

CBM Position Paper

Equitable access for 1 billion persons with disabilities to SarsCov2 vaccination

In the current situation where SARSCOV2 vaccination programmes are being developed all over the world, CBM urges all stakeholders to recognise that...

- ... people with disabilities living in countries in the Global South are lacking adequate access to health services. As a result, they are very likely to be left out of vaccination coverage as well as in medical interventions when they are infected.
- ... people with disabilities often are not able to protect themselves efficiently from contracting with SARSCOV2 due to various reasons. They might have challenges with physical distancing or self-isolation. Due to underlying health conditions, they are often more likely to develop severe cases of COVID-19.
- ... people with disabilities are therefore also at a higher risk of infecting other people like their guardians and care givers.
- ... overstrained health care systems are lacking resources to prevent or treat other diseases leading to permanent impairments.

Therefore, CBM is urging all stakeholders, particularly national governments, to ensure that:

- ... persons with disabilities have equitable access to SARSCOV2 vaccination and therapy. This includes equitable access to information about vaccination as well as to vaccination points.
- ... they consult with Organisations of Persons with Disabilities (OPDs) when setting up vaccination programmes to ensure special needs of persons with disabilities are reflected in national level plans for vaccine administration.
- ... persons with disabilities with chronic and prolonged health conditions are considered on an equal basis with people without disabilities. This shall include all age groups. Guardians and caregivers with close contact to these persons need to be considered as well to limit compounding risks.
- ... vaccinations must be free of charge, particularly in poorer settings and for vulnerable groups.
- ... disaggregated data on vaccination programmes is collected and disseminated: Data should be disaggregated by age, gender and disability, and shared in accessible formats.

We recommend making use of existing structures for SARSCOV2 vaccination, such as in Polio and NTD eradication programmes as well as those for routine vaccination campaigns, as these structures are usually running the “last mile” to vulnerable persons.

We emphasise that front-line health workers and all vulnerable persons—with and without disabilities—must be kept as a priority in combating the pandemic.