



**COMMISSION ON HUMAN RIGHTS**  
**REPUBLIC OF THE PHILIPPINES**

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**HUMAN RIGHTS ADVISORY SERIES ON HUMAN RIGHTS IN THE TIME OF COVID-19 IN THE PHILIPPINES IN PURSUIT OF THE RIGHTS-BASED MODEL OF DISABILITY AMID THE COVID-19 PANDEMIC IN THE PHILIPPINES**

**CHR (V) A2020-009**

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The Commission on Human Rights issues the instant advisory to expound on the standards for the protection and promotion of the rights of persons with disabilities, taking into account the context of the COVID-19 pandemic in the Philippines. At the onset, the CHR recognizes the efforts of both the national and local governments (LGUs) in addressing the COVID-19 pandemic and intends to further contribute to the policy direction of such efforts on the basis of the rights-based model of disability.

**I. BACKGROUND**

***Philippine legal framework recognizes persons with disabilities as rights-holders***

The Philippines, through the Magna Carta on the Rights of Persons with Disabilities (R.A. No. 7277) enacted in 1992, describes persons with disabilities as those suffering from restriction or different abilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being. Impairment is any loss, diminution or aberration of psychological, physiological, or anatomical structure or function. As such, Disability means:

- a physical or mental impairment that substantially limits one or more psychological, physiological or anatomical function of an individual or activities of such individual;
- a record of such an impairment; or
- being regarded as having such an impairment;

The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which entered into force on 03 May 2008 does not provide a closed definition of disability. Its preamble shows that disability is an evolving concept. More so, the Convention reflects a social model of disability in the sense that it clarifies disability as resulting from the interaction between persons with impairments and external barriers (i.e., environmental, institutional, or attitudinal) that hinders their participation in society on an equal basis with others. In the Philippines, an operational classification<sup>i</sup> of persons with disabilities that government applies includes the following:

- Communication disability – an impairment in the process of speech, language or hearing which includes:

- Hearing impairment – a total or partial loss of hearing function, which impedes the communication process essential to the language, educational, social and/or cultural interaction;
- Speech and language impairments – one or more speech/language disorder of voice, articulation, rhythm and/or receptive and expressive process of language;
- Disability due to Chronic Illness – group of health conditions that last a long time. It may get slowly worse over time or may become permanent or it may lead to death. It may cause permanent change to the body and it will certainly affect the person's quality of life;
- Learning disability – any disorder in one or more of the basic psychological processes (perception, comprehension, thinking, etc.) involved in the understanding or in using spoken or written language;
- Intellectual disability – results from organic brain syndrome (i.e., mental retardation, acquire lesions of the central nervous system, dementia, and/or non-psychotic disorder);
- Orthopedic disability – is disability in the normal functioning of the joints, muscles and limbs;
- Mental/Psychosocial disability – any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary for effective interpersonal transactions and other civilizing process or activities for daily living such as but not limited to deviancy or anti-social behavior;
- Visual Disability – one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has visual acuity in the better eye of less than (6/18 for low vision and 3/60 for blind), or a visual of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 or worse or your side vision is 20 degrees or less in the better eye.

By now, the government is expected to have identified their national and local constituencies who are persons with disabilities. In 2019, the Philippine Statistics Authority<sup>ii</sup> reported that:

- around 12 percent of the Filipinos age 15 and older experienced severe disability
- A higher percentage of females than males experienced severe disability
- Almost one in every three persons (32%) with severe disability belonged to the older population age group of 60 and older.

As early as 1992, even earlier than when the whole world recognized the same through the UNCRPD, the Philippines has recognized in the Magna Carta on the Rights of Persons with Disabilities that:

- Persons with disabilities are part of Philippine society, thus the State shall give full support to the improvement of the total well-being of persons with disabilities and their integration into the mainstream of society. Toward this end, the State shall adopt policies ensuring the rehabilitation, self-development and self-reliance of persons with disabilities. It shall develop their skills and potentials to enable them to compete favorably for available opportunities.
- Persons with disabilities have the same rights as other people to take their proper place in society. They should be able to live freely and as independently as possible. This must be the concern of everyone, the family, community and all government and non-government organizations. Their rights must never be perceived as welfare services by the Government.
- The rehabilitation of persons with disabilities shall be the concern of the Government in order to foster their capacity to attain a more meaningful, productive and satisfying life. To reach out to a greater number of persons with disabilities, the rehabilitation

services and benefits shall be expanded beyond the traditional urban-based centers to community based programs, that will ensure full participation of different sectors as supported by national and local government agencies.

