

Challenges of Implementing World Health Organisation Measures on Covid-19 for People with Disabilities in Tanzania

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ABSTRACT

Tanzania like other countries was also affected by the COVID 19 pandemic. Following the coronavirus outbreak, Tanzania decided to adopt health control measures from World Health Organisation. Even though the measures were taken, it was more challenging to disabled people. This study intended to examine the challenges that affected disabled people in implementing WHO health measures during COVID-19 outbreak. The study used a desk review study whereby full-length articles published in academic journals between 2019 to date were reviewed. Data were generated from WHO reports, health reports from Tanzania, online coronavirus news via Google scholar using keywords such as "disabled people," "COVID-19", and "government responses." 48 articles were generated, and analysed using content analysis. The findings revealed that people with disabilities faced challenges in implementing WHO measures even though Tanzania has several laws and regulations to protect people with disabilities. The Ministry of Health, community Development, Gender, Elderly and Children in Tanzania needs to use an acceptable form of communication that is user-friendly to disabled people when announcing coronavirus news. Maintaining social distancing is challenging for disabled people. Most of them depend significantly on others, but investing in building health centers specifically for them would help them to socially distance themselves from the mainstream population. Although wearing of face mask is crucial, but transparent face mask is the way to go as this would help those with hearing issues to interpret the lips movement. Health workers need to be trained on how to communicate with disabled people properly. Special lines need to be introduced in every public hospital to assist them in handling emergencies for disabled persons.

Keywords: COVID-19, People with Disabilities, Government Responses, Tanzania

INTRODUCTION

Corona Virus Disease-(COVID-19) hit the world in 2019. Global media news all over the world reported that the pandemic started in Wuhan, China (Yu, Xu, & Shang, 2020) and spread quickly to other parts of the world through the movement of people in early 2020 (Ozili, COVID-19 in Africa: socio-economic impact, policy response and opportunities, 2020). On March 11, 2020, the World Health Organisation (WHO) had publicly announced that COVID-19 is a global pandemic health emergency that needs serious health attention (Middleton, Martin-Moreno, & Barros, 2020). The seriousness of this pandemic is reflected based on the current number of reported confirmed death cases by WHO. As of March 18, 2021, there were 120,915,219 confirmed cases of COVID-19; out of that, a total of 2,674,078 died as a result of this tragedy (WHO, WHO Coronavirus (COVID-19) Dashboard, 2021). The report further highlighted that America had 53,340,393 current confirmed COVID-19 cases, Europe has 41,811,235, South East Asia has 14,031,749, Eastern Mediterranean had 7,013,125, and Africa had 2,974,616 while Western Pacific had 1,743,356. In Africa, countries such as; South Africa, Egypt, Algeria, Morocco, and Cameroon were among the severely affected countries by COVID-19 (Ozili, , 2020).

The spread of COVID-19 has affected different sectors across the globe, some of them including; health care infrastructure (Ather *et al.*, 2020), tourism (Gossling, Scott, & Hall, 2020), the mining sector (Laing, 2020), and countries economy (Fernandes, 2020; Ozili & Arun, 2020; Fornaro & Wolf, 2020). Tanzania, just like other countries in the world, was severely hit by the pandemic. In 2020, it was reported that Tanzania experienced a decline of the economy to 2.5% from the 6.9% growth reported in 2019 (World Bank, 2020). COVID-19 was expected to push 500,000 people below the poverty line at the national level, especially those employed in the informal sector (World Bank, Press release June 8, 2020). Even though the pandemic has affected most of the economic activities in the country, Tanzania was declared by the World Bank the middle-income country in 2020 (Abdul, 2021). To combat the spread of COVID-19, Tanzania decided to follow health control measures as advised by the WHO. On January 30, 2020, WHO

requested governments worldwide to inform their people to maintain social distancing of at least 1 meter away from others (WHO, 2021). The Government of Tanzania, via the Ministry of Minister of Health, Community Development, Gender, Elderly and Children, announced the need to maintain social distancing when people were in public areas. The effectiveness of this measure was done when the public and private transport owners were asked to practice level seats—making sure that enough space is provided between passengers. People were also asked to keep their distance when they are in church, mosque, or social events. Such measures were also implemented in other sectors such as; the banking industry, health sector, and other service industries. Furthermore, WHO also advised the governments across the globe to inform their people to wear masks. To ensure that people weared masks properly, WHO offered a public announcement on wearing masks properly.

