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Article

# “Vulnerable” or Systematically Excluded? The Impact of Covid-19 on Disabled People in Low- and Middle-Income Countries

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## Abstract

The Covid-19 pandemic has disproportionately affected disabled people across the globe. This review article maps the impact of the pandemic on disabled people in low- and middle-income countries (LMICs) during the first ten months of the pandemic, based on a semi-systematic review of 113 articles of empirical and “grey” literature. We highlight the multiple exclusions faced by disabled people across the sectors of health, education, economy, community, and pandemic management. Following this, we discuss the broader issues arising from the literature, including the systematic de-prioritisation of disabled people in emergency planning, the ongoing framing of disability as a medical rather than a social or human rights issue, a recognition of how the complexity of societal structures creates systematic disadvantage, and local, national, and global policymakers’ lack of engagement with disabled people during pandemic management. We identify the need for both stronger quantitative evidence on disability in LMICs to inform planning and policy processes, and the need for equitable collaboration with disabled people from LMICs across research, policy, and development programming, in the spirit of “Nothing About Us Without Us.”

## Keywords

community; Covid-19; development; disability; disabled people; economy; education; Global South; health; low- and middle-income countries

## Issue

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## 1. Introduction

The Covid-19 pandemic has disproportionately affected the 1 billion people, or 15% of the world population, who are disabled (United Nations, 2020). In this article, we present and discuss evidence on the impact of Covid-19 on disabled people in low- and middle-income countries (LMICs), focusing on the initial global emergency response during the first ten months (March–December 2020) of the pandemic. The focus on the first wave of Covid-19 was chosen to assess how the immediate response to a global pandemic took into account—or failed to account for—the inclusion of disabled people. This is particularly relevant as previous evidence strongly

suggests that disabled people have been excluded during the critical phase of emergency management for previous pandemics or environmental disasters (Abbott & Porter, 2013; Battle, 2015; Gartrell et al., 2020; Görgens & Ziervogel, 2018; King et al., 2019). We argue in this article that the data which emerged during the pandemic provides clear evidence that, once again, disabled people have not just been “left behind” but have been deprioritised and had their human rights violated during the response at a global level.

The evidence presented draws on a semi-systematic literature review, carried out to inform the development of an analytical framework for a disability-inclusive recovery for the UN Partnership for the Rights of Persons With

Disabilities (UNPRPD). While we map the impacts across the five sectors of health, education, economy, community, and pandemic management, we aim to pay particular attention to the broader themes emerging across these different sectors. Our findings confirm the assertion that the impact of the Covid-19 pandemic goes far beyond health, having been described as a health, psychological, and socioeconomic “triple pandemic” (United Nations Office for Disaster Risk Reduction, 2020).

### 1.1. Disability in Low- and Middle-Income Countries

Approximately 80% of disabled people live in LMICs (United Nations, 2020). Despite the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) by 182 countries, in practice implementation of the Convention’s rights has been inconsistent and variable. The measuring of progress towards UNCRPD implementation is complicated by the lack of accurate data on disability, which is compounded by both limited medical understandings and stigma around disability, meaning disabled people may be unwilling or unable to identify their disability status (Berghs, 2015b).

Disabled people thus continue to face discrimination and barriers, while also being disproportionately affected by poverty (Shakespeare, 2019). Disability is both a cause and a consequence of poverty (Economic Commission for Latin America and the Caribbean, 2020; Thorpe et al., 2020), which is exacerbated by a lack of social protection, with only 1% in low-income countries of disabled people having access to disability-specific benefits (United Nations, 2020). Financial burdens also are increased through a fragmented approach to public healthcare provision (Mills, 2014; Orach, 2009), leading to poorer health outcomes for marginalised groups that are financially excluded from access to healthcare (Marmot et al., 2008; Orach, 2009; Wagstaff et al., 2014; Xafis, 2020). Globally, only around 50% of primary-aged disabled children attended school prior to Covid-19, although this figure is as low as 1% for some countries (UNICEF, 2020), and in particular affecting disabled girls (Rohwerder, 2020; Said-Foqahaa et al., 2020). In addition, disabled people present the majority of institutionalised people globally, and are also overrepresented in prisons (Sakellariou et al., 2020; United Nations, 2020). In the community, a lack of formal support means reliance on informal care from family and friends for many disabled people (King et al., 2019; United Nations Economic and Social Commission for Western Asia & World Health Organization, 2020). Disabled people are also at greater risk of sexual violence and abuse (Clugston & Spearing, 2020; Giang & Huong, 2020; UN Women Africa, 2020) and violence from family members (Said-Foqahaa et al., 2020; Stars of Hope Society for the Empowerment of Women With Disabilities, 2020).