- The State also recognizes the role of the private sector in promoting the welfare of persons with disabilities and shall encourage partnership in programs that address their needs and concerns.
- To facilitate integration of persons with disabilities into the mainstream of society, the State shall advocate for and encourage respect for persons with disabilities. The State shall exert all efforts to remove all social, cultural, economic, environmental and attitudinal barriers that are prejudicial to persons with disabilities.<sup>iii</sup>

Specific for women with disabilities, the 2009 Magna Carta of Women (R.A. No. 9710) has emphasized the principles of non-discrimination on the basis of gender and disability and obligates the State to support women with disabilities on a community-based social protection scheme.

It is quite important to reiterate the existence of the aforesaid State policies and remind the duty-bearers that persons with disabilities should be allowed to participate in programming the State's response during the existence of public health emergency as brought about by the COVID-19 pandemic. The lived experiences of persons with disabilities would provide useful insights to the managers of this crisis in designing a genuinely accessible approach, and to be mindful of how different vulnerabilities further exacerbate the impact of the COVID-19 pandemic to the realization of human rights. Hence, this advisory puts emphasis, first and foremost, on the need for inclusion and participation of persons with disabilities in government decision-making, in recognition of their character as rights-holders particularly during this crisis, and put in place appropriate responses that take into account multiple and intersecting vulnerabilities.

### ***The Rights-Based Model of Disability***

The rights-based model begins with the premise that impairment is a natural aspect of human diversity that government has a responsibility to take into consideration in preparing and implementing all its plans and programs. In doing so, their rights must never be perceived as welfare services by the government, as clearly pointed out in R.A. 7277, Section 2(b).

Expounding on the rights-based model, Degener (2014) wrote:

“Human dignity is the anchor norm of human rights. Each individual is deemed to be of inestimable value and nobody is insignificant. People are to be valued not just because they are economically or otherwise useful but because of their inherent self-worth. ... The human rights model focuses on the inherent dignity of the human being and subsequently, but only if necessary, on the person’s medical characteristics. It places the individual centre stage in all decisions affecting him/her and, most importantly, locates the main ‘problem’ outside the person and in society.”<sup>iv</sup>

The rights-based model has been reflected in the UNCRPD by highlighting the States Parties' recognition and adherence to the human rights standards<sup>v</sup> of:

- Respect for inherent dignity, individual autonomy including the freedom to make one’s own choices, and independence of persons;
- Non-discrimination;
- Full and effective participation and inclusion in society;
- Respect for difference and acceptance of persons with disabilities as part of human

- diversity and humanity;
- Equality of opportunity;
- Accessibility;
- Equality between men and women;
- Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities.

Specific to situations of risk, Article 11 of the UNCPRD manifested the States Parties' commitment to take all necessary measures to ensure the protection and safety of persons with disabilities, particularly during humanitarian emergencies and the occurrence of natural disasters. More so, the UNCPRD recognizes the multiple discrimination that women and girls with disabilities are subjected to and requires appropriate measures for the fulfillment of their human rights.

Therefore, the Philippine government is expected to respect, protect and fulfill all human rights of persons with disabilities during the COVID-19 pandemic.

## **II. IMPACTS OF THE COVID-19 PANDEMIC ON EFFORTS TO REALIZE THE HUMAN RIGHTS OF PERSONS WITH DISABILITIES IN THE PHILIPPINES**

The COVID-19 pandemic<sup>vi</sup> has challenged the status quo worldwide and tested any government's capability as to what extent they could protect the lives of all peoples. On the basis of scientific evaluation, social distancing was identified as an immediate practicable solution to prevent the spread of COVID-19. The objective is not to give chance for the virus to replicate and spread.