Leaflets and brochures were developed for the world to see how to wear them properly. The advice was for the general public to make sure that they should clean their hands before they put on the masks. People were told to make sure that the mask covers both nose, mouth, and chin; when masks are taken off. They were supposed to be stored in a clean plastic bag. Those who preferred to use a fabric mask had to wash them immediately after using them. The general public was asked not to use masks with valves and dispose off the used masks in the dust bins. This measure was also practiced in Tanzania as the Government told the citizens via the Minister of Health Community Development, Gender, Elderly, and Children to make sure that they put on masks whenever they were in public areas. The seriousness of this measure was seen when people were refused to enter into public areas such as; hospitals, banks, and other public offices without wearing masks. Some of the private offices also took this measure seriously. WHO also advised the governments to avoid being closed, crowded, and close contact environments during COVID-19. WHO reports indicate that most of the areas that allowed the virus to thrive well included; restaurants, fitness areas, nightclubs, offices, worship places, and public areas. The reports indicated that these areas were the most congested; hence the environment allowed the spread of the viruses quickly. For similar reasons, Tanzania also closed entertainment areas and public events, including conferences, social gatherings, for a month. The

intention was to stop the spread of the virus. WHO insisted people across the globe to wash their hands using an alcohol-based hand rub or using soap and running water, Tanzania implemented this measure by ensuring that the sanitizer machine was installed at the largest international Airports and in some public offices. Furthermore, sanitizers were placed in most of the public offices, universities, and schools. In public areas, people were told to put buckets of water with hand soap. People were forced to abide by the rule by washing off their hands frequently. In line with this rule, the public was also advised to avoid touching their eyes, nose, and mouth because if hands are contaminated with the virus, it would have been easy to spread the virus to other parts of the body, including the mouth, eyes, and nose. To make sure that this measure is implemented, the citizen of Tanzania were advised via the Ministry responsible to frequently wash their hands and limit the spread of the contamination.

WHO also instructed the public that people should cover their mouth and nose with their bent elbow or tissue when they sneezed or cough. This measure was also practiced in Tanzania, and people started covering their mouths with hanger chief/tissue when sneezed. To date, people are still practicing this measure to protect themselves against flu or cold. This measure is one of the measures that are part of human hygiene. The citizens of Tanzania were also advised to use disinfectants such as anti-bacteria soap to clean door handles, phone screens, desks, and other areas. Some of the citizens decided to use spirits to clean the environment of their homes. WHO also informs the public that whenever one was experiencing high fever, dry cough, tiredness, losing taste, body pains, headache, sore throat, nasal congestion, red eyes, they should rush to the hospital for medical attention. The Government of Tanzania advised the public to be aware of the early symptoms. they felt sick or experiencing some of the symptoms, they should visit the allocated health centres for treatment. Apart from measures suggested by WHO, on March 25, 2020, the Government of Tanzania imposed a travel ban to limit movements of flights to and from the country. The Government believed that by setting a travel ban, the spread of the virus would be controlled. The Government also started using thermo-scanners at the entry points (including airports) to measure travelers' body temperatures.

A similar measure was also adapted to measure employee's body temperature in both public and private offices. The intention of using thermo-scanners was to detect COVID-19 victims at an early stage. Later on, the Government removed the travel ban (Crises24, May 2020). Still, international travelers were advised by the Government to submit a negative COVID 19 certificate when arriving in Tanzania. Certificates were used as evidence that the travelers were COVID free. Although Tanzania adopted health measures as advised by WHO and the Government, it seems that these measures were meant for then on-disabled persons and not for people with disabilities. Issues of disability in Tanzania started to be taken seriously in 1965 when the government introduced the Ministry of Health and Social Welfare under social welfare to handle issues of people with disabilities.

In 1997 the Constitution of Tanzania under article 13 prohibited discrimination against people with disabilities. To make sure that disabled issues are handled well, the Mainland of Tanzania developed several laws and acts, including the disabled persons (care and maintenance) Act of 1982 (No. 3), Disabled Persons (Employment) Act of 1982 (No. 2), Vocational Education and Training Act of 1994 (No. 1), National Employment Promotion Service Act of 1999 (No.9), National Policy on Disability of 2004 as well as National Strategy for Growth and Reduction of Poverty (NSGRP) or MKUKUTA in its Kiswahili acronym from 2005 to 2010, the establishment of National Fund for Disabled people in 2004, Tanzania also rectified Convention on the Rights of Persons with Disabilities CRPD in November 2009. In 2010, the country introduced the Persons with Disability Act No. 9 and introduced National Disability Advisory Council in 2014. The intention of establishing all the laws was to remove any discrimination against people with disabilities. Despite all the initiatives done by the Government to make sure that the rights of people with disabilities are maintained equally the same as non-disabled citizens, this group has continues to suffer in their own country. According to the 2012 national population and housing census, there are 3.6 million people with disabilities in Tanzania, almost 8% of the total population (URT, 2012). Disability data indicates explicitly that people with albinism cover 0.04%, visually impaired people cover 1.93%, 0.9% have hearing impairments, those with mobility

