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The Obligation of State in Guaranteeing Right to Health of Person with Disabilities during Covid-19

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ABSTRACT

Even under normal conditions, people with disabilities will have difficulties accessing health care, education, job, and community involvement. They are more likely to be victims of greater rates of violence, neglect, and abuse, as well as being among the most marginalized members of any community impacted by a crisis. COVID-19 has compounded the situation by having a disproportionately harmful direct and indirect effect on individuals with disabilities. People with disabilities are more likely to have pre-existing health issues that make them more susceptible to getting the virus, resulting in more severe symptoms and a greater incidence of death. People with disabilities who depend on others for help, particularly those who live in institutions, may become isolated and unable to sustain lockdowns during the COVID-19 crisis, as indicated by the high number of fatalities in residential care homes and mental hospitals. People with disabilities are having a harder time getting access to health services and information. This article explores the particular duties of the state and other stakeholders in guaranteeing the health rights of individuals with disabilities in an infectious disease pandemic like Covid. If key stakeholders take the appropriate steps and safeguards in a timely manner, the effect may be minimised. The goal of this research is to look at the effect of the COVID-19 pandemic on persons with physical impairments, as well as the state's isolation and protective measures to safeguard them.

Keywords: COVID-1, health care, WHO, Right to Health, Indian Constitution.

I. INTRODUCTION

The COVID-19 has influenced the lives of everyone on the earth. In every sense, this is a worldwide Pandemic, and we have all been forced to deal with its consequences, both as individuals and as a community. The whole globe is under immense stress as a consequence of the COVID-19 crisis and the accompanying lengthy lockdown, harming the lives and

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livelihoods of millions of people. This extraordinary public health emergency and ensuing lockdown have disproportionately impacted people with disabilities, who are among the most susceptible to mistreatment and exclusion during times of unrest and disaster.

The Globe Health Organization (WHO) estimates that over 1 billion individuals throughout the world will be incapacitated as a result of this epidemic. This refers to the fact that around 15% of the world population, with up to 190 million (3.8%) persons aged 15 and older, are suffering major functional challenges, needing the use of healthcare. According to India's 2011 census data, there are 26.8 million individuals with disabilities. COVID-19 and the subsequent lockdowns have significantly reduced handicapped people's movement, making it difficult for them to seek and get essential needs, healthcare, and support. Caregivers have been unable (or unwilling) to reach out to individuals who need their assistance. Many individuals have lost access to life-saving medical treatment and peer support, making life difficult for them³.

Even under normal conditions, people with disabilities (PWDs) are less likely to have access to health care, education, job, or community involvement. They are more likely to be impoverished, to suffer from greater rates of violence, neglect, and abuse, and to be among the most ostracized in any community experiencing a crisis. COVID-19 has compounded the situation by directly and indirectly hurting handicapped persons disproportionately. As a result, it's vital to develop solutions that help enhance PwDs' general well-being so that they can cope with these obstacles, their consequences, and the risk of infection. The following concerns will be examined in this research.

- To identify the tactics used by the Indian Government to ameliorate the challenges suffered by PwDs during this Pandemic
- Finally, to give proposals and insights for ensuring rights-based COVID-19 responses that include people with disabilities.

II. DISABLED PEOPLE'S HUMAN RIGHT TO HEALTH DURING COVID - 19

COVID-19 is being waged to ensure that everyone's life is protected. The right to life is used to remind all governments that they have a responsibility to protect human life, especially through addressing socioeconomic factors that lead to direct life-threatening situations. States are making outstanding efforts in this area, and it must remain a priority. The right to life and the right to health are intertwined in a complex way. COVID-19 assesses a country's ability to

³ Yahya, A. (2021, May). State Responsibility Towards the Right to Health in the Age of Covid-19 Pandemic in Indonesia. In *1st International Conference on Law and Human Rights 2020 (ICLHR 2020)* (pp. 10-17). Atlantis Press.

protect its citizens' right to health. Everyone has the right to the best possible health in order to live a good life. Everyone should have access to the health care they need, regardless of their social or economic status.

The ability to respond to this pandemic and offer vital health services has been harmed as a result of earlier underinvestment in healthcare infrastructure/systems. COVID-19 demonstrates the need of universal health coverage (UHC). States with strong and stable healthcare systems, as well as superior infrastructure, are better prepared to deal with such emergencies. Healthcare systems throughout the world are overburdened, with some on the verge of collapse. UHC aims to build robust and resilient health systems by reaching out to the most vulnerable people and supporting pandemic preparedness and prevention.

