to Dr. Yahya Disu, from Nigeria and I look forward with all of you to hear from him a little bit more of an overview on the work that has been done by the Nigerian Center for Disease Control to include Persons with Disabilities in COVID‑19 health response in the country. And if possible, please share about the ongoing discussions on building back better and inclusion of Persons with Disabilities. Thank you and the floor is yours, Dr. Yahya Disu.

>> YAHYA DISU: Good afternoon everybody. I want to thank the organizers of this workshop for giving us the opportunity to share experiences in Nigeria in a Forum where (cutting out) this the latest sector, to mitigate the impact of COVID‑19 on the sector and the entire population. It has been a learning call for us because as before now we knew how to engage these wonderful colleagues. But recently we now know how to deal with them because we ‑‑ the relationship with stakeholders from that sector.   
 So I want to start with what Nigeria during COVID‑19, the same period. First was that we were able to first and foremost work with disability related organizations, like deaf resource center and then also national Association of sign language interpreters, and to be able to do the following: Then we involved them in strategy development. And they were incorporated in to the risk communication and community engagement pillar. That way we understand the needs of this group of people and then when Presidential task force was also created, there was this link of the National Association of Sign Language Interpreters to PTF and to enable them to interpret the information during Presidential briefings. So that is our first one. Any other decision they want to take they are part of a pillar. Even sometimes they bring somebody who has disability and there will be an interpreter interpreting, letting also understand their own perspectives.   
 So the second thing is in the messaging development, there is ‑‑ (cutting out) work with these organizations. And development of communications material, like Braille, and also in the Ministry of ‑‑ and then also when it comes to like I said earlier, PTF, Presidential task force, we linked them across states, the states are ‑‑ that are already to ensure that they observed these services of these Associations.   
 And then the second thing we are able also to do is media advocacy. We partner with legal (inaudible), Ministry of Social Affairs in ensuring that ‑‑ this group of people they are able to support interpretation and to organize media, training for media and engagement with the media. And then the organization will also involve in that meeting. And then what achieve is to promote access to information by ensuring that the interpreter languages, deaf, that we produce. And also encourage media to advocate on their behalf to policymakers across all levels.   
 So what is the concentration for disability sector? Policy and funding relating to COVID‑19 intervention. So those are things that we are able to do.   
 And then the establishment of national Committees, national commission of Persons With Disabilities in Nigeria. And this was as a result of realization at the Presidential task force level, that these group of people have been excluded. And the African commission have given them office and majority of them are from the group. And last week as we speak, there was a call to the Director‑General of Nigeria Center for Disease Control who has prompted to support and to make sure that they are included in whatever programs that we are doing. And then we have already incorporated their representatives in the national risk communication technical group for the country. This is the strategic group that developed and determines the direction for risk communication or committee engagement in the country, not just COVID‑19. But other infectious diseases, hazards, disaster, conflict and so on and so forth. Because it is made up of many departments, NDAs and partners, both local and international partners that develop deadlines. It is a welcome, that we have an agency from the Federal Government that can also have ‑‑ act like as MDA that we can relate with. So those are major achievements, things that we have done so far. And then future plans includes we want to now leverage this platform that created by federal government of Nigeria. That's a national commission for Persons with Disabilities in Nigeria. That way we are able to work with the stakeholders and design framework for conducting assessment among disability groups. Impact of outbreaks of this group. Because that is when we can now begin to think okay, how do we design strategies. Of course, you will be included in design of this framework with national position of Persons with Disabilities in Nigeria. Also we through this we approve ‑‑ we want to design a mechanism for understanding their communication support needs so that whatever we are doing, is targeted. Now the second major thing is to fully incorporate the stakeholders in strategic development and dissemination in the country. Whatever we are doing irrespective of the disease outbreak and will be part and parcel of this because the constitution makes up a part of the population and also have rights to health.   
 And then the third one is the empowerment at individual and group levels to take ‑‑ to enable them to take informed decisions and initiatives for preventing and mitigating impact of threats on the population. So those are things that we already think, planning and now that they are from this commission, it becomes easy for us and it becomes a very good lever, legal lever to pull on. And then also to sustain media advocacy for the sector. Legos, we started with and we want to ensure that we conducted at national level, and then work with stakeholders and as well promote this other states to ensure that they are able to ‑‑ where they are state of closure with grassroots led to this population.   
 And the last is to work with stakeholders and the commission to development Guidelines for disability sector for future engagement. Thank you very much. Let me just share this, at the beginning of COVID‑19 outbreak, somebody from deaf resources came to our office, inviting to give the materials for sensitization for people in disability sector. And I told him that look, why not join our pillar, engagement pillar for so that we can capture your needs. So that was when he brought the first meeting, he brought somebody who could not ‑‑ I mean who has a disability with hearing and then we did sign language interpreter. And it was very successful.

