

Perceptions of persons with disabilities on the COVID-19 vaccine roll-out in South Africa

Authors

Tim G.B. Hart^{i,ii}
Yul Derek Davidsⁱ
Mary Wickendenⁱⁱⁱ
Yamkela Majikijelaⁱ
Mercy Ngunguⁱ
Stephen Thompsonⁱⁱⁱ

Equitable access to health care for persons with disabilities should be ensured during the pandemic, including access to vaccines. Mainstreaming and awareness of disability must become non-negotiable at all health facilities, including ensuring that accessible communication is provided in diverse formats.

Persons with disabilities constitute one of the largest minorities in society and yet are often highly marginalised. In South Africa, between 12% and 20% of the population older than five years are estimated to have activity-limiting impairments. People may have difficulties with mobility, vision, hearing, communication, cognitive and psychosocial functioning, or combinations of these at varying levels of severity. Such limitations become disabling when society fails to adapt the environment to accommodate people with impairments. South Africa began the COVID-19 vaccination roll-out in February 2021, focusing on frontline health workers, people older than 60 and, more recently, those older than 18. Despite some having increased health risks, persons with disabilities were not prioritised to receive the vaccine.

An online survey of people self-identifying as having disabilities was distributed in July and August 2021 to explore various aspects of their experiences during the pandemic. Here we analyse the data from the 402 responses to understand respondents' attitudes to vaccination, their

perceived vulnerability to the virus, their desire to be vaccinated, and perceptions about the availability of COVID-19 vaccinations for them. Quantitative data and some qualitative commentary from the survey are presented and discussed.

Of the 402 respondents, 70% perceived persons with disabilities as more likely to become seriously ill if infected with COVID-19 due to underlying conditions, yet only 10% of the participants had been vaccinated. As many as 75% of participants wanted the vaccine but have not yet had access to it. The remainder (15%) either did not want it or were uncertain.

To date, the government has not been disability-inclusive in its vaccination roll-out, despite high demand for the vaccine as a lifesaving and preventative measure for this significant minority group. Based on the findings, we recommend that this be addressed with urgency to ensure that the rights of persons with disabilities to protection are realised, and that future pandemics can be planned for in a more disability-inclusive way.

i Developmental, Capable and Ethical State Research Division, Human Sciences Research Council

ii Department of Sociology and Social Anthropology, Stellenbosch University

iii Institute of Development Studies

Introduction

Persons with disabilities constitute one of the largest and most marginalised groups in society. An estimated 15% of the world's population are persons with disabilities, 80% of whom live in middle- to low-income countries.^{1,2} Estimates of persons with disabilities in South Africa ranged between 7.7% to 20% in 2016, although Statistics South Africa (Stats SA) and the Department of Social Development (DSD) estimated that the figure is around 12%.³ Most of these statistics were derived from national surveys that used the Washington Group Short Set (WG-SS) questions⁴, a widely used tool that collects data on people's self-reported type and severity of functional difficulty, as a proxy for impairment and disability. More refinement of surveys is needed to ensure that data collection and analysis provide accurate and consistent prevalence figures.⁵

Persons with disabilities experience barriers in accessing basic services such as transportation, health care, public communication, education and employment.⁶⁻⁸ These challenges are exacerbated by poverty, poor housing and often unhygienic spaces within and outside of care facilities. Furthermore, they are vulnerable to abuse, neglect and physical violence.² Emerging data show that globally, COVID-19 has exacerbated their marginalisation.^{2,6,9,10}

Inclusion of persons with disabilities in healthcare and other essential services is crucial, more so during disasters and crises such as the current COVID-19 pandemic when the demand for health services is high.⁵ Commentary disseminated early in the COVID-19 pandemic indicated that many persons with disabilities were at risk of increased marginalisation and could face further exclusion from basic services, including health care.^{6,8} Lockdown regulations resulted in no public transport being available for reaching healthcare facilities, while personal care was disrupted because carers could not reach their clients.⁶ Similarly, therapy and rehabilitation services, including those for mental health, were either curtailed or suspended because these service providers were not initially regarded as being essential workers.⁶ Discriminatory triage practices based on a utilitarian view of societal well-being resulted in persons with disabilities being passed over for access to ventilators and admission into intensive care units.^{6,11}