Health-care systems that are universal and inexpensive help in the fight against the pandemic by ensuring that everyone, regardless of socioeconomic position, has access to basic antiviral measures. This health care should include Covid Testing, specialized treatment for the most vulnerable, acute care for those in need, and vaccination when available, regardless of their financial condition. During this epidemic, some governments have extended health coverage to all residents, while others have reached agreements with private health-care providers to make their facilities available for pandemic response⁴.

The World Health Organization's (WHO) Constitution recognizes the highest attainable quality of health as a core human right. The capacity to get enough, high-quality health care in a timely, acceptable, and affordable manner is part of the right to health. Under the right to health, governments must provide conditions that allow everyone to be as healthy as possible.

In terms of health and rehabilitation, the Convention on the Rights of Persons with Disabilities enhances and reinforces protection for people with disabilities. It acknowledges that individuals with disabilities have the right to the greatest possible health and that States Parties shall respect that right without discrimination based on disability (Article 25), as well as their right to all sorts of rehabilitative services (Article 26). In addition, the Convention recognizes the right of people with disabilities to receive a variety of in-home, residential, and other community-based support services (Art. 19)⁵

⁴ Toebes, B., Forman, L., & Bartolini, G. (2020). Toward Human Rights-Consistent Responses to Health Emergencies: What Is the Overlap between Core Right to Health Obligations and Core International Health Regulation Capacities?. *Health and Human Rights*, 22(2), 99.

⁵ Pūras, D., de Mesquita, J. B., Cabal, L., Maleche, A., & Meier, B. M. (2020). The right to health must guide responses to COVID-19. *The Lancet*, 395(10241), 1888-1890.

III. DIFFICULTIES EXPERIENCED BY PEOPLE WITH DISABILITIES DURING COVID-19

People with disabilities were already a marginalized group with limited access to healthcare and community support services. Many of them will almost certainly struggle to meet their basic needs. People with disabilities are deemed vulnerable in this crisis because to their heightened sensitivity to COVID-19 and their reliance on resources and others to meet specific needs. Despite the fact that the COVID-19 pandemic impacts everyone, the pandemic has a disproportionately negative effect on people with disabilities due to attitudinal, environmental, and institutional barriers that are repeated in the COVID-19 response.

(A) COVID-19 is more likely to infect people with disabilities.

For a variety of reasons, including a lack of access to WASH facilities, a reliance on physical contact for support, inaccessibility to public health information, or being placed in overcrowded and unsanitary institutional settings, PwDs may find it difficult to implement basic protection measures like hand washing and maintaining physical distance. Those who live in squatter camps or who have been affected by humanitarian catastrophes have much greater difficulties.

(B) Access to helplines, communication, and readily accessible information

There is a lack of readily available information regarding Covid-19. The great majority of people have been unable to access helplines. Furthermore, there is no official hotline for people with disabilities, making life more difficult for them, particularly for those who are deaf or have hearing issues.

(C) COVID-19 increases the risk of significant health problems and death in people with disabilities.

PwDs have higher medical needs and have worse health outcomes. They're more prone to acquire secondary diseases and co-morbidities including lung disease, diabetes, heart disease, and obesity, all of which may make COVID-19 infections worse. During the COVID-19 crisis, access to healthcare is further limited, making timely and proper treatment impossible for those with disabilities⁶.

(D) People with impairments are more likely to get the virus, and mortality rates in institutions are greater.

⁶ World Health Organization. (2020). *Addressing human rights as key to the COVID-19: response, 21 April 2020* (No. WHO/2019-nCoV/SRH/Rights/2020.1). World Health Organization.

People with disabilities, especially the elderly, make up the majority of those who are institutionalized across the world. People with disabilities, particularly those with intellectual and psychological issues, are overrepresented in the prison population. Nursing homes, social care homes, and psychiatric hospitals, as well as detention centers and prisons, have significant challenges in implementing basic hygiene measures and preserving physical isolation, and COVID-19-related information, testing, and treatment are limited.

(E) During the COVID 19 outbreak, people with disabilities are more likely to face discrimination when seeking healthcare and life-saving surgeries.

