CDPF

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Tidied summit transcript

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RICHARD: So I'll formally start the meeting. Welcome to all those who are here. We have sign interpretation and we also have captioning for those who want it. And I assume that those who wanted that have been told how to get the box with the captions in.

We're going to record this and put it up on the web, so if there's anyone who has objections, let us know and we'll make sure their bit is cut out, but I hope not as you are all representative people, we would expect that what you say would be acceptable to the world community. And just a reminder, it is a public thing and therefore only say what you think is acceptable in the public realm. We think it's really important that we have these summits and webinars to keep everybody connected during this pandemic which is far from over. And I'll say a little bit more about that in a moment.

The programme then is a number of selected presentations; questions to those. And then we will break into regional, five regional groupings which we've allocated you to. The people, we've also allocated people to be the conveners of these, if they don't turn up in your room, then can you appoint from amongst you someone to chair you. And the issues that you are looking at I will tell you as you go into those rooms. So you'll have about 25 to 30 minutes in the rooms. Then the reporter will bring back the key points and then points going forward.

This is the data we put up every week on our website but I've done something new here this time. What we've looked at is the number of cases in the last two weeks up until 4 June, compared to all the cases that there have been in the country. Therefore what we get from that is that 51% of the red is over 50%, in the last two weeks. So this shows that it's very much still a live pandemic, if you go down the list to the red ones you can see Bangladesh, Kenya, Malawi at 80%. Mozambique and I think Uganda. So those are really hotspots with more cases in the last two weeks than really in the rest of the epidemic.

Then the second lot are 22 at 49% and we can see there that Botswana, Cameroon, Ghana, India, Nigeria and Pakistan, Rwanda, Sierra Leone, Sri Lanka, small numbers of cases but nevertheless some. St Vincent and Grenadine and Swaziland and Zambia.

Then, still not really okay, above 10% in the last two weeks are the blue ones. So we can see there that we have Canada with quite large numbers. These are not related to the number, this is the percentage in the last few weeks, Guyana at 18%, Jamaica at 10.3%, Malaysia at 12% - that had dropped down but it has come back up again. And Singapore which had also more or less eradicated and a second spike is already underway in some of these countries. And the United Kingdom which has the highest fatalities within the Commonwealth, is likely to top 40,000 today, according to Government official statistics. But really, still a large number of new infections being found every day.

And this is the point that, really, the protection measures need to still be in place, people need to be washing their hands, using masks, isolating in lockdown.

There is of course a problem, many governments are trying to push for breaking the lockdown before it is actually safe and we need to be lobbying where we have these figures, I would say anyone in the blue, red or yellow zone should not be coming out of the lockdown. Only those below 10% should really be in this. And we can see many of the small islands countries have zero or very low rates, and that's a feature of their geography. But it's also some of the countries have actually done very important measures to get those figures down.

So this will go up on the website. The table's already up, the last column I did this morning. So that's for something to share.

I also have a PowerPoint. From the survey that you sent us, we've analysed some of the key issues that are coming up. Generally it appears, despite us getting off to a good start, the principles and the policy statement which most of you sent to your government, only very few report that they are actually being properly consulted by their govern(ents amongst them Malaysian and Guyana), but most of you say it's not very good or not at all.

Issues: lack of information and lack of access have been addressed in most countries but there's still an issue of stigma where spreading of the virus is being sorted with people with various impairments and all sorts of myths are being said there. That needs to be challenged with public broadcasts.

Lack of support for personal assistants can... reports from many parts of the disabled (...) people are going hungry and what welfare measures that were there before are not in place. Many people living hand to mouth and quarantine arrangements and lockdown mean people can't get to this and it means that people can't get to the medicines they need for their long-term conditions and the usual medical procedures that many people living with impairment need, they can't get to. Routine medical procedures are not going ahead.

A large impact of unemployment on disabled people, many of whom operate in the causal sector -street markets, small businesses and so on - these have been hit very hard. A lack of access to online schooling with most places having closed their schools, there are now some opening.

The problem remains of a lack of access to online, we need to be pushing governments to provide online support for disabled students and, if necessary, getting internet access to them - if there's no electricity, getting solar panels, et cetera, so they can actually function. And many disabled students will remain in lockdown and therefore unless get them to them they will be completely cut off from what is essential to them.

We're also coming across high fatalities in the UK for instance, four times as high for people with learning difficulties and many people with chronic conditions are in the high fatality group and shielding for this group needs to continue in any of those countries which are blue, yellow or red. We need to be arguing for this very, very strongly. Okay, that's my introductory comments to where we are. If we can now go into taking our comments from, where are we? Gemma, over to you to put the films up.

 (Video)

RACHEL: When we circulated the statement which we wrote as the CDPF for all the Commonwealth countries, we made sure that the statement was published in the local newspaper and because it was published in the local newspaper, many companies tried to respond to the call. And one of the people who responded was Malawi Union Of Savings Cooperative who said that we have to work with us and make interventions on the COVID-19.

What we have done is we went to some of the districts in the country and distributed some of the items like soap, sanitisers and washing basins and raise the awareness on COVID-19.