Despite the data-driven national response to COVID-19, there has been little effort invested in collecting data on persons with disabilities and developing protocols for disability-inclusive approach to the pandemic.¹² Although there is some representation of persons with disabilities on the National Coronavirus Command Council (NCCC), which is responsible for approving COVID-19 mitigation strategies, including the vaccine roll-out, social inclusion of persons with disabilities has not been advanced, despite a presidential call in this regard being issued in December 2020.¹³⁻¹⁶

South Africa began rolling out the COVID-19 vaccination drive in February 2021, focusing first on frontline health workers, followed by successively descending age cohorts: over 60s, over 50s, over 35s, and since late August 2021, over 18s. Persons with disabilities were not prioritised to receive the vaccine, despite the World Health Organization emphasising in a technical document issued in March 2020 that persons with disabilities "may be at greater risk of developing severe disease if they become infected [with COVID-19] because of the pre-existing health condition underlying the disability; and barriers to accessing health care.

Persons with disabilities may also be disproportionately impacted by the outbreak because of serious disruptions to the services they rely on. The barriers experienced by people with disability can be reduced if key stakeholders take appropriate action."¹⁷

The risks of COVID-19 for persons with disabilities are both clinical and structural.

While the South African government complies with many of the WHO recommendations – particularly those related to control of COVID-19, safety and prevention put forward by the Strategic Advisory Group of Experts on Immunisation (WHO SAGE) during the pandemic – it has failed to distinguish between the circumstances and specific needs of and increased risks for the diversity of persons with disabilities compared with those of the general population. The National Disaster Management Centre (NDMC), which is responsible for disaster management and mitigation, argues that vulnerable households and communities are protected by the Disaster Management Act of 2003 and the National Disaster Management Framework of 2005, implying that persons with disabilities are therefore included but that deeper inclusion is still work in progress.¹⁸ The NDMC makes no distinction between the diversity of persons with disabilities with distinctive needs and vulnerabilities that are different from other vulnerable groups in the country, an approach seemingly followed by the NCCC. This has led to some disability sector organisations (DSOs) arguing that the COVID-19 disaster mitigation responses have failed to recognise the rights of persons with disabilities, who have been neglected in the government's responses.^{13,14}

In April 2021, the WHO argued that disability status must be factored into COVID-19 vaccination plans because of increased risks for persons with disabilities, as previously described.¹⁹ The WHO warned that difficulties with communication, inaccessibility of transport, health facilities and support services, and potential discriminatory triage practices may impair access to vital healthcare services, including vaccinations.⁶ However, the government paid little attention to these warnings, the increased vulnerability of this group, and the need to prioritise persons with disabilities as Stage II priority cases, as recommended by WHO SAGE in October 2020.²⁰ Therefore, the government continued to roll out the vaccination process according to age cohorts despite appeals by researchers and DSOs.¹²

As late as 28 July 2021, the National Department of Health acknowledged growing concerns about low vaccination rates among persons with disabilities and the need to schedule home visits for this population.²¹

This chapter reports on the perspectives of persons with disabilities that were documented in a survey about perceptions and experiences of COVID-19, including the vaccination process, and concludes with recommendations to address inequities in vaccination roll-out and an approach to ensure that planning for future disasters is disability-inclusive.

Methodology

Ethics clearance was obtained from Sussex University Ethics Committee and a separate application was approved by the Human Sciences Research Council Research Ethics Committee (Protocol No. REC 1/11/20). The research team, including several researchers with disabilities, compiled an online questionnaire comprising 119 items, specifically designed to explore a wide range of socio-economic issues related to COVID-19 that affect persons with disabilities, including vaccination demand.

