

5th March 2021

RE: APPEAL FOR THE PRIORITIZATION OF PERSONS WITH DISABILITIES IN VACCINATION AGAINST COVID-19

INTRODUCTION

We make this appeal for the consideration of early vaccination of persons with disabilities as the United Disabled Persons of Kenya (UDPK) and the Caucus on Disability Rights Advocacy (CDRA

UDPK is the umbrella organization of national and grassroots associations of persons with disabilities in Kenya, presently comprising 86 organizations. These are organisations established and managed by persons with disabilities themselves with a view of carrying out self-advocacy and self-empowerment. The CDRA is a coalition of these organizations of persons with disabilities and other sectoral stakeholders who are non-state actors and who generally provide service to persons with Disabilities. CDRA seeks to promote the interests of persons with disabilities in terms of the Constitution of Kenya, 2010 and other legislations, policies and Services which affect persons with disabilities.

It is good news that one year since the first case of Covid-19 in Kenya, the lifesaving vaccine for the Pandemic has arrived and that the vaccination programme has been rolled out. Launching the Vaccine on 4th March, the president of Kenya His excellence Uhuru Kenyatta assured the Nation that it will be given indiscriminately since we cannot be safe until all are safe. Agreeing with him, the rolling out of the programme is a journey that will need to prioritise some sectors. As this is done, we appeal that consideration be made to those who are most vulnerable in our society among them persons with disabilities. We are concerned that in all statements made in respect to the vaccines, no reference to persons with disabilities has been made despite the obvious fact that they are very vulnerable and therefore need specific consideration in all forms of intervention and especially in the rolling out of the National vaccination programme.

For this reason, we call upon all relevant authorities in taking all measures to roll out programme to ensure inclusion and the effective participation of persons with disabilities in the process in the SDG spirit of “Leave no one behind”.

RATIONALE FOR PRIORITISING PERSONS WITH DISABILITIES IN THE VACCINATION

As a disability movement and having observed and experienced the condition persons with disabilities have found themselves since the pandemic struck, we have the following reasons to appeal to the Government to make extra efforts to protect the lives of people with disabilities in rolling out this programme by ensuring that they are given priority in the Vaccination programme:

1. As you will know, the World Health Organization has identified persons with disabilities as a priority group in its Strategic Advisory Group of Experts (SAGE) Prioritization roadmap of COVID-19 vaccines. This inclusion as a priority group emphasizes that people with disabilities are particularly exposed to the risks of COVID-19, and as such, require specific measures to be taken to mitigate these risks and their impact.
2. Kenya has committed itself through various instruments to the protection of access to the highest attainable standard of health of persons with disabilities. Article 11 of the CRPD which Kenya is a member establishes that States parties shall take all possible measures to ensure the protection and safety of persons with disabilities in the national response to situations of risk and humanitarian emergencies. This comprises measures in all areas of life of persons with disabilities, including the protection of their access to the highest attainable standard of health without discrimination, general wellbeing and prevention of infectious diseases, and measures to ensure protection against negative attitudes, isolation, and stigmatization that may arise in the midst of the crisis. The Kenya Constitution 2010 BILL OF RIGHTS IN SECTION 43 equally guarantee right to health and right to social economic needs for all including persons with disabilities.
3. Given the situation in which we have found ourselves in, majority of persons with disabilities are in danger due to neglect, discrimination and barriers to information, social services, health care, social

inclusion and education. In a rapidly evolving pandemic, information is essential for people to make decisions about how to protect themselves and how to access necessities and services during quarantine and self-isolation. Information provided regularly especially through the Ministry of Health briefs which normally come through both electronic and print media does not usually reach a proportion of the society that cannot interact with these media of communication among them persons with different disabilities. If this information was to reach them, strategies should have included qualified sign language interpretation for televised announcements, websites that are accessible to people with different disabilities, and telephone-based services that have text capabilities for people who are deaf or hard of hearing.