We did this in all the three regions of the country. As you know that in Malawi, there are three regions, that's the North, the Centre and the South and in each region there are about 50 women with disabilities which is making up to 150 women who we reached with the message from COVID-19. This is supported by Malawi Union Of Savings Cooperatives organisation.

And we've also been on the national television and national and local radios in the country where we have been sending out messages on COVID-19 and the response has been very good.

We've been also calling up on the Government to make sure whatever interventions that the Government is doing, they have to include persons with disabilities. That their messages have also to be in all accessible formats where the people with different types of disabilities can be reached. And we have also included all the stakeholders, different DPOs who we are working with together mobilising their voice so that all the voices from all angles will have to be heard.

So, in short, we're seeing that even Malawi this is what we're doing working in collaboration. That's the only statement that we have been issuing in the local newspapers.

And even in across Africa, the issue is the same because we're getting some feedback from other countries and the things that we are doing in Malawi, they are saying that it is being done in other countries. It's suggested we cannot be able to track and trace, as you know this lockdown, we cannot be able to engage with many of the people in the other countries to find out how much they have done it.

But the circulation of the statement was done. We sent it to all the member countries in the Commonwealth, in Southern Africa. We used the Africa Network for Evidence-to-Action which is the organisation which deals with (...) and we submitted and it was also segregated into different institutions to make sure that they also speak the same language, calling upon the different governments to make sure that the issues of COVID-19 does not leave anyone behind. So, in short, this is what we have been doing in Malawi in order to raise awareness of the COVID-19. Thank you.

(Video ends)

RICHARD: Right, so that's really good. That was quite fast. If people miss it, they can go back onto the recording which will be up on the website but we're also writing notes on the presentations so that will be put into the report that we're bringing forward.

RICHARD: Okay then I'll come to Sarah Kamau who is from Disabled People Kenya and is also a Vice Chair. Sarah, are you on? Yes, you are.

SARAH: Okay. All right. How are you all? My name as you've heard is Sarah Kamau from Kenya. About COVID-19 and what has happened in Eastern Africa, the issues I got from Tanzania and Uganda, somehow are interrelated with what is happening in Kenya so I summarised them to share, cross-country issues, cross-cutting issues, and one of the major issues is language.

Initially the language barriers were there and sometimes are still there, but they have been looked into and most television stations now have sign language interpretation and captioning on some of the articles that, or some of the programmes that they air so persons with disabilities are able to follow on the information because the right language is used and persons with disabilities are able to follow.

Then disabled persons have been involved in giving their views, so that the government can also as they are incorporating their response for COVID-19 they're able to highlight and prioritise issues of persons with disabilities.

We have, like Richard said, some of the things that I put up are from the questionnaire that was sent. There's loss of livelihoods because most people with disabilities do businesses, small type businesses, which are they are unable to do now because of lockdown. They are not able to move because of the curfews also and that has really impacted on their livelihoods. There's also the restricted movement, sometimes they want to move from one point to the other, but because of the challenges of transportation which is not easily accessible now because of the number and the measures that one needs to put up, like wearing masks and sanitising, not really being able to use that because of their disability, their disability issues really are impacted as far as transportation is concerned and so they are affected. Also an inability to have regular health care, required by some persons with disabilities who have special needs like physiotherapy or children who have cerebral palsy has been affected and hampered because of the lockdowns and the need to move from where they are to hospital. That has been an issue.

Also, activities for organisations have now gone online and therefore it is becoming difficult because internet accessibility is not readily available to everyone and so people are left out, especially persons with disabilities who may not be able to afford internet services. Another issues about school, also, learning has continued in some online platforms. And this has also affected the way persons with disabilities will catch up with their learning needs as they are not able to follow, follow the education, or the learning online platforms.

So this is some of the things that are happening and the lessons we have learnt is there is a need for more hygiene to be given to persons with disabilities, like issuing of the sanitisers, and even having extension workers to go to where they are to give them the services from their homes and that also means that social distancing cannot be regularly obtainable for persons with disabilities, because they need people around them to help them do the things that they are supposed to do.

So we need more support in our education, so that learners with disabilities are able to have that special attention and be prioritised by government. They find ways of how to make it easier for persons with disabilities, also women and girls with disabilities, have had issues of responding to their needs as domestic violence has also gone up. Women and girls with disabilities are some household helps and they need to be able to make ends meet and the livelihoods have been affected so the need for the way that government has given more cash transfer in Kenya, for example, so that persons with disabilities are able to be cushioned against not having their needs met. These are some of the lessons we have learnt and maybe more will be clarified maybe in the question and answer time. Thank you.

RICHARD: Okay, thank you, Sarah. Can we now, we'll do Thandiwe Mfulo in a minute but let's now move over to Asia and we're pleased to have Arman Ali with us, CEO of the NCPEDP in India (which is a network that coordinates a range of disabled people) and they produce an excellent report, up on our website, called Locked Down and Left Behind and I would like to ask Arman to talk about the main conclusion of that for four minutes.