Poverty and lack of government funding for healthcare, education, and the economy means that many services are supported by development aid programmes.

These often do not address disability issues (CBR Africa Network, 2020; Clugston & Spearing, 2020) and can reproduce disabling conditions if not taking emancipatory approaches or accounting for the broader geopolitical influences that contribute to disablement in the Global South (Berghs, 2015b). Research on development interventions is equally dominated by medical model approaches focussing on health interventions, with a lack of evidence on the effectiveness of rights-based approaches and empowerment initiatives (Saran et al., 2020). The limited funding available for development programmes means that there is often a focus on “quick fixes” (Shakespeare, 2019), rather than on building holistic and sustainable long-term systems (Berghs, 2015a; OECD, 2020), meaning the provision of healthcare, education, and financial support are limited and not able to withstand a global pandemic, especially in countries also simultaneously experiencing conflict or other crises.

## 2. Methods

The evidence presented emerged from a research project to assess the impact of Covid-19 on disabled people in LMICs and develop an analytical framework for the UNPRPD to enable their programming partners to conduct comprehensive situational analyses at country level and identify the key priorities for a disability-inclusive recovery. LMICs were defined as countries included on the Development Assistance Committee list of countries and territories eligible to receive official development assistance countries and territories eligible to receive official development assistance (OECD, 2022). To ensure the literature review results and development of the framework reflected the priorities and concerns of those with lived experience, an advisory group was recruited using snowball sampling through the researchers’ existing networks. The group was comprised of disabled activists and scholars from LMICs (Bangladesh, Brazil, Indonesia, Jordan, Kenya, Namibia, Uganda, and Zambia).

In order to assess how disabled people in LMICs had been affected during the first ten months of the Covid-19 pandemic, we conducted a semi-systematic literature review, which combines the literature selection principles of a systematic review with narrative and discourse analysis approaches (Snyder, 2019; Zunder, 2021). The semi-systematic review methodology is better suited than a fully systematic review to mapping themes across a diverse range of evidence and theoretical approaches, as well as identifying gaps in knowledge (Snyder, 2019), and was therefore judged to be most useful to review a broad range of evidence from both empirical and “grey” literature. The literature review was carried out by a research fellow with lived experience of disability, with regular input from the project’s principal investigator. The review followed the framework developed by Templier and Paré (2015) for conducting a standalone literature review, which comprises six steps:

1. formulating the problem;
2. searching the literature;
3. screening for inclusion;
4. assessing quality;
5. extracting data;
6. analysing and synthesizing data.

For step 1, the research question was formulated as: How has the first wave of the Covid-19 pandemic impacted disabled people in LMICs?

A UN policy brief on a disability-inclusive response to Covid-19 (United Nations, 2020) was used to map out four broad sectors in which disabled people experienced inequality (health, economy, education, and community). Sub-themes within these four sectors were mapped out through initial reading of emerging evidence, and this provided a rough structure for the formal literature review searches. The themes were revisited and refined throughout the literature review process. The initial sub-themes identified within each sector are included in Table 1.

The literature search was carried out in two phases. The first phase identified academic literature through searches in eight social science databases, using Boolean operators to combine search terms around disability and Covid-19 with terms covering the above-identified sub-themes. In addition, the same searches were carried out to identify literature around disability, the above sub-themes, and previous major pandemics, epidemics, or disasters that affected LMICs, to identify past literature from similar emergencies.

Backwards and forwards citation searching was employed to identify further relevant literature, and search alerts were set up to ensure any newly emerging evidence during the review period (September 2020–February 2021) was included. The second phase focused on identifying “grey” literature, including reports from NGOs and disabled people’s organisations (DPOs), UN

and WHO reports, national government documentation, and non-peer-reviewed research reports. “Grey” literature was identified through citations in academic literature, searches on Google scholar and on Google by country domain to identify government reports. In addition, we searched UN, WHO, and IMF databases, NGO and DPO websites, and sites where relevant reports had been collated, such as the Disability Debrief archive (<https://disabilitydebrief.substack.com>).

