# Sightsavers submission to the Office of the UN High Commissioner for Human Rights: human rights implications of and good practices and key challenges of equitable and universal access to and distribution of COVID-19 vaccines

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**About Sightsavers**

[Sightsavers](https://www.sightsavers.org/) is an international development organisation which works with partners to eliminate avoidable blindness and promote equality of opportunity for people with disabilities in over thirty low- and middle-income countries. Our programmes also include work to ensure quality inclusive education, strengthen health systems and eliminate neglected tropical diseases (NTDs). Sightsavers is in official relations with the WHO.

## Human rights implications and key challenges of equitable and universal access to and distribution of COVID-19 vaccines for persons with disabilities

As OHCHR has emphasised previously, the availability of vaccines, medicines, health technologies and health therapies are an essential dimension of the right to health, the right to development and the right to enjoy the benefits of scientific progress and its applications; everyone is entitled, on an equal footing with others, to enjoy access to all the best available applications of scientific progress necessary to enjoy the highest attainable standard of health.[[1]](#footnote-1)

However, the COVID-19 pandemic has significantly amplified pre-existing health inequities, due in part to inequitable access to COVID-19 vaccines within, as well as between, countries. These inequities have particularly affected people in vulnerable situations and groups that already experienced systemic exclusion and discrimination and exclusion from health and other services based on their age, disability, race, ethnicity, gender, income level, religion, caste or creed, gender identity, sexual orientation, and migratory status.[[2]](#footnote-2) The OHCHR has reported that access to vaccines and medicines has been extremely uneven in many places, in part due to structural inequalities and discrimination affecting women and girls, persons with disabilities, national, ethnic, religious, racial and linguistic minorities, indigenous populations, persons living in poverty, LGBTI people, migrants, particularly undocumented migrants, stateless persons, and others experiencing marginalisation. This raises the risk that these population groups will fall behind in vaccination rates, leading to poorer health outcomes.[[3]](#footnote-3) The greatest impacts have been on those people living with multiple, intersecting vulnerabilities, since having more than one vulnerability leads to multiplicative or additive effects – for example women and girls with disabilities. Inequities in the health outcomes from COVID-19 have been very extreme for some groups, for example, there is evidence from England that people with intellectual disabilities have been eight times more likely to die from COVID-19 than those without an intellectual disability.[[4]](#footnote-4)

Very often, the design, planning and implementation of multisectoral public health interventions misses out persons with disabilities and therefore they do not benefit on an equal basis with others. In the USA, for example, analysis of the National Immunization Survey Adult COVID Module found that, compared with adults without a disability, those with a disability had a lower likelihood of having received COVID-19 vaccination, despite being less likely to report hesitancy about getting vaccinated. Adults with a disability reported more difficulties obtaining a COVID-19 vaccine than did persons without a disability. This may help to explain why persons with disabilities were known to be at increased risk for COVID-19–related illness and death.[[5]](#footnote-5)

Representing at least 15% of the world’s population,[[6]](#footnote-6) people with disabilities already experience systemic marginalisation and exclusion from health services and poorer health than the general population. They often have greater healthcare needs yet experience lower quality health services, or the healthcare they need is unaffordable and inaccessible. They are also at much greater risk from disease outbreaks and pandemics. Globally, over a third of people older than 60 are disabled, which is the group experiencing the highest mortality rates from COVID-19. It is therefore vital to give serious consideration to the inclusion of people with disabilities in the COVID-19 response.[[7]](#footnote-7)

Realizing the right to the highest attainable standard of health for persons with disabilities in the context of the COVID-19 pandemic requires pandemic responses – including vaccination campaigns – that ensure health equity for all people in the population. It therefore depends on responses, including the delivery of COVID-19 vaccines, that intentionally and actively address unfair, avoidable, or remediable differences among groups of people, including the specific disadvantage and differences in access to vaccines and other countermeasures and services affecting people with disabilities. Focused efforts are essential to remove barriers, pre-empt and prohibit potential discrimination, and to ensure access to vaccinations and life-saving interventions, in line with Articles 11 and 25 of the UN Convention on the Rights of Persons with Disabilities. It is also essential to strengthen data systems to enable monitoring of vaccine distribution and the distribution of other COVID-19 countermeasures by (at a minimum, sex, age and disability) to ensure equality and avoid discrimination in the delivery of COVID-19 vaccinations.[[8]](#footnote-8) All mechanisms and instruments governing access to and delivery of COVID-19 vaccines must include a clear prohibition against prevention or denial of vaccination, treatment or other key service on the basis of disability or age. Instruments and mechanisms to ensure non-discrimination in COVID-19 vaccination programmes must also extend to the requirement for services to provide reasonable accommodation in legislation and regulations of health services, recognising that its denial constitutes discrimination based on disability.[[9]](#footnote-9)

The [International Disability Alliance](https://www.internationaldisabilityalliance.org/about) has prepared recommendations on ensuring that the rollout and distribution of COVId-19 vaccinations ensure the prioritization, inclusion, and accessibility of persons with disabilities.[[10]](#footnote-10) These are as follows:

