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Disability considerations for COVID-19 vaccination

WHO & UNICEF Policy Brief
19 April 2021

Note: This document has been drafted at a time when the authorization and availability of vaccine products against COVID-19 is rapidly evolving and when vaccine supply is limited. It is aligned with, and complements, other WHO COVID-19 vaccination guidance, including the WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply and Guidance on developing a national deployment and vaccination plan for COVID-19 vaccines. The document will be updated as new information and guidance on vaccination against COVID-19 becomes available.

COVID-19

Introduction

On 30 January 2020, WHO declared the COVID-19 outbreak a Public Health Emergency of International Concern, and called upon all countries to take urgent measures to reduce the transmission and impact of the disease. As safe and effective COVID-19 vaccines become available, governments are now developing and updating their national deployment and vaccination plans (NDVPs) *(1)*. Equitable access must be a guiding principle for all immunization programmes. Vaccine prioritization within countries should "take into account the vulnerabilities, risks and needs of groups who, because of underlying societal, geographic or biomedical factors, are at risk of experiencing greater burdens from the COVID-19 pandemic" *(2)*. As such, during the initial phases of vaccine roll-out, WHO is advising countries to target health workers, who are at higher risk of contracting COVID-19 infection than the general population due to the nature of their work; older people (for whom the specific age cut-off will be decided at the country level); and those with underlying health conditions who are at higher risk of serious health outcomes and mortality due to COVID-19 *(1)*. WHO and UNICEF also advise that NDVPs include actions to address barriers to vaccination, and ensure that persons with disabilities who meet the criteria for vaccination, have access on an equal basis with others.

This document presents considerations and actions for the following stakeholders to ensure equity in access to vaccination against COVID-19 for persons with disabilities:

- Persons with disabilities and their support networks
- Governments
- Health service providers delivering vaccinations
- Organizations of persons with disabilities
- Disability service providers
- Residential institutions and long-term care facilities
- Community

COVID-19

The document and considerations outlined were developed through a two-step approach including:

1. A rapid scoping review of literature to identify the potential barriers that persons with disabilities may face when accessing COVID-19 vaccination; and
2. An expert consultation process with WHO and UNICEF focal points for disability, immunization, ageing and mental health, as well as experts from other UN agencies. The draft document also received feedback from civil society organizations, including non-governmental organizations and organizations of persons with disabilities.

It is essential that all actions to prevent and contain the spread of virus (e.g. mask use, physical distancing, etc.) continue to be inclusive of persons with disabilities, especially in the early phases of vaccine roll-out when immunization is not widespread. All stakeholders should take steps to ensure that information shared about vaccination against COVID-19 is accurate and from reputable sources (such as health-care providers), and that misinformation, where present, is addressed.

(Further information is available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019.)

COVID-19

Why does disability need to be considered in COVID-19 vaccination?

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 *(3)*. Persons with disabilities are a diverse group, and the risks, barriers and impacts faced by them will vary in different contexts according to, among other factors, their age, gender identity, type of disability, ethnicity, sexual orientation, and migration status.

1. Persons with disabilities are at greater risk of contracting COVID-19 due to:

- barriers to implementing basic hygiene measures; for example, handbasins, sinks or water pumps for handwashing may be physically inaccessible, or a person may have physical difficulty rubbing their hands together thoroughly when washing;
- difficulty enacting physical distancing; this is especially relevant for people who require physical assistance and/or are living in residential institutions which may have the added challenges of staff shortages and infection control;
- a reliance on touch to obtain information from the environment (e.g. for those who are blind or deafblind) or for physical support (e.g. for those with physical disabilities); and
- physical, attitudinal, and communication barriers which reduce their access to COVID-19 public health information *(4)*.

These risks may be further increased in resource-limited and humanitarian contexts where persons with disabilities live in crowded shelters or accommodation; have reduced access to water, sanitation, and hygiene facilities; where public health information is available in limited formats; or where supplies of personal protective equipment (PPE) may be limited *(5)*.

2. 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 *(6, 7)*; 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 *(3)*. These barriers may also reduce access to vaccination for persons with disabilities.

COVID-19

3. Persons with disabilities may be at risk of new or worsening health conditions due to:

- health facilities prioritizing the treatment and support of those with COVID-19 over the treatment of other health conditions; and
- disruptions in support and assistance services, and efforts to reduce potential exposure to the virus; these may result in fewer opportunities for persons with disabilities to exercise, interact with others, or continue regular health management, all of which can be detrimental to their mental health and well-being *(3)*.