The initial process yielded 893 potentially relevant results. These were subjected to a light-touch review to identify literature meeting the following criteria and assess the quality of the data (steps 3 and 4 in the framework proposed in Templier & Paré, 2015):

- The focus was on disabled people, as defined by the UNCRPD, rather than caregivers/family members, and examining disability from a social science, rather than a medical, viewpoint.
- Disability was a major focus (i.e., there were five or more mentions of the words “disabled” or “disability”).
- The focus was on disability in LMICs or was more global (papers focusing on situations specific to OECD countries were excluded).
- Academic articles were original research or review articles (exclusion of comment/opinion pieces).
- “Grey literature” reported on actual data (rather than guidance or recommendations).

Using these criteria, 113 articles were selected for in-depth review. These included 67 “grey” literature articles and 46 academic articles. Of the 46 academic articles, 14 focused on previous disasters and emergencies rather than Covid-19. Articles were coded using the sub-themes in Table 1, with new themes and codes included as they emerged from the literature. In particular, a fifth broad section focussing on pandemic management

**Table 1.** Initial subthemes mapped out prior to literature review.

Health	Education	Economy	Community
Infection and mortality	School closures	Poverty and austerity	Social care and independent living
Access to hygiene and protection	Home learning	Social protection and relief	Informal support systems
Access to treatment	Remoting learning	Unemployment and loss of jobs	Institutionalisation
Non-Covid-19 healthcare	Return to school	Informal employment	Homelessness
Public health communications		Remote working	Public transport and infrastructure
		Return to work and accommodations	Access to services
		Unpaid and care work	Violence and abuse
			Religion, culture, and leisure

generally was added to the review structure during the coding process. Coding focused particularly on recurring evidence within the themes, as well as particularly extreme cases that highlighted the stark impact of the pandemic on disabled people. While the primary aim was to produce a qualitative, narrative review report for the UNPRPD to synthesize the existing evidence, some quantitative data to understand the nature and distribution of the literature reviewed was generated by recording up to three of the most prevalent themes of each paper. The most common theme emerging within literature were either related to health (55%) or economic (48%) impacts of the pandemic. Community emerged as a major theme in around 33%, with pandemic management being a focus in 25% and education in only 16% of articles. “Grey” literature made up the majority of the evidence (59%), particularly by NGOs (31) and UN-affiliated agencies (19). While articles reviewed were published between March and December 2020, most of the evidence on the first wave emerged early on in the pandemic, with almost two-thirds (64%) of the literature reviewed published between March and June 2020. This effect was exacerbated for grey literature, whereas the publication of academic peer-reviewed literature was more evenly distributed across the 10 months of the review.

### 3. Findings

In this section, we will be discussing the major emerging findings across the five thematic areas investigated in the literature review: health, economy, education, community and, pandemic management.

#### 3.1. Health: Deprioritised

Disabled people faced significant barriers and exclusion across all aspects of healthcare, from access to public health communications, information about Covid-19 and preventative measures such as personal protective equipment and hygiene facilities, to Covid-19 treatment to essential and routine non-Covid-19 care.

Access to Covid-19-related care and treatment was affected by triage protocols which deprioritised disabled people, based on the implicit assumption of disability equalling lower quality of life, and conflating disability and frailty based on medical models of disability (McKinney et al., 2020; Scully, 2020; Singh, 2020; Women Enabled International, 2020). In addition, disabled people faced structural barriers in purpose-built Covid-19 treatment centres which did not provide facilities for disabled patients, including lack of accessible toilets and beds. Being separated through quarantine from personal assistants, caregivers, or parents in the case of disabled children, left some patients, including deaf or non-verbal people, without support to communicate with healthcare staff. The diversion of healthcare resources to Covid-19 provision disproportionately affected disabled

people, with many (ranging from 19% to 70% across different surveys) unable to get their healthcare needs met. Disability-specific services were often classified as “non-essential” and therefore ceased (Disability Working Group, 2020; Goyal et al., 2020; McKinney et al., 2020).