>> ALESSANDRA ARESU: Thank you.

>> YAHYA DISU: (Cutting out). So it was there we now realize that we need to really involve them. And they joined our pillar. Thank you very much. Over.

>> ALESSANDRA ARESU: Thank you. Thank you very much for this presentation, Dr. Yahya Disu. And I will ‑‑ I see the time is running and I know that all of you have a lot to share at the expenses unfortunately of a discussion. But I want to immediately give the floor to Mr. Christopher Agbega for his presentation. And thank you for trying to stay within the eight to ten minutes that we have allocated so we can still have a few minutes for questions and answers. Thanks a lot, Christopher.

>> CHRISTOPHER AGBEGA: Thank you. Thank you so much. And thank you for the opportunity to speak on such a very important one. I'm going to drive my point home as quick as I can.   
 So generally the Ghana federation of disability organizations is a nine member body looking at various types of disabilities, from deaf, to persons with Albinism, auto immune and we even go beyond that to look at persons with Leprosy, persons with deaf‑blindness, multiple disabilities, and so it is important to understand that before COVID there were a lot of health‑related challenges for Persons with Disabilities. I'm going to keep my talk on health because there has been a lot of work around the economic side of things and the social side of things. But just looking at health. And so like I said, before COVID, Persons with Disabilities already had a lot of, you know, encounters with some barriers with regards to health care which is stigmatization and discrimination of Persons with Disabilities, by health workers or persons that "should know better". Inaccessible buildings, structures as well as high cost of services and medications.   
 Now GFD understanding the severity of the pandemic we actually zoomed right in to interventions, right when Ghana recorded its first two cases in March of last year, 2020. And what we've done over the period is we've conducted various levels of research because if you are going to engage Government you should come with some levels of resources. So or data. So we've been able to carry out research on the impact of COVID‑19 on Persons with Disabilities on their social and economic impact as well as health. We've also carried out a number of documentaries. What we want to do is we want to present a visual representation of what it means for Persons with Disabilities in this very challenging times. We've also carried out intensive COVID‑19 education across the country. What you have to understand when COVID hit a country, Ghana went under a lockdown period. The lockdown was between two major cities in the entire country. But what we tried to do is we tried to extend our intensive education beyond these two major cities. And we've done that, we've also engaged the health promotions of the Ghana health service to also understand the format in which educational materials would have to be shared to Persons with Disabilities. And the reason is because Persons with Disabilities have different approach to how they access some educational materials. That has to be looked at. That's one of the things that we did and that engagement is still ongoing. We also engaged district health directories.   
 So what we need to understand or what I have to make you understand is the Government of Ghana rolled out some interventions in the area of health to ensure that Persons with Disabilities, you know, have access to their health care needs even within this period. So what we did is we engaged Persons with Disabilities and the health directorates of these health centers in these districts to ascertain whether what the Government rolled out is what it is on the ground with regards to access for Persons with Disabilities. And that was ‑‑ that also came up with a lot of findings. Persons with Disabilities expressing some levels of dissatisfaction and the health directory rates actually acknowledging the fact that a lot has to be done to bring onboard the needs of Persons with Disabilities. So in Ghana, several interventions have been developed and implemented by the Governments like I said on the socioeconomic aspects but we are looking at health. And according to, you know, the emergency preparedness and response projects and in accordance with the act 715 of the disability act 715 which is in our constitution, all public health facilities were to ensure and provide for accessible services for Persons with Disabilities and that's why we engaged the health directorate to ascertain whether that was the case.   
 The Governments also went ahead to commission some ambulances during the period. And also the relation of 20,000 wheelchairs which was just over two weeks ago. That was what the Government did in the country. What I also need to acknowledge the government for doing is that in the beginning, the Government began to address the country, the Presidents, His Excellency, addressing the citizens on a monthly or a weekly, two weeks basis. And one thing we recognized was the barrier in accessing, you know, that community, because for persons who can't hear and there was no sign language interpreter how do we bridge that gap? We reached out to the office of the presidency and we were able to bridge that. The office of the Ministry of Health and the President's office, they have brought onboard sign language interpreters to meet the needs of Persons with Disabilities, breaking the communication barrier.   
 Just to speak on a few things, and then I end it. Over the period, what we've begun to see is that there is a big gap between the interventions that Government is rolling out, and the needs of Persons with Disabilities.   
 We have been calling for universal health coverage for a very long time. And it is very clear that this is a time that that even needs more attention. And so we are carrying on with advocacy efforts, and ensuring that the ‑‑ the people in the authority or stakeholders understand the need for that increased budgetary allocation for universal health coverage, targeting Persons with Disabilities. Let me bring our attention to this, in wrapping up.   
 During the last year, if I should put it, we remember how the President of the U.S. came out to state that Hydroxychloroquine was a medication that could actually cure COVID. What people failed to understand was that the Hydroxychloroquine was a medication that was taken by persons auto immune logical conditions. What that medication came out that it was a cure, the prices of that medication skyrocketed. And it affected Persons with Disabilities who are already facing issues and challenges with regards to purchasing these medications.   
 And so within that period we suffered high levels of anxiety and depression, but the mental health society of Ghana and the Ghana health federation of disability organizations have been able to come up with some psychiatric interventions for persons with mental health. We are looking out for the meaningful involvement of the Ghana federation of disability organizations in most of these Governments laid down protocols. Because believe you me, GFD is the organization for Persons with Disabilities is not involved, we are going to continually see a lot of interventions by the Government which is going to lack the needs of Persons with Disabilities. And that's what we are fighting for. Currently we are also championing a lot of education around the vaccination because it is very, very important that citizens are vaccinated. Persons with Disabilities who have underlying health conditions the approach has to be very systematic. It can't be done because you find a disability because generally the citizens in general. It has to be done systematically and also with the advocacy that we are championing, we are trying to break down the myths and conspiracy theories around the vaccines and if you take it and the health complications, perhaps there is whole lot. But because of time this is generally what has been happening in Ghana over the period. Thank you.