impaired cover 1.19%, about 0.74% is covered by those who cannot help themselves, those with impaired mental body constituted 0.91%, while 0.23% covered those with hidden disabilities (URT, 2012). {In Tanzania, most health facilities to the largest percent are inaccessible to people with disabilities (URT, 2004). Most of the people with mental health issues are staying in health care centers or hospital wards. The areas are too congested, and lack facilities to assist PWDs hence put them in a more severe state. The environments they live in are not conducive to allow them to social distance. Additionally, disabled people in Tanzania face accessibility challenges (especially in public buildings, which most of them are not disabled user friendly), transport and infrastructure are not disabled user friendly. Additionally, the societies as a whole are still seeing them as if God curses them. Accessibility of information to people with disabilities has also been a major challenge that limits them from enjoying life the same way as others (Yau & McKercher, 2004).

While non-disabled people are taking an active role in implementing WHO health measures against COVID-19, people with disabilities seemed to be left out. WHO has warned the society to stop discriminating against disabled people during emergencies and advised them to involve them in every step when preparing a pandemic response (WHO, 2013). This is not surprising because governments worldwide have been slow to appreciate the unique and diverse needs of PWDs (Kavanagh, et al., 2020). The primary means of communication used to inform the public to protect themselves were not user-friendly to people with disabilities. This was also indicated in the national policy on disability of 2004 that the campaigns against diseases in the country are not prepared in user-friendly communication to people with disabilities (URT, 2004). Braille should be used to assist visually impaired people, and spoken information should be translated into sign language to benefit hearing-impaired people. People with Disabilities (PWDs) are entitled to accessible information just like others because the development of PWDs depends significantly on the available information (URT, 2004). Although Tanzania has several laws and acts in place to protect people with disabilities, as it is highlighted in the Disability Act of 2020 that "A person with disability shall be entitled to receive appropriate information related to health in the

accessible format" (URT, 2010, p.23), this act pointed out that there should be clear means of communication when it comes to the provision of health information to persons with disabilities. Furthermore, the act insisted that the communication contents need to be accessible to the person concerned (URT, 2010, P.29). In the same Act, it was clearly explained that "where a public body communicates in electronic form with one or more persons, the head of the body shall, as far as practicable to persons with visual impairment to whom adaptive technology is available" (URT, 2010, P.29). Furthermore, the Act highlighted that "the head of a public body shall, as far as practicable, ensure that, information published by the body, which contains information relevant to persons with intellectual disabilities, is in a clear language, legible and easily understood by such persons" (URT, 2010, P.29).

PWDs in Tanzania are facing more significant challenges to implementing measures as stipulated by the WHO. For example, the means of communication used to promote COVID-19 issues in the country were from WHO website, WHO reports, online news displayed in the Ministry of Health website, country reports' displayed on government websites, public notice boards, company emails, news from radio & television (TV) and information from social media. On March 23, 2020, honorable Prime Minister Kassim Majaliwa urged the Regional Commissioners to place announcements regarding the proper ways of protecting against COVID-19 in public transport areas and community radios to educate citizens (Vatican News, 2020). This kind of communication ignored the fact that disabled people in the country would miss the information. This shows that, to the most considerable extent, the form of communication used by the authority to educate the public against COVID-19 has not been user-friendly to people with disabilities. Therefore, this information shows that somehow the information used to inform the people to follow health WHO health guidelines and other measures requested by the Ministry of health against COVID-19 did not reach disabled people. How could deaf people hear the coronavirus news if the means of communication used were not user-friendly to them? How could a blind person or those with mental issues keep social distance while needing immediate assistance from others? How could intellectually disabled people comprehend coronavirus news from the media?

How could people who are slow in speech get the message regarding the coronavirus if the communication used is not accessible to their needs? Therefore, this study intends to shed some light on this topic by highlighting what the Government of Tanzania could do to improve the situation. This literature review study focuses on drawing lessons from other countries to accommodate PWDs during the COVID-19 pandemic.