The experience of COVID-19 for women and girls with disabilities is shaped by both gender- and disability-related factors. Gender-related barriers reduce access to health care, testing and vaccination for women and girls *(1, 8)*. Furthermore, not only may women with disabilities face the added risk of domestic violence, exacerbated by economic stress, health shocks and prolonged periods of isolation in confined spaces, they may also encounter reduced access to appropriate gender-based violence services. Isolation often experienced by persons with disabilities is also encountered by family caregivers, who are predominantly women and girls *(9)*.

(Further information is available at: Policy brief: a disability-inclusive response to COVID-19.)

COVID-19

The actions for different stakeholders to consider when ensuring equitable access to vaccination against COVID-19 include the following:

Actions for persons with disabilities and their support networks:[1]

- Seek information about the vaccine and vaccination processes from reputable sources, such as your health-care provider. Participate in discussion groups and online information sessions to learn more about the vaccine, in your local language.
- Consult with your doctor about the criteria for vaccination and any relevant underlying health conditions which may put you at greater risk of developing severe COVID-19-related illness or add to the risk of experiencing side effects (e.g. if you have a history of severe allergic reactions to specific ingredients in the vaccine).
- Maintain regular contact with your local health provider, through telehealth or home visit services, where available, to obtain information about vaccination activities and schedules.
- Discuss with health-care providers the barriers you may face in reaching the vaccination site, and determine appropriate strategies to address this. If required, identify individuals in your support network (e.g. family members and assistants) who might be available at short notice to assist you to reach and navigate the vaccination site.
- Connect with local disability organizations, including organizations of persons with disabilities and disability service providers, that can support you in identifying accessible vaccination sites, and assist with transportation or self-advocacy, where needed.
- If you experience or witness discrimination when accessing vaccination, report this through appropriate feedback mechanisms or to your local organization for persons with disabilities.

1 Support networks include personal assistants, family caregivers, interpreters, guides and other people who provide support and who play a key role in the health, dignity, and well-being of persons with disabilities *(10)*.

Actions for governments:

- Consider persons with disabilities according to WHO guidance when prioritizing sociodemographic groups for initial phases of immunization. Prioritize older persons with disabilities and persons with disabilities with relevant underlying health conditions, and consider staff working for disability support services[2] when prioritizing frontline workers in health and social care settings. (Further information is available at: WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply.*)*
- Consult with persons with disabilities, their support networks, and representative organizations when developing and implementing an NDVP to identify and address barriers to accessing vaccination activities. Specific attention needs to be given to identifying and consulting with marginalized groups, who may face different barriers in different contexts according to, among other factors, their age, gender identity, type of disability, ethnicity, sexual orientation, and migration status.
- Include persons with disabilities, including those living in residential institutions, in estimations of different target populations. Estimates may already exist through census data and national disability surveys; or the global estimate (15% of any population having some form of disability) could be used *(11)*. It is important to note that the prevalence of disability may be higher in humanitarian contexts *(12)*, as well as among women and older persons *(11)*.
- Ensure that immunization monitoring systems collect age, sex, and disability disaggregated data[3] to measure equitable uptake and coverage over time by geography, population group, and risk group *(1)*.
- Provide information about the vaccine, as well as vaccination prioritization, registration, and other processes, in a range of accessible formats and languages, including sign languages (see Box 1. Accessible information and communication about vaccination against COVID-19).
- Work with communities and organizations of persons with disabilities to identify and address any stigma and misconceptions that may prevent persons with disabilities from accessing vaccination (e.g. perceptions that persons with disabilities do not need vaccination or are at greater risk of side effects).

2 Examples of disability support services include personal assistants, support staff for people with intellectual disabilities, and sign language interpreters.

3 See the Washington Group on Disability Statistics and the WHO Model Disability Survey for more information.

- Provide clear and accessible messaging on the criteria used for prioritization of vaccination, noting that decisions should not be based on assumptions or bias, including regarding the quality of life of persons with disabilities *(4)*.
- Ensure accessibility of a feedback mechanism whereby community members can report concerns relating to vaccination discrimination, access, miscommunication, or misinformation, and any experiences of abuse.