>> ALESSANDRA ARESU: Thank you, Christopher, for all the information and for sharing and because I didn't see so many questions in the chat, and because the most difficult task of a virtual conference is to interrupt very passionate speakers when at the are speaking without really being too aggressive. So intentionally I let people really share. We have with a kindness of the next session five minutes more to take some questions. Please ‑‑ and I see only one question in the chat. So I jump on it to make sure that we can at least address this one.   
 I believe that no questions, that you have been extremely generous with your information so far. And the question is for our speaker from the WHO. And with thanks for the presentation and for the great, great ‑‑ it is great that the WHO Resolution is coming. But there is no attention in the Resolution to CDR which is an important service for the poor in the poor countries. This is the comment in the chat. I want to give the space to Alarcos to respond to this comment before closing this session. Thank you.

>> ALARCOS CIEZA: Thank you Alessandra. And let me say that I was really grateful to hear also the contribution of Ghana and Nigeria and Christopher it was music to my ears that you are advocating for universal health coverage. That's something we need to do all of us moving forward. And but now related to the question of Steven regarding CBR. It is an extremely important question. Let me say that it is not that WHO drafts the Resolution of the World Health Assembly. That is really what it is drafted by Member States. So the inclusion of community‑based rehabilitation should have come from Member States and ministries of health to include it in their Resolution. Having said that, and it was not the case, what one could even question, why that was not the case. But having said that, let me say something. And that's as you well know what WHO is doing is really disentangling the agendas of rehabilitation and the agenda of disability inclusion. It is an extremely important strategy that we are moving based on the rehabilitation 2030 initiative where rehabilitation deliver at the community is a fundamental part of this strategy.   
 And disability inclusion in the health sector is what we are moving, moving forward with the ‑‑ with the Resolution and the request of the Resolution.   
 We potentially and we would welcome it very much, if Member States come forward in the future also with ‑‑ with the Resolution for rehabilitation. I think this disentangling it is important because in the last year it has not been beneficial neither for the agenda of rehabilitation and not for the agenda of disability, been entangled in such a way in countries. Because in many countries, it has been perceived that rehabilitation is only for Persons with Disabilities, what has led to the fact that rehabilitation has not been perceived as a service part of universal health coverage. It has been and the prioritized, undervalued and underresourced and that also to the decrement of Persons with Disabilities who benefit, of course, from rehabilitation services.   
 Also there was the misunderstanding that all the service in many countries, that all the services that Persons with Disabilities needs is rehabilitation. What it has not also contributed to move forward the agenda of disability in the health sector. So for that reason I think this ‑‑ this disentanglement and this separation and both agendas where disability inclusion with the health sector with a new Resolution is very good news. And the rehabilitation agenda in the context of rehabilitation 2030. Now let me talk about this community‑based inclusive development. And I know that many of the stakeholders of community‑based rehabilitation identified with the terminology and identify with the community‑based development as a cross‑sectorial development and all areas of lives of Persons with Disabilities. This is a strategy that needs to move forward under the leadership of all the different sectors. Currently WHO is planning together with the with the high commission of Human Rights, that is the best approach, and also as a cross‑sectorial strategy involving all the different sectors and all the different UN agencies responsible for all these sectors. And you will be hearing more and more in the future on an initiative and strategy that will be called Community 2030 and hopefully that will be also speak to all of those that are passionate for community‑based inclusive development. So I stop here. Thank you.

