SOCIOMETRY | RESEARCH ARTICLE

Disability inclusiveness in Covid-19 pandemic policies in West Africa: “Are we left behind?”

Emmanuel Mensah Aboagye¹, Felix Mensah², Nana Osei Owusu³, Kwaku Obeng Effah⁴ and Michael Erzua⁵

Abstract: People with Disabilities (PwDs) suffer and are susceptible to social inequalities, especially during the Covid-19 pandemic. In West Africa, these are influenced by how services geared towards PwDs are administered. This study explores the government policies implemented in West Africa during the Covid-19 pandemic and their impact on PwDs in line with the SDGs with disability targets. Thematic analysis was adopted to analyze eighty-one (81) documents, including legislation, reports and official documents that communicated measures taken in response to Covid-19 and SDGs with disability targets. The study found that various governments outlined pragmatic steps to address the needs of PwDs. It was unraveled that the policies and recommendations that the governments have published on disability inclusiveness in response to Covid-19 did not reflect in the lives PwDs. This is evident based on the difficulty PwDs have to go through to access all the available benefits. It takes a while to see such policies and recommendations reflected in the lives of PwDs. Measuring the expected improvements in the lives of PwDs relative to the SGD's attainment can not happen overnight. This study is the first of its kind in West Africa and urges various governments to pay close attention to their policies to improve their policies toward PwDs. The study recognizes governments’ vital role in ensuring that PwDs are better off, especially during the Covid-

ABOUT THE AUTHOR

Emmanuel Mensah Aboagye is currently a master’s student at Zhongnan University of Economics and Law, China. Through publications, he is able to satisfy his genuine passion for research. His research interests transcend varied boundaries in academia to encapsulate anything he finds interesting, Environmental law, International law, Gender studies, disability issues etc. Emmanuel is currently reading International Law (Ph.D) at Zhongnan University of Economics and Law, China.

PUBLIC INTEREST STATEMENT

Globally, People with Disabilities (PwDs) continue to suffer from discrimination. Various governments have shown efforts by enacting policies to better the lives of PwDs. Most governments have a target to achieve SDGs by 2030, and issues of disability inclusiveness cannot be overlooked. In the wake of the novel Covid-19, these policies and recommendations have not reflected in the lives of PwDs. Thus, these policies and recommendations do not necessarily translate to action. Several barriers and inherent structural inequities prevent individuals with disabilities from accessing necessary support (education, health, employment, food security, etc.). The study emphasizes the need for governments to realize that policy action does not necessarily translate equitably. There is a responsibility to consider inequities faced by vulnerable populations who already face intersecting barriers, then emergencies happen, and these inequities are magnified.
19 pandemic. However, the government needs to provide adequate education on how PwDs will readily access policies to better their lives.

Subjects: Social Inequality; Disability Studies - Sociology; Sustainable Development

Keywords: Covid-19; PwDs; government response; inclusiveness; SDGs; West Africa

1. Introduction

An unfortunate pandemic hit the World in December 2019, identified as the novel coronavirus (Covid-19). The Covid-19 pandemic is a highly infectious respiratory disease that spreads quickly (Aboagye et al., 2021; Dong et al., 2020). Shortly after the breakout of Covid-19, the World Health Organization (WHO) declared it a pandemic due to its quick spread (Xie et al., 2020). As of September 2021, World Meter Info announced that 11,921,074 persons had been infected with the virus in Africa (see, Figure 1). Although some vaccines had been produced to control the virus (Busquet et al., 2020), researchers explain that they do not have 100% potency.

The international community and various governments across the globe outlined various strategies and protocols like social distancing and lockdowns to control the fast-spreading virus and the adverse impacts it causes (Aboagye et al., 2021; Gupta et al., 2020). As Covid-19 threatens humanity, many social activists have asked how the disabled can follow these protocols to protect themselves from the deadly pandemic. Even before the “new normal” Covid-19 pandemic,

Persons with Disabilities (PwDs) have been marginalized in society. Such persons do not get better access to health care, employment, education and little or no participation in society’s decision-making, especially in Africa (Craig et al., 2020; Schormans et al., 2021). In Africa, PwDs mostly live in poverty, abuse, and suffer violence (Muderedzi et al., 2017). The situation has intensified in this era of Covid-19, where PwDs are stigmatized directly or indirectly (Banks et al., 2020).