Motivation for Conducting this Study

Ryan (2020) and Kibria et al. (2020) reported that older people, PWDs, and people with serious medical conditions appear to be more vulnerable to the COVID-19 virus hence may become severely ill once infected. It is also believed that disabled people with other chronic diseases such as; stroke and cancer (Kibria et al., 2020), cardiovascular and pulmonary disease (Hughes, et al., 2019). Furthermore, reports from various journalists overshadowed older people and PWDs because they looked at them as disposable or expendable (Arielle, 2020; Held, 2020). They are marginalized and seen as less important people in the community (Lund & Ayers, 2020). Even the policymakers have failed to accommodate them in the mainstream policies because they have been seen as objects of care or control (Brennan, 2020). On the other hand, PWDs are anxious regarding the coronavirus, but this minority group feels as if they are left out or ignored during the pandemic (Royal Commission, 2020). The accessible information regarding COVID-19 to PWDs remains a critical issue (Qi & Hu, 2020). PWDs had limited access to health information because the information provided was not offered in an accessible format (Qi & Hu, 2020). On top of that, PWDs are at greater risk of getting infected during the coronavirus because it is difficult for them to maintain social distancing (Sakellariou, Malfitano, & Rotarou, 2020). They are at greater risk because of so many uncertainties of living without their social support. In most countries, including Tanzania, health care assistance provided is meant to assist non-disabled people. Even the emergency responses taken in the country are tailored to assist non-disabled person leaving with the disabled people un-attended. The other thing is that Tanzania is in third phase of the pandemic, but it is reported that after the coronavirus, people may be left with long-term lung problems or physical conditions (Moldofsky & Patcai, 2011). Therefore, many may develop a new form of

disability; hence, the importance of conducting this study to start creating the right measures in place before the country reaches a new phase. This study is important since PWDs are equally affected by the epidemic as non-disabled people, and they have been included in the mainstream policy with others. This has to stop because PWDs differ in terms of their needs and are affected differently by the epidemic compared to non-disabled people.

Methodology

The main focus of the current study was to review and analyse studies that examined challenges limiting people with disabilities in implementing WHO health measures. This study assessed the extent to which the published academic articles, WHO reports, health reports in Tanzania, health information news from other countries, online news have shed some light on the challenges limiting PWDs from implementing health measures. The literature assessment was done after critically reviewing the relevant literature from different parts of the world. The literature review was based on the author's interpretation. This method was appropriate in the current study because issues regarding the coronavirus and disabled people are still in their infancy stage. After all, the coronavirus pandemic news was aired out first to the world in December 2019. Additionally, this method helps a researcher capture the concepts' intended meaning from the researchers' original idea. The researcher reviewed the relevant literature on the coronavirus and disabled people from different parts of the world. In this study, full-length articles published in academic journals and displayed in Google scholar, WHO coronavirus information, health information in Tanzania, countries coronavirus news/reports, online news were included. Conference articles, book reviews, dissertations/thesis, and conference proceedings were excluded from the analysis because of their limited, if any, contributions to the existing knowledge. However, information from WHO country reports and statistical data from world meter related to disability and coronavirus were used to justify the current problem. Information such as definitions of people with disability was taken from the persons with disability Act, while another concept such as content analysis was generated from the book. Google scholar was the leading search engine used to download the reviewed articles. This database, among others, is one of the

largest and most popular online search engines. In the process of searching for articles, the researcher used several keywords to search for the articles, words such as “covid-19,” “people with disabilities,” “government responses” were used separately, and at times a combination of words was employed to generate the relevant articles for the study. Additionally, references cited in the published articles were also traced to assess their relevance in the study. The decision to include an article for the analysis was primarily based on its relevance to the theme of the study. The search retrieved a total of 48 articles. Then, each article was critically reviewed twice by the researcher to justify its inclusion and ensure its accuracy and objectivity.

The articles were critically reviewed, and finally, it was concluded that “COVID-19,” “people with disabilities “and” government responses” were among the main key search words used to get the final articles. Content analysis was employed to analyse content and concepts that were related to the theme of the study. This technique is a common data analysis method in the social sciences (Berg, 2009). This method involves a careful, detailed, systematic assessment and interpretation of a particular body of material to identify patterns, themes, biases, and meanings. The technique identifies the meaning of the text and maintains a qualitative textual approach (Elo & Kyngä, 2007). The advantage of this method is that if done properly, it offers replication of outcomes (Durlau, Reger, & Pfarrer, 2007), it is analytically flexible (Durlau, Reger, & Pfarrer, 2007), can be employed for inductive or deductive research (Elo & Kyngä, 2007). This technique allows different analyses to be performed using qualitative or quantitative approaches (Durlau, Reger, & Pfarrer, 2007).

