

May 2021

Policy Brief: Inclusive COVID-19 Vaccinations for People with Disabilities

Background/rationale

This Policy Brief aims to help organisations of disabled people (OPDs), the disability movement, governments, service providers and development partners advocate for and implement disability-inclusive COVID-19 vaccination programs. People with disabilities should be one of the highest priority groups for COVID-19 vaccination efforts. Yet often they are not, being overlooked in vaccination rollouts. This is despite being particularly marginalized and at risk¹, having a 2-3 times greater risk of dying from COVID-19 than people without disabilities². People with disabilities have been identified by the WHO as one of the most vulnerable populations in public health emergencies, disproportionately affected by the health, social and economic impacts of COVID-19³. Additionally, the COVID-19 pandemic is deepening pre-existing inequalities⁴.

When it comes to accessing COVID-19 vaccinations, people with disabilities face multiple barriers. They are especially vulnerable due to: widespread stigma and isolation in the community; not being consulted or provided timely and accessible information about vaccination programs; inaccessible and unaffordable health care services; and pre-existing health conditions which can add to health risks associated with COVID-19. Unless specifically prioritized and accommodated, people with disabilities risk being among the last groups accessing vaccination or missing out altogether⁵. This health, humanitarian and human rights crisis can and must be averted, otherwise COVID-19 will hit harder, deepening the disadvantage and inequity already occurring in many countries for people with disability.

Consultations with organisations of people with disabilities and a review of international literature have informed this policy brief's two main themes:

1. **Rationale:** Why reaching people with disabilities is critical to achieving comprehensive, equitable and inclusive national responses to the COVID Pandemic.
2. **Actions:** Practical ways governments, disability service providers, the disability movement and the broader community can make vaccine programs more accessible and disability-inclusive.

¹ <https://www.who.int/publications/i/item/who-2019-ncov-vaccination-and-disability-policy-brief-2021.1>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirus-covid19-related-deaths-by-disability-status-in-england-and-wales/24-january-to-20-november-2020>

³ WHO (2021) *ibid*

⁴ <https://www.un.org/en/coronavirus/disability-inclusion>

⁵ <https://www.internationaldisabilityalliance.org/access-to-covid19-vaccination>

Why is disability inclusion essential for COVID-19 vaccination programs?

- Over 1 billion people or 1 in 7 of the global population live with some form of disability⁶
- 80% of people with disabilities living in developing countries and make up 20% or the poorest of the poor, unable to access health care and vaccinations⁷
- If health and vaccination services for people with disabilities exist, they are often of poor quality and under-resourced. Additionally, mainstream health and vaccination services are often not accessible for people with disabilities
- Organisations of people with disabilities in developing countries are a key resource for informing and ensuring inclusive COVID-19 responses
 - However, they are not being consulted widely enough or involved proactively in planning and promoting COVID vaccine programs
- If greater efforts to include people with disabilities in COVID vaccines are not made urgently, nations will see growing inequities in the health, social and economic impacts of COVID-19.

How are people with disabilities being excluded from COVID-19 vaccinations?

Stakeholder consultations during 2021 with organisations of people with disabilities (OPDs) revealed they were not being consulted or included in plans to make COVID-19 vaccines available. Key concerns included:

- OPDs, people with disabilities and their carers are not being consulted with or provided information about national and local vaccine rollout plans in a timely, accessible or proactive manner
- That the voices of people with disabilities are not being heard in terms of their needs and concerns with regards to COVID-19 vaccines and lacked information specific to their concerns
- That persons with disabilities are generally not being prioritised for early phases of vaccine roll-out, despite their high vulnerability
- Information was not available in accessible formats for different types of disabilities (blindness and low vision, deafness and hard of hearing, intellectual and developmental disabilities, psychosocial disabilities)
- That specific concerns about the vaccines are not being addressed, especially:
 - The timing and costs of vaccinations (and cost of treatment for reactions or side effects)
 - How vaccines may interact with other health conditions people with disabilities have
- That vaccination centres are not accessible for different types of impairments or for those in remote locations
- Importantly, that OPDs are willing and ready to be called on as key resources for gathering and disseminating information on vaccinations rollout, building on the work they have recently led on information around COVID prevention
- That OPDs have not been adequately involved on monitoring inclusion in the vaccine roll-out, e.g. through data collection.

⁶ <https://www.worldbank.org/en/topic/disability>

⁷ <https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html>

Actions that can be taken to make COVID-19 Vaccinations Disability-Inclusive

Disability-inclusive COVID-19 responses will result in recovery that better serves everyone, more fully suppressing the virus, as well as building back better⁸. A comprehensive and coordinated approach - involving governments, donors, health departments, residential institutions, organisations of people with disabilities and the community as a whole – is required to ensure COVID-19 vaccination programs fully address the needs of people with disabilities.