The government would then impose limitations on the people's freedom of movement through curfews and lockdowns, (a.k.a., the enhanced community quarantine). The people are required to stay at home and only one member of the family is allowed to go out during predetermined schedule for buying basic necessities in the market. Those who have the means would hoard supplies, while those who bear the brunt of such adverse effects are still the vulnerable and marginalized sectors of society, such as people living in poverty, workers in the informal economy, and most of all, persons with disabilities. Majority of persons with disabilities in the Philippines belong to poor families with minimum wage earners under the 'no-work-no-pay' scheme. They do not have enough money to stock up on basic food items, medicines, and other essentials, such as hygiene kits for women. Children with disabilities are also in situations of conflict, emergencies, and disasters but it appears that they are the least protected. Existing services are designed broadly, and there is little or no customized approach in addressing the needs of particular sectors, such as women and children with disabilities, and for the different types of impairments.

During the current situation, the foremost clamor of persons with disabilities in the Philippines is to be adequately informed about the government response to the pandemic and the regulations, including advisories, to ensure the health and well-being of the people. In particular, it has been a challenge for the deaf community to obtain information through broadcast media when there are no insets for sign language interpretation and no sufficiently visible captions or subtitles of suitable text size. Another instance are emergency hotlines that would require the informant to report verbally, which obviously could not be accessible for the deaf community. More so, relief distribution during the enhanced community quarantine by local government units to supply their constituencies with food and other basic necessities often overlook the particular needs of persons with disabilities, for instance - much needed medication and maintenance medicines. There are persons with disabilities, who, like the rest of the population sensing uncertainty, would feel that quarantine measures hinder their access for resources to fulfill their needs as human persons. There were accounts how strict implementation of quarantine measures fail to recognize accessibility needs of persons with disabilities such as the need for personal assistants or support persons to purchase essential

goods or claim government support and services.

A gender-specific and intersectional approach is likewise lacking. Government-provided relief goods do not include hygiene and menstrual kits and there is absence of provision for family planning and reproductive health services and commodities for women with disabilities. Current interventions also fail to address increasing women's care work during COVID-19 pandemic, the increased risk of Gender-Based Violence (GBV), and the possible breakdown of GBV referral network.

In general, the outbreak of COVID-19 worsens the situation of persons with disabilities and exacerbates existing inequalities as more barriers emerge that hinder the fulfillment of their human rights. The root cause remains that persons with disabilities are not part of decision-making to address the COVID-19 pandemic, in emergency response and relief operations, and that specific vulnerabilities and protection needs are not taken into consideration in the design of government interventions.

The International Disability Alliance (IDA) provided a summary<sup>vii</sup> of worldwide trends on how the COVID-19 pandemic impacts on the realization of human rights of persons with disabilities, as follows:

1. People with disabilities are at higher risk of contracting COVID19 due to barriers accessing preventive information and hygiene, reliance on physical contact with the environment or support persons, as well as respiratory conditions caused by certain impairments;
2. Implementing quarantines or similar restrictive programs may entail disruptions in services vital for many persons with disabilities and undermine basic rights such as food, health care, wash and sanitation, and communications, leading to abandonment, isolation and institutionalization;
3. When ill with COVID19, persons with disabilities may face additional barriers in seeking health care and also experience discrimination and negligence by health care personnel;
4. Organizations of Persons with Disabilities (OPDs) particularly at national and local levels may not be prepared to take immediate action and may not be fully aware how to approach the situation.

It is also worthy to reiterate here are the United Nations Population Fund (UNFPA) key messages on providing a gender lens on COVID-19. UNFPA emphasizes the need to recognize that “disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls and discrimination of other marginalized groups such as persons with disabilities and those in extreme poverty, worse.”<sup>viii</sup> It is also emphasized that in measures such as quarantines, women and men's experiences and needs will vary because of their different physical, cultural, security, and sanitary needs. This remains true for men and women with disabilities.

The foregoing provides context for the instant advisory that will focus on expounding the standards to ensure protection and promotion of the rights of persons with disabilities to adequate standard of living and social protection pursuant to Article 28 of the UNCRPD, taking into consideration Article 6 on women and girls with disabilities and Article 7 on children with disabilities.