In certain countries, health care rationing decisions, such as critical care beds and ventilators, are determined based on discriminatory variables such as age or assumptions about the quality or value of life based on impairment, rather than an individual prognosis. Furthermore, increased demand on healthcare systems may limit access to healthcare, rehabilitation, and assistive technology for people with disabilities, particularly in terms of accessibility and affordability.

(F) Basic requirements (such as food, clothing, and shelter) are met:

Getting food and supplies has become particularly difficult for those with mobility issues. When communication barriers are added to an already difficult situation, the problem becomes even worse. According to the NCPEDP report, 67 percent of handicapped people do not get government-provided basic services delivered to their homes. Only 22% of the population has access to basic essentials.

Caregivers, assistance equipment, and support groups are all available: Those who rely on daily caregivers have more challenges in keeping a social distance while seeking help. Caregivers were unable to be with disabled people who rely on them overnight due to the near-total lockdown. Even if the caregiver was willing to take on the obligations (despite the risk of becoming ill), transportation was a problem. Assistive technology may enhance a person's quality of life and ability to function greatly⁷.

Some people with disabilities have been put in risk as a result of the lockdown, which has resulted in restrictions on services and purchases.

People who rely on social and peer support organizations and institutions, such as reading rooms, listening circles, cafés, and friendship groups, have become alienated and alone, with

⁷ Sekalala, S., Perehudoff, K., Parker, M., Forman, L., Rawson, B., & Smith, M. (2021). An intersectional human rights approach to prioritising access to COVID-19 vaccines. *BMJ global health*, 6(2), e004462.

no life-saving social connections⁸.

Due to budgetary constraints, numerous governments have refused to provide pensions to PWDs (including Maharashtra). Payment has been delayed for five months in locations like Jharkhand and Bihar, and it is being distributed incredibly slowly. Thousands of people have lost their jobs as a result of the outbreak. Despite their financial hardships, many of them do not fall into the BPL category, and as a result, they do not qualify for monetary assistance or free meals⁹.

Discrimination, violence, and abuse are all things that people face. Abuse and attacks against people with disabilities tend to increase during times of great stress because they are sometimes unable to completely protect themselves. Abandonment of disabled family members is also a major problem. Increased household size, sharing and decision-making during times of scarcity, poverty, and a lack of meaningful activities all complicate family connections, leading to more conflict and carelessness.

PwDs have a higher risk of depression, lower life satisfaction, and increased loneliness when compared to the general population. Pandemics, such as the present COVID 19 outbreak, devastate people's lives and disproportionately affect the handicapped. Those with pre-existing mental health issues or psychosocial disabilities are disproportionately affected by the lockdowns. A lack of medicine, as well as additional stress, might trigger relapse of symptoms in people with mental illness or epilepsy.

IV. ISSUES CONCERNING DISABLED CHILDREN

Children with impairments are the most vulnerable. Many individuals find themselves on the receiving end of their guardians' grief due to their near entire dependence on parents or other caretakers. As a consequence of the lockdown, they are at an unfair disadvantage in normal schooling. Distance learning programs are especially challenging to reach out to disabled youngsters. They are among the most dependent on face-to-face services including health, education, and security, all of which have been interrupted due to physical separation and lockdown. They are the folks who will gain the least from distant learning¹⁰.

Issues Facing Women with Impairments: Intersectional discrimination exposes women with

⁸ Gunn, M. A., & McDonald, F. J. (2021). COVID-19, rationing and the right to health: can patients bring legal actions if they are denied access to care?. *The Medical Journal of Australia*, 214(5), 207.

⁹ Sekalala, S., Forman, L., Habibi, R., & Meier, B. M. (2020). Health and human rights are inextricably linked in the COVID-19 response. *BMJ Global Health*, 5(9), e003359.

¹⁰ Bueno de Mesquita, J., Lougarre, C., Montel, L., & Sekalala, S. (2020). The Government's response to COVID-19: how to further realise the right to health.

disabilities to further prejudice. They are subjected to bias on a variety of levels, including discrimination based on gender, poverty, a lack of education, and societal prejudice. Because women are usually denied sexual and reproductive rights, they are more exposed to sexual assault and violence. Domestic violence seems to be on the upswing in the nation during the COVID-19 shutdown.