Literature Review

Persons with Disability (PWD) are defined as “a person with a physical, intellectual, sensory or mental impairment and whose functional capacity is limited by encountering attitudinal, environmental and institutional barriers” (URT, 2010, P.9). PWD in this study include those people with physical mobility challenges i.e. wheelchair users, blind, & senior citizens, deaf and intellectually challenged persons.

Challenges of Implementing WHO Health Measures during COVID-19 among People with Disabilities

PWDs in Tanzania face many challenges like other disabled people in other parts of the world. Issues of discrimination in every sphere of life, negative attitudes towards them, and bad cultural beliefs towards them are critical problems affecting PWDs worldwide. Among other issues that limit disabled people include; lack of accurate, reliable, and access to information which affects PWDs in taking the proper precautions against COVID-19. Generally, disabled people are deprived of accessible information that affects a larger part of their lives. During COVID-19 in Tanzania, non-disabled persons managed to access health information messages clearly from the source, but PWDs were somehow left out, though they were equally affected by the pandemic. Unfortunately, health information news in Tanzania was not announced using appropriate means of communication accessible to PWDs.

Tanzania opted to display COVID-19 news via TV, Radio as well as government health reports. But PWDs are using different forms of communication compared to non-disabled persons. Therefore, to the greatest extent, PWDs were left in vain regarding protecting themselves during this pandemic. National and private newspapers, government health reports, and WHO health reports were supposed to be translated into Braille to visually impaired information. Spoken news on TV, Radio, video clips in social media should have been translated to assist hearing-impaired people. Information from social media should have been transformed to large text to assist those with low vision challenges; audio text should have been developed for blind people to access all the information. Information from TV and press conferences should have been presented using sign language and tactile to assist deaf impaired people. Audiotapes, large text print are required to assist deaf-blind impaired and people with low vision, as indicated in the Persons with Disability Act of 2010. Furthermore, slow speech human audio news should have been used to air out health information to people with intellectual or speaking impairments. Moving away from sources of information, citizens of Tanzania were told to wash their hands properly using soap and running water to control the spread of the

coronavirus. Powell *et al.* (2020) pointed out that there are inadequate hand hygiene facilities in Tanzania, and the country was able to comply by 6.9% as recommended by WHO. But this did not specify how blind people who depend primarily on their senses of touch to assist themselves will affect them. Touching parts of their bodies increases the chance of getting the coronavirus (Jalali *et al.*, 2020). People who are amputees place more focus on their prostheses and residual limb hygiene. At the same time, those with a mobility impairment may not follow the instructions as directed by the health workers independently. Most mobility-impaired people depend on the assistance of their caregivers or family/friends. Therefore, a clear message on how blind people can protect themselves without getting infected is needed.

Since the means of communication used by PWDs is quite different from those used by non-disabled people. How, for example, can deaf people who are also supposed to wash their hands properly using running water and soap do in this situation if the communication used does not favor them? This is also another critical area that needs to be looked at closely by the Government. In Tanzania, WHO and the Ministry of Health requested people maintain a reasonable distance of at least 1 meter away. Goggin and Ellis (2020) and Senjam (2020) have highlighted that the social distancing rule is not possible to the deaf-blind community as distancing is not an option; such people need immediate assistance from other people. Deaf-blind people cannot communicate without touching people who assist them in their daily life. The essential service they desire from their caregivers cannot be ignored or stopped because of this disease. PWDs cannot pass a day without the assistance of caregivers. A similar problem is also seen in people who are intellectually challenged. Preventive measures like social distancing may not be the feasible solution since they cannot isolate themselves from their caregivers (Kuper *et al.*, 2020). Researchers also thought that this measure would be impossible to be implemented by senior citizens who need close supervision of others. Therefore, maintaining this rule to PWDs will be somehow impossible, considering that the successful life of this population depends mainly on their caregivers or those close to them. WHO also advised the general public to observe whether they have coronavirus symptoms to rush to the hospital for medical assistance. However, the transport system in

Tanzania is not user-friendly for people with disabilities. There are no ramps to help wheelchair users from boarding the buses. Although the government could allocate special seats for PWDs in rapid bus transports, a larger part of the system doesn't accommodate their needs. PWDs are forced to board public transports, which non-disabled people also use. It is difficult to maintain distance between one another in those buses, but the government somehow managed to maintain level seats during the first phase of the COVID-19 period. The existing transport system cannot allow wheelchair users, blind people, and mobility issues to board the buses comfortably as non-disabled people. Furthermore, the lack of ramps in public roads, a limited area designed to accommodate wheelchair users on streets, has made it difficult for them to enjoy using the role of other citizens.