### **III. STANDARDS FOR COMPLYING WITH THE OBLIGATION TO RESPECT, PROTECT AND FULFILL THE HUMAN RIGHTS TO ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION OF PERSONS WITH DISABILITIES AMID THE COVID-19 PANDEMIC**

#### ***Practical standards abound***

Significantly, the IDA provided ten practical approaches to address the main barriers that persons with disabilities face during the COVID-19 pandemic. These recommendations<sup>ix</sup> are as follows:

1. Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats;
2. Additional protective measures must be taken for people with certain types of impairment;
3. Rapid awareness raising and training of personnel involved in the response are essential;
4. All preparedness and response plans must be inclusive of and accessible to women with disabilities;
5. No disability-based institutionalization<sup>x</sup> and abandonment is acceptable;
6. During quarantine, support services, personal assistance, physical and communication accessibility must be ensured;
7. Measures of public restrictions must consider persons with disabilities on an equal basis with others;
8. Persons with disabilities in need of health services due to COVID19 cannot be deprioritized on the ground of their disability;
9. Organizations of Persons with Disabilities (OPDs) can and should play a key role in raising awareness of persons with disabilities and their families; and
10. OPDs can and should play a key role in advocating for disability-inclusive response to the COVID19 crisis.

Prescinding from a gender lens on disability, the UNFPA<sup>xi</sup> and the Gender in Humanitarian Action in the Asia and the Pacific<sup>xii</sup> have developed key messages in responding to COVID-19, as follows:

1. Women and girls are disproportionately affected by epidemics. In particular, women and girls who face multiple forms of inequalities due to disability, sexual orientation, gender identity, age and ethnic minority may be even more vulnerable;
2. Outbreak experience means that women's domestic burden becomes exacerbated making their share of household responsibilities even heavier;
3. Epidemics compound existing gender inequalities, increasing risks of gender-based violence and sexual exploitation and abuse. Children are also more at risk of violence. The protection needs of women and girls must be at the center of response efforts;
4. Provision of family planning and other sexual and reproductive health commodities, including menstrual health items, are central to women's health, empowerment, and sustainable development and may be impacted as supply chains undergo strains from pandemic response;
5. Safe pregnancies and childbirth depend on functioning health systems and strict adherence to infection prevention. During crisis, services may be diverted when health services are overburdened, resulting in interrupted pre- and post-natal healthcare.

From these recommendations and key messages, the following can be deduced, to wit:

- The government must be aware of the particular needs of persons with disabilities (e.g., due regard to types of impairment and sector, i.e., women and children with disabilities), including how to appropriately and adequately fulfill them; thus, the government is expected to be proactive by tapping the Persons with Disability Affairs Office (PDAO), the respective focal persons<sup>xiii</sup> in the local government units, and directly the organizations of persons with disabilities (OPDs) in ensuring the rendition of appropriate services for persons with disabilities;
- With due consideration to the appropriate method of communication per type of impairment, it remains urgent to disseminate information on COVID-19 and build capacity, particularly on the following:
  - infection mitigating tips;
  - public restriction plans;

- availing services offered both by the government and the private sector;
- Persons with disabilities remain to be in possession of their dignity and human rights during the pandemic, such that:
  - no disability-based institutionalization and abandonment is acceptable;
  - public restrictions must consider persons with disabilities on an equal basis with others;
  - persons with disabilities in need of health services due to COVID19 cannot be deprioritized on the ground of their disability; and
  - persons with disabilities and OPDs must be given the opportunity to provide feedback to the government on its response to the pandemic

Taking into consideration both gender and disability lens, the following are imperative:

- Measures adopted should take into account specific protection needs of women and girls with disability, and other persons with disability with multiple and intersecting vulnerabilities e.g members of the lesbian, gay, bisexual, transgender, intersex, queer communities (LGBTQI), children and the elderly, indigenous persons, those in humanitarian contexts, urban and rural poor etc.;
- Recognition of women and girls' multiple burden during crises, the increased care work and domestic tasks and the need to encourage the equitable sharing of domestic tasks. Responses must be grounded in strong gender analysis, taking into account gendered roles, responsibilities, and dynamics. This includes ensuring that containment and mitigation measures also address the burden of unpaid care work.
- The importance of updating and ensuring functionality of gender-based and child protection referral mechanisms from the Barangay level to the Courts including provision of legal counselling, psychosocial, and medical services that are accessible to persons and children with disability;
- Ensure that responses include women's timely access to necessary and comprehensive sexual and reproductive health services and commodities during the crisis and provide menstrual hygiene products;
- Ensure that interventions take into account protocols for pregnant women, more particularly pregnant women with disability in need of ante and post-natal care, while ensuring mitigation procedures;