ALI: Thank you, Richard. Hello everyone. I'm not sure how many of you have seen our report on the CDPF website. In this report we talked to about 1,067 disabled people across the country and asked them very specific questions on their lives, which was affected with the lockdown and the COVID-19 crisis in the country. As a speaker, the numbers of cases has gone up. We have 20,273 cases and about 6,367 deaths recorded until today. Having said that, to date, you have no communication from the Government of India which talks about, when we started, there was all the communication which has been issued by the Central Government, is inaccessible in format, similar to the presentation which has been made earlier. You don't find any economic measures being announced for people with disability. There was an announcement, about a thousand Rupees, which is about ten dollars, for people with disability, to be paid in three installments in three months.

Only few people have had access to that money as well because there are multiple gatekeeping to be resisted and access to have disability identify card. Essential services like ration, food, shelter, people are displaced and all of a sudden they have lost a livelihood and access to health care and medical aid is also a huge concern for people with disability across the country and specific to the COVID-19 hospitals, you do not have any information if a person of disability is impacted (inaudible). What is a hospitalisation process. People have raised the issue that people especially with (inaudible) people who are high support need, they have not been able to access their care givers or service providers and that has made the cases of people who have bed sores and so on.

And similar issues have been shared by other people who have spoken here. There are helplines run by various organisations, including people with disabilities, but there are no streamline system where you can get (inaudible) ... currently the country is slowly getting unlocked, even though the number of cases is going higher and also people are getting relaxed so the services which have been provided for people in terms of food and ration is also growing thin and limited to only containment areas, where the deliveries are made at the doorstep. Also done mostly by the civil society, organisation, barring a few states.

There is a demand which we have raised with the Government of India to announce economic package for people with disability, to be at least about 70 or $80 for people with disability who doesn't fall in the income tax bracket. To ease down the gatekeeping of certification because the majority of people with disability in this country doesn't have identity cards so that's something ... services already help. There is a discussion which is on now about how do we make the current education system online accessible for people with disability. There is a meeting on Monday which I am also being invited, it's done, it's on a webinar meeting online. And this is the first time we have been invited to participate and give our points across.

But overall, the main concern remains that the government has kept disability organisations out of any discussion when it comes to the Ministry of Home which is deciding on the lockdowns and the measures and the guidelines that have been issued. Communication remains inaccessible for people with disability. Even when the Prime Minister speaks, the sign language interpreter is not in the same frame on the main channel, it is on another channel which you have to open a very small window, which is there, a sign language interpreter is interpreting in the wrong way so that's the feedback we have received in very unfortunate to be treated like a second class citizen in this country.

There is very strong law exists in India, the Rights of Persons with Disability in India Act, and it talks about disaster situation, how disaster inclusive risk reduction can happen. And it has completely been looked away with. This is very unfortunate because this is something that should by the government, the government doesn't itself look into the situation. Now the disabled people are demanding meeting with the Prime Minister, we have reached the political parties of opposition and also the Parliament communities where we've given our referendum and raise issues to various Parliament committees that will meet, from the Ministry of Home, Finance and Social Justice. We are using all tools from media. There litigations and there are good orders from the court directing the government to immediately provide relief to disabled people.

RICHARD: Please wind up your comments.

ALI: So the situation of disabled people continues to remain (inaudible). Thank you so much.

RICHARD: Thank you very much and thank you for the report which is on our website. For you, and everybody else, as you are engaging with government, it would be great if you would keep the Commonwealth Disabled People's Forum in the loop, just send us copies of things where you are making progress with talking to government. So that would be really useful. I'm going to go now to Edwin Ohazurike from Nigeria, most populous country in Africa, in the Commonwealth, with more than 200 million citizens. Edwin Ohazurike, are you ready to come in?

EDWIN: Hello.

RICHARD: What is your role and your organisation?

EDWIN: My name is Edwin Ohazurike and I'm Programme Officer with Joint Association of Persons with Disabilities in Nigeria, all disabled organisations in Nigeria. Our case is still similar with a lot of other countries. The inability of the government to incorporate persons with disability in decision making, with the COVID-19 situation. As of June, as of yesterday, (inaudible) written to the ... (inaudible) 323 deaths recorded. ... following the step, the steep rise on cases in March.

RICHARD: Could you speak a little nearer to your microphone because it's a bit unclear what you are saying, Edwin, thank you.

EDWIN: Around March 29, many states had to put more efforts in containing the transmission. Earlier in March, 9, the ... government effort to contain the spread and impact of the COVID-19. But thankfully persons with a disability ... taskforce ... I wish we had someone, person with disability in who can coordinate effort to ... information on the ... that would have been grateful for us. But it seems like they call that in 2019, discrimination against persons with disabilities, that was in 2018. And a lot of DPOs have to fight for ways to see this law come in. The act states that all public ... 5% of employment opportunities for people in Nigeria, if contravened ... the COVID-19 is not example of these. And it is sad that right now as I talk to you, the statistics, there is no statistics of persons with disability in Nigeria, even of people who are affected with COVID-19. It's sad most people don't have the form to conduct ... we know that lack of reliable statistics on persons with disability in Nigeria ... is one most of these issues as they are talking about increasing police violence ... financial problems, lack of political ... unaccessible and lack of reliable ... and barriers people disabilities which are increasing. Those who are aware, direct impact of the institution, ... all these policies. It is what I'm talk about. These policies are prescribed, even with covid because ... without response from ... so for people with disabilities, pandemic applies but there are barriers that most inclusive communication, accessible information. Getting information can be very more difficult for people with visually and ... especially when information is changing. You understand? Keeping people informed is key to the COVID-19 health care process. ... make sure that we are included. But that is very sad. And we don't get it, we couldn't get it down if it continues like this.

