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EDF Board resolution on COVID-19 vaccination roll-out

Prioritisation of persons with disabilities and their support network

Considering that there are 100 million persons with disabilities in the European Union (EU), representing 15% of the total population, among which it is estimated that one million live in segregated residential institutions, and acknowledging the diversity among persons with disabilities;

Bearing in mind that EU and all EU Member States have ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD), and are therefore bound by the principles and obligations enshrined in this Convention, in particular article 10 on right to life, article 11 on situations of risk and humanitarian emergencies, article 17 on protecting the integrity of the person, and article 25 on health;

Stressing the dramatic impact that COVID-19 pandemic had and continues to have on persons with disabilities, their families and their support network;

Highlighting that the most devastating consequences of the pandemic occurred in segregated residential institutions, which became hotbeds of infection and, despite this, people living in these settings were in many cases neglected or deprioritised by public authorities, left without protection or even without emergency treatment, with the result that half of the deaths of the pandemic happened in these residential institutions;

Recalling all the human rights violations against persons with disabilities that were deprived from protection, healthcare treatment, including life-saving medical treatment, and any kind of support to cope with the crisis, and only giving persons with disabilities the possibility to be institutionalised in segregated residential settings;

Emphasising the harmful effects on mental health caused by extreme isolation that many persons with disabilities face in order to prevent infection;



Recognising the specific needs of certain persons with disabilities, including those with pre-existing health conditions, and those with high level support needs;

Stressing, due to the consequences of COVID-19 prevention measures such as physical distancing, the tremendous difficulties and risks for persons with disabilities to receive support, such as personal assistance, and care, tactile sign language interpretation for deafblind people, to carry out their everyday activities, as well as the discontinuation of crucial public and private services for persons with disabilities due to the pandemic;

Taking into consideration that the pandemic worsened intersectional forms of discrimination against marginalised groups, such as women and girls with disabilities, older persons with disabilities, persons with disabilities living in poverty and in situation of homelessness, asylum seekers and refugees with disabilities, racialised persons with disabilities, LGBTIQ+ persons with disabilities and persons with disabilities in prison and any closed setting;

Recalling the role of the EU “Team Europe” package in the world and its €500 million contribution to the COVAX facility to provide one billion COVID-19 vaccine doses to the Global South;

The Board of the European Disability Forum calls on the EU institutions and particularly the EU Member States to ensure that:

1. Persons with disabilities are prioritised in national vaccination plans, particularly those living in residential institutions, those who because of their age or pre-existing health conditions are at higher risk, those with high support needs, and those who rely on support services which cannot operate with physical distancing.
2. The support networks of persons with disabilities are also prioritised, particularly family and professional carers, personal assistants to persons with disabilities, tactile sign language interpreters for deafblind people, and all the support services which cannot operate with physical distancing.

3. Vaccines are inoculated at the residence of persons with disabilities who, due to their disability or pre-existing health conditions, are not able to reach the vaccination centre on their own, without risk.
4. Vaccination centres are accessible to persons with disabilities, as well as the means of transport to reach these centres. When any of these is not accessible, vaccination should take place at the residence of the person with a disability affected by the lack of accessibility.
5. Vaccines are considered a universal healthcare service and are totally free of charge to all.
6. Vaccines are provided on the basis of free and informed consent of the person, including through supported decision-making procedures when appropriate.
7. There is equal access to vaccination for people living in rural and urban areas, and among people from different socio-economic groups.
8. All information about the vaccination roll-out is provided by authorities in a transparent manner, and in formats accessible to persons with disabilities, including in sign language, and easy to read format.
9. Data about the progress on vaccination and the impact of vaccination is disaggregated by gender, age, and disability.
10. The EU supports Member States in deploying the vaccination plans in line with the above-mentioned requirements.
11. The EU, and particularly the “Team Europe” package in its collaboration with the COVAX initiative, follows the above-mentioned requirements in external actions supporting vaccination in non-EU countries, also taking into account their particular circumstances and the views of the disability community in those countries.

Following the recommendations above, the Board of the European Disability Forum is ready to cooperate to ensure that national vaccination strategies consider the specific needs of persons with disabilities and that the European vaccination programme leaves no-one behind.



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