### ***Rights to adequate standard of living and social protection***

The aforesaid practical standards, having been distilled from the lived experiences of persons with disabilities themselves, bear persuasive effect in efforts to fully understand and operationalize the normative content of Article 28 of the UNCPRD during the COVID-19 pandemic. Stated otherwise, these standards reflect the clamor of persons with disabilities for the realization of their needs, and ultimately the protection and promotion of their human rights, including Article 28 of the UNCPRD, which provides:

1. States Parties recognize the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, and shall take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability.
2. States Parties recognize the right of persons with disabilities to social protection and to the enjoyment of that right without discrimination on the basis of disability, and shall take appropriate steps to safeguard and promote the realization of this right, including measures:
  - (a) To ensure equal access by persons with disabilities to clean water services, and to ensure access to appropriate and affordable services, devices and other

assistance for disability-related needs;

(b) To ensure access by persons with disabilities, in particular women and girls with disabilities and older persons with disabilities, to social protection programmes and poverty reduction programmes;

(c) To ensure access by persons with disabilities and their families living in situations of poverty to assistance from the State with disability-related expenses, including adequate training, counselling, financial assistance and respite care;

(d) To ensure access by persons with disabilities to public housing programmes;

(e) To ensure equal access by persons with disabilities to retirement benefits and programmes.

Adequate standard of living includes adequate food, clothing and housing for persons with disabilities and their families. On the other hand, social protection pertains to services for persons with disabilities that would ensure access to an adequate standard of living. Stated differently, social protection (whether contributory or non-contributory) includes programs that ensure an adequate standard of living for persons with disabilities, thereby meeting their needs as human persons and live a life with dignity, especially during situations of risk and humanitarian emergencies as contemplated in Article 11 of the UNCRPD. Social protection refer to the means, while adequate standard of living are the ends being contemplated about.

As similarly observed in all economic, social and cultural rights, any inquiry on the State's compliance with its obligations to respect, protect and fulfill the right<sup>xiv</sup> to adequate standard of living and social protection must conform to the following criteria of:

- Availability: necessary goods or services must be available in sufficient quantities;
- Accessibility: necessary goods (such as food or medicine) or services (such as healthcare or education) must be both physically and economically accessible to all, without discrimination, and the community must have information about them;
- Acceptability and adaptability: necessary goods and services must be culturally and socially acceptable and adapted to the local context;
- Adequate Quality: necessary goods and services must be appropriate and adequate in standard and safety.

Notably, Philippine law<sup>xv</sup> has institutionalized the practice of granting discounts to persons with disabilities; exemptions from value-added tax on sale of goods and services; allocating priority lanes and seats; providing employment opportunities both in the public and private sector; mandatory coverage under Philippine Health Insurance Corporation (PhilHealth); and penalizing acts that tend to vilify persons with disabilities. These laws remain in full force and effect even during the COVID-19 pandemic, to ensure that their human rights are realized.

Nevertheless, in their 27 March 2020 open letter,<sup>xvi</sup> the Philippine Coalition on the UNCRPD calls the government's particular attention to the following:

1. Making the information and communication channels accessible and understandable to all persons with disabilities and children with disabilities;
2. Utilizing the available data of Persons with Disability ID issued by Local Government Units;
3. Utilizing the data of organizations of persons with disabilities, organizations of parents



- of children with disabilities, and organizations for persons and children with disabilities to complement the data of the LGUs;
4. Including all households of persons with disabilities and those with children with disabilities as beneficiaries of cash assistance and should not be lesser than what is provided to the general population;
  5. Including all the households of persons with disabilities and those with children with disabilities in the provision of relief goods or food vouchers provided by the national and local government;
  6. Identifying and including the costs of their other disability-specific needs in the assistance to be provided to persons and children with disabilities. These needs include medicines/maintenance medicines, therapy, transportation, personal assistance, assistive devices, psychosocial support among others. These additional needs are crucial to mitigating the impact of community quarantine;
  7. Including mask, menstrual, sanitation and hygiene kits in the assistance being provided; and
  8. Undertaking measures to safeguard the households with children and persons with disabilities to prevent domestic violence, harassment, exploitation, abuses and all forms of gender-based violence.