Additionally, PwDs face inequality in accessing health care, especially in the deprived areas of developing countries. The Covid-19 pandemic has further widened this inequity. Thus, the Covid-19 pandemic increases the inequalities faced by PwDs and PwDs exclusion has been exposed (Allam, Cai, Ganesh, Venkatesan, Doodhwala, Song, Hu, Kumar, Heit, Coskun, Coskun et al., 2020). The term “disability” has been a topic of debate for a long time. Researchers have not been able to ascribe a particular definition, especially in the social context. However, “disability” basically expounds on dysfunction’s physical and mental characteristics (Appleman, 2018; Jaffee, 2016). There are

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**Figure 1. Reported Covid-19 cases amongst the countries under discussion.**

*Source: World meters info (2021)*

*Data was retrieved from https://www.worldometers.info/coronavirus?zarsrc=130 on 5th May, 2022*
individual or social limitations that are associated with the dysfunction. PwDs are heterogeneous; thus, disabilities include Attention Deficit Disorder, Blindness, Brain Injuries, Hard of Hearing, Learning Disabilities, Medical Disabilities, Physical Disabilities, and Speech and Language Disabilities (Crow, 2008; Lindsay et al., 2018; Sinclair & Xiang, 2008).

Disability is a dynamic communication between health conditions and environmental and personal factors (Awuviry et al., 2019)(Zuurmond et al., 2019). Approximately, there are about 1 billion PwDs across the globe (Banks et al., 2020). The World Bank (2020) data reveal that about 1/5th of the world's population lives with a disability, and the prevalence rate is associated with developing countries. Although many countries have enacted laws to improve the living conditions of PwDs, many PwDs are denied the right to choose to live independently in the community (Sabatello et al., 2020).

The United Nations (United Nations, 2020) reveals that PwDs are heavily affected by the Covid-19 pandemic, especially in Africa. In addition, they are less likely to receive health care, employment, education, or to experience violence. The cases of PwDs, especially among people who have grown weak, have aggravated due to the Covid-19 pandemic (Naami & Mfoafo-M'Carthy, 2020). For instance, such people find it challenging to adjust to hygienic measures, access quality health or even receive general health information. In the situation where people are mentally challenged, Covid-19 has also worsened the situation across global health. Mental health conditions have increased significantly during lockdown periods because medical staff who could manage the situation need to be cautious and ensure good self-isolation (Fofana et al., 2020).

All plans and strategies during and after the deadly Covid-19 pandemic should robustly emphasize bridging the gap of inequalities and exclusion in society, especially for PwDs. The decisions of various countries and their efforts toward achieving social and economic recovery after the Covid-19 pandemic will be critical for developing and achieving the Sustainable Development Goals (SDGs) by 2030. This will address disparities and ensure that no one is left behind, especially PwDs. The United Nations (2020) quickly pronounced in their “Disability-Inclusive Response to Covid-19” to ensure that no PwD is left out of the developmental agenda. The UN Convention on the Rights of Persons with Disabilities (CRPD, Article 11) highlights that countries that have ratified this convention should develop “all necessary measures to ensure the protection and safety of PwDs in situations of risk” (Kelly, 2021). Several reports indicate that PwDs face problems accessing treatment for Covid-19. Many of the public health measures implemented to contain the virus do not consider the needs of disabled people (Sabatello et al., 2020; United Nations, 2020).

Several researches have explored the inequalities and exclusions PwDs face in Africa (Kwegyir Tsiboe, 2020; Naami & Mfoafo-M’Carthy, 2020). Yet, the issue persists due to non-compliance with the policies and plans outlined by governments and other stakeholders. With the emergence of the Covid-19 pandemic, PwDs are challenged. They are excluded from society and government policies to a more significant extent. There have been limited reports and records on the care and support given to PwDs in Nigeria, Ghana, Senegal, and Cape Verde even before the Covid-19. In the same vein, there is insufficient literature on the inclusion of PwDs, mainly due to limited research, lack of awareness and total neglect by the relatives of such PwDs (Sakellariou et al., 2020). More theoretical and empirical research is needed to determine the state and situation of PwDs in Africa amidst the Covid-19 pandemic. Four countries in West Africa namely, Nigeria, Ghana, Senegal and Cape Verde, were purposively selected to inform the discussion in this study (see, Table 1). It could be realized and estimated that Nigeria, Ghana, Senegal and Cape Verde are the countries that have recorded the highest number of coronavirus cases as of May 2022 in West Africa (World meters info, 2021) and are known to have records for PwDs. It is of pressing demand that this research examines the influence of the Covid-19 pandemic on the inclusion of PwDs and the implications for attaining SDGs by 2030. This paper contributes to the literature by exploring the policies of various governments in some selected West African countries towards PwDs in the Covid-19 era and their
Table 1. Demographic, socioeconomic, health-related, and COVID-19-related characteristics of Nigeria, Ghana, Senegal and Cape Verde