4. As we are now aware, COVID-19 spreads rapidly and is especially dangerous to people living in close proximity to others in closed settings. Many adults and children with disabilities live in often overcrowded residential informal urban settings where they face neglect, abuse, and inadequate health care. Governments should give priority to attend to people with disabilities in these informal settings.
5. A lot of people with disabilities have other secondary conditions which make them more vulnerable to attack by diseases. Without swift action by the government to include them in the response to COVID-19 and in this case to vaccination, they will remain at serious risk of infection and death as the pandemic spreads. People who are older, people with chronic health conditions in addition to disabilities for example, conditions that affect their respiratory capacity – are at particular risk of serious illness or death from COVID-19 infection and therefore need to be given priority in the vaccination programme.
6. Consideration of specific needs and limitations of people with disabilities in the prevention strategies is necessary. For example, a high number of persons with disabilities are not able to wash their hands frequently or on their own or lack access to sufficient water for hygiene. Although some of them have to use their hands at all time to hold their canes, hold on to other people who have to guide them or to

roll themselves on wheelchair, products to sterilize and sanitise services that they have to touch are not available to them in most places. Disinfection of Handrails of ramps or staircases used by them is never carried out. Even in case of self-quarantine, they still need support services and personal assistance with whom they cannot avoid interacting.

7. People with disabilities often rely on community-based social support to meet their basic daily needs, including for meals and hygiene. Support aides do not have personal protective equipment to minimize exposure or the spread of infection. It is very difficult for persons with disabilities to keep to the much talked about social distancing. For instance, a blind person will need to be guided and there is no way he can be guided and keep to the recommended one-and-a-half-meter distance. Many of those on wheelchairs will need people to handle the wheelchairs and as pointed out earlier, many persons with disabilities live in rather crowded informal urban settlement where many people live in one room. Even for those who may have homes where they could keep the distance, support with basic needs is required for them to remain at home.
8. With the pandemic protocol requiring social isolating to stem the spread of coronavirus, people with psychosocial disabilities, such as anxiety or depression, may be in particular distress and are not able to benefit from additional mental health support services. Such people will need to be given priority in vaccination.
9. Given the Government commitment to take all appropriate measures to ensure access for persons with disabilities to health services and provide them with the highest quality and standard of health care, giving them priority in vaccination should not be an option. It should be part of that commitment. The State should prevent discriminatory denial of health care or life-saving services, food or fluids at all cost.

10. Poverty is a major factor affecting persons with disabilities and has deep impact on their health and living condition. It affects protection measures from infection even in widely publicised pandemic like Covid19. A lot of persons with disabilities are in the informal sector earning their living on the daily bases as either casual worker, petty traders or living on begging. It is very difficult to keep to the safety protocols as directed by the Ministry of Health while engaged in such economic activities.

CONCLUSION

It will be very necessary to ensure consultation with persons with disabilities through their representative organisations in awareness raising on the vaccination programme. This is in line with our constitutional provision for participation and the Convention on the rights of Persons with Disabilities Article 4.3 on involvement of persons with disabilities in all matters that affect them. These organisations have a long history of advocacy and they are in touch with their members at the grassroots. They understand the needs and aspirations of their members as well as other persons with disabilities in all corners of the country. They are a source of important information on persons with disabilities. The Government will need to consult with them regularly to make sure policies and practice in regard to the pandemic meet their needs. They should be effectively and meaningfully be involved in the design and implementation of awareness raising and public education campaigns. They can assist to ensure that information on Covid19 is provided to all persons with disabilities in accessible format and can be enlisted as partners in information dissemination particularly to persons with disabilities. WE urge the government to ensure that all health providers, take

immediate action to avoid any form of disability-based or age-based discrimination in providing COVID-19 medical care and to act immediately and to the maximum of their available resources to ensure that no person is denied access to COVID-19 vital medical care as well as life-saving equipment or medicine on the basis of age and/or disability. We further urge the Government to Deliver medical treatment in full compliance with the principles of human right including equal dignity and non-discrimination for all.

We are available to further discuss this

Yours Faithfully,

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Samue Kabue

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