* Persons with disabilities, by reason of their increased exposure to COVID-19 and all its consequences, should be prioritized in vaccination strategies. Otherwise, they will be left further behind, experiencing disproportionate loss of lives and livelihoods, inaccessible health care services, and undignified lives and aggravated disconnection from the society.
* On behalf of persons with disabilities and their organizations as well as support networks all over the world, we call on all governments, United Nations agencies and the private sector to immediately take all measures to ensure that:

1. COVID-19 vaccinations are available in free or low-cost targeted programs to all people including persons with disabilities and support networks of their choice;
2. Persons with disabilities, and support networks of their choice have priority access to vaccinations; including personal assistants, family care-givers, and persons working in disability-related services;
3. Sites where vaccinations are delivered are physically accessible and live guidance and assistance is provided for those who need it. Free or low-cost targeted programs for accessible transportation must be provided where necessary;
4. Specific outreach is conducted to ensure that persons with disabilities know of the availability of vaccinations, and all information campaigns are inclusive and accessible to persons with disabilities, including gender and age appropriate;
5. All information systems related to vaccinations must collect data disaggregated by age, gender and disability, and web-based services should also be fully accessible, while ensuring respect for private life and the confidentiality of health-related information;
6. Receiving a COVID-19 vaccination must be based on free and informed consent of persons with disabilities. Autonomy and legal capacity of all persons with disabilities including persons with intellectual disabilities, persons with psychosocial disabilities and autistic persons must not be undermined with justifications such as public good or best interest of the person;
7. International organizations and government must ensure that persons with disabilities and their representative organizations meaningfully participate in policy-making and planning on distribution of COVID-19 vaccinations and related processes;
8. Organizations of persons with disabilities must be properly resourced to become partners in the roll-out of information campaigns, for instance by reaching out to the most marginalized people and ensure their messages are clear, inclusive and accessible.

For further information about this briefing, please contact:

Dr Sarah Collinson, Policy Adviser – Health

[scollinson@sightsavers.org](mailto:scollinson@sightsavers.org)

1. OHCHR (2020) [Human Rights and Access to COVID-19 Vaccines](https://www.ohchr.org/sites/default/files/Documents/Events/COVID-19_AccessVaccines_Guidance.pdf), Topics in Focus, 17 December 2020. [↑](#footnote-ref-1)
2. G. Cuevas Barron et al. (2022) [Safeguarding people living in vulnerable conditions in the COVID-19 era through universal health coverage and social protection](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00235-8/fulltext), The Lancet Public Health, Vol.7, Issue 1. [↑](#footnote-ref-2)
3. OHCHR (2020), *op cit.* [↑](#footnote-ref-3)
4. Williamson, E.J. et al. (2021)[*Risks of COVID-19 hospital admission and death for people with learning disability: population based cohort study using the OpenSAFELY platform.*](https://www.bmj.com/content/374/bmj.n1592)*The British Medical Journal*, DOI: 10.1136/bmj.n1592. [↑](#footnote-ref-4)
5. Ryerson, A.B., Rice, C.E., Hung, M. et al. [Disparities in COVID-19 Vaccination Status, Intent, and Perceived Access for Noninstitutionalized Adults, by Disability Status — National Immunization Survey Adult COVID Module, United States, May 30–June 26, 2021](https://www.cdc.gov/mmwr/volumes/70/wr/mm7039a2.htm). U.S. Department of Health and Human Services: MMWR & Morbidity and Mortalilty Weekly Report, 2021;70:1365–1371. DOI: [http://dx.doi.org/10.15585/mmwr.mm7039a2external icon](http://dx.doi.org/10.15585/mmwr.mm7039a2) [↑](#footnote-ref-5)
6. WHO and World Bank (2011) [World Report on Disability](https://www.who.int/teams/noncommunicable-diseases/sensory-functions-disability-and-rehabilitation/world-report-on-disability#:~:text=About%2015%25%20of%20the%20world's,a%20figure%20of%20around%2010%25.). [↑](#footnote-ref-6)
7. H. Kuper et al. (2020) [Disability-inclusive COVID-19 response: What it is, why it is important and what we can learn from the United Kingdom’s response](https://wellcomeopenresearch.org/articles/5-79), Open Letter, Wellcome Open Research, citing: xxx [↑](#footnote-ref-7)
8. *Ibid.* [↑](#footnote-ref-8)
9. OHCHR (2020), [Policy Guidelines for Inclusive Sustainable Development Goals: Good Health and Wellbeing](https://www.ohchr.org/sites/default/files/Documents/Issues/Disability/SDG-CRPD-Resource/policy-guideline-good-health.pdf) (a component of the SDG-CRPD Resource Package). [↑](#footnote-ref-9)
10. IDA & IDDC (2020) [Reach the furthest behind first: Persons with disabilities must be prioritized in accessing COVID-19 vaccinations](https://www.internationaldisabilityalliance.org/access-to-covid19-vaccination)**.** [↑](#footnote-ref-10)