|                          | Nigeria | Ghana     | Senegal   | Cape Verde |
|--------------------------|---------|-----------|-----------|-------------|
| Population               | 206,139,587 | 31,072,945 | 16,743,930 | 555,988     |
| GDP per Capita Income ($) | 2,230   | 2,203     | 1,430     | 3,604       |
| Population below poverty line (%) | 70      | 24        | 47        | 30          |
| Disabled people (% of population) | 15      | 3         | 5.9       | 3.2         |
| Physicians (per 10,000 people) | 3.81   | 1.06      | 0.88      | 7.81        |
| Nurses and midwives (per 10,000 people) | 16      | 10        | 4         | 13          |
| Hospital beds (per 10,000 people) | 5       | 9         | 3         | 21          |
| Current health expenditure (% of GDP) | 3.89   | 3.5       | 4         | 5.4         |
| Confirmed cases of Covid-19 | 198,000 | 123,000   | 73,353    | 36,327      |
| Total COVID tests per 1000 people | 13.64  | 44.84     | 44.81     | 66.2        |
| Total confirmed number of deaths per million people from Covid-19 | 0.06    | 0.16      | 0.34      | 1.27        |

Source: Authors construct
World Bank https://data.worldbank.org
United Nations Development Program http://hdr.undp.org/sites/default/files/covid-19_and_human_development.pdf
World Meter Info https://www.worldometers.info/coronavirus/?zarsrc=130

implications for achieving SDGs by 2030. To the best of the authors knowledge, no study has examined the disability inclusiveness in Covid-19 pandemic policies in West African countries.

2. Methods
The researchers adopted a qualitative study using thematic analysis and the interpretive documentary approach to explore remove government responses to Covid-19 concerning PwDs. This approach adopted by the researchers reflects a pattern of logic that demonstrate fairness in exploring the data gathered to understand this study. This analysis method confirmed the reliability and validity of the data examined (Tuffour, 2017). Thus, the researchers had the opportunity to read and review the documents multiple times and remained unchanged by the researchers’ influence (Bowen, 2009, p. 31). The researchers used published documents from governmental agencies, local government authorities and stakeholders in charge of Covid-19 issues and responses. The documents were gathered between January 25 to 1 September 2021, by two (2) authors KOE and ME. Authors EMA and NOO further analyzed the gathered data, and FM did thorough proofreading.

2.1. Data sources and analysis
Data and information identified and retrieved from the documents were primary data sources for this study. The researchers using keywords “disability,” “policy inclusiveness,” “West Africa,” “government policies and responses,” and “covid-19 and disability inclusiveness,” searched a total of one hundred and eight (108) research studies to begin the study. This information was
searched from Google scholar, Web of Science (WoS), PubMed and Scopus search engines. From the 108 research documents, eighty-one (81) documents were selected. Documents were excluded from the screening process based on language. Thus, the researchers excluded all documents not written in the English Language. Hence the selection of the eighty-one (81) papers was finally included in this screening. The identified and retrieved documents included the measures reported to affect PwDs directly or indirectly. Thus, some measures are geared towards PwDs and measures that are not geared towards PwDs but impact their lives. The identified and examined documents included reports on disability and Covid-19, legislations, declarations and other documents that expound on the measures taken to respond to Covid-19 and PwDs and the deadly Covid-19 pandemic. The researchers carefully searched the official web pages of the health and employment ministries and the Covid-19 pandemic government web pages of each country under discussion. The researchers further resorted to official reports and other communique issued by the organizations responsible for PwDs. These organizations included the United Nations (UN), World Health Organization (WHO) and the Economic Community of West African States (ECOWAS). Based on the paper’s aims, the information identified and retrieved were summarized, and the main ideas were grouped into themes. The specifics of the literature screening procedures are shown in Figure 2.