Blind people are also facing challenges to board public transport as the environment does not favor them. A similar problem also affects senior citizens and those with mental challenges. Wearing a mask is another measure championed by WHO and the Government in the country against the spread of the coronavirus. The Government of Tanzania announced that children below the age of 5 and those with asthma or breathing-related diseases should not wear the mask because wearing them may put them in a more vulnerable state. However, people in this group can be infected with the coronavirus just like others, so what best can these people do to protect themselves without getting infected? This is another challenge that needs a close eye. Wearing a non-see-through mask will prevent people with hearing challenges from reading lips (Shakespeare, Ndagire, & Seketi, 2021). Evidence in the UK has reported that people with intellectual disabilities face challenges in comprehending the directives given by health care regarding proper ways of wearing masks. As a result, this may limit them from socializing with other members of society during this pandemic disease (Tromans, et al., 2020).

Measures taken by other Countries during COVID-19 to assist PWDs

To control the spread of the coronavirus, some of the countries decided to develop a proper means of communication that is user-friendly to PWDs. Countries such as Iran agreed to offer news in accessible formats that are

user-friendly to PWDs. They have published serious measures in a newspaper called Iran Sepid in Braille to cover issues related to the coronavirus (Jalali *et al.*, 2020). Through this way, disabled people in Iran could get a clear message regarding protecting themselves against the pandemic. In the UK, COVID-19 information was offered using sign language to help those with hearing challenges (Royal Association for deaf people, 2020); the information needs to be in a simple format that is easy to be understood by intellectually challenged (Mencap, 2020). Beijing also called for a press conference and decided to hire a sign language interpreter to assist those with hearing issues (Qi & Hu, 2020). Government briefings must be translated into sign language like what Nepal and Bangladesh did (Rohwerder, et al., 2021). A similar lesson can be drawn and applied in Tanzania. After all, section 55 of the 2010 Persons with Disability Act articulated that all TV stations, educational programs, and other programs covering national events should be broadcasted using sign language or subtitles that will be user-friendly to PWDs.

The government can ensure that the news is released in two different formats (the one used by non-able and accessible formats). National newspapers can also be printed in Braille to assist blind people and large text in helping those with low vision. National TV and radio should air out information regarding COVID-19 using sign language to help disabled people get the message. Press conferences regarding the coronavirus have to be translated into sign language. This measure was used in Beijing Municipal government for the first time, whereby an interpreter was hired to translate coronavirus information into sign language (Meng, 2020). Health workers at the national hospitals need to be trained on using sign language to assist PWDs in emergencies. Furthermore, updated information regarding the coronavirus should be released daily and timely. PWDs have the right to receive clear and accurate information timely because clear and accurate information is essential for PWDs (Goggin & Ellis, 2020). Social media can be used to release coronavirus news. Twitter, for example, can be a valuable tool to disseminate coronavirus news to assist PWDs in adjusting their lifestyles to cope with the pandemic. Twitter seems to offer important information regarding the coronavirus to PWDs (Thelwall & Levitt, 2020). The

information in social media needs to have a simple sentence structure or images to help those with intellectual disabilities. This is because people with intellectual challenges are difficult to comprehend corona virus information (den Houting, 2020). People with intellectual impairments need people to slow down in their speeches, which will help them get the intended messages. A positive tone of voice and simple sentences should be used when communication is done to people with intellectual challenges. In 2020, it was reported that there are 4.5 million people accessing social media users in Tanzania. The number of social media users increased to 13% between April 2019 to January 2020 (Simon, 2020). Since there are no statistics regarding the number of disabled people who are using social media in the country, the Government needs to start translating information regarding coronavirus in accessible formats that will be user-friendly to PWDs. Informative videos should be developed in sign language with accessible scripts so that those with hearing issues could benefit from the news (Qi & Hu, 2020).