The National Centre for Promotion of Employment for Disabled People (NCPEDP) performed a study of 1,067 people with impairments (73 percent male and 27 percent female). Figure 1 depicts the difficulty experienced by PwDs as a result of Covid-19 lockout. 57 percent stated they were going through a financial crisis, 13 percent said they were having problems receiving meals, and 9 percent said they were having trouble accessing healthcare and medical help.

V. INTERNATIONAL RESPONSES FOR THE PROTECTION OF PERSONS WITH DISABILITIES DURING COVID-19

The COVID-19 pandemic's destructive consequences on individuals with disabilities are extremely concerning to the Committee on the Rights of Persons with Disabilities. The COVID-19 pandemic has shown that States Parties to the Convention on the Rights of Persons with Disabilities have not completely implemented the Convention (CRPD). It has highlighted the heightened vulnerability and hazards faced by persons with disabilities as a consequence of long-standing discrimination and injustice.

"The only parameter of choice, then, is the proper application of triage, which respects every human life and is based on clinical appropriateness and treatment proportionality criteria," the San Marino Republic's Bioethics Committee wrote in COVID-19 triage guidance, which prohibits discrimination based on disability. Any other selection criteria, such as age, gender, social or ethnic affiliation, or handicap, is immoral since it would result in a ranking of lives that are only allegedly more or less deserving of being lived, which would be a violation of human rights.

"Persons with disabilities should not be denied medical care on the basis of stereotypes, assessments of quality of life, or judgments about a person's relative "worth" based on the presence or absence of a disability," according to the US Department of Health and Human Services' Office for Civil Rights¹¹.

The UAE has initiated a countrywide initiative to test persons with impairments in their homes

¹¹ Fredman, S. (2021). A human rights approach: The right to education in the time of COVID-19: Commentary on COVID-19 Special Section. *Child development*, 92(5), e900-e903.

and has done 650,000 COVID-19 assessments on people with disabilities as of mid-April.

The Commission on Human Rights in the Philippines has provided data to aid health authorities in adapting public messaging for vulnerable groups in society, such as children and persons with disabilities.

With the involvement of people with disabilities and their representative organizations, the COVID-19 Disability Advisory Group was founded in Canada to advise the government on disability-specific concerns, difficulties, and systemic gaps, as well as strategies, measures, and actions to be done.

VI. INITIATIVES OF THE INDIA GOVERNMENT FOR THE PROTECTION OF PEOPLE WITH DISABILITIES

More than 26.8 million handicapped individuals in India are at risk from the epidemic. The state's reaction must be centered on fully implementing their entitlement to equitable healthcare. On the other hand, long-term neglect and inactivity in the fields of disability rights and public health have made securing such equitable protection under Covid-19 very difficult. It also announced a \$1,000 ex-gratia payment for impoverished elderly people, widows, and PWDs, which would be given in two installments over three months. According to the National Platform for the Rights of the Disabled, the ex-gratia sum is "extremely small" and "grossly insufficient" (NPRD). Half of the handicapped are unable to engage in government programs because they lack a disability certificate.

The government's reaction should be centered on ensuring that their entitlement to equitable healthcare is fully realized. On the other hand, long-term neglect and inactivity in the fields of disability rights and public health have erected significant obstacles to assuring such equitable protection under Covid-19. In light of the COVID-19 pandemic, the World Health Organization (WHO) emphasized that more attention from governments, healthcare systems, disability service providers, institutional settings, communities, and individuals is required for persons with disabilities¹².

The uncertainty surrounding the payment of financial assistance to persons with impairments has aggravated their already fragile financial circumstances. Barriers to healthcare should be recognized at this time, facilities should be made more inexpensive, and financial aid should be provided for those with disabilities to protect them from the coronavirus and its

¹² Bachmann, S. D., & Sanden, J. (2020). State Responsibility for the (Public) Right to Health and Security in Times of COVID Pandemic: A European Perspective. *Indon. J. Int'l & Comp. L.*, 7, 407.

consequences¹³.

Comprehensive Disability Inclusive Guidelines for Persons with Disabilities' Protection and Safety (DIVYANGJAN)

The Central Government issued the "Comprehensive Disability Inclusive Guidelines for the Protection and Safety of Persons with Disabilities (Divyangjan)" in late March at COVID 19. The Guidelines require state governments to implement a number of "general action items," including¹⁴:

- “ensuring that information is easily available.
- exempt caregivers from lockdown restrictions;
- exempt employees with certain disabilities from performing essential service work;
- provide essential services to disabled people who have been quarantined;
- prioritize the treatment of disabled people; and
- train emergency service providers on the needs of people with disabilities, among other things”.

