



Letter to the Editor

Barriers to healthcare services for persons with disabilities in Bangladesh amid the COVID-19 pandemic



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Disability is a major public health issue in Bangladesh where about 9.1% of the total population lives with some form of disabilities [1]. Article 11 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) requires that every state shall adopt all necessary measures to ensure the protection and safety of persons with disabilities (PWDs) in situations of risk, including situations of armed conflict, humanitarian emergencies and the occurrence of natural disasters [2]. PWDs are considered a marginalized group in Bangladesh like other low- and middle-income countries (LMICs) and often lack access to basic rights such as health, food, clothing, education and housing.

The first COVID-19 case was identified in Bangladesh on 8 March, 2020. In order to prevent the spread of this coronavirus disease, the Government of Bangladesh shut down all public transport services across the country from 26 March till 30 May, 2020 [3]. This shutdown created massive disruptions in the country's healthcare services delivery. PWDs are a vulnerable group who generally has more healthcare needs than others – both general health needs and needs linked to impairments. PWDs with a major disabling event, e.g. spinal cord injury, head injury and hip fracture may require follow-up outpatient services [4]. Some PWDs who already have chronic diseases such as stroke, heart disease and cancer may be in badly need of emergency medical and rehabilitation services. But these patients, especially those living in villages and small towns hardly avail follow-up and emergency services amid the COVID-19 pandemic as they cannot visit tertiary and specialized hospitals in big towns and cities due to the shutdown. This non-availability of emergency services heightens their risk of complications and even death. Many government and private hospitals turned away patients with fever and flu amid the pandemic, suspecting them COVID-19 positive [5]. On the same ground, those PWDs having fever and flu may be rejected by the hospitals regardless they really suffer from common illnesses like fever, flu and diarrhea or chronic diseases such as stroke, heart disease, chronic obstructive pulmonary disease (COPD) and diabetes. This may lead them to experience serious complications of comorbid conditions. Furthermore, many PWDs cannot pass a single day without the assistance of a caregiver. This assistance involves close physical contact. Some

caregivers who are not family members of PWDs may leave their job amid the pandemic for fear of coronavirus infection [6]. Caregivers are usually trained on therapeutic exercises, activities of daily living and use of assistive devices. They cannot perform therapeutic exercises, activities of daily living and use assistive devices in the absence of caregivers, which are an important part of their regular healthcare.

As in Bangladesh, disability rate is high in other LMICs, and PWDs from those countries have scarce access to emergency healthcare services amid the COVID-19 pandemic. Evidence shows that medical treatment, rehabilitation and support services have been disruptive to PWDs in many other countries, including India, Nepal, Iran and Mali during the pandemic [7–10]. Considering the emergency healthcare needs of this group, effective measures should be adopted to enhance service accessibility in the time of this virus pandemic. Emergency transport services with special stickers should be made available at all times for PWDs to receive emergency services from tertiary and specialized hospitals in big towns and cities. In every hospital, there should be a disability unit with doctors, nurses, physiotherapists, occupational therapists, speech & language therapists, prosthetists, orthotists and other related associates. Government emergency telemedicine programmes should also have a special line for dealing with the health problems of PWDs. Moreover, there should be a substitute caregiver from the PWD's family, who will be trained on caregiving in the absence of professional caregivers.

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