



**WORLD FEDERATION
OF THE DEAF**

January 2022

Statement on the right of deaf people to equal treatment in the context of the Global Covid-19 pandemic

1.Introduction

The World Federation of the Deaf (WFD), an international federation with members from 131 nations, representing over 70 million deaf people around the world, stands firm for the right of deaf people to equal treatment in the context of the global Covid-19 pandemic.

The Covid-19 pandemic is an unprecedented global pandemic that has affected the lives of billions of people worldwide since 2019. This pandemic has highlighted the dire predicament of deaf people in accessing Covid-19 related life-saving information and services on an equal basis with their hearing counterparts.

This statement aims to highlight the right of deaf people to equal treatment in the context of the Covid-19 pandemic. This right to equal treatment is two-fold. First, this right covers the right to receive Covid-19 related accessible information in national sign languages. Such coverage in the national sign languages is crucial as sign languages are the primary languages deaf people can access information without any barriers. Second, this right covers the rights of deaf people to access Covid-19 related healthcare and services, including vaccinations, on an equal basis with others in their communities.

2.International legal and policy frameworks

Most of the legal provisions to the rights of deaf people to equal treatment during the Covid