The questionnaire was sent via networks and organisations linked to or working with people with disabilities, which then distributed the invitation to participate among their members and contacts. Respondents were asked to complete the questionnaire if they considered themselves to be persons with disabilities or as having an impairment. The reason for this self-identification was to enable the participation of people who might have an impairment but choose not to label themselves as 'disabled'. The WG-SS is clear about this factor, as it distinguishes 'functional difficulty' from 'identifying as disabled'.⁴

To comply with the Protection of Personal Information (POPI) Act (4 of 2013),²² the survey was distributed to numerous DSOs, government departments and enterprises across South Africa, which in turn disseminated the web-link to their contacts. The research team received only anonymised online data. The survey ran from 1 July to 31 August 2021.

As the methodology required online technology/connectivity, participants who are literate may have been more likely to participate and this may explain why the education level of participants is generally high compared to that of the general population in South Africa. The online nature of the methodology and the type of people who participated may have had an influence on the findings overall. For example, it would be expected that a sample with higher education levels than the general population may find accessing information about COVID-19 easier than would a less-educated cohort. The format of this survey offered only limited space to gain knowledge about the contextual living conditions of the respondents. Further qualitative inquiry may address this knowledge gap.

Key findings

Demographic details

A disaggregation of the survey respondents (N=402) showed that women comprised 57% and men 42%, while 1% selected the 'other' response option. Almost two-thirds (65%) of the respondents were black, followed by white (24%), coloured (8%) and Indian (3%). At 58%, youth (18–34 years) made up most of the respondents, while 33% were aged between 35 and 64 years, 6% younger than 18 years, and 4% older than 65 years. Most of the respondents (slightly more than 90%) were therefore of working age, i.e. 18–65 years. Distribution by education reveals that 30% had completed higher education, 6% had completed vocational training, and 26% had completed Grade 12, while 21% had no formal schooling. About 10% had only primary education. Almost two-thirds possessed a formal education of Grade 12 and higher. Thus, the sample is more educated than the population of people with disabilities in South Africa (among whom educational levels generally lower, with those having Grade 12 and higher being around 18%).^{23,24} In relation to respondents' self-identified economic circumstances, 2% considered themselves wealthy, 27% stated that they were comfortable, 37% said that they were just getting along, and 31% defined themselves as poor. Only 3% refused to disclose perceptions of their economic circumstances.

Perceptions of functional limitations and disability

Using the WG-SS questions, respondents had to indicate their level of difficulty in six functional domains. To ensure that multiple difficulties were captured, respondents were required to reply to all six questions. Although the WG-SS questions were asked, we used self-identification of persons with disabilities rather than one of the recommended cut-off points for WGSS categorisation such as 'a lot of difficulty' in our sampling approach. The reality is that individuals may vary in how they self-identify with disability in different circumstances. Table 1 indicates that generally, most respondents report 'no difficulty' with most of the functional skills. This may be because they have an impairment which affects only one area of functioning. More detailed analysis revealed that in terms of mobility, 14% of respondents indicated some difficulty, 11% a lot of difficulty, and 16% are not mobile at all. For self-care, 15% have some difficulty, 8% have a lot of difficulty, and 8% cannot undertake self-care at all. When reporting memory or concentration, a large proportion of respondents reported some difficulty (22%), with 5% reporting a lot of difficulty, and 0.2% being unable to remember or concentrate. Regarding vision 19% indicated that they have some difficulty, 5% a lot of difficulty, and 2% have none at all. Furthermore, 16% indicated having some difficulties communicating using their home (usual) language, 4% have a lot of difficulty, and less than 1% cannot conduct this at all. For hearing impairment, 12% have some difficulty, 5% have a lot of difficulty, and slightly more than 1% have no hearing at all.

The WG-SS methodology does not aim to capture the prevalence of diagnosed impairments, but rather to capture people's perceptions of difficulty in functioning. Moreover, people have different understandings of the meaning of

'disability'. So, the figures do not necessarily map onto other types of datasets which may report prevalence of types of impairments or health conditions.