>> ALESSANDRA ARESU: Thank you Alarcos. Thank you very much to you. And to our two speakers from Ghana and Nigeria. We have really come to the end of this session.   
 And we have almost abused the patience of our colleague from livelihoods who have been waiting for the next session. Apologies for this. So we close here the session, the thematic session on COVID‑19 recovery and disability rights dedicated to health at the General Assembly of IDDC. Thanks again. And I give the floor to Simon for continuing this session on livelihood. Thanks again for everybody, to everybody for your contribution and for attending this session.

>> ALARCOS CIEZA: Thank you.

>> SIMON BROWN: Thanks Alessandra and thanks Alarcos and Yahya and Christopher for the fascinating session. The second half of this webinar, of this IDDC session is going to look now at the economic recovery and disability rights within that. We've spend some brilliant time talking about the health parts of it and now we we're going to look at the economic part. My name is Simon Brown. I co‑coordinate the livelihoods task force with Anneka who joins us today from Gulu from northern Uganda with hopefully a reasonable connection. We have panel that will give a global view or a national or local Ugandan view. Let me quickly introduce them. We have Deborah Iyute from the national union of disabled persons of Uganda. We have Douglas Opio and hopefully Stefan Trano from the International Labour Organization. Stefan is replacing Jurgen Menze who was supposed to be on the panel today but unfortunately is not very well. Stefan will join us as soon as he finishes with a Glad meeting which he is leading hopefully in a few minutes.   
 But first Douglas, I'm going to start with you. And because I think it is very important that we learn from your grounded experience. We know Uganda has managed the health pandemic particularly well, compared to many other countries. But also as we look at the macro level economic impacts, at least statistically it looks equally promising, that the economy, the gross domestic product on a financial year basis last year continued to grow, albeit at a reduced rate. And only marginally contracted when we look at it as a calendar year basis the 2020 year basis. We know from the incredible data that's available from the bank of Uganda that agriculture and industry look fairly resilient after the initial shocks in that first wave from April to June.   
 But the services sector really suffered and continues to struggle as recovery begins to happen. Can tell us about the journey from a Ugandan economy perspective over the past year how you see the recovery continuing from a Ugandan perspective. And whether you see signs of that being more inclusive of disability than perhaps is being in the past. So Douglas, maybe in five or six minutes could you give us a short kind of presentation on those areas, please?