To maintain social distancing, Iran took the initiative to introduce video-conferencing technology to assist disabled people during rehabilitation services during the coronavirus era. This technology has helped them to avoid close contact between doctor-patient direct connections. Although adopting this measure is very challenging to PWDs, Singapore decided to set a time for PWDs to shop. They are allowed to shop from 08: am to 09:00 am for 24 hrs. This offer was also enjoyed by senior citizens (above 71 years old and pregnant mothers). A similar technique was also used in Australia whereby disabled people were allowed to shop alone. India also was thinking of having a particular time for older people and those with disabilities to shop. Tanzania can also opt to use a similar strategy to assist PWDs during the coronavirus era. This will give disabled people ample time to shop without being in an overcrowded environment. Furthermore, Kibria *et al.* (2020) suggested that telemedicine programs should be introduced whereby a particular line is created to assist PWDs in emergencies. This way, PWDs will get the assistance they need without being physically at the health centers. A similar measure was adopted in Australia, where hotlines were introduced to assist PWDS (Kavanagh, et al., 2020). On the other hand, China decided to offer online healthcare consultations to help those with

mental issues during the epidemic (Liu, Yang, & Zhang, 2020). Nepal and Bangladesh also used an online system to assist PWDs to get health and social benefits (Rohwerder, et al., 2021). Tanzania can also develop a special line to assist PWDs during the epidemics; that way, people with disabilities can get immediate attention whenever they need it. It is known that non-disabled people also use most of PWDs board public transport but the same services. Therefore, Kibria *et al.* (2020) proposed that emergency transport services be introduced to help PWDs. Researchers suggested special stickers be placed so that disabled people could easily spot them. In Tanzania, the rapid bus transport systems have managed to place stickers inside the buses indicating the special seats for older people and those with disabilities. But those seats are very few to accommodate the increasing demand of disabled people. Tanzania can encourage investors to inject their funds to introduce a unique transport system to accommodate PWDs and older people. This strategy will help PWDs and older people to feel safe whenever they board public transport.

The transport system should have ramps; the seat should be installed at a lower level to assist those with mobility issues, voice-recordings of all the stops, larger texts in front of the buses indicating the location which is moving to and from, sign language officers at the ticket counters as well as enough lights inside and outside the buses to allow those with low vision to see clearly. Bus stops need to have accessible facilities such as accessible toilets, accessible seats, and buses announcements should be made using proper communication that PWDs understand. Training is very important to be considered as PWDs face challenges of getting assistance from healthcare workers. This problem is partly because most healthcare workers cannot communicate appropriately with disabled people. Training on sign language among healthcare staff is essential. The training will assist them in communicating effectively with disabled people. All information regarding how to protect themselves against COVID-19 and other diseases can be easily understood. Apart from that, Kibria *et al.* (2020) proposed that every hospital need to have a disability unit so that disabled people can get immediate attention as others in case of emergency. Liaison officers need to be introduced in every public hospital as they will be dedicated entirely to

assist PWDs. Tanzania can also do the same to help people with disabilities from getting proper care. Many governments, including Australia, have approached disability non-government organisations (NGOs) to work jointly to prepare emergency plans to assist PWDs during COVID-19 (Kavanagh, et al., 2020). The disability services in Australia established a special scheme jointly funded by the state and commonwealth. The intention of establishing the special funds were meant to assist PWDs in health, social and economic issues. Therefore, introducing a disability-inclusive policy during COVID-19 response is highly needed not only in the UK but also in different parts of the world (Kuper *et al.*, 2020). Governments can take initial steps by including disability issues in the mainstream policy not to leave them out (Sakellariou, Malfitano, & Rotarou, 2020). Disability issues need to be featured in both short-term and long-term plans of the governments, that way whenever there is an emergency PWDs will be served just like others.

Implications of the Study

Government of Tanzania via Ministry of Health, Community Development, Gender, Elderly and Children need to know that disabled people have unique needs and desire that are different from the mainstream. Therefore, information regarding health measures to control the spread of the coronavirus needs to be offered in a format that is understood by all people, including those with disabilities. Large text/images should be used to advertise health issues in brochures, banners, in newspapers to assist those with intellectual/mental challenges. Sign language interpreters should be hired to translate coronavirus news on TV. This form of communication will help those with hearing challenges to get clear coronavirus messages. The Government press conference should be done by ensuring a sign language interpreter who assists those with hearing issues. In line with this, the government also needs to make sure that coronavirus news is offered frequently. The information must be updated more regularly because failure to provide appropriate, updated, and accurate information will limit PWDs from getting the message on time. This can be detrimental to them. Some of them may die without knowing that there is a coronavirus or how serious is the disease. Suppose emergency health news is offered at the right time using the right communication channel. In that case, the Ministry of Health,