Table 1: Self-reported functional difficulty in 6 domains by the WG-SS

Impairment type	Extent of functional difficulty (%)			
	No difficulty	Some difficulty	A lot of difficulty	Cannot do
Seeing/vision	73	19	5	2
Hearing	82	12	5	1
Mobility (walking or climbing)	59	14	11	16
Remembering or concentration	73	22	5	0.2
Self-care (unable)	69	15	8	8
Communication	80	16	4	0.2

In a follow-up question to the WG-SS, to determine if we had missed out types of difficulty or alternative descriptions of impairment/disability, 10% of respondents reported upper body limitations, hand and arm limitations, organ problems, difficulty sitting, getting out of chairs, pain, anxiety/depression, tiredness, complex epilepsy, Albinism and ADHD. This suggests that the WG-SS questions probably need to be administered in person and that the WG-SS Enhanced might elicit more accurate responses about people's needs for support.

People's perceptions of their level of difficulty may be different from the extent to which they feel disabled by these impairments. Three quarters (76%) of the respondents considered at least one of their functional limitations to be disabling because of societal and environmental challenges. Fewer than 9% were uncertain, while 12% indicated that their experience with functional difficulties was not disabling, and 3% did not know. Yet, when asked if they considered themselves to be a person with a disability, 92% (N=371) said 'Yes', and 8% (N=31) said 'No'. The diversity of these responses to slightly similar questions illustrates the challenge in clarifying people's own determination of the disabling nature of their impairments when confronted with social and physical environments and whether they wish to identify as persons with disabilities. Describing one's level of functional difficulty as 'severe' is different from wanting to be described as a person with a disability.

Need for support with daily activities

More than half (52%) of the respondents (N=402) indicated requiring a caregiver to support them with daily activities (either a paid caregiver, a family member, or a friend), while 48% reported not requiring such assistance. 'Support' was generally described as assistance with personal hygiene, food preparation, shopping and transportation to rehabilitation and health services. In a subsequent question

about interruptions in daily care (N=213), 61% indicated interruption of this support during the COVID-19 pandemic. In addition, of those who required support, this support was reported as interrupted for a day (25%), a week (18%), a month (28%) and two or more months (12%). Notably, 18% indicated that their caregiver support remains interrupted.

In a subsequent question asking if respondents were able to receive all the necessary services required to make their impairment less disabling, 39% indicated that these services were accessible, while 41% reported interruptions in such services, including repairing or acquiring assistive devices, obtaining medication, or accessing rehabilitation services. Interestingly, 20% were uncertain as to whether these services had been restricted, perhaps because others in the household usually undertook these arrangements on their behalf or did not know about any challenges related thereto.

Awareness of COVID-19

Using a five-point Likert Scale about awareness of COVID-19 pandemic in South Africa, 55% of the respondents noted that they 'knew a lot' and 36% indicated 'knowing a fair amount'. A small proportion reported having 'little knowledge' (8%) and 1.5% said that they 'know nothing at all'. Regarding access to COVID-19 information, 50% reported challenges, while 50% indicated that they had no challenges. Information access challenges were mainly experienced by those with visual, hearing and cognitive impairments or an inability to understand the broadcasted language and the level at which information was presented.

Preventative measures and exposure to COVID-19

Table 2 reports results when multiple responses were allowed in relation to COVID-19 precautions undertaken by respondents. Of the 402 respondents, only 15%

reported taking no precautions at all. For some, the severity of impairment might prevent them from taking any precautionary measures themselves, or that others were doing these things to protect them. Some reported never

leaving their residence. A total of 70% of respondents mentioned using a face-mask to prevent COVID-19 infection, while 65% reported using hand-sanitiser, and 65% reported compliance with physical distancing requirements.

Table 2: Preventative measures to combat infection and spread of COVID-19 (N=402) (multiple responses allowed)

Preventative measures undertaken	%
Nothing	15
Washing my hands more often	64
Using hand-sanitiser	67
Keeping a physical distance from people outside my household	65
Staying in my house, except when going out for essential items	59
Stopped going to social gatherings and events	55
Using a face-mask	70
Wearing gloves	14
Stocking up on food, medicine and other essentials	26