As part of the data collection, data were also analyzed. This allowed for the assessment of saturation of data. Data were analyzed inductively using thematic analysis (Braun and Clarke, 2006). First, the gathered data were transcribed. The researchers then read and re-read the transcribed documents to understand the information available. The transcripts were manually coded because there was no available software to assist the researchers. The codes were obtained from the gathered documents that were transcribed. The researchers further categorized the codes into groups of similar ideas for further review where necessary. The researchers reevaluated the generated codes and compared them with the transcripts concurrently. Questions were asked to validate, confirm and create comprehensible meanings related to the data. This helped create the themes (see, Table 1 and Figure 2).

3. Results and discussion
The identified results suggest that all governments in the four countries under study have policies that include the needs of PwDs. Table 3 shows government responses on PwDs and the Covid-19 pandemic for each studied country. During this period of Covid-19, various governments enacted several policies to address the concerns of PwDs. PwDs especially are among the vulnerable group in society that has been affected by the Covid-19 pandemic (Courtenay & Cooper, 2021; Vieira et al., 2020). This current study expounds on how governments of various countries respond to the needs of PwDs. Whether these responses currently address the needs of PwDs and the implications of attaining SDGs targeted toward the needs of PwDs. Unfortunately, not all these policies and strategies directly address the needs of PwDs as a counter-response to the Covid-19 pandemic. Countries in West Africa are considered developing countries, suggesting a high level of inequalities in all spheres of life (Dominic et al., 2017). One area of global debate has been social inequalities, especially in the health sectors, which has left most West African countries exposed to the deadly Covid-19 pandemic (Chirisa et al., 2020; Martinez-juarez et al., 2020; See, Table 2).

There are numerous measures that all the four countries leveled regarding education. For instance, due to the various press conferences and sensitization on the deadly Covid-19 virus, various governments recommended that learning platforms be established and televised with sign languages and interpretation (see, Table 3). These were not only limited to conferences but applied to online education since there was a lockdown in all these four countries. Thus, people with hearing disabilities could easily follow all this vital information being shared through sign languages that accompany the televised conferences and programs. There have been some contradictions between the government’s policies and recommendations and the implementations of the policies and recommendations (Sakellariou et al., 2020). For example, in all these four countries, the recommendations made by the government on education (see, Table 3) to improve the lives of
PwDs did not reflect in practice. Most PwDs did not have access to continuous online or televised education during this pandemic era (Braun & Naami, 2019; Dosu & Hanrahan, 2021).

### Table 2. Thematic areas

| Themes                                      | Meanings                                                                 |
|---------------------------------------------|--------------------------------------------------------------------------|
| Access to education                         | The actions taken to ensure distant learning is fully accessible         |
| Access to healthcare                        | The elimination of monetary barriers to healthcare and the actions taken to ensure unbiased access to healthcare, including procedures addressing disability-based issues like discrimination and exclusion |
| Accessible information                     | The provision of all information being made accessible in all forms. For example, sign language translation and Braille script |
| Better accommodations for disabled people  | The changes to public health actions to accommodate the needs of disabled people—for instance, flexibility in restrictions on movement in public spaces. |
| Inclusion in the decision-making process    | The inclusion of disabled people and decision-making bodies              |

Source: Authors construct
The various governments of the countries under discussion had made declarations to protect the rights of the vulnerable in society during this pandemic, including PwDs. For instance, PwDs were given free PPEs (see, Table 3) to ensure they were protected well enough from the Covid-19 virus infection. In Senegal, the government formed a community network to identify disabled people,
monitor their well-being, and offer support (Loewenson et al., 2021). Also, in Ghana, the government recommended the introduction of telemedicine for people with Covid-19-related symptoms (Blayney et al., 2021). Due to the continuous health reforms in West Africa, which necessarily reflect on people’s everyday lives, there has been a disproportionate effect on PwDs. This issue has been severe during the deadly Covid-19 pandemic, and PwDs have suffered the consequences. Governments in the countries under discussion believe that their policies and recommendations have improved the quality of life of PwDs. However, PwDs believe that these policies and recommendations are not sufficiently recognized and have not informed the policies in this pandemic era. For example, PwDs are challenged by poverty, quality education, lack of access to quality healthcare, and participation in decision-making. These PwDs are affected such that they cannot dissociate themselves from such challenging situations but compromise since they are far from reaching the plans and recommendations of the government.