>> DOUGLAS OPIO: Thank you so much, Simon. And thank you for inviting me. Thank you for having me today. Now you absolutely were right. The Ugandan economy didn't suffer as much as we had feared. So basically we have had the economy growing but, of course, like you note, at reduced rate. Actually less than a half. So the previous year graph was at 6.8. But now the GDP growth reduced just to 2.9. But again in the coming year, the projection is rather positive. It wouldn't still go back to the preCOVID period. We are looking at about 4.3% growth in the coming year.   
 Now the situation like in many countries was rather intense from around March to June. That's the period in Uganda when we had near total lockdown. So businesses were basically closed. The few manufacturing industries were operating to keep employees on site. Business was basically near I would say almost shut down.   
 But then the period from July has been ‑‑ July 2020 has been a lot more positive and we have had the constant easing of lockdown measures instituted by the Government. The restrictions have remained but for a few sectors now bars, entertainment are a few of those industries.   
 But you have seen a lot of improvement. But what I can see even this uptown is a bit uneven. Mainly also because we are prone to shocks from the external world, given that we are involved in import and export trade. So we are still affected. The revenue in the country had a significant shortfall in revenue. Some of the infrastructure projects are ‑‑ the execution has been slow. And our economy relies a lot on investments in infrastructure. So those affected us. But overall the economy looks solid. The Ugandan shillings has remained relatively stable. The private sector credit has started to grow in the last quarter of the year. It grew by about 8.6% implying the confidence levels are growing again. Businesses are going to build. And the route ahead seems a lot better. We are looking at now the vaccination process has started as I speak now about 430,000 doses have been given. So the future looks a lot more positive and the ‑‑ it is promising once we reach 5 million people vaccinated which is still a small proportion of our population. The target is about half, about 21 million people. But if we reach 5 million it is promising to open a bit more. So we see the future ahead good. Now turning on to what does this mean for disability inclusion, especially in the world of work. I think it was sort of an awakening call for many employers. For the first time there was so much attention on matters. And in this regard, disability inclusion and generally labor matters benefitted from it. We had a lot of renewed attention from the stakeholders, even us as the federation of Uganda employers we worked extensively around this period of awareness raising, working with Light For the World, ADD International, Sightsavers. Deborah is here with us. So the pandemic helped to raise awareness on this situation of Persons with Disabilities, which was already not good.   
 And we have seen since then a lot of commitment from various stakeholders. Just to give you an example, in Uganda, based on our last census estimate we estimate Persons with Disabilities from 12.4% of our population. But we have seen companies, for instance, like Uganda Brewers Limited committing to employ at least 12.4% of their workforce as Persons with Disabilities by 2030. We have seen commitments that previously weren't there. We have seen Coca Cola to provide certain segments of their businesses for Persons with Disabilities so they can get employed, they can improve on entrepreneurship. We have seen even during the lockdown some of the companies taking advantage to redesign the buildings, improving accessibility, utilizing the period when the lockdown was there. We have seen also the disability network that we created together with the partners I have mentioned in Uganda, the Uganda business network. We have seen commitments of various kinds. We have seen a step in the right direction so to say. We were working to ‑‑ a need to do a little more. Right now we are building a platform for job matching essentially, a job portal. And we are looking at futures that are disability friendly. This was never the case before. We wouldn't be designing websites and asking experts on disability to help us. We have seen renewed interest from employers who are asking us do you have any recommendations of Persons with Disabilities when we could employ. Some are consulting us to develop their workplace policy.   
 So that's what I can say. The attitude has changed but changed for the better. Changed towards appreciating the importance of employing Persons with Disabilities and the value of that they bring to the world of work. So thank you so much, Simon.

>> SIMON BROWN: Douglas, thank you. I know how passionate you are about disability and inclusion and your leadership with the Uganda business and disability network. And I have been lucky enough to see that early design of the web portal, the job portal. So I'm really happy. I'm really happy. Thank you. I will come back to you at the end with some questions, I hope. But I'm going to turn now to Deborah. Deborah, if you could ‑‑ if you could unmute your microphone and maybe turn on your video.   
 That it is really important that we turn to you now and begin to put this in the perspective of disability and the experiences of communities of people with disabilities. Clearly NUPDIPU represent the voice of people with disabilities across the country. And we know that people with disabilities have been particularly affected at across all areas by the pandemic. I have quite a lot of areas to focus on, to give opinions on. What has been the experience of people with disabilities during these phases of economic shock and recovery that Douglas has been talking to us about? What voice of people with disabilities in the Uganda COVID‑19 task forces and how did that influence the response and recovery processes? And what more needs to happen as we move forward to insure that the longer term outcome is more inclusive. Over to you to give us your opinion in NUPDIPU but also for the communities of people with disabilities on your experiences over the last year. Deborah.

>> DEBORAH IYUTE: (Off microphone).

>> SIMON BROWN: Deborah we are struggling to hear you a little bit. Can your interpreter come a little bit closer to the microphone?