In addition to the aforesaid, the CHR observes that social distancing measures should take into account the factor of disability, and how the government response to the COVID-19 pandemic would not worsen the barriers confronting persons with disabilities. The government, both national and local, must ensure that adequate standard of living and social protection are respected, protected and fulfilled by:

- not neglecting to supply daily ration of quality food, water, medicine and other basic necessities to persons with disabilities in their constituencies;
- keeping in mind that providing the basic necessities to persons with disabilities are manifestations of the government's compliance with its commitment to respect, protect and fulfill human rights and not out of charity to persons with disabilities;
- ensuring the prompt issuance of quarantine pass to the personal assistants of persons with disabilities, such as those who are either mobility or visually impaired, even the deaf and hard of hearing, among others; Additionally, recognizing that reasonable accommodation includes the recognition of personal assistants when they need to accompany persons with disabilities in groceries and in seeking government assistance or support;
- timely releasing of adequate amount of social pensions to persons with disabilities as may be applicable;
- paying, through the PhilHealth, for the costs of COVID-19 testing should persons with disabilities manifest symptoms of the disease.

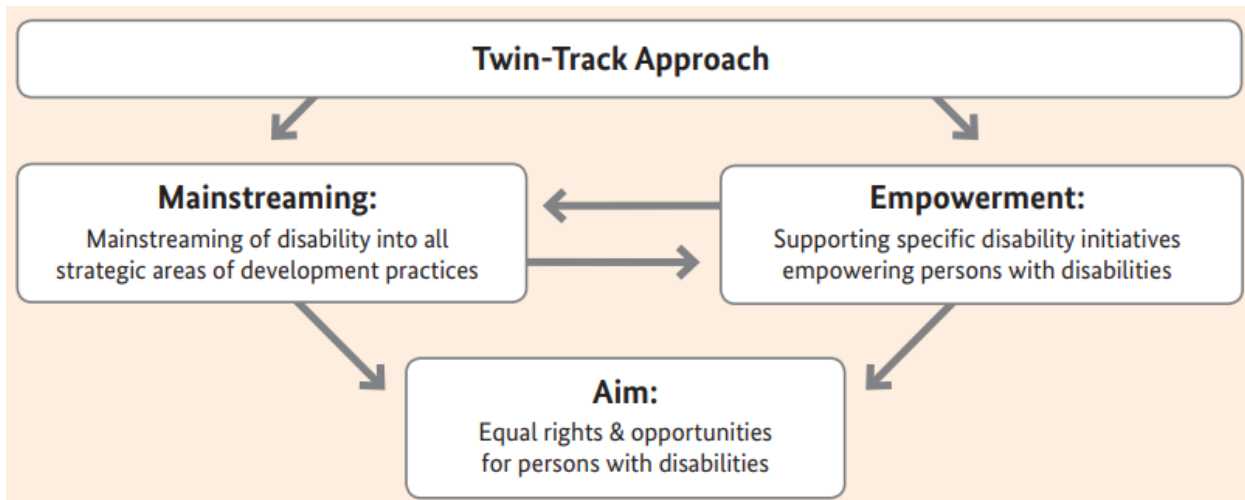
Therefore, the current concerns are on the accessibility, acceptability and quality criteria. As earlier stated in this advisory, the root cause remains that persons with disabilities are not part of decision-making to address the COVID-19 pandemic, in emergency response and relief operations. More so, intervention has not taken into account multiple and intersecting vulnerabilities. Even during situations of risk and humanitarian emergencies, the mantra of persons with disabilities remain: “Nothing about us without us.”