Global shortages of personal protective equipment during the early stage of the pandemic, as well as prohibitive costs, led to many disabled people being unable to access cleaning and protective equipment. Another barrier to protection against Covid-19 was presented by lack of accessible public health communications, with the vast majority of national health authority websites not meeting minimum accessibility standards (Dror et al., 2020) and 36% of LMICs not providing sign language interpretation during press briefings (Yap et al., 2020). Technological and literacy barriers to official sources of information also put disabled people at increased risk of misinformation about the virus. In addition, the language used in public health communication reproduced ideas about disabled lives being less valuable (Abrams & Abbott, 2020; Goggin, 2020; Meaney-Davis et al., 2020), and negative healthcare messages added to mental distress for disabled people.

Two gaps identified in the health theme are around the impact of “long Covid,” which has the potential to create significant numbers of newly disabled people (Wise, 2021), and access to vaccination for disabled people in LMICs, as few LMICs had begun the vaccination process at the time the review was carried out.

#### 3.2. Education: Inaccessible

The evidence reviewed suggests that Covid-19 has exacerbated disabled children’s already limited access to schooling. The closure of schools in 188 countries affected 1.5 billion children across the globe (UNESCO Bangkok, 2020). As well as disrupting access to education, it also affected crucial services delivered through schools, including food programmes, access to sanitary facilities, safeguarding mechanisms to identify and prevent abuse and trafficking, and medical (including vaccination) and therapy programmes for both general health and disability-specific services (McClain-Nhlapo et al., 2020). Disabled children were both more likely to be severely impacted by the cessation of these services, and unable to access them in the first place.

Home and remote education both presented challenges for disabled children. Disabled children’s families were often ill-equipped to support them with learning at home, for example, due to parents and caregivers needing to work to sustain families, or not being able to afford learning materials or necessary equipment (McClain-Nhlapo et al., 2020). The two main barriers to remote education were (a) access and (b) accessibility to technology. Firstly, internet connectivity is poor in many LMICs, particularly in rural areas, and the costs of both data and technological devices can be prohibitive (Castres & O’Reilly, 2020; Humanity & Inclusion,



2020). While remote education was delivered through TV and/or radio in some LMICs, only 18% of parents felt this was accessible or useful learning (McClain-Nhlapo et al., 2020). Secondly, major IT platforms such as videoconferencing software are not designed to be inherently accessible, and this was compounded by teachers, parents, and learners not being familiar with accessibility features. Some of the access issues reported included lack of sign language interpretation, captioning, and screen reader compatibility.

Disabled children were at increased risk of not returning to school when they reopened after lockdown, due to multiple reasons. Parents may have been concerned about the increased risk of infection if their children attend school (Pregel & Le Fanu, 2020; UNICEF, 2020), or may not believe that there is any value in attending school for disabled children (Meaney-Davis, 2020). The sharp rise in poverty during lockdowns may also increase the need for children to contribute to the household income, rather than continuing their education (Azevedo et al., 2020). Those who did return likely faced increased attainment due to the inaccessibility of home learning. With already stretched resources, many schools would have been ill-equipped to address these attainment gaps (Jones et al., 2020; UNICEF, 2020). However, the exact impact is uncertain due to a lack of disaggregated data being collected both during and before the pandemic, meaning there is no baseline data available. The literature review also identified no evidence of the impact of the pandemic on tertiary education.

### 3.3. Economy: Impoverished

The evidence reviewed indicated strongly that many disabled people, particularly those who were also marginalised in other ways, faced increased poverty as a result of the pandemic, due to both reduced income and increased cost of living, particularly health-related costs. Food poverty was cited as the most significant type of poverty experienced, leading some disabled people to describe hunger as a bigger threat to their health than Covid-19 (Gahatraj, 2020; Humanity & Inclusion, 2020). Disabled people also faced housing insecurity and increased debt due to needing to borrow money as a result of poverty.

Most countries took relief measures to mitigate the economic impact of Covid-19, although most countries did not offer disability-specific support (Gentilini et al., 2020). Economic relief most commonly took the form of short-term or one-off cash or in-kind assistance. In practice, several barriers prevented disabled people from accessing financial support. Some relief measures specifically excluded those already in support of disability allowances or other social protection payments. Other barriers included lack of awareness about the available support, bureaucratic hurdles including the need to prove disability status in order to access payments, inac-

cessible distribution points, and ineffective distribution at the local level. Multiple reports (e.g., Brennan et al., 2020; Gurung & Gahatraj, 2020; Pregel & Le Fanu, 2020; Zayed et al., 2020) indicate that DPOs were instrumental in ensuring relief measures were delivered to their members at the local level, in the absence of government support.