PwDs can not access an official government agency to access their benefits entirely. For instance, PwDs in Ghana need to register with the Ghana Federation of Disability Organizations (GFD). Those in Nigeria need to register with the Joint National Association of Persons with Disabilities (JONAPWD). PwDs in Cape Verde need to register with the Ministry of Youth, Employment, and Human Resources (MERHJ). Unfortunately, most PwDs have not been registered to confirm the actual status of PwDs under these specialized agencies, hence have not been able to access these benefits during this Covid-19 pandemic (Kwégïr Tsiboe, 2020; Sabatello et al., 2020). Sakellariou et al. (2020) suggest that these are attributed to incomplete registration, making many PwDs not fully registered.

Also, the awareness of these agencies is limited as many PwDs are not known. PwDs who are aware of what is due them have been unable to register because they think the process is complex, especially the documents that need to be registered. These issues have increased the level of exclusion of PwDs from the various recommendations the governments have made to improve the lives of PwDs. This further suggests that the policies and recommendations that have been highlighted to benefit PwDs call for a collective responsibility from the government and other stakeholders. Clearly, this emphasizes the vulnerability of the disabled to poverty; their rights to education and quality healthcare.

Caregivers are categorized as frontline health workers and susceptible to contracting the Covid-19 virus (Banks et al., 2020; Krubiner et al., 2021). Even to a more considerable extent, governments did not have any special legislation to protect such frontline workers but only made suggestions and recommendations. During this pandemic, the countries’ government has not explicitly provided specific accommodation to support PwDs. However, to a more considerable extent, the government of these countries have instead permitted caregivers of PwDs to go to work, even in areas under lockdown, to better care for disabled people, especially the mentally challenged (see, Table 3). More so, caregivers for PwDs have been given special incentives and increased wages and salaries as a form of motivation to give better attention to PwDs. Government officials believe that even if there is adequate accommodation to cater to all PwDs, motivating caregivers will contribute a lot to bettering the lives of PwDs.

With the emergence of the Covid-19 pandemic intersecting with the issues of PwDs, it’s evident that in West Africa, such people are vulnerable, and the policies and strategies put into addressing their issues are not of priority. The Economic Community of West African States (ECOWAS) has put policies in place to strengthen the co-existence of the West African States and policies. ECOWAS proposed establishing the ECOWAS Regional Action on Disability at the emergence of Covid-19 to ensure that PwDs are not left out in the developmental agenda. However, there have been minimal impacts of this intervention from the ECOWAS due to bureaucracy; resulting in a poor policy response to the issues of PwDs, especially in these challenging moments of emergencies (Okoro et al., 2020; Prado & Hoffman, 2019).

Although the ECOWAS Regional Action on Disability has been documented and implemented, ECOWAS has spearheaded the distribution of Covid-19 vaccines across countries in West Africa.
ECOWAS has called for an all-inclusive educational program online to include sign languages to support PwDs with hearing impairment (Kyereko & Faa, 2021). These two initiatives that the ECOWAS has spearheaded align with access to education and health in the areas these four (4) countries under discussion sought to address. To a larger extent, the ECOWAS would be able to properly support its member states to comprehensively address the needs of PwDs when the ECOWAS Regional Action on Disability is adopted officially. The government’s response must take the form of legislation, policies, and recommendations for developing countries and address the needs of PwDs more comprehensively. Also, the countries under discussion have made recommendations, but these recommendations have not been translated into policies (Swanwick et al., 2020). The countries under discussion during the Covid-19 city lockdown especially did not pass any special legislation to protect the rights of PwDs. However, these countries have ratified the CRPD. This is evident in the various responses that have been outlined in Table 3. Despite all these pragmatic steps taken by these countries to address the situation of PwDs, the problem still exists in the face of this global emergency. Their needs are not met as expected by the appropriate state agencies responsible for addressing the needs of PwDs in West Africa.