The execution of these principles, on the other hand, has been inadequate owing to their discretionary character.

Despite the fact that the COVID-19 pandemic was labeled a national catastrophe, the National Disaster Management Guidelines on Disability Inclusive Disaster Risk Reduction 2019 were not adopted, resulting in significant differences in how the pandemic was managed in different states. The government has already started the process of making acquiring disability certificates easier by creating the Unique Disability ID, which can be applied for online, which has offered some comfort. Some states have been reported to be taking good initiatives. Kerala has kept lists of disabled people at the municipal/panchayat ward level, allowing the government to reach out to people with disabilities, provide cooked food and dry rations, and advance pension payments and financial aid to students with disabilities using decentralized governance structures. Kerala and Nagaland have also taken significant steps to ensure that information on COVID-19 is widely available. Nagaland also has a special hotline for disabled individuals, which includes a video contact option for those who are deaf or hard of hearing.

¹³ Nifosi-Sutton, I. (2020). Human Rights and COVID-19 Responses: Challenges, Advantages, and an Unexpected Opportunity. *Hum. Rts. Brief*, 24, 18.

¹⁴ Bueno de Mesquita, J., Kapilashrami, A., & Meier, B. M. (2021). Human rights dimensions of the COVID-19 pandemic.

VII. INDIA'S GOVERNMENT NEEDS TO BE MORE ACTIVE: MEASURES RECOMMENDED

People with disabilities are more prone to contract COVID-19, and hurdles to health care, including testing, are heightened during the crisis. Access to vital commodities and medications, as well as support services, may be restricted during lockdowns. Disruption of wider health services disadvantages people with disabilities since they may need more frequent access due to underlying health issues. The epidemic offers the government a chance to concentrate its health-care policies on persons with disabilities. The following are some of the suggestions:

- Make sure public health information is easy to find. A successful reaction requires taking efforts to ensure that information is easily accessible, current, and keeps up with the quickly changing understanding displayed throughout the epidemic.
- Adopt COVID-19 protective measures, such as providing access to suitable WASH facilities that allow for regular hand washing, as well as providing targeted protective measures to those who offer care to individuals with disabilities at home or in institutions. People with disabilities should have personal protection equipment (PPE) that is adapted to their unique handicap. Face shields, for example, will be more beneficial to deaf and hard of hearing persons since masks make it difficult to interpret lips or discern facial expressions¹⁵.
- Make sure that services are easy to find. Transportation to healthcare facilities, sign language interpretation in hospitals, and procurement of commodities, medications, and services are all examples of procedures that must be implemented to guarantee that individuals with disabilities have timely access to health care. Essential health services, such as sexual and reproductive health, must be accessible to people with disabilities who need various means of communication. Telehealth programs, for example, must be accessible to individuals with disabilities who require different modes of communication.
- Make certain that limited medical resources are not distributed unequally. It is vital to establish ethical guidelines that prioritize care for persons in vulnerable circumstances to prevent the likelihood of discriminatory resource allocation choices that harm people with disabilities. In a Public Interest Litigation filed on May 20, 2021, the Delhi High Court demanded statements from the Union of India and the Delhi Government, requesting that

¹⁵ Chen, B., & McNamara, D. M. (2020). Disability discrimination, medical rationing and COVID-19. *Asian bioethics review*, 12(4), 511-518.

individuals with disabilities be treated as a priority and that special measures be made for them while administering the Covid-19 vaccination¹⁶.

- Mental health programs should involve people with impairments. People's mental health is affected by anxiety, lockdowns, isolation, and information intake, as well as the loss of livelihoods and support structures. As highlighted in the policy brief on the effect of COVID-19 on older persons, physical distancing measures that limit visitation and group activities in institutions may have a detrimental impact on physical, as well as mental, health and well-being. Mental health and psychosocial care for persons with disabilities must be available to them without prejudice.

- People with impairments are at risk from the coronavirus. For movement and employment, people with visual impairments depend on "touch functions," which raises their infection risk. Due to a lack of Indian sign languages and communication technology, the deaf have been unable to communicate. Departments were asked to cooperate with States/UTs to make Covid-19-related material accessible in audio formats and Braille for persons who are blind or visually impaired, according to the Ministry of Social Justice and Empowerment¹⁷.