Disabled people's employment was also disproportionately affected by the pandemic, due to disabled people being more likely to be informal or insecure work (Banks et al., 2021; Castres & O'Reilly, 2020; Gurung & Gahatraj, 2020; Meaney-Davis, 2020). Small-scale traders, such as market traders were unable to access loans or government support due to the small size of their businesses. Disabled people were also at greater risk of having their hours reduced or cut, or being made unemployed during the pandemic, with disabled women particularly affected. Those disabled people for whom working from home was an option also faced additional barriers, including lack of accessible equipment and software (International Labour Organization, 2020). The literature review found no evidence on the impact of Covid-19 on unpaid work, including domestic and care work.

### 3.4. Community: Isolated

Lockdowns affected 58% of the world's population during Spring and Summer 2020 (Singh et al., 2020). These were usually implemented with short notice, disrupting the provision of both formal and informal assistance for disabled people. In a global survey, 45% of people said their governments took no action to mitigate this disruption and, as a result, a significant number of disabled people were unable to get their essential needs met (Brennan et al., 2020), including access to personal care, food and medicine, and maintenance of assistive devices and mobility aids. Lockdowns also increased isolation for many disabled people as they were cut off from their support networks, exacerbating stress and affecting particularly those in poverty and in rural areas (Light for the World, 2020; Meaney-Davis et al., 2020).

Deaths in residential homes amounted to between 42% to 57% of Covid-19 deaths in OECD countries (United Nations Human Rights, 2020). Similar data is not available for LMICs. However, reports suggest increased infection among institutionalised disabled people due to overcrowding and lack of cleanliness, along with no access to information about Covid-19 or its prevention, and increased isolation during lockdown. One report suggests that lack of oversight and breakdown of reporting mechanisms led to abuse and neglect, including human rights violations in institutions (Brennan et al., 2020). Crucially, similar conditions of overcrowding, lack of hygiene, and no access to information, were also reported in a number of other settings including informal settlements and refugee camps, prisons, and among the homeless populations, with disabled people

overrepresented in all of these settings (Brennan et al., 2020; Clugston & Spearing, 2020; Jones & Tulloch, 2020; Pregel & Le Fanu, 2020; Sakellariou et al., 2020).

Violence and abuse against disabled people increased during the pandemic, particular against disabled women, girls, and non-binary people (Humanity & Inclusion, 2020; Lund, 2020; Women Enabled International, 2020). This violence took several different forms. Domestic and caregiver violence increased as disabled people became less likely to access support systems or escape violent situations. There were also reports of police violence against disabled people, with excessive force being used to enforce lockdowns and curfews (Brennan et al., 2020; Goyal et al., 2020; Panda et al., 2020). Disabled people also faced aggravated stigma and discrimination, including assumptions that they were infected with Covid-19.

Restrictions to public transport services increased barriers for many disabled people, with access to transport being identified as a significant unmet need (Hillgrove & Pryor, 2020; Zayed et al., 2020). With many essential services moving online, disabled people were more likely to be affected by digital poverty, particularly in rural areas, with cost and inaccessibility of information technology presenting major barriers. There was no discussion in the literature reviewed of how disabled people's access to public spaces, to religious practices and worship, or to leisure, culture, arts, and sport was affected by the pandemic.

### 3.5. Pandemic Management: Excluded

General evidence on national approaches to the initial management of the Covid-19 pandemic indicates that many countries adopted a "one-size-fits-all approach" (Qi & Hu, 2020, p. 849) that neglected the specific requirements of disabled people. Where consideration was given to disability, this was not necessarily implemented locally (Sakellariou et al., 2020), or took the form of recommendations rather than being enshrined in law. There was little evidence of consultation taking place at local, national, or international levels with disabled people and their organisations, and in some cases, DPOs encountered resistance from official authorities (Gartrell et al., 2020; Poudel & Subedi, 2020) when implementing local support for their members. A major finding of our literature review was the dire lack of disability-aggregated quantitative data being collected at national, international, and global levels on the impacts of the pandemic. In particular, we identified the lack of disaggregated data relating to infections and death rates, the impact on people incarcerated in institutions, and the socio-economic impacts on disabled people.