In Nigeria and Ghana, Government agencies and stakeholders have adequately published information suggesting PwDs are included when decisions are being made to address their situation. Nigeria has ratified the Discrimination Against Persons with Disabilities (Prohibition) Act 2018, though implementation is yet to materialize. This Act will require that decisions cannot be reached for PwDs when they do not have a representative to participate in the decision-making process (Adewole et al., 2021). Also, in Ghana, the Ghana Somubi Dwumadie (Ghana Participation Program) is a four-year disability inclusion program that focuses on mental health, has been adopted. This program gives ears to the actual situation of PwDs and the best solutions to address these problems (see, Table 3; Naami & Mfaofo-M’Carthy, 2020). However, in Senegal and Cape Verde, there has not been specific information published on how PwDs are involved in decision-making (see, Table 3). Although specific information has not been published in these countries, governments in these countries have tackled other aspects of social life that better the lives of PwDs. This suggests that governments still have issues with PwDs at the center of decision-making.

3.1. Implication for SDGs
Countries in West Africa, including Nigeria, Ghana, Senegal and Cape Verde, have made commitments to achieve their SDG targets to improve the lives of PwDs by 2030. These SDGs targeted at PwDs include 1- No poverty, 3- Good health and well-being, 4- Quality education, 8- decent work and economic growth and 10-Reduced inequalities. The United Nations approved the Sustainable Development Goals (SDGs) in 2015 to replace the Millennium Development Goals. These SDGs have been operational in the last six (6) years and already look unpromising that many countries can achieve the set targets by 2030. The recent Covid-19 pandemic will affect these countries in achieving their targets by 2030 (Filho et al., 2020).

Table 4 outlines government responses on specific SD targets that various governments want to achieve by 2030 concerning PwDs. Thus, the table shows various governments’ responses to achieving specific SGD targets geared towards improving the lives of PwDs. During this Covid-19 pandemic, there were signs that PwDs have been affected adversely. The situation looks more worrying such that the situation may intensify if the government’s responses to include vulnerable people in the society are not given the needed attention. These impacts posed to the vulnerable in society, especially PwDs, put a severe threat to the development of many countries. This further hinders the attainment of the SDGs by 2030. Society must understand that life during and after the Covid-19 pandemic must be focused on building a non-discriminatory, all-inclusive economy that will benefit all. The efforts by various governments to include the issue of PwDs in the face of the Covid-19 pandemic is a pragmatic approach to ensure that countries progress towards achieving their SDGs by 2030, especially the targets that relate to PwDs (see, Table 4).
Table 4. Government response on SDGs targets towards PwDs in Covid-19 pandemic

| SDG/Targets                  | Nigeria                                                                 | Ghana                                                                 | Senegal                                                                 | Cape Verde                                                                 |
|------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1: No Poverty Target for disabled people: Establish suitable social protection systems and measures for all and, by 2030, achieve significant coverage of the poor and the vulnerable. | The government has drafted National Social Security Policy through the Ministry of Budget and National Planning. The drafted policy pledges to offer national resources for the development of the lives of people, and it also supports the role of social protection in helping to distribute resources more broadly, not forgetting the plights of people living with disabilities. | Ghana has implemented social protection programs which include Livelihood Empowerment Against Poverty (LEAP), National Health Insurance Scheme (NHIS), Labour Intensive Public Works Program (LIPWP), and Free Mass for the Aged/disabled people and Social Opportunities Project (GSOP). | The government allocated 72 billion CFA francs (equivalent to 144 million USD) to address this issue, including disabled people. | The government established the Socio-Economic Opportunities in Rural areas-POSER, which highlights economic inclusion of the rural poor/people living with disabilities by grabbing opportunities and human capital. |
| 3: Good Health and Well-being Target for disabled people: Eradicate a wide range of diseases and address many different persistent and emerging health issues | Nigeria established the mobile Health Care clinic and implemented a free rural healthcare scheme, an innovative way most governments are increasing access to quality healthcare by all | Investments made in quality, reliable and health infrastructure, such as the expansion of Community-Based Health Planning Services (CHPS) compounds, upgrade of existing hospital facilities and construction of new health infrastructure. | The government established the DSRP II, which highlights the national program for disaster prevention, major risks reduction and management to promote coordinated implementation. | The establishment of technical cooperation has been strengthened, within the framework solidification the institutional capacity of the new structure coordinating alcohol and other drugs and in reformulating the prevention and treatment policy on dependencies through UNODC. |