Community Development, Gender, Elderly and Children will reduce the spread of infections and perhaps reduce the mortality rate among disabled people. Although wearing a mask is one of the remedies people can use to protect themselves from the coronavirus, a see-through mask is needed to be used so that people with hearing challenges can get messages by reading other people's lips. All the government briefings regarding health issues, especially during emergencies, should use sign language interpreters to allow those with hearing challenges to get the messages. A Voice recorder should also be used in a press conference for deaf people to follow up the information. The large text needs to be used when preparing banners or announcements to assist those with low vision or those with intellectual issues. Although social distancing could be one of the best strategies to protect people from getting the virus, the literature has shown that PWDs, including senior citizens, need the immediate assistance of others during emergencies.

Therefore, those confined in a hospital or health care center need to be given proper training on protecting themselves against the virus? Health care staff needs to be trained to sign language to assist those with hearing issues. Slow and clear speech should be the right form of communication to assist those with mental or intellectual issues. Physical activities needs to be introduced as they help them improve their mental health and reduce loneliness and stress (Kamyuka *et al.*, 2020). In line with this, the government needs to raise healthcare insurance for PWDs which will be of reasonable price since most of them are economically disadvantaged than the non-disabled person (Lund, Forber-Pratt, Wilson, & Mona, 2020). This will help them from getting medical assistance more efficiently. Also, caregivers need to be offered reasonable health insurance so that they can be treated easily whenever they fall sick and continue with their tasks of assisting disabled people. The idea of introducing a disability unit in every public hospital should be the priority as PWDs suffer from the waiting line with other people when in need of health care attention. Therefore, a liaison health care staff should be placed in each disability unit in every public hospital. This will speed the process of helping PWDs from getting the immediate medical attention they need.

Furthermore, online consultation should be done to assist those who are in distant areas. The unique line should be created in every public hospital so that issues of disabilities can be easily attained.

Limitations and Areas for Further Studies

This study was conducted in Tanzania, with the main focus was addressing challenges affecting PWDs in implementing health measures as directed by WHO during COVID-19. Further studies could be done addressing the challenges of implementing PWDs in East African countries. This way, similarities and differences in implementing the health measures can be seen, and the country which is doing better among others in implementing the health measures can be used as an example in other countries. This study drew lessons from countries such as Australia, Iran, UK, the USA, Nepal, Bangladesh, India, and Singapore in implementing health measures as advised by WHO. Comparative study within disabled people should be conducted as they differ in terms of how they are affected by the pandemic. The study may develop a finding that identifies the form of disability that is mainly affected by the coronavirus.

This information is critical since the Ministry of Health, Community Development, Gender, Elderly and Children in Tanzania can use such information to prepare a viable environment to accommodate people with different disabilities. Currently, Tanzania is in the third wave of coronavirus, just like other countries. Therefore, further studies need to be conducted during post-COVID-19 to evaluate the extent to which PWDs have been coping with the virus. This will provide a clear picture of how PWDs have been using different strategies to manage the corona virus. Additionally, this is the literature review study; therefore, the assessment was done based entirely on the published papers from December 2019 to 2022. Therefore, future studies need to be done using different data collection methods such as in-depth interviews and focus group discussions. Using these techniques may help to reveal the genuine emotions from PWDs regarding what they truly feel or how they have been treated during the coronavirus pandemic. True feelings from them can shed light on their long-term cry regarding

discrimination they have been facing and what best can be done to solve the problems.

Conclusion

Although Tanzania adopted WHO health measures against the corona virus to the greatest extent, PWDs are still lagging in follow-up health information as most of them are not offered in accessible formats. The major problem started with the fact that there is no current disability data in the country. Currently, the 2012 census data is used to estimate the number of disabled people in Tanzania. The seriousness of the problem extended when the government announces the coronavirus news using formats that are not user-friendly to PWDs. But this could have been solved if disabled people were included in the government emergency plans.

Disabled people organisations (DPOs) need to be involved in the planning process because they have enough details regarding disabled people; hence they will be valuable to assist policymakers in the policy preparation process. Furthermore, instead of encouraging people to wear heavy masks, the government can encourage the private sector to chip in and invest in the preparation of see-through masks. Those with slow speech or those with hearing challenges can read lips. Sign language training needs to be offered to healthcare workers, news reporters, and those involved in disseminating coronavirus news or any emergency epidemic. Also, the Government needs to encourage the private sector to invest in the construction of healthcare centers specifically to cater to the needs of PWDs.

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