Five Key Actions for Governments

1. Ensure people with disabilities are a high priority for early COVID-19 vaccinations
2. Proactively reach out to and consult with OPDs, people with disabilities and their support networks to identify and address specific barriers and concerns they may have
3. Provide information about vaccines in accessible formats (such as braille, with sign-language); ensure vaccination facilities are fully accessible, with accessible communications (including signage and vaccine information), toilets, footpaths, buildings and equipment; and ensure that people have access to accessible transport options
4. Recognize that national census data very often underestimates numbers of people living with disabilities, especially in rural and remote locations
5. Ensure data collected on vaccinations includes information on disability, so data can be disaggregated for disability.

Five Key Actions for Organisations of People with Disabilities (OPDs)

1. Make your voices heard: consult with you members about their concerns and needs regarding COVID-19 vaccinations and advocate and consult actively with government, health ministries and services involved in vaccine rollouts
2. Share information about vaccination programs with your members; and also work with local community services, local authorities as vaccine programs rolled out through it, in order to reach people with disabilities who are not member of OPDs
3. Advocate for people with disabilities and their support networks (including carers, personal assistants, family care givers, interpreters) to have access to COVID-19 vaccines
4. Raise awareness amongst people with disabilities about their right to free and informed consent, and principles of equal access to COVID-19 vaccines
5. Network with other OPDs in your location to share information on vaccination programs, identify support needs and options (transport, accessible vaccination centres, common issues of concern) and to strengthen and coordinate your collective advocacy voices.

Five Key Actions for Residential Care and Long Term Facilities

1. Consult with vaccination providers to ensure staff and residents in residential facilities have priority access to vaccines
2. Share information on vaccine programs with all staff, residents and carers to ensure people with disabilities are supported in accessing and understanding vaccine information and decisions
3. Ensure telehealth and other accessible services are available and that people with disabilities can consult with their health care provider regarding and side-effects of vaccines

⁸ United Nations Policy Brief: A Disability-Inclusive Response to COVID-19

4. Support residents in accessing information on vaccinations and making informed and supported decisions about vaccinations, in line with free and informed consent
5. Ensure monitoring of vaccination programs to ensure rollout processes, including any coercive practices and complaints mechanisms are clearly identified.

Five Key Actions for Communities

1. Ensure that people with disabilities know where to go to find information and support on COVID-19 vaccinations
2. Ensure people with disabilities in remote locations and in general can access vaccination centres and be supported through community outreach vaccinations
3. Provide practical supports (transport, information, care-support) for people with disabilities to access vaccinations
4. Address stigma and negative attitudes which may prevent people with disabilities from accessing health care and vaccinations
5. Continue following national and WHO guidance on measures to prevent COVID-19.

Key Messages & Actions to make COVID Vaccinations Disability-Inclusive

- There is an urgent need to target and prioritize COVID-19 vaccination programs to reach, include and accommodate people with disabilities
- People with disabilities and their support persons should be among the first groups prioritized in vaccine roll-out, along-side the elderly, frontline workers and other high risk groups
- Organisations of people with disabilities (OPDs) must be meaningfully consulted and resourced as partners in vaccine rollout preparations and programs
- Governments, services and development partners should work with OPDs in advocating for, planning and ensuring accessible COVID-19 vaccines
- Vaccines should be made available in targeted programs for people with disabilities⁹
- Vaccine rollout sites should be accessible for people with all types of disabilities
- Any public health information about COVID-19 vaccines should be made in accessible formats for all types of disabilities
- Vaccinations should be optional and people with disabilities should be able to make free and informed decisions about whether and how to be vaccinated
- Outreach should be undertaken to reach remote, marginalized and vulnerable people with disabilities, including those in institutional care
- Ensure health and vaccination workers are trained and equipped to support people with disabilities
- Information collected on vaccines should include questions on disability so that data can be disaggregated for disability
- All development investments and programs associated with COVID-19 vaccinations should carry out analysis to identify and address barriers for people with disabilities.

⁹https://did4all.com.au/Resources/CBM%20Guidance%20note%20Disability%20Inclusion%20in%20the%20COVID-19%20Response_FINAL-v1.pdf

Where to find further information

DID4All Disability Inclusion Resource

- https://did4all.com.au/Resources/CBM%20Guidance%20note%20Disability%20Inclusion%20in%20the%20COVID-19%20Response_FINAL-v1.pdf

International Disability Alliance

- <https://www.internationaldisabilityalliance.org/access-to-covid19-vaccination>

World Health Organisation

- <https://www.who.int/publications/i/item/who-2019-ncov-vaccination-and-disability-policy-brief-2021.1>

United Nations

- <https://www.un.org/en/coronavirus/disability-inclusion>