***Planning, programming, and implementing pursuant to the twin-track approach***

The rights-based model of disability is implemented through the twin-track approach that:

- Mainstreams a disability-inclusive and human rights perspective in all development programmes and projects, and
- Supports disability-specific initiatives to empower persons with disabilities and enhance their inclusion in society;

Both approaches have a common aim: promoting equal rights and opportunities for all persons with disabilities.<sup>xvii</sup> A graphical illustration is provided below:



Source: Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Worm, Ilse (2012) A Human Rights-Based Approach to Disability in Development. [https://reliefweb.int/sites/reliefweb.int/files/resources/A\\_human\\_rights-based\\_approach\\_to\\_disability\\_in\\_development.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/A_human_rights-based_approach_to_disability_in_development.pdf) (accessed 30 March 2020)

According to the OHCHR website,<sup>xviii</sup> the twin-track approach:

“entails **ensuring inclusion of the rights of persons with disabilities into broader or 'mainstream' programmes or policies, and adopting specific policies and programmes which focus on persons with disabilities.** The first are the 'mainstream' policies, where implementing the rights of persons with disabilities under the CRPD calls on ensuring that general policies or measures do not discriminate but are inclusive of persons with disabilities. For instance, under Article 24 of the CRPD, the education system has to be made inclusive. Thus 'mainstream' ('general' or 'regular schools') schools and their operations needs to respond to the needs of all students including students with disabilities among others. The second are the 'disability-specific' policies, where the CRPD may require measures that target persons with disabilities. This includes for instance, specific measures to achieve de facto equality for persons with disabilities under Article 5 of the CRPD, which seeks to reduce pervasive inequalities in the enjoyment of rights by persons with disabilities, as compared to others. **Another example can be found under Article 28 on social protection and adequate standard of living, which requires that social protection schemes take into account and cover disability-related costs which only persons with disabilities incur.**” (Emphasis and underscoring ours)

During the enhanced community quarantine and the state of public health emergency in general, the government should adopt the twin-track approach in ensuring that programs geared towards adequate standards of living and social protection are rendered to the people. We commend the government in indicating the existence of policies and plans to operationalize the COVID-19 social amelioration programs<sup>xix</sup> in Joint Memorandum Circular No. 1, Series of 2020 as these are examples of the “mainstream” programs as conceived in the twin-track approach. On the other hand, the twin-track approach would be completed once specific programs also address the disability-related needs and considered the particular

experiences of persons with disabilities as discussed above. Thus, the twin-track approach ensures that the government would provide reasonable accommodation<sup>xx</sup> to persons with disabilities. The fundamental factor remains that an adequately responsive program of the government during these times of crisis, inclusive of its operational details, would be developed and implemented during active consultation with and participation of persons with disabilities in their capacity as rights-holders.

A fully operationalized twin-track approach, where reasonable accommodation is observed, ensures that persons with disabilities are not discriminated such as in the government's social amelioration programs during the COVID-19 pandemic. This is anchored on Article 5 (3), UNCRPD, which provides:

“In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is provided.”

#### IV. SYNTHESIS

The rights-based model of disability calls for a disability-inclusive response to the COVID-19 crisis. Such response must reflect the government's commitment to respect, protect and fulfill all human rights of persons with disabilities, in particular Article 28 in relation to Article 6 and 7 of the United Nations Convention on the Rights of Persons with Disabilities. Thus, we implore the Philippine Government to consistently adopt the twin-track approach and maintain a gender and intersectional framework, with emphasis on reasonable accommodation of multiple vulnerabilities of all types of persons with disabilities. Active consultation with and inclusion of persons with disabilities and their representative organizations is key.

Let copies of this advisory be furnished to the concerned government agencies, particularly the Inter-agency Task Force on the Management of Emerging Infectious Diseases and its Technical Working Group on Social Amelioration (under Joint Memorandum Circular No. 1, series of 2020), local government units, persons with disabilities and their representative organizations, and the public at large through posting in the CHR website.

**ISSUED** this 29<sup>th</sup> day of April 2020, Quezon City, Philippines.

  
**JOSE LUIS MARTIN C. GASCON**  
Chairperson

  
**KAREN S. GOMEZ-DUMPIT**  
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i National Council on Disability Affairs Board Resolution No. 1, Series of 2016

ii See <https://psa.gov.ph/content/disability-spares-no-one-new-perspective> (accessed 18 March

