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# Calling on Latin America and the Caribbean countries to recognise the disability from long COVID

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Long COVID sufferers voiced the term on social media after being stigmatised, denied access to medical/specialist services or diagnosis, and feeling "fobbed off," hoping their burden of devastating debilitation would stop being dismissed. This multi-dimensional disability is characterised by diverse health-related challenges embracing physical, mental, and cognitive issues, affecting daily activities, social, family, and employment relationships. Considering its life-changing impact on disabling resumption of normalcy, mentation, and work capacity, the 2006 United Nations Convention on the Rights of Persons with Disabilities qualifies it as a disability.<sup>2</sup> An impending enormous influx of new entrants to the disability community is signalled by adverse health issues for six months or more in half of COVID-19 survivors from a large systemic review of 57 reports.3 The longest longitudinal cohort of COVID-19 patients, studied two years post-hospitalisation in Wuhan, found that 11% who did not return to work had decreased physical function or were unwilling to do so.4 As of early 2022 long COVID has distressed 23 million Americans, driving an approximate million people jobless, causing yet unknown significant public health, social, and economic outcomes.5

The Americas have probably been the hardest hit by COVID-19 globally. By the fourth week of May 2022, the Latin America and the Caribbean countries (LAC) were contributing an enormous cumulative COVID-19 global burden with about 13% of reported acute cases and 27% of confirmed deaths, despite having only 8% of the world's population. Brazil, Argentina, Columbia, Mexico, and Chile are worst affected, contributing more than 80% of the LACs burden. During the pandemic,

Abbreviations: COVID-19, Coronavirus Disease 2019; LAC, Latin American and the Caribbean countries; RECOVERY, Researching COVID to Enhance Recovery

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LAC suffered the worst economic decline in two hundred years, devastating the region's society, economics, and health systems. Extrapolating Long COVID's estimated global prevalence of 43% (irrespective of hospitalization or disease severity)<sup>7</sup> to the LAC signifies a current prevalence of more than 29 million cases of this new emergent pandemic.

Prioritising disability is a global public health and human rights issue. Interestingly, the recent Global Disability Summit discussed interventional measures for long COVID but did not acknowledge it as a disability.8 Besides the exemplary initiative of the United States in recognising long COVID as a disability,9 neither international nor regional responses to disability benefit policies and employee protection after long COVID are forthcoming. The American commitment to long COVID recovery is bolstered by the National Institute of Health (September 2021) \$470 million award to the RECOVERY (Researching COVID to Enhance Recovery) collaborative research proposal on mechanisms and management of long COVID10 and Biden Administration's first-ever interagency national research action plan (April 2022) committing \$20 million to investigate optimum health care for long COVID sufferers. Though the United States has a robust and historical relationship with the LAC region straddling economic, defence, cultural, and social spheres, government responses in most LAC countries have not used the model to recognise the disability from long COVID or the needs of sufferers.

Priorities at different strata for LAC to address the suffering, needs, and disability inflicted by long COVID are presented in Table I. Governments can pioneer policies to encourage mutual employer-employee work output, thereby improving opportunities for long COVID sufferers, avoiding discrimination against the disabled, and motivating occupational rehabilitation, which will promote cost savings and reforms for the disability workforce. National funding for scientific scrutiny into the mysteries of long COVID will boost research and surveillance.

Clinically focused interdisciplinary care models for treatment and management, scientific scrutiny of patient surveillance, disability assessment, mechanisms, and management of long COVID will assist in The Lancet Regional Health - Americas 2022;00: 100362 Published online xxx https://doi.org/10.1016/j. lana.2022.100362

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## Comment

Policy Makers' level	- Legislation to support and avoid discrimination of long COVID sufferers
	- Resource allocation for policy development, implementation and research
	- Policy implementation surveillance, systems to audit regulatory harmonisation and timely policy amendments
Employer level	- Employee support
	- Occupational rehabilitation
	- Protecting employee rights
Clinical Care level	- Multi-disciplinary assessments to diagnose long COVID disability and interdisciplinary care
	- Physical and psychological rehabilitation measures and periodic follow-up
	- Long COVID preventive measures — managing acute COVID and comorbidities
	- Continuous Medical Education to improve the quality of care
Population/ Public Health level	- Health education to understand the effects of long COVID and its management
	- Addressing long COVID discrimination
	- Support groups
	- Implementing Long COVID preventative measures — vaccination and public health measures
	- Long COVID disability care policy implementation surveillance
Scientific Groups level	- Translational and operational research on long COVID and its sequelae management
	- Clinical guidance development in managing long COVID and its disability
	- Developing validated tools to assess the disability
	- Studying the outcomes of national long COVID care measures
	- Research on measures to prevent long COVID

understanding the syndrome and patient management to enable as close as possible return to normality. Importantly health education can address erroneous public perceptions, prevent inequities, and encourage support groups to enhance the knowledge and awareness of long COVID effects. Ongoing public health measures to implement protocols for testing, tracing, treatment, and isolation are essential.

Dithering policy decisions can affect mental health, family wellbeing, productivity, and economic stagnation. The scars of long COVID on inequalities and social deprivation will fallout on mental and public health, disrupted families, productivity, and economies in these countries strained by political instability, surging inflation, acute inequities, and heavy tourism-dependent economies. While research on managing long COVID and its disabling effects will expectedly explore risk factors, aetiology, prevention, measures of diagnosis, and severity, in the interim, the deleterious effects of long COVID should be contained with adequate federal, health, and social support in the LAC region to prevent aftermath of the COVID crisis.

#### **Contributors**

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### **Declaration of interests**

All authors declare no conflicts of interest related to the topic.

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