(Continued)
Table 4. (Continued)

| SDG/Targets | Nigeria | Ghana | Senegal | Cape Verde |
|-------------|---------|-------|---------|------------|
| 4: Quality Education | Numerous scholarships to support education at subnational levels, especially for programs in sciences, engineering, environment, medicine and biotechnology, and it's non-discriminatory. Also, most States education policies provide for free and compulsory education for all. | Free Compulsory Universal Basic Education (FCUBE), Free Senior High School, Free School Uniforms/Exercise Books, Ghana School Feeding Program (GSFP) for all. | The success of disabled people education initiatives supported by activities such as the formation of French-Arabic schools and other special schools. | Rehabilitation and improvement of educational infrastructure |
| 8: Decent Work and Economic Growth | Construction infrastructural projects such as roads, railways, power, Information, Communication and Technology (ICT), etc., have quick positive effects on the economy. | The government implemented programs focusing on the youth and disabled people. The Council for Technical and Vocational Education and Training (COTVET) empowers hundreds of artisans and apprentices across the country with competency-based training, including disabled people. | The government has presented various units for the creation and promotion of jobs for young people/disabled people, including the National Fund for Employment Actions. | Job creation for most of the poor/vulnerable people, including people living with disabilities, have jobs, although the unemployment level remains high and only 45% of workers have a social security. |
| 10: Reduced Inequalities | The government has utilized special Economic Zones to accelerate domestic economic activities for innovation and wealth creation. | The government has improved the implementation of a pro-poor program to ensure balanced development and address rising inequality. Examples include the establishment of the Zongo Development Fund to bridge spatial gaps in socio-economic development. | Establishment of the Social Inclusion Income (SII) which highlights the direct financial transfer to people and is meant for individuals and households with children under 15 years living in extreme poverty and to a more significant extent vulnerable people including people living with disabilities. |
It is quite evident that with the ongoing Covid-19 pandemic, the SDG targets geared toward improving the lives of PwDs cannot be achieved within the 15 years (2015–2030). Although various governments have outlined major projects and recommendations, projects do not necessarily reflect PwDs (Sakellariou et al., 2020). There have been threats to SDG targets 1– No poverty, 3–Good health and well-being, 4–Quality education, 8–decent work and economic growth, and 10–Reduced inequalities, which seek to address issues of PwDs in this pandemic era. Although there have been several projects outlined by various countries (see, Table 4), PwDs feel that their concerns are not fully integrated and included in the decision-making process. In this Covid-19 pandemic, when PwDs access medical care, they must pay for some services. This nullifies the efforts to achieve the targets geared toward improving the lives of PwDs under SDGs 1 and 3 since several disabled people do not have access to paid work (Bush & Tassé, 2017) and cannot afford pay for such health services.

Undeniably, the living conditions of these PwDs will be worsened by the Covid-19 pandemic, a situation seen as a critical setback to the SDGs (Finatto et al., 2021). The government of Senegal established the Poverty Reduction Strategy Paper (DSRP II) (see, Table 4), highlighting the national program for disaster prevention, major risk reduction, and management to promote coordinated implementation. During this Covid-19 pandemic era, PwDs in Senegal unraveled that their needs have not been adequately met, although there are strategies to ease their poverty level (Loewenson et al., 2021). These impending challenges will further impact SDGs’ realization, especially SDG 3 targets highlighting PwDs. There should be more funds in such areas; otherwise, we will be far from realizing these goals. The current circumstances and agitations of PwDs urge us to reassess the flexibility of the SDGs in the face of such a global pandemic.

SDG 4 (quality education), SDG 8 (decent work and economic growth), and SDG 10 (reduced inequality) targets geared toward improving the lives of PwDs are threatened by Covid-19 because of the diversion of priorities. Diversion of priorities relates to the inconsistencies in the systems that have been put in place by various governments. Resolving these inconsistencies may, directly and indirectly, threaten the global funds needed to implement and realize other SDGs to address the needs of PwDs. Subsequently, global cohesion and shared obligation will be influential in ensuring governments improve from fatalities and regain energy toward achieving the SDGs in the post-pandemic era.