## 4. Discussion

The results section has presented the key issues identified by sector. However, during the analysis process

of the literature review, we also identified four overarching themes that emerged from and spanned these five sectors. These present the key learning points of how the pandemic has been handled in the immediate response with regard to disability. Following discussions of these four cross-cutting themes, we discuss the limitations of our study and make recommendations for further research, including several gaps in the data which have been identified.

### 4.1. Theme 1: De-Prioritisation of Disability

Firstly, we highlight the de-prioritisation and systematic exclusion of disabled people across all aspects of planning and service delivery. While the importance of involving and consulting with disabled people in disaster and crisis management has been frequently highlighted (e.g., Abbott & Porter, 2013; Campbell et al., 2009; Görgens & Ziervogel, 2018), our literature review was not able to identify a substantial body of evidence that indicated that positive change has been achieved or lessons learned either during or in the aftermath of previous disasters or pandemics. As discussed previously, we only identified 14 relevant articles on prior pandemics and disasters in LMICs as part of our literature, and many of these describe similar failings during the immediate emergency response phase as we have identified in the literature review. This suggests that learning points and recommendations identified in the literature have not been taken on board by policymakers and therefore not translated into improved emergency management responses. Despite the widespread ratification of the UNCRPD, disability continues to be at best an afterthought, with measures to ensure disabled people's access either retrospectively or not at all implemented. We argue therefore that disabled people have not merely been "forgotten" in the pandemic response, which implies a passive kind of neglect, but that disabled people have been actively de-prioritised during the Covid-19 pandemic due to being seen as expendable. The de-prioritisation of services for disabled people as "non-essential" perpetuates the continued discrimination and stigma of disabled people as less than human.

### 4.2. Theme 2: Medicalisation of Disability

The second emerging theme is the conceptualisation of disability as a medical issue, rather than a category of social oppression and disadvantage. Definitions of disability continue to be based on medical or deficit models, and this was replicated in some of the literature reviewed. In addition, disabled people have often been labelled "vulnerable" both in official government health communications, as well as in some of the reports reviewed, without questioning the social factors that produce disablement and make disabled people "vulnerable" (see also Abrams & Abbott, 2020), particularly when Covid-19 emergency responses both de-prioritised disabled

people and often exacerbates the barriers disabled people faced. We argue therefore that a stronger focus on social models and understandings of disability, particularly those originated by disabled people from the Global South, is crucial for a more nuanced and less essentialist understanding of the experience of disability in LMICs.

#### *4.3. Theme 3: Interconnection of Issues*

While the literature review was structured into the four sectors of health, education, economy, and community, the analysis and writing processes highlighted that these were not discrete categories but were often interconnected. Access to food provides a good example of this, being simultaneously (a) an economic issue due to food poverty being the most common form of poverty, (b) an infrastructural issue due to lack of transport to access markets and shops, and (c) a health issue due the lack of a nutritious diet potentially exacerbating existing and creating new impairment. It is, therefore, crucial to understand the complexity of contemporary social systems and how they work together in creating structural disadvantage, and considering this in pandemic management and development programming, rather than opting for “quick fixes” that do not affect long-term substantial change. One methodology to achieve this may be through implementing systems theory into the practical implementation and delivery of development programmes (Reynolds et al., 2018). This could support a more holistic approach that enables positive change without focusing on issues in isolation, as well as fostering cooperation and communication between different stakeholders involved in both policy and delivery of programmes.

#### *4.4. Theme 4: Collaboration With Disabled People*

The final emerging theme is around the inclusion of disabled people in the pandemic management and recovery process. The evidence indicates that little consultation took place at national and international levels with disabled people during the pandemic process. While it is possible that not all consultation that took place was documented, this highlights the need for transparency and accountability in how disabled people have been involved in policy- and decision-making. Disabled people have historically been the subjects of research done by non-disabled people (Goodley, 2011) and many “disability charities” are not in fact disability-led. In this literature review, much of the “grey” evidence came from international NGOs, rather than DPOs. This risks replicating “charity model” approaches with disabled people being spoken about, contrary to the global disability rights motto “Nothing About Us Without Us.”