So information intervention should be provided ... (inaudible) received ... to reduce the poverty level to the access to the health ... even medical help ... most part of... Nigeria, people with disability might have received measures just (inaudible) but what about others that we can't account for. The government is not doing anything, especially the ministry of (inaudible) they're not doing anything to bring this thing down. Just like, I have to recommend ... for all the things that she has been doing, she has been trying to reach out to the government, in most cases. I don't think the last I spoke to her, I don't think that there has been anything, any good feedback from the government. What they do is just do their thing, and there is no provision for persons with disability.

RICHARD: Okay thank you very much, Edwin.

EDWIN: Thank you.

RICHARD: I have two comments on that. Well done on getting the legislation but if it isn't being implemented it's not really helpful. And of course Article 11 has already been mentioned, emergency humanitarian situations which this comes under of the UNCRPD. One way to activate members of Parliament is to choose a certain day and ministers, Members of Parliament, that. I believe that there are 27 million at least in Nigeria. You need to make your voice heard on this one, people can do it from home by telephone and so on and use the press as well. So thank you for that. But we are with you in solidarity and getting more of a voice.

EDWIN: All right. In ending, when you talk about statistics, you know more 27, we used to say between 1 and 27 is (inaudible) get funding and that can be done so these policies and laws can be implemented.

RICHARD: I am afraid sometimes you have to do it without funding, people have to just fight for their basic rights, then once you get the organisation you may get funding but we will talk, we can talk off the meeting about that. Do give me call, okay? Thank you very much, Edwin.

I would like to go to Steven Estey now from Canada, who has been with us since 2008. Steve is using the captioning service so he is able to speak to us about what things have been like in Canada, and it has been one of the big areas of the pandemic and is still as we said in the blue zone when we were introducing it. So, Steve, can I ask you to come in, please?

STEVEN: Thanks Richard. The thing that's different here in Canada is simply that we have a government minister that's responsible for people with disabilities in our cabinet. And that person who was person with a disability herself visually impaired woman, very early she in the pandemic struck an advisory committee of the disability leadership in Canada. So there was a committee of about 12 or 14 people who are the heads of major disability organisations from all across the country. And these folks meet on a weekly basis with the minister to advise her about the situation with disabilities on the ground but perhaps more importantly, this committee is able to meet with other key government leaders in different areas, the Department of Health or immigration or what have you, to talk about the situation with people with disabilities in the context of the pandemic.

So I think this is a good practice that we have here in Canada, that we would like to share with people in countries around the world. There is some writing that has been done about it and I'm certainly happy to connect people within the organisation to people who are more directly involved with this, if you are interested in it. I think that what we've seen is that through this process we've been able to get the voice of people with disabilities into the decision-making, around the virus. It hasn't translated into a lot of specific support right now but we're hopeful that as time goes by it will ,and I think that we want to try and build on that and share that with colleagues in the Commonwealth to try and amplify the voice of people with disabilities in the process and response to the pandemic.

As I say, I think our situation is very similar in terms of the situation with people on the ground, the position is advisory. Let me leave it at that. If people want to ask questions I can answer them here or if you want to drop me an email I would be delighted to hear from you. Okay, can we leave it at that?

RICHARD: Yes, thank you, Steven. And it's good to hear that you've actually got your, you are under the table of government and even if it hasn't led to huge amounts we're being listened to. We'll put the links on the website so people can follow that up. And then, of course, people can link with you as well. But it might save a bit of time.

STEVE: Yes, sorry, Richard. I'm not sure what has been written at this point but I'm happy to share it and I may also, in direct contact with the minister's office and I would be happy to speak to them and see if we can share some of this information through website and I guess also the other mechanism that I could tap into is with our Department of Foreign Affairs, we have a Commonwealth office in the Department of Foreign Affairs and I'm in touch with those people as well so I will make them aware of this call and the interests of people with disabilities throughout the Commonwealth and we will get information that way. Okay?

RICHARD: Yes, thank you very much. Okay. We'll move on. We have I think a clip from Thandiwe Mfulo from South Africa, I would like to take that next if I may.

(Video)

Thandi: Good morning, ladies and gentlemen. It's an honour to be here with you. Let me just go straight to the point around the covid, the impact of the COVID-19, or the trend that is appearing. In terms of this trend, it has increased more in the southern region, especially in the Four Member States, which is South Africa, DLC, Tanzania and Mauritius. And those four states represent 93% of cases reported in the region.

While the COVID-19 pandemic affects all members of society, people with disability are disproportionally impacted due to attitudinal, environment and institutional barriers that are reproduced in the COVID-19 response. My question around this is to say, "Do I have the proper stats?" Is there any report about issues that affects people with disability? Because when I pick up I can't only concentrate on gender, sex, age and economy. Now, as people with disability where do we feature there? Especially because people with disability, they've got what we call pre-existing health condition. That makes them more susceptible to contract virus, experiencing more severe symptoms upon infection, and this leads to death. But even in the people that have contacted it, it's not clear how many people are those with disabilities.