Perceptions of government’s disability-inclusiveness response to COVID-19

Three questions about knowledge and perceptions of disability-inclusive responses were posed. When asked if they were aware of any special measures by government to assist persons with disabilities during the pandemic, 27% responded ‘Yes’, while 53% said ‘No’, and a further 20% said that they did not know. The perception of most is that special disability-inclusive measures, except for the increase in certain social grants, are not in place. When subsequently asked if they perceived the government’s response to the pandemic more generally as being disability-inclusive, slightly more than 39% felt that government’s response is not disability-inclusive, compared to 34% who considered government’s response to be disability-inclusive, while 27% indicated that they did not know. In response to a four-point Likert Scale on whether the government had taken the needs and circumstances of persons with disabilities into consideration, 31% agreed, while 36% disagreed and 20% were indecisive. Just over 13% did not know. When asked, 29% of respondents indicated awareness of the government’s framework to monitor persons with disabilities during disasters, but 71% were unaware, despite approval of this framework by Cabinet in December 2015. Respondents were also asked if they agreed that government should ‘monitor the circumstances of persons with disabilities during national disasters to provide them with better assistance and support’, 81% agreed, while 2% disagreed. The remaining 17% were equally divided between ‘don’t know’ and ‘neither agree nor disagree’.

Risk perception and experience with COVID-19 among persons with disabilities

Respondents were asked about their perceptions of the likelihood of contracting COVID-19 themselves in the ensuing months. Almost half (49%) indicated that being infected was unlikely, while 27% felt that this was possible. Only 5% reported having tested COVID-19-positive, and 19% were unsure about the likelihood of future infection. Yet, when subsequently asked if they thought that persons with disabilities were likely to be more at risk of serious illness if infected with COVID-19, over 70% responded ‘Yes’ and 7% responded ‘No’. The remaining 23% said that they did not know.

Despite uncertainty and a strong feeling that COVID-19 infection was unlikely, most respondents indicated a desire to be vaccinated as a protective measure. Table 3 shows that 75% of the respondents were willing to be vaccinated, 9% unwilling, 6% were unsure, and 10% had already been vaccinated. Qualitative responses indicated some concerns about the lack of their inclusion in the vaccination planning process:

The lack of info re disability and vaccine is concerning. – Male wheelchair user between 55 and 64 years

I believe vaccination would be the best solution when you want to stay healthy and live longer. – Female between 35 and 44 years who uses a walking frame and is visually and mobility impaired

I must get it here [at home] not at a site. – Male between 25 and 34 years who has a lot of difficulty remembering

Because of my age I could receive the jab. There are many other more vulnerable people with disabilities that need to be prioritised as they are prone to severe illness because of COVID-19. – Male between 45 and 54 years who has a visual impairment, is a wheelchair user, and has difficulties with self-care

When the responses to the question on ‘willingness to be vaccinated’ (including from those who had been vaccinated) were disaggregated by age groups (as shown in Table 3), we found that the largest proportion who had been vaccinated came from the over-65-years age group (56%), 20% from the 35–64-years age group, 3% from the 18–34-years age

group, while no under-18s had been vaccinated and there was a demand for vaccination among this cohort.

At the time of the survey, research evidence about vaccination suitability for children was not available, and in October 2021, children in the 12–17-years cohort were allowed to register for vaccination. It was found that the number of respondents already vaccinated is relatively small (N=41). The largest number (N=231) of respondents willing to be vaccinated are those in the 18–34-years age group (86%). Disaggregation of the respondents who were unwilling to be vaccinated showed that the largest proportion come from the 35–64-years age group (11%, N=15), 9% (N=2) from those younger than 18 years, and a further 8% (N=18) from those aged between 18 and 34 years.

Table 3: Willingness to be vaccinated by age group (%)

	Under 18 years (N=22)	18–34 years (N=231)	35–64 years (N=133)	+65 years (N=16)	Total (N=402)
Yes (willing)	77% (17)	86% (199)	61% (81)	31% (5)	75% (302)
No (unwilling)	9% (2)	8% (18)	11% (15)	6% (1)	9% (36)
Uncertain (don't know)	14% (3)	3% (8)	8% (11)	6% (1)	6% (23)
Already been vaccinated	0% (0)	3% (6)	20% (26)	56% (9)	10% (41)
Total	100%	100%	100%	100%	100%

Note: Pearson Chi-square test indicates that there are significant differences between the age groups, given by the p-value (0.000) less than 0.05.