#### *4.5. Limitations*

While we have aimed to provide a broad overview of the impact of Covid-19, this literature review has a num-

ber of limitations. Firstly, it focuses on the emergency response during the first ten months of the pandemic. While therefore providing valuable evidence of how disability is deprioritised in times of acute crisis, further comparative evidence is needed on how barriers may have lessened or new barriers emerged during subsequent waves of Covid-19. For example, access to vaccination was not covered in the literature as vaccination programmes were just beginning to emerge at the time the review was concluded. Secondly, due to publishing times, particularly for peer-reviewed evidence, evidence was sparse in the early months of the pandemic. One of the challenges faced during the review was the distinction between empirical evidence and recommendations, guidance, and opinion. Thirdly, the review only focused on English language articles, meaning evidence published in other languages may have been missed, potentially further excluding knowledge from marginalised disabled people. Fourthly, the literature review took a broad approach in focussing on all LMICs, which necessitated some conflation while recognising that the Global South is not a monolith. Efforts were made to recognise where experiences were specific to a cultural context while seeking to draw out experiences common across LMICs. We hope that this literature review thus provides a particular focus on the many commonalities experienced by disabled people not just across the Global South, but also similarities to the experiences of disabled people faced in developed countries. Finally, while the researchers have lived experience of disability, they are based in the Global North. This position of privilege means that researchers do not have first-hand experience of the pandemic in LMICs. This was mitigated through regular consultation with advisory groups of disabled experts from LMICs.

#### *4.6. Recommendations*

While providing an initial overview of the impact of the Covid-19 pandemic on disabled people in LMICs, this review also highlights a considerable amount of work to be done to fully understand how disabled people are continuing to be impacted and how they can be included in the eventual recovery from the pandemic.

There is an urgent need for more quantitative evidence on disability and Covid-19. This literature review has highlighted the lack of disability-disaggregated evidence that has been collected by policymakers during the Covid-19 pandemic at the national, international, and global level, making it difficult to assess the full impact of the emergency response on disabled people. Additionally, where data has been collected, there is often no baseline data available for comparison. Researchers and governments need to ensure that any general data collected can be disaggregated by disability status, and that specific research on disability issues is commissioned to generate robust evidence that can inform policy. The findings section highlighted a number



of gaps in each sector where more evidence is required to fully understand the impact of Covid-19, including data on infection and death rates for disabled people, return to school and attainment gaps for disabled children, updated disability poverty rates, the impact on disabled people performing unpaid and care work, quantitative and qualitative data on the experience of disabled people in institutionalised settings, and access to leisure, religion, and public spaces. We would also particularly like to highlight the need for further data on the implementation of priority access to vaccination for disabled people in LMICs, as recommended in World Health Organization (2020) guidance.

Simultaneously, more thought needs to be given by research and development programmes, particularly those originating in high-income countries, on how to ensure a more equitable collaboration with partners in the Global South, and particularly with disabled people who are directly affected by these issues. This includes working with DPOs, whose crucial contribution to supporting disabled people has been highlighted in this review, as well as working with disabled people as co-researchers, and crucially, ensuring disabled people are remunerated for their time and contributions.

## 5. Conclusion

This article has summarised the exacerbation of existing barriers faced by disabled people across the world, and particularly in the Global South, during the first nine months of the Covid-19 pandemic. For many disabled people in LMICs, the pandemic has simply compounded existing crises and hardships; as one first-hand report puts it: “[It was] a domino-like chain reaction of discrimination and exclusion” (International Disability Alliance, 2020). We have sought to highlight how this exclusion was not rooted in inherent “vulnerability” but was socially produced through the systematic exclusion of disabled people from pandemic management and planning. It is crucial to continue to resist individual and medical approaches to disability and recognise it as a social and human rights issue. A stronger focus on co-production and equitable working with disabled people and their organisations is therefore crucial for researchers, development professionals, and other stakeholders, to ensure that research and policy are fit for purpose (Gartrell et al., 2020; Görgens & Ziervogel, 2018; Pineda & Corburn, 2020; Pregel & Le Fanu, 2020). In the spirit of “Nothing About Us Without Us,” disabled people need to not just be involved, but lead on everything that affects them, to ensure that the recovery from Covid-19 is disability-inclusive.

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## Conflict of Interests

The authors have no conflict of interests to declare.

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