As we all fight against this global menace, there is no complete solution in the form of a curable vaccine, economic activities, and the realization of SDGs. PwDs and other vulnerable people in society will continue to suffer despite the numerous recommendations projected to better such people’s lives. Therefore, the countries under discussion should bear the lessons learned from this unparalleled catastrophe and use these lessons as directions to build a more buoyant society capable of enduring future global challenges that may hamper the realization of the SDGs.

Various governments need to imitate and replicate these efforts in their pledge to attain existing SDG targets that seek to better the lives of PwDs but have been threatened by the deadly pandemic (see, Table 4). With the remaining eight (8) and the threats posed by the Covid-19 pandemic on the projected fifteen (15) years life span of the SDGs, their further implementation must not be delayed, despite recent dynamics worldwide that affect PwDs. Governments of the countries under discussion should restructure their development policies geared towards bettering the lives of PwDs. As we continue to stress the need to implement strategies to achieve the SDGs to better the lives of PwDs, it is also imperative to recognize the influence of shared obligation. This includes extending obligations from governments to the global community, the private sector, philanthropical organizations, and civil society (Hörisch, 2021; Knox, 2015).

4. Conclusion
The study looked at the general national or centralized government and administrative responses to the Covid-19 pandemic concerning the inclusiveness of PwDs. The discussions were based on legislation, policies, and recommendations while ascertaining the implications of these exclusions on SDGs that seeks to address issues of PwDs. The deadly Covid-19 pandemic brought to light the social
inequalities that existed, leaving PwDs victimized and disregarded in society. Several policies and recommendations project that their lives have been improved. As the Covid-19 pandemic looks like ending, it is imperative for government agencies, and other social organizations committed to addressing the needs of PwDs to review their policies, especially in this challenging global time. For various governments to have a win-win affair, thus improving the lives of PwDs and achieving their SDG targets geared toward PwDs, there should be a quick assessment of their commitment to Article 4(3) of the CRPD. Governments should approach the situation with both direct and indirect approaches to better address the needs of PwDs, especially in the pandemic and post-pandemic era.

Nevertheless, the study was limited in the following ways amidst all the contributions. The interpretive document analysis adopted in this study limited the overall scope of this paper. This was because not all the documents identified and thoroughly examined provided all the necessary information to achieve the study’s aim. Some of the documents provided valuable data, while others provided minimal information. The researchers relied on accessible study information on the Covid-19, disability inclusion in decision making and SDGs to determine the study’s intended objective. Due to the heterogeneous nature of PwDs, other researchers can also investigate specifically how African governments could target the different categories of PwDs more efficiently. These are beyond this paper’s scope, but future research on these issues is necessary to understand the full implications and draw valuable policy lessons from this Covid-19 pandemic, including the inclusivity of PwDs and SDGs.

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Author details
Emmanuel Mensah Aboagye
ORCID ID: http://orcid.org/0000-0002-8920-9235
Felix Mensah
Nana Osei Owusu
ORCID ID: http://orcid.org/0000-0003-2000-9072
Kwaku Obeng Effah
E-mail: effahkobeng@outlook.com
Michael Erzuzah
1 Law School, Zhongnan University of Economics and Law, Wuhan, Hubei, China.
2 Department of Data Science and Economic Policy, University of Cape Coast, Cape-Coast, Ghana.
3 Law School, Xi’an Jiaotong University (XJTU), Shaanxi, China.
4 Department of Political Science, University of Ghana, Legon, Ghana.
5 Department of Geography and Rural Development, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana.

Abbreviations
CRPD - Convention on the Rights of Persons with Disabilities
ECOWAS - Economic Community of West African States
GFD - Ghana Federation of Disability Organizations
JONAPWD - Joint National Association of Persons with Disabilities
MERU - Ministry of Youth, Employment, and Human Resources
MoH - Ministry of Health
NHIS - National Health Insurance Scheme
PwD - People with Disabilities
UN - United Nations UN
WHO - World Health Organization

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No potential conflict of interest was reported by the author(s).

Authors contributions
The documents were gathered between January 25 to 1 September 2021, by two (2) authors Kwaku Obeng Effah (KOE) and Michael Erzuzah (ME). Authors Emmanuel Mensah Aboagye (EMA) and Nana Osei Owusu (NOO) further analyzed the gathered data, and Felix Mensah (FM) did thorough proofreading.

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