Table 4 illustrates the respondents’ willingness to be vaccinated by gender. This shows that females (77%, N=175) are slightly more willing to be vaccinated than are

males (72%, N=121). However, a larger percentage of males (14%, N=24) reported having already received the vaccine than females (8%, N=18).

Table 4: Willingness to vaccinate by gender (%)

	Male (N=169)	Female (N=227)	Other (N=6)	Total (N=402)
Yes (willing)	72% (121)	77% (175)	100% (6)	75% (302)
No (unwilling)	10% (17)	8% (18)	0% (0)	9% (35)
Uncertain (don't know)	4% (7)	7% (16)	0% (0)	6% (23)
Already been vaccinated	14% (24)	8% (18)	0% (0)	10% (42)
Total %	100%	100%	100%	100%

Note: Pearson Chi-square test indicates that there are significant differences between gender groups, given by the p-value (0.000) less than 0.05.

Discussion

The data show that 39% of the participants felt that they had not been explicitly included in the COVID-19 response, while 27% ‘did not know’. The majority of the participants felt that the government was not doing enough in terms of special

interventions for persons with disabilities, despite an existing framework to include them (as a potentially vulnerable group) in disaster management processes.^{23,26}

The NDMC acknowledges that its work related to persons with disabilities during disasters is still in progress.¹⁷ Given that half of the respondents indicated the need for daily care

of some sort, it is unsurprising that a quarter were uncertain as to whether government responses to the pandemic are disability-inclusive, while the slightly larger share (39%) were confident that this is the case. Additionally, over half were unaware of any specific services provided to persons with disabilities during the pandemic. While more than a quarter were aware of such services, one-fifth were uncertain as to whether such interventions occur.

The high proportion of respondents who were unaware of a disability-inclusive Disaster Management Framework being in place is a cause for concern, especially as the Cabinet approved the framework in December 2015. This low awareness and its slow progress being acknowledged by government suggests a lack of government engagement with people with disabilities and recognition of the need to prioritise their needs during the pandemic. While DSOs played a crucial role in the development of the 2016 White Paper for Persons with Disabilities²³ and have reportedly stepped up during the pandemic to assist persons with disabilities, the reality is that they do not have adequate resources for this effort, and are often focused on specific impairment types and the particular needs of these groups. There is no single co-ordinating organisation driving what needs to be done nationally. Consequently, the primary responsibility falls on government as the duty-bearer for realisation of people's rights, to communicate more effectively in this regard during the pandemic, and to provide the resources required by DSOs.

Among persons with disabilities, there is a strong desire to receive the vaccine and a feeling that they should be prioritised. However, as already noted, there is a paucity of data gathered on COVID-19 that has focused on people with disabilities, thereby preventing the identification and prioritisation of those in this group who need it most because they have pre-existing conditions. Similarly, as noted in the introduction, even if they are not at increased clinical risk, persons with disabilities may be at risk for structural reasons. The strong desire for vaccination prevails despite many respondents indicating that they believed infection was an unlikely outcome for them. However, almost three-quarters of the participants perceived persons with disabilities as being more likely to become seriously ill if infected. Analysis by age indicates that those who are already vaccinated are older, as one would expect with a predominantly age-based roll-out system. However, some respondents have not yet been able to receive the vaccine for reasons such as lack of transport, inability to leave the house, and dependency on others for transportation and booking arrangements.

Fewer women than men among the respondents have been vaccinated. Gender inequalities with regard to access to health care as well as other sectors are well documented in South Africa.²⁵ The findings of this study suggest that these gender inequalities are echoed in relation to accessing vaccines during the COVID-19 pandemic. While this is not an unexpected finding, it does suggest that unless specific

action is taken to address these intersecting inequalities, women with disabilities in South Africa are likely to continue to experience unequal access to the COVID-19 vaccine and other health services during future crises.