>> DEBORAH IYUTE: Here. (Off microphone). We have experiences that we got through ‑‑ so first of all, the standard operational procedures were developed to consulting Persons with Disabilities. Also the information on COVID strategy be spread upon, but Persons with Disabilities who are not ‑‑ there was a gap of information. So in the area of economic empowerment activities, Persons with Disabilities was challenged. Because of lack of transport, there were no (inaudible) for Persons with Disabilities to use in order to go to their places of work, because they could not go.   
 So at the end of ‑‑ they used all the profits that they had in order to continue in their lives. So these processes ‑‑ their businesses shut down and they ended up not having any business at all.   
 So other people sent to work at home. But also the tools, equipment, Persons with Disabilities had, like, for example, regarding impairment, we needed to work, you need to have interpreters. Blind people would need the support, as these devices at home, but others were not accessible. So in most cases they lost jobs. I don't need to talk more about ‑‑ most of my colleagues talked about (inaudible). So I want to talk majorly in the area of education. Information, there was lack of access. They are saying that home schooling but children with disabilities, students with disabilities in University were challenged because they didn't have access to information. They had nowhere to get that information.   
 In the area of ‑‑ majorly affected girls and women with disabilities during the time of lockdown. Children with a disability who were not (inaudible). So the COVID had negative impact on health of Persons with Disabilities. And then another issue was the security. We ‑‑ one person died because of security issue. And then one other person was amputated. Because in the experience of NUPDIPU we started to advocate and create awareness on Persons with Disabilities.   
 Also Uganda had distribution programs but Persons with Disabilities were never ‑‑ most Persons with Disabilities (inaudible). So it was a major challenge and barrier to access.   
 There are many challenges that we got, but not ‑‑ we saw that ‑‑ there are many gaps. Talk to the development partners, awareness only ‑‑ COVID‑19. And most information was taken to ‑‑ and also to talk to the members of Parliament to see how to impress and how to involve Persons with Disabilities in access to information.   
 When we were advocating for this awareness, the media also started now to see interpreters during their communication or announcement. Also the President's speeches always hard to ‑‑ had to use interpreters. So and also to members of Persons with Disabilities was put in the task force COVID group, so the COVID task force was to work hand in hand with the Government to see how Persons with Disabilities would also build, (inaudible). So it was ‑‑ and also for ‑‑ to be sure that it was not good for us, organizations of Persons with Disabilities. (Off microphone). What do we want to do with ‑‑ (Off microphone).   
 What we are seeing is really important. To all members who have (inaudible). So (cutting out).

>> SIMON BROWN: Deborah, sorry to interrupt but your interpreter has gone a bit distorted. Again, can she come a little bit closer to the microphone? To the computer?

>> DEBORAH IYUTE: Okay.

>> SIMON BROWN: Yes. Perfect.

>> DEBORAH IYUTE: Is this okay?

>> SIMON BROWN: Yes, that's great.

>> DEBORAH IYUTE: What we need to do at the moment is we are asking Governments to give compensation to Persons with Disabilities who (inaudible). This will help them to have economic recovery programs, who help them to improve their environment and improve their families. Also we are asking government to support the employment of Persons with Disabilities, those who lost their jobs, and also to reduce the tax exemption. Especially those businesses that are using tools that are being taxed upon.   
 And we also asking the Government to strengthen the employment laws. When COVID ‑‑ so that in case anything come again, we don't want to see that Persons with Disabilities are more affected. So we want to see that the laws are friendly for everybody. So also we are asking NUPDIPU, we are trying to input regulations on disability act. In case of any disaster.   
 So we also say that in anything, in any intervention, in a recovery, Persons with Disabilities should be consulted. So that their idea should be taken up in order to implement that ‑‑ that problem.   
 And then the other thing also we ask the Government to give us a clear data of Persons with Disabilities that we were affected by COVID, those who have lost jobs. Where were they working? How were their lives now? This will help us to plan. And also to help post‑COVID time.   
 So we also say that the Government should have the comprehensive social protection program framework. That's the inputs of Persons with Disabilities, especially the vulnerable disabilities. The mental health, intellectual, how can this be, finally be given unto them and their families to say they take care of these persons who are vulnerably disabled. So we also ask Government to have the program for recovery, and prioritize the Persons with Disabilities.   
 So we as NUPDIPU we are seeing and looking forward to mobilize Persons with Disabilities on how best to achieve from this program of recovery. Lastly on education sector, we are continuing, people are continuing to learn from homes, so children with disabilities are continuing to learn. University students are also learning, that's what we are seeing it is good now. The recommendations ‑‑ if you have a job, and you have health who can work, but if you don't have ‑‑ if you don't have a job and you are sick, life just (inaudible). So I think that is what I can give for now. Thank you, thank you very much.