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2020)

iii Section 2, R.A. No. 7277

iv Degener, T. (2014 December) A Human Rights Model of Disability.  
<file:///C:/Users/user/Downloads/Degener-humanrightsmodeofdisability.pdf> (accessed 18 March 2020)

v Article 3, UNCRPD

vi For a timeline of the COVID-19 outbreak, please see: Coronavirus Timeline: Tracking the Critical Moments of COVID-19 <https://www.nbcnews.com/health/health-news/coronavirus-timeline-tracking-critical-moments-covid-19-n1154341> (accessed 26 March 2020) and [https://en.wikipedia.org/wiki/Timeline\\_of\\_the\\_2020\\_coronavirus\\_pandemic\\_in\\_the\\_Philippines](https://en.wikipedia.org/wiki/Timeline_of_the_2020_coronavirus_pandemic_in_the_Philippines) (accessed 26 March 2020)

vii International Disability Alliance (19 March 2020) Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance  
[http://www.internationaldisabilityalliance.org/sites/default/files/ida\\_recommendations\\_for\\_disability-inclusive\\_covid19\\_response\\_final.pdf](http://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf) (accessed 25 March 2020)

viii UNFPA. COVID-19: A Gender Lens. See <https://www.unfpa.org/resources/covid-19-gender-lens> (accessed 1 Apr 2020)

ix Ibid. Attached herewith as **Annex A** is the complete document

x Institutionalization involves hospitalization on the basis of disability. According to the Office of the United Nations High Commissioner for Human Rights (2014), “*persons with disabilities -in particular persons with psychosocial and intellectual disabilities- have often been committed by force to psychiatric institutions, away from the community and without freedom to choose their medical treatments.*” (page 12, The Convention on the Rights of Persons with Disabilities: Training Guide No. 19)

[https://www.ohchr.org/Documents/Publications/CRPD\\_TrainingGuide\\_PTS19\\_EN%20Accessible.pdf](https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf) (accessed 25 March 2020)

xi UNFPA Asia Pacific Regional Office. COVID-19 Guidance Note and the UNFPA COVID-19: Gender Lens

xii Gender in Humanitarian Action Asia and the Pacific. The COVID Outbreak and Gender: Key Advocacy Points from Asia and the Pacific

xiii Republic Act No. 10070 took effect in 2010 and established an institutional mechanism to ensure the implementation of programs and services for persons with disabilities in every province, city and municipality. The Persons with Disability Affairs Office (PDAO) shall be established in all provinces, cities, and first (1st), second (2nd) and third (3rd) class municipalities under the office of the governor, city or municipal mayor, respectively. The PDAO may be a department, division or section. In 4th, 5th, and 6th class municipalities, the municipal mayor shall designate or appoint a Focal Person to perform the functions of PDAO.

xiv The State's obligation to respect means that it must refrain from interfering with the enjoyment of rights. The obligation protect means that it must prevent violations of rights by third parties such as private enterprises, medical professionals and so on. The obligation to fulfill means that the State must take appropriate legislative, administrative, budgetary, judicial and other action to realize rights. (page 34, The Convention on the Rights of Persons with Disabilities: Training Guide No. 19)

[https://www.ohchr.org/Documents/Publications/CRPD\\_TrainingGuide\\_PTS19\\_EN%20Accessible.pdf](https://www.ohchr.org/Documents/Publications/CRPD_TrainingGuide_PTS19_EN%20Accessible.pdf)

xv Refer to Republic Act Nos. 9442 (2007); 10524 (2013); 10754 (2016); 11228 (2019)

xvi See

[https://web.facebook.com/permalink.php?story\\_fbid=103295021328402&id=103282977996273](https://web.facebook.com/permalink.php?story_fbid=103295021328402&id=103282977996273)

(accessed 30 March 2020) Attached herewith as **Annex B** is the complete document

xvii Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, Worm, Ilse (2012) A Human Rights-Based Approach to Disability in Development.

[https://reliefweb.int/sites/reliefweb.int/files/resources/A\\_human\\_rights-based\\_approach\\_to\\_disability\\_in\\_development.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/A_human_rights-based_approach_to_disability_in_development.pdf) (accessed 30 March 2020)

xviii See Question No. 13, Frequently Asked Questions on Human Rights Indicators of the CRPD  
<https://www.ohchr.org/EN/Issues/Disability/Pages/EUAndOHCHRProjectBridgingGapIFAQ.aspx> (accessed 30 March 2020)

xix See <https://news.abs-cbn.com/news/03/28/20/task-force-oks-guidelines-on-covid-19-social-amelioration-measures> (accessed 31 March 2020)

xx According to Article 2, UNCRPD: Reasonable accommodation means necessary and

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appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;