- Workers who are somewhat disabled make up a significant portion of the workforce. They, like the bulk of informal laborers, have relocated to other regions of the nation in pursuit of employment. These individuals are afraid and anxious to return to their homes. As a consequence, rehabilitating stranded PWDs must take precedence. • PWDs may be entitled for special provisions under "Ayushman Bharat." PWDs with chronic diseases are worried that if supplies run out, they would be unable to buy food or medication, causing emotional suffering. Free or low-cost door-to-door delivery should be made available. PWDs may get direct monetary support as well as specific allowances under the public distribution system (PDS).

- Disabled individuals should have their own facilities for rehabilitation and quarantine.
- A big number of PWDs are beggars and the homeless, thus health personnel may require specific training while dealing with quarantined PWDs. If suitable accommodations are made available, contamination may be minimized.

- An official internet platform may be built to offer PWDDS with accurate information on the coronavirus outbreak in regional languages. In Australia, for example, PWDs and elderly folks have their own time slot in supermarkets. Many services that PWDs depend on every day

¹⁶ Kimmel, K. M. (2021). Right to Life and Right to Health in Priority Setting in the COVID-19 Prevention Strategies in Finland, Norway and Sweden. In *Governing the Crisis: Law, Human Rights and COVID-19* (pp. 16-35). Lit Verlag.

¹⁷ Saldanha, J. H. S., Pereira, A. P. M., Santos, A. O. C. D., Miranda, B. S., Carvalho, H. K. S. D., Nascimento, L. C., ... & Almeida, M. M. C. D. (2021). Persons with disabilities during the COVID-19 pandemic: guaranteeing fundamental rights and equity in care. *Cadernos de saude publica*, 37.

have been suspended. The handicapped should have access to assistance and gadgets during the lockdown. PWDs who do not have disability certificates should be given alternative arrangements so that they may continue to access government services without interruption¹⁸.

VIII. CONCLUSION

COVID-19 has triggered a humanitarian disaster of unprecedented proportions, affecting one billion crippled people. To get through the crisis, people with disabilities need an extraordinary response—a massive scale-up of aid and political commitment—to ensure that they have access to essential services, notably emergency health and social safety services. Everyone will benefit from a disability-inclusive COVID-19 response and rehabilitation. It will enable the development of more inclusive, accessible, and agile systems capable of adapting to complex situations, with a particular emphasis on the most disadvantaged. It will pave the way for a brighter future for everyone.

The COVID-19 outbreak provides an opportunity to change and repair weaknesses in our social systems, as well as to include previously marginalized groups. People with disabilities have long tried, with little or no success, to find flexible and work-from-home opportunities. Within days of the epidemic, both public and private sector firms invested heavily in video-conferencing equipment and software tools to create analogous arrangements for their non-disabled employees. It is critical to recognize the value of workplace accommodations in order to create more inclusive environments for everyone.

Similarly, universal healthcare cannot be implemented without the construction of accessible health facilities for people with impairments, which, according to the research, would improve overall health service quality. People with disabilities would have faced fewer barriers during the outbreak if present rules and regulations had been successfully implemented. This is an opportunity to learn from past mistakes and build a more stable and equitable system.

In these COVID times, the Indian government and courts must recognize the needs of disabled migrant workers and take specific steps to address their accessibility, mobility, and safety concerns. The Indian government will be able to fulfill not just its national and international obligations to the handicapped, but also its constitutional obligation to protect each Indian citizen's fundamental right to Life. Furthermore, rather than concentrating on the healthcare industry's profitability, the government should collaborate with all private sector health care providers and direct them to give all treatment required by the handicapped on a humanitarian

¹⁸ Naved, Z. Z. (2021). Right To Health As A Human Right In Times Of Covid-19. *Indian Journal of Law and Legal Research*, 3(1), 478-493.

basis.

The pandemic of COVID-19 has shown that effective prevention, response, and recovery strategies need everyone's equal attention and engagement. To guarantee that those most at risk, including people with disabilities, are explicitly included in public catastrophe planning, health response, and recovery activities, immediate and prompt action is required. A human rights approach is critical to response and recovery efforts not only in the COVID-19 pandemic, but also in ensuring that States act now to build equitable, sustainable, and resilient societies with the mechanisms to prevent and respond quickly to future public health emergencies, and to ensure that "no one is left behind.