A disability-inclusive approach to the COVID-19 pandemic will ensure that the disproportionate risks of contracting the virus faced by people with disabilities can be addressed and mitigated. A more disability-inclusive response would also help to ensure that people with disabilities who contract COVID-19 are not subject to discrimination through triaging decisions about treatment.^{5-7,11,13-15} In addition, as the government seeks to develop an understanding of the diverse needs of people with disabilities, it is important to build trust so that the exclusion and discrimination that people with disabilities regularly experience – in accessing health as well as other essential services – can be reduced.^{5,6,11}

Conclusions

The responses in this sample self-identifying as persons with disabilities show that a sizeable minority (39%) feel that government has not been disability-inclusive in its management of the pandemic and of the vaccination programme. The lack of a sufficiently and explicitly disability-inclusive disaster framework is likely to be one factor contributing to persons with disabilities' perceptions and experiences of inequity and that there is a lack of recognition of their increased risks of COVID-19 infection, morbidity and mortality. Most of the respondents agreed that an important step in achieving a more inclusive approach to disaster risk management and mitigation in this context is the development of an avowedly disability-inclusive framework. Of concern is that the majority of respondents, many of whom are considered to be at high risk, have not been vaccinated because of government's vaccination roll-out being phased according to occupation and age criteria. Of those in the 65+ age group, nine of the 16 (56%) had received their vaccinations while the remainder had not been able to get to the vaccination sites. Not all respondents perceive COVID-19 as a severe threat to their health and wellbeing, but a large majority want to be vaccinated. While each case is different – and respondents note that impairment itself is not always linked to clinical vulnerability – there is a general perception that the vaccine is a useful prophylactic measure to reduce the increased clinical and socially mediated risks for this population.

Accessible health communication about COVID-19 prevention and mitigation is generally perceived to be lacking, with 50% of the respondents reporting challenges to accessing COVID-19-related information. Barriers are mainly experienced by those with visual, hearing and cognitive impairments. The result is unawareness of critical assistance interventions, such as hand-sanitisers,

protective gear and food parcels that may be available, and a perception among a sizeable minority that government is not acting in a sufficiently disability-inclusive way.

The South African government should act in accordance with the fact that it is everyone's constitutional right²⁷ to have equitable access to healthcare services, including and especially during a pandemic, as well as to protection and safety in situations of risk, and to access to information. Prioritised access to COVID-19 vaccinations should be available in order to respond to the increased risks for certain groups, such as those with certain disabilities. A breach of these rights damages the trust between the government and citizens, and increases the risk of detrimental health outcomes among the population. Some persons with disabilities require the vaccine more urgently than others, due to increased clinical risk linked to their underlying health conditions and/or pre-existing social vulnerability associated with poverty and stigma. People in these groups should be prioritised immediately with accurate and unbiased triage decisions that are not discriminatory. Overlooking the unique circumstances and specific assistance required by persons with disabilities has left them potentially disproportionately disadvantaged during the pandemic.

Recommendations

- Monitoring of the diverse needs of persons with disabilities during and beyond the pandemic should be improved through enhanced quality of data collection to ensure targeted service access, delivery and communication media.
- Equitable access to health care for persons with disabilities should be ensured during the pandemic, including access to vaccination. Mainstreaming and awareness of disability must become non-negotiable at all health facilities, including ensuring that accessible communication is provided in diverse formats.
- Better identification of and contact with particular at-risk groups is needed to ensure that the most vulnerable, including persons with disabilities, are prioritised and accommodated for vaccination. There must be improved collaboration between government departments responsible for persons with disabilities, such as the Department of Women, Youth and Persons with Disabilities, the DSD, the NDMC and the NCCC.
- Partnerships between the government and disability support organisations should be improved to enable a strong flow of relevant accessible information, support and services to those who need them during disasters. The NDMC should fully implement its risk management programme for persons with disabilities as a matter of urgency.
- Post-COVID-19 recovery plans must incorporate an explicitly disability-inclusive focus. Government and the disability support sector, including persons with

disabilities, must prioritise partnerships between government, civil society and the private sector to ensure the inclusion of persons with disabilities in planning for service delivery and disaster responses. Disability-inclusive research can provide the evidence required to support effective disability-inclusive interventions.

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