

Call to Action: Priority, Accessibility and Inclusion for Persons with Disabilities in COVID-19 Vaccination Rollout

COVID-19 has exposed inequalities in countries across the world, deepening the existing discrimination and marginalisation experienced by persons with disabilities. The pandemic constitutes a serious challenge in the implementation of the Convention on the Rights of Persons with Disabilities (CRPD) and the achievement of the Sustainable Development Goals.

With the development and rollout of a COVID-19 vaccine gaining momentum – and particularly with limited initial vaccine supplies – it is vital that persons with disabilities are not left behind.

We call on UN agencies and national governments to ensure persons with disabilities are recognised as a priority group and that vaccination plans are inclusive, equitable and accessible.

Specifically, we call for:

- **Prioritization:** Global and national vaccination plans must prioritize reaching persons with disabilities, particularly persons with intellectual disabilities and high support needs, persons living in congregate settings, older persons and persons with health conditions that put them most at risk.
- **Accessibility and active involvement:** Health information campaigns and vaccination delivery sites must be inclusive and accessible to all persons with disabilities. Organisations of persons with disabilities (OPDs) must be actively involved in the development of COVID-19-related planning and policymaking, and vaccinations must only happen with free and informed consent.
- **Inclusive data collection and dissemination:** Data collected on vaccination programmes must be disaggregated by age, sex and disability and shared in accessible formats.

The available evidence indicates that [the majority of COVID-19 deaths have been persons with disabilities](#), and persons with intellectual disabilities have been [up to six times more likely to die than other persons](#). Persons with disabilities have been at greater risk of contracting COVID-19, due to pre-existing barriers and discrimination during the COVID-19 crisis including inaccessible public health information and health services; inaccessible water, sanitation and hygiene facilities; and living proximity to others or personal care requirements that make social distancing measures impractical. Some persons with disabilities are also at [increased risk of developing serious health issues](#) as a consequence of COVID-19.

Attitudinal, environmental and institutional barriers that exist have compounded these risks through lack of awareness of medical/health professionals on the rights and needs of persons with disabilities/discriminatory actions by medical professionals or inaccessible medical protocols. These include the use of non-resuscitation orders in care plans (without proper consultation with the persons concerned or their families) as well as [triage guidelines that effectively exclude persons with disabilities](#) from critical care.

Persons with disabilities also report feeling [excluded and devalued by public messaging about COVID-19](#); facing food insecurity; experiencing increased violence and abuse, and poorer psychosocial wellbeing; lacking access to essential medicines and rehabilitation; and not accessing personal support and assistance such as interpretation or a guide because of their support persons being quarantined or worried about infection.

All governments, UN agencies, including the World Health Organization, and the global community must take action to address the disproportionate impact of the pandemic and protect the lives of persons with disabilities in the global COVID-19 response. Failure to do so will result in more lives lost. Failure to appropriately prioritise persons with disabilities in vaccination programmes contravenes States' obligations under the CRPD for persons with disabilities to enjoy their right to life, and to health, on an equal basis with others, and it will undermine the promise of the Sustainable Development Goals to leave no one behind.

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