There is awareness that leads to better response and this can allay the impact experienced by people with disability. I think this guidance aims to bring awareness of the pandemic, the impact on persons with disability and their rights. We need to draw attention to some promising practices already being undertaken around the world. Although they are therefore general population it's not clear for people with disability. We identify key actions for the state and other stakeholders. For example, in South Africa, the disability sector is represented by Disabled People South Africa, in the nerve centre of the country guiding the country around issues that affect people with disability. This provides service for further learning.

(Video ends)

RICHARD: We've got one other person who was asked beforehand which is Emile Gouws from Autism South Africa and I bring you in now, Emile. That's the last of our speakers that we've asked for. I have a couple of others, one from Bangladesh, and then we'll take questions. So can we take you, Emile, next please?

EMILE: Good afternoon, Richard and everybody, I hope you guys are well. It's a major honour for me to present today. As Richard introduced, I represent diversity on the CDPF and I'm also a NEC member of Autism South Africa. If I can quickly provide an overview about the current situation. We have around 100,000 cases in Africa with COVID-19. Due to the rapid spread announced on the 26 March, individuals were encouraged to stay at home in this period and that doesn't only affect the everyday citizens, it affected individuals, people on the autism spectrum in their unique ways. How did the lockdown affect persons with disabilities, or individuals on the autism spectrum? Well as we know autism requires different variations of support and due to this, many need caregivers and they are dependent on caregivers and therefore due to the rapid spread of the COVID-19 virus, caretakers must take special precautions to minimise the risk of the transmitting of the virus.

During the lockdown period individuals as well as families with children on the autism spectrum experienced heightened levels of anxiety due to the break of routine and to the lack of support services available and appropriate engagement. Due to the communication challenges persons with autism are a vulnerable group when it comes to gender-based violence. So how does it also affect organisations to support these families? Like Autism South Africa, it supports services for families as well as caregivers. And due to the rapid spread of COVID-19 we know all basic services were restricted and as specifically training and awareness events were postponed.

In response to the COVID-19 pandemic as well as to the national lockdown, all of our autism organisations in South Africa collaborated by sending a request to the Office of the Presidency in order to restrict the regulations. One of the recommendations were to, they wanted to ease the lockdown restrictions to provide access and to support families by providing access to facilitators to support care givers and in order for funds for social relief and for participating feeding schemes. There was also a request to reopen care centres to admit autistic people in distress as well as to support families. There was also, in collaboration, there was also a collaboration with our umbrella organisation, the South African Disabled Association (SADA) and we worked in response to this national lockdown in which certain themes were basically discussed in a draft document. As such to provide you are an example was the access to information on communities, reasonable accommodation, access to relief funds. In order to get access evacuation plans and general provisions. Our neighbouring country Namibia, you referred to that current situation, there are currently 25 cases. Their OBDs and the NGOs are working well together but they are also dependent on a news organisation called the Disability United Network which also shares their difficulties during this difficult time.

Although they admit there's lots of work still to be done, they also make use of documentation from the World Health Organisation as well as the UN guidelines regarding the COVID-19 response. By using these they promote individuals as well as (inaudible) to keep their distance, encouraged to wear masks, hygiene as well as the washing of hands.

To conclude, I want to say, I want to elaborate on the following fact that South Africa has written in its constitution Article 25 which states, that all parties must recognise that persons with disabilities have the right to their enjoyment obtainable standard ... of health without discrimination on the basis of disability. Article 11 is parties shall take in accordance with the including international humanitarian law and international human rights law. All necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict in emergencies and in situations of national disasters.

Yes we still have lots of work, but, you know, like Richard said, it's up to us to encourage and ensure that our voices be heard and ensure that all individuals living with autism, as well as disabled people, be accommodated in all aspects of society. Thank you.

RICHARD: Thank you, Emile and we're getting to the end of this general presentation. I've seen someone from Bangladesh who wants to do two minutes.

RICHARD: Trinidad and Tobago. Okay. You go on, briefly. One minute.

BHAWANI: The Caribbean has been blessed because our level of caseloads haven't been significant, in fact there is caseload is in the region in Jamaica, most of the other islands have gone under 200, Trinidad, 117 cases, most of the other islands have between 11 and 15 deaths. So we have been blessed by that. We are working with all the government agencies in the respective countries, we have been given updates via the news media, et cetera. So all in all our region has been spared in this current pandemic. We're working with our government and the governments are trying to do their best to bring relief to persons with disabilities in some form or the other.

RICHARD: Okay, that's really useful. You'll get a chance, in the groups we're going to break into in minute, Caribbean and Small Islands, to talk about some of the issues and let's remember, we are not out of the woods on this, yet. There's no vaccine as yet and the idea that the best research will lead to it, there's still not a vaccine to HIV Aids, that gives you another scale of it, which is another coronavirus so just because a lot is going into it. We may be going into this situation for a long time. Speaker from Access Bangladesh.

ALBERT: Thank you, this is Albert. Thank you, Richard and thank you, Commonwealth Disabled People's Forum to organise this important consultation. I think the previous speaker, the experiences are similar but, in Bangladesh, you know there are two disasters we're passing through one, covid and another one is a super cyclone, so you know that people with disabilities are at high risk, particularly they are at risk in terms of health and economical risk is very high. So I just want to give you a few aspects. You know there are at this moment cases are increasing, day by day.

