



## **International Disability Alliance reaction to the Political Declaration of the High-level Meeting on Pandemic Prevention, Preparedness and Response**

### ***A wake-up call ignored – health inequities for persons with disabilities reflect structural failures that have deadly consequences***

The International Disability Alliance deeply regrets that the political declaration on ‘Pandemic Prevention, Preparedness and Response’ does not adequately reflect the disproportionate risks faced by persons with disabilities during pandemics and the need to respond to that risk. The declaration is a fundamentally inadequate response to the barriers faced by persons with disabilities and ignores the deep-seated structural, social and health system factors that drive health inequities for persons with disabilities.

This is a matter of life and death - persons with disabilities were 2.8 times more likely than others to die from COVID during the COVID-19 pandemic. The World Health Organization has said that “*The COVID-19 pandemic has served as a wake-up call for the health sector and highlighted the health inequities faced by persons with disabilities*”. The World Health Organization has written extensively on this issue, providing analytical reporting and guidance, and it is concerning that the PPPR declaration did not respond to the wake-up call.

The failure to include a stand-alone paragraph on persons with disabilities is a significant omission. We also regret that the political declaration refers to persons with disabilities only in two paragraphs (PP7 and OP6) which contain long-listings of marginalized groups. This is a fundamentally inadequate response to the findings of the WHO in relation to the COVID-19 pandemic and persons with disabilities. We also note with concern that even in the listings in PP7 and OP6, persons with disabilities are included far down the list, despite many of the other groups referred to not having close to the same level of evidence-base for disproportionate risk.

At a minimum the declaration should have said the following:

***Recognizes also that persons with disabilities are often disproportionately affected in pandemics and that they may require specific protection and safety measures, including during triage processes and prioritization in vaccine distribution for persons with disabilities with underlying relevant health conditions, and recognizing further the need to support further participation and inclusion of persons with disabilities in the development of such measures and decision-making processes relating thereto, in order to ensure disability-inclusive prevention, preparedness and response to pandemics***

The International Disability Alliance urges future processes to consider these views – we must do better, starting with the Intergovernmental Negotiating Body to draft and negotiate a WHO agreement on pandemic prevention, preparedness and response.

## Background

- The COVID-19 pandemic revealed the disadvantaged position of persons with disabilities within and beyond the health sector, and the need for urgent action (WHO [Global report on health equity for persons with disabilities](#), page 6)
- Persons with disabilities were 2.8 times more likely to die from COVID-19 than others ([The Missing Billion Initiative report](#), page 6)
- Persons with intellectual disabilities are 4–5 times more likely to be admitted to hospital, and up to 8 times more likely to die from COVID-19 than those without an intellectual disability (WHO [Global report on health equity for persons with disabilities](#), page 17)
- There is evidence that COVID-19 infection rates were 4–5 times higher among persons with disabilities currently living in residential or long-term care facilities compared with the general population, which is often due to the inability to provide basic services or ensure prevention measures are put in place. (WHO [Global report on health equity for persons with disabilities](#), page 35)

## WHO Policy brief on Vaccinations and Disability

This policy brief recommended that States:

“Consider persons with disabilities according to WHO guidance when prioritizing sociodemographic groups for initial phases of immunization. Prioritize persons with disabilities with relevant underlying health conditions, and consider staff working for disability support services - see WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply.” (page 7)

The policy brief recognized that “Persons with disabilities are disproportionately impacted by COVID-19, both directly because of infection, and indirectly because of restrictions to reduce the spread of the virus”. There are two foundational points from this brief that are important for the PPPR declaration to consider (see page 4-5 of the report for more detail):

- (i) Persons with disabilities are at greater risk of contracting COVID-19
- (ii) Persons with disabilities may be at greater risk of severe disease and death if they become infected with COVID-19 due to: – health conditions that underlie their disability and – barriers to accessing appropriate and timely health care, which arise from difficulty in communicating symptoms; inaccessibility of transportation, health facilities and telehealth services; gaps in support and assistant services (4); and discriminatory triage procedures. These barriers may also reduce access to vaccination for persons with disabilities.

## WHO [Global report on health equity for persons with disabilities](#)

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“The COVID-19 pandemic has served as a wake-up call for the health sector and highlighted the health inequities faced by persons with disabilities. During the pandemic, persons with disabilities had a

significantly higher risk of mortality from COVID-19 than those without disabilities. In the United Kingdom of Great Britain and Northern Ireland and South Korea, more than half of the COVID-19 related deaths occurred among persons with disabilities. Those with intellectual disabilities are up to 8 times more likely to die than those without an intellectual disability, and mortality rates for persons with a learning disability are 6 times higher than the general population. This risk is even more marked among women than men with disabilities.

Persons with disabilities are also more likely to have underlying health conditions which are associated with poorer health outcomes if infected with COVID-19, such as diabetes and chronic kidney disease. Persons with Down syndrome, cerebral palsy, rheumatoid arthritis and spinal cord injury (406) are also at higher risk of COVID-19 complications. In addition, the pandemic has had wide-ranging psychosocial impacts which disproportionately affect persons with disabilities.

...

COVID-19 has uncovered the deep-seated structural, social and health system factors that drive health inequities for persons with disabilities. While these factors are prominent in other health emergencies, COVID-19 has seen an unprecedented number of scientific publications, which have helped unpack and better understand the contributing factors to health inequities experienced by persons with disabilities

...

Inappropriate triage processes: In some countries, persons with intellectual disabilities with COVID-19 are twice less likely to be admitted to intensive care units, despite having similar rates of complications or having symptoms on admission that are more severe than those without disabilities”

#### **WHA resolution 74.8**

*Recognizing that* persons with disabilities are disproportionately affected by public health emergencies, including pandemics such as COVID-19, and thus welcoming the specific guidance presented by the United Nations and WHO to advise relevant stakeholders on ways to mitigate the effects of the pandemic on persons with disabilities;

*OPI(6) [Urges States]* to take measures to ensure comprehensive, accessible and affordable access to health systems and care for all persons with disabilities, while recognizing the unique vulnerabilities of those who may be living in care and congregated living settings in times of public health emergencies such as COVID-19, and for special protection against infections in particular for at risk groups, with protection to include facilitating the education of health and care workers in the area of infection prevention and control to protect all persons with disabilities, whether living in the community or in care and congregated living settings;

#### **Resources**

**WHO** [Global report on health equity for persons with disabilities](#)

**WHO** [Briefing on COVID-19 and Disability](#)

**WHO** [Policy brief on Vaccinations and Disability](#)

**Missing Billion Initiative and Clinton Health Access Initiative**, [Reimagining health systems that expect, accept and connect 1 billion people with disabilities](#),

**International Disability Alliance** [COVID Survey](#)

**International Disability Alliance** [report on COVID-19 vaccinations](#)

**Disability Rights Monitor** '[Disability rights during the pandemic](#)'

**OHCHR** [Guidance on COVID-19 and persons with disabilities](#)

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