>> SIMON BROWN: Deborah, thank you. And thank you for helping us to look back at the experiences but also the expectations when we are looking forward. That's very kind of you. Stefan, I see you have joined which is absolutely fantastic because you were very ‑‑ also very kind to step in at the last moment to take over from Jurgen who I explained earlier was not well today. So we'd like to end the conversation with you looking at a more ‑‑ at a more global perspective. We have heard a lot now from within Uganda as an example of both the economic recovery and the inclusiveness of it. And also the experiences then of the disability, people with disabilities. But taking a more ‑‑ a larger kind of global view, we've seen, of course, that the economic impacts attempted to be very visible fairly quickly and in the first wave of containment measures in many countries. What we have tended to see is a dramatic fall in economic activity as Douglas was explained and but very significant impacts on employment. But what we have also seen throughout 2020 depending on the country, the business sector and the effectiveness of stimulus packages, that economies to certain degree have recovered as the year's progressed or are recovering. But of course they are at constant risk of repeated waves of the virus.   
 But how do you see it at a global level, particularly in terms of disability and practically in term of the effectiveness and inclusiveness of social protection approaches which Deborah talked about. And the importance of them. Not only to provide a safety net for people who have been economically impacted in those early stages but in terms of supporting people with disabilities to be back in ‑‑ to get back in to productive work. Stefan, if you can unmute and turn your video on. And give us your views from that ILO global perspective.

>> Stefan: Yes. Thank you. Thank you Simon. I have been listening to both Douglas and to Deborah. Deborah, good to see you. We met many years ago during the CRPD negotiations. And to that extent both presentations are quite good snapshot of impression of the global impact. Let me explain myself. As you know Simon we coordinate in the ILO, the ILO business and disability network which we have global companies. We have more than 30 networks. Last year we saw the network being established in Uganda. We support the one in Kenya. If you look at within that part of the world, the impact of COVID‑19 there was a certain impact at the very beginning of the process, but to is certain extent the kept and increased. Listening to the launch of Kenyan network, the federation of Kenyan employers, the counterpart of Ghanian employers, the COVID had put at highlighted the relevance of diversity and inclusion and in particular disability inclusion issues. It is like really a more humane approach to companies was the way the head of the federation of Kenyan employers put it. And when I have been speaking to members of our global network and asking them has there been a negative impact of COVID‑19 on your commitment as a company to inclusion, in general terms the answer has been no. In many companies it has been more intentioned, more awareness. I'm thinking of the Indian business, doing amazing number of events throughout the pandemic.   
 But that is ‑‑ that is a small part. Those people including people with disabilities are working in the corporate sector. If you take ‑‑ go you go out of that and you go toward people that are self‑employed, working in the formal economy, people that don't have the luxury of being able to work from home, telework, people that are dependent almost on a daily basis on getting out in to the streets and generating their income which does not come through a payroll, the situation is very, very different. The situation that Deborah has highlighted. And especially in those contexts where the interlinkage between the health situation and lockdown situation, the security situation and employment is much more prevalent.   
 You are asking me Simon about social protection. Definitely social protection has been used in many countries as an emergency measure to bring cash to those households that needed that cash. It has benefitted in many cases Persons with Disabilities. There are many examples of disability targeting within that, especially in countries where you could ‑‑ where you would have a preidentification of households with disabilities. So it is brought back this discussion about do you need disability card, a certificate. I was never a big fan of those issues but in that specific circumstance it really shows that of that, you could not come with a targeted approach on households with Persons with Disabilities. So we' ‑‑ we have many ‑‑ we have started to rethink some of those issues. Of course, social protection continues to be badly designed in many countries. It continues to lead ‑‑ to often require for people not to be able to work. In those countries where social protection has been there it has played a role. But definitely as we need to use this crisis which has shown in many of the solutions we need to use this crisis for building back better as you mentioned in this theme for this session. So we need to make that a reality, no. And building back better requires this OPD involvement that Deborah so rightly pointed out. It needs disability aggregation and statistics. The answer is normally no because even when we ILO did some rapid assessment service we usually did not include disability disaggregation questions in it. We could not identify the impact it had on Persons with Disabilities. That cannot happen again. We need to ‑‑ we need to definitely have OPDs sitting at the right tables. There are opportunities that are coming towards us. Digital Economy which is now exponentially growing in the context. We need to make sure that people with disabilities have the competence and skills you have been supporting a very interesting initiative in Kenya on that. We need to replicate and upscale and increase these initiatives. Everyone speaks about the response to the crisis and needs to be a green response. There are jobs that will be created by this move from a carbon intensive economy to a low carbon economy. If we don't act all together not so many of these new jobs will go to Persons with Disabilities. So that's ‑‑ there are huge opportunities there. But we need to ‑‑ we need to increase our efforts at all levels. I think we are do better. The level of awareness within the UN system which in certain countries plays a certain role. We have now UN disability inclusion strategy and which we need to report to the UN on how we are including Persons with Disabilities in our work. It is helping us. It is opening doors. But it is not enough. We need to have more support. We also ‑‑ we are working with trade unions and a need to have trade unions. More proactively putting that issue on the agenda. Uganda has been a good example thanks to the work of NUPDIPU of reaching out to the trade unions to bring the disable inclusion has as a key element of the apartheid response to the crisis. A lot of work ahead of us with some interesting opportunities, some good examples. I think we are better off now than if the crisis would have hit us five years ago or ten years ago. But still it has shown things that we knew systems still not good enough. Our employment initiatives our public employment initiatives, they are still not yet at the level that they should be to ensure that people with disabilities will come out of this crisis. And will be ‑‑ one of the target groups I think Deborah was very right. I think all the measures that Deborah showed us on her slide I can just endorse all of them. They applied to Uganda in the same ways that they apply to every where else. Thank you for inviting me to this session. Sorry for having to arrived late.

>> SIMON BROWN: Thank you. Thank you for insightful piece of thinking. We have time for one question and thankfully we have one question for each of the three speakers. It has come from Allison Marshall. We have so many changes that we want to see from Government and from companies. And, of course, also some improvements to celebrate. The question from Allison is if each speaker had to choose just one priority change, what would it be? Yeah, if we had to pick just one thing to change, because of our experiences over the last year, what would it be? Let me ‑‑ let me start with Douglas and then I will come to Deborah and finally to Stefan. From your experience over the last year, if you had to go for one change, one priority moving forward what would it be?

>> DOUGLAS OPIO: I think for me that priority would be integration of disability inclusion within our national employment planning framework. It has been often seen as a side issue. We tend not to prioritize it or not to budget it for it at all because it is considered a side issue. Same thing with a company level. I would like to see somethings that integral organization. Not some side staff that requires some side treatment. For me it is about integration. Thank you.

>> SIMON BROWN: Thank you. Brilliant. We will make it happen. Deborah, the same question to you. Based on your experiences over the last year, if I had to choose one priority change what would it be?

>> DEBORAH IYUTE: Okay. Thank you very much Allison for that question. (Off microphone).

>> SIMON BROWN: Sorry, Deborah your interpreter has gone quiet. If she can come to the computer, fantastic. We can even see you. That's nice.

>> Okay. Sorry.

>> DEBORAH IYUTE: Our national development plan recognizes disabilities as a cross‑cutting issue in all 16 sectors. So in order to implement that plan, we have ‑‑ there must be a provision for budget. A provision for activities. A provision of indications. In all the implementation of that national development plan. That's what we want the Government to take over.

>> SIMON BROWN: Thank you. Again very, very clear. Very specific. And Stefan, finally back to you. Again from your experience over the last year, from an ILO perspective, what is the one thing you would really like to see changed?

>> Stefan: I submit ‑‑ Deborah took away my thinking. If you think about the private sector and the rural economy, it is not about coming up with segregated specialized solution. We need to fully include Persons with Disabilities in the different mainstream initiatives all our countries will be doing. Some focus more on this, some focus more on Digital Economy. Usually companies would focus on people need to be central and that will require for OPDs to be sitting at all these tables.

>> SIMON BROWN: Fantastic. Thank you. Three brilliant priorities which I think hopefully will help us think very carefully on how we make them happen. Again to Douglas to Deborah to Stefan, thank you very much for that second half of this session opening up the IDDC General Assembly. For everyone who stayed on a little bit over time, thank you. And we'll be ending there and hopefully everyone can join for tomorrow's sessions as we continue throughout the week. But for now thank you very much. And we'll talk soon. Thank you.

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