But since 25th March, the countries are at lockdown situation but the government very recently, on 30 May, the government decided to be open at a very small at a very small scale. But we know that the situation is very worse now at this moment in Bangladesh. So if I say categorically the people with disabilities, this is also unrecorded, unreported information, three people with disabilities have died with covid symptom and at this moment ... and if I say specifically accessibility, inaccessible information to the covid situation is also in our country also. And also there are, due to lockdown situations since 25 March, so many people with disabilities and many people, not all people with disabilities, those who are involved in (inaudible) and in a small business, they already lost their business and many people with disabilities are at this moment staying confined at home.

Mobility problems due to restriction of the government on travel. And this is very similar with other countries that general health service, this is not -- and people with disabilities are not able to access general health services. Also, you know that country, they just started in a very small scale on online education system but people with disabilities are not able to access because there are aspects and their needs are not addressed.

So if I say that the situation, there are two types of facilitates, government provided, during lockdown, one is the care support and another one is the food support for extremely poor people with disabilities. There is actually barrier in Bangladesh, government decided the people with disabilities should not be included in that care support. The logic is that the government is telling that the people with disabilities are receiving disability allowance but this is a very, very minimum amount, 7 or 8 dollars in a month. So in the name of disability allowance, government is telling people with disabilities that they should get emergency support which they started during covid. So this is the really, really -- very bad side.

RICHARD: If you could wind up please.

ALBERT: Yes so the main things, okay, so the situation of people with disabilities are really, really lost in this situation. So we will continue our focus with the government so let's hope for the future. Thank you.

RICHARD: And if you could -- I don't know if you sent in the survey report, that goes for everyone on the call. I will get Gemma to send out the survey to everybody. We have had as I said about 22 in but we would really like more filled in over the weekend. We don't mind more than one from each country if you have a different perspective on what is going on, so keep those surveys coming in.

RICHARD: Okay. Now is the time for points and questions but these are not a chance to do a whole report on your country but a specific point, if you put your point in the chatroom I will look at it and the chatroom is down the bottom, you just click on it and you are typing it to everybody and when you have put it in you just press the return key on your keyboard and that will put it up for everybody to see.

Okay, Ali, you have been indicating for some time. One minute, on a point from Mauritius. You have a high rate again now, so what is going on in Mauritius?

ALI: Hello, thank you Richard. Hi, everybody. So here the lockdown is over, mostly we have to wear the mask mostly all the time which is compulsory but there are issues for people with autism and Downs Syndrome because it's for some people with autism and Downs Syndrome to get mask so we're getting advice. Hopefully we will get the answer very soon but it all depends on the medical advice. So we're no longer in lockdown. We don't have to, nearly all the offices are on but school is still closed. It's still the same thing everywhere, the distance learning is an issue, because of the internet connection. Not all people are able to have the internet connection but I can say we are okay in Mauritius, thank you.

RICHARD: Thank you, Ali for a short report. I'll just say to the question of masks, the UK Government has, today, having said we won't wear masks, they're now saying it's compulsory to wear masks on any public transport from next week. We have had issues from deaf communities about masks and you can get masks with a transparent part for your lips so that people who read lips can actually see your lips. So that's something that people should maybe make as a demand, if they're putting forward compulsory wearing of masks, it's not just those people with intellectual difficulties who have a problem with masks, it's also people with breathing difficulties but also the deaf community who often need to read each other's lips. We can ask for these transparent masks to be brought in, thank you.

 Prasanna Kuruppu, do you want to say something about Sri Lanka?

PRASANNA: Not really, I think everything's being covered with the South Asian presentation, in the Sri Lankan situation, the general elections due to be held soon. Asking them to change the date but now we're expecting that to happen, probably in August or September. So under medical guidance for voters and the election process. So we're now in the process of putting out guidelines under covid. How the voters will disabilities will be -- how to tackle the persons with disabilities in this context so that's the kind of dialogue we have right now so we're working on that area, Richard.

RICHARD: Thank you for a brief report there. Wong from Malaysia? You have gone down and your numbers seem to have gone up again. Is that having any impact on disabled people in Malaysia? Do you want to come in?

WONG: Okay. So as reported by Richard, the numbers in Malaysia not too high. But it's still above 10%. Mainly now we have a lot of issues with foreign workers. Among Malaysian citizens cases are coming down. We're now thinking of coming out of lockdown. There are a lot of discussions on how persons with disabilities can be protected and how we can help them to restart because during lockdown all economic activities have stopped, for example, a lot of them like working at masseur, street musician, small businesses, so just three hours before this meeting we have an address by our Prime Minister and we are happy to note that he has said that the government will provide 1,000 ringgit (about $250 US) per month for employers to hire persons with disabilities after this, when the economy reopens which they have not announced yet, very soon we hope. And the government also will give a one-off financial assistance to nearly all persons with disabilities. And also there are a lot of programmes to scale up and for training and to change the way we work. So a lot of money is put in there.

