Module 7

Video 1: Disability-inclusive health in emergencies
EMERGENCY: An event or incident that requires action, usually urgent and non-routine
EMERGENCY: An event or incident that requires action, usually urgent and non-routine

May be due to – natural hazards, epidemic and pandemic diseases, fires, transport accidents, chemical or other toxic hazards, food insecurity, conflicts

Can result in serious and widespread disruption to communities

Often occurs in low-resource settings

Limited health resources stretched even further
People with disabilities have the right to access health (and other basic services, including water and sanitation, housing and settlement) during emergencies”
Why do we need to be disability inclusive in our health responses in emergencies?

People with disability have the right to health services during emergencies.

People with disability are disproportionately impacted by emergencies – higher fatality rates, greater risk of violence and abuse, disruption to usual services and supports, reduced access to/loss of assistive technology.

Emergencies can increase disability due to injuries or underlying conditions left untreated.

Existing barriers to health often exacerbated.
Challenges to disability inclusion in emergencies

People with disability:

- are often **excluded** from emergency preparedness and response activities
- are often **not identified or counted** during or after emergencies
- are **rarely consulted** or **represented** in emergency risk management
- have their **basic or specific needs**, including health needs, **overlooked** during emergencies
- and their families/carers often **lack information** about what supports are available
- Receive **less warning** about emergencies and are at higher **risk of being left behind**
What can health workers do to be disability inclusive in emergencies?

- **Engage people** with disability and DPOs in all stages of planning, preparedness and response
- Ensure evacuation and emergency response centres are **physically accessible**
- Consider **outreach health responses** — damaged roads and terrain may make it difficult for people with disability to reach emergency centres
- Ensure health information before, during and after emergencies is provided in **accessible formats** (sign language interpreters, large print, simple language, audio formats)
- Have **disability inclusion** as a component of emergency preparedness training for health workers
- Make sure health information systems include **data on disability**
Step 3: Activity: The impact of emergencies on the health of people with disability