Just now I heard about people talking about lack of internet connectivity so in Malaysia our government giving free internet everyday to everybody so they can do their online education, they can do their online meetings, jobs, and et cetera. So we are not out of the woods yet but we're hoping we can restart our economy.

RICHARD: We did pick up one that, you the Malaysian Government is more supportive than many on this issue. So well done on getting that.

WONG: Yes. Richard but I have a question for, which I put in the chat box. Social distancing. I just wanted to know if other countries, do persons with disabilities experience any kind of public shying away from assisting people with disabilities because the government is encouraging social distancing, one with the social distancing? So you cannot be assisting a person with disability from a distance of 1-metre. So any ideas or sharing from others? Thank you.

RICHARD: That's something we've picked up from around the world. But, for instance, if you need to hold someone's arm, if you are visually impaired, to walk and so on, there is an issue unless it's someone who you are with in your household and therefore they count as someone you can have contact with during the lockdown. However, in the way that there has been a dispensation for people with autism and learning difficulties these have been agreed but there's public pressure, if they see someone with you. So some sort of badge or pass that people wore would be a useful thing to have to put to government to deal with that. I think we're going to go into the regional groupings now. Can I just explain why we're doing this? We have changed the grant that we got from Disability Rights Fund as you know in two weeks' time we were going to hold a conference in Rwanda, at CHOGM but of course that has been postponed and put off and the funder will not support anything where people meet face-to-face currently and so have supported us in setting up this network and supporting us in what we're doing.

One of the next things that we want to do on this is to introduce people into regional groups, so that you can all get a chance to talk to each other about what the issues are and then in a minute Gemma will put you into five groups. This is Southern Africa, Caribbean and Small Islands, East and West Africa, one group, and Asia. And then Europe, Canada, Australia, New Zealand, if they were with us but they're not. In other words the more developed countries. I would like you to, if we have said to people who are put in those groups but they're not all on the call that they facilitate it, make sure everybody has chance, nobody talks too much. Introduce yourself briefly to each other. What happens, you get into room, we allocate you into a room, you are still on your screen with your video and your microphone. And you can introduce yourselves and then we would like you to go around the group and appoint somebody to be a spokesperson to keep a note of what is being said in the group and then report back your outcome of your thinking. What are the key barriers and issues? How should these be resolved? And how should issues be taken forward, particularly these issues the longer term issues of unemployment, education, the gaps that are going to impact on people for a number of years from this pandemic and, also, how do we get our voice more into government in our regions.

SARAH: We discussed about involved about DPOs with the government so they can be able to inform government needs on the specific needs especially when they are developing policies and response strategies. But persons with disability should be part of the decision making. Then issues of social distancing, we say that governments should also come in and help persons with disabilities to be able to be assisted because they cannot -- it's not obtainable for them because most of them need assistance. Even on health we have discussed that they should be able to give them more attention when it comes to health issues because they have even underlying conditions. And education, also, they should be able to reach out more to them because they have even more special needs as far as education is concerned and the accessibility to the internet learning that is happening now. We were not able to finish, thank you.

RICHARD: That's okay. We're going to convene these groups for everybody who is on the call. We will send out a list of dates and times for these regional groups to meet for a longer period. So that you can feed back into what we're doing, it's part of our work plan that we do this.

RICHARD: Okay, thank you Sarah.

So the next person is Southern African group, was that you Emile?

EMILE: Yes it was me. We didn't complete the conversation but what we could talk about, what I can gather is that if we look at political as well as humanitarian situation we believe that persons with disability are not accommodated in all aspects of society, we referred to, if you referred to education, all aspects of society. Due to the fact some of our countries are in national lockdown, these persons with disabilities are not accommodated in terms of financially as well. Economic, and the thing is what we said, we don't have due to the national lockdown our ministers as well as our people in government don't support us in the way he need to be supported, financially, as well as in terms of the documentation that needed to be drafted in order to support our rights. So I think that was one of the main aspects that we spoke about.

RICHARD: Okay, thank you. All of those reporters, if you have notes, if you could type them up and send them in an email to me. Did anyone take notes from the Caribbean Small Island group?

BHAWANI: Yes certainly. There were only four countries represented from this group. We're Guyana, Barbados, Dominica and Trinidad & Tobago. We learnt that education - there is a big challenge on that because only one or two persons or schools were able to participate in online learning, a big problem. Many of the schools, particularly some countries given the internet challenges were not able to participate. Health - we only had unfortunately one person with disability who passed away in Guyana but otherwise generally we had no other cases (we had one case in Dominica but he recovered). We learnt that in Dominica there is a granddaughter of a person with disability who is heading the disability division ministry there. In employment our Guyana colleague was optimistic that there could be some positive moves in this direction, and in Trinidad and Tobago we submitted to our Road To Recovery committee a document outlining all the facets of education, health, et cetera. We have received a positive response from the government appointed team.

RICHARD: If you could share that with us, that document, it would be useful.

BHAWANI: Sure, no problem. So that's it, from the Caribbean. We have one complaint that one of our colleagues was sent to Asia, I don't know why!

GEMMA: That was my fault, I'm so sorry!

RICHARD: We'll get it better the next time.

>>: There was no cases from persons with disabilities in Dominica, it was negative. No deaths at all in Dominica.

BHAWANI: No cases in Trinidad.

RICHARD: We'll go to the last group which is the UK/ Canada/ Malta, Marthese from Malta.

MARTHESE: The government needs to start thinking and working and funding for the independent living of persons with disability. The need of more integrated transport everywhere in all countries and the government needs to start as soon as possible implementing the UNCRPD.

RICHARD: And the point about independent living, it was a point made from Canada which we agreed with from the UK and Malta was that the death rates in institutions, particularly care homes, which are largely inhabited by disabled people, elderly or home for disabled people, are much higher than in the general population and this is an argument to move for independent living and deinstitutionalisation and I think it's a good point to take up everywhere. Which of course is Article 19 of the UNCRPD - we shouldn't be being put into these institutions, we should be supported to live in the community - so the answer to a future epidemic is to say close them down and give us the support we need. Okay, we're coming to the end, I want to put up one last thing which is here.

GEMMA: Richard, just before you do. I seem to have created a different group that no one was quite sure about, completely my fault! Juliet has asked if she can feed back from that group.

RICHARD: I have a minute and if she has a minute, that's fine.

JULIET: We'll be very quick. This is the starting point of any issues to be or any resolutions going forward. Is the CRPD and the governments need to be held to this because it has been neglected in most of the countries. The disability voice has been neglected in any covid responses in most countries in this group and the lack of unity and disability centres, also an additional barrier so disability organisations should band together for a stronger voice and hold governments accountable to the CRPD, particularly Article 19. If emergency procedures had been in place we would have had a far less detrimental outcome of the covid pandemic, that's short and sweet from us.

RICHARD: Where are you from?

JULIET: I'm from South Africa. So we were from Malawi, South Africa, Mauritius and the fourth person muted themselves.

RICHARD: Okay. Thank you for that for reporting on that. I think we've covered everybody. So thank you and I think it has been a constructive dialogue. As I said, if you haven't sent in the survey please do. I'll get Gemma to send it out to everyone on the call. I'm putting this to everybody so we'll get back to a full -- if everybody puts their screen on we'll take a vote on this but I'm putting forward two resolutions: that we call on the Commonwealth secretariat and the foundation to hold an emergency Commonwealth COVID-19 summit to develop plans for the future. including disabled people. That's the first point. The second is, as Gordon Brown (ex-British Prime Minister) has been saying in light of experience under the banking crisis where he largely managed to his own to get the G20 countries together, it says G20 summit on recovery and resilience to COVID-19 based on the principles of human rights and in the UNCRPD. And that, particularly, is important to people here from the UK, India, Australia, Canada, the EU, so that's Malta to lobby the EU, and South Africa (permanent members of the G20) to hold a meeting urgently in the next month to actually address this.

The problem we have around the world at the moment, and we passed a resolution which you can see on our website on the last one of these calling for an international response to all of this is, instead we're getting a country-wide response and we need to bring all the nations of the world together and these are the most powerful nations, including Russia, China and so on. South Korea. But these are the Commonwealth countries as part of the G20. So that a fund can be put aside for the redevelopment of countries - employment, the technology, that we need - for us as disabled people to be part of that recovery, and to put in plans, plans in place so that if a further pandemic occurs there's much more co-operation in the world to deal with it. Many of the epidemics that we have had have been because people ignored the World Health Organisation advice. In fact you had the President of the United States arguing strongly against it, as you did the leader of Brazil and that's one of the reasons why those are two, and Boris Johnson very late getting in on it, those are the three countries with the highest death rates - United States, UK and Brazil. So there is a real need for international unity and that's why I'm putting this forward that from us as organisation we'll put this to governments but I'm also asking for those countries that are part of the G20 to lobby their governments directly and Steve's already said that he has a link in Canada to that, we have heard from India they have links to government and I believe from Thandi she said there was a link. We need to use these use these links to push to press for this G20 meeting and a Commonwealth summit. Do people agree with that as a suggestion? You could push, if you do, at the bottom, you've got a button where you could, or you can just raise your hands on the screen, if you like. Can we see everybody?

PAEDAR: I agree.

RICHARD: Okay.

>>: I agree.

STEVE: I'm sorry I don't know how to do what you are asking.

RICHARD: We'll go round. Anybody disagree? So is that a unanimous agreement of everyone this call? Can I say that?

>>: Yes.

>>: Yes.

RICHARD: We'll have to end now because we have terms and conditions for our captioner and our signers and therefore we have to stop. But I think two hours is about as much as most people can take anyway. I think it has been a successful meeting. Please send in any policy documents or press that you've got which is positive and that we can share. We have one, Michael from Kenya, people with mental health issues, was going to speak but we have a document that they have produced which is also going up on the website. So I think do look on the Commonwealth Disabled People's website on the covid section, there's a lot of resources and we're going on build it up from this and summarise what has been said on this call, plus the questionnaires that have been sent in, by the end of next week and once we have done that we're seeking a meeting with the UK Government DFID and the Foreign and Commonwealth Office and the Commonwealth to put these questions across but we want to push for a G20 meeting for a global strategy to take us out of this pandemic. Thank you very much and you can wave goodbye or say goodbye, and we'll leave it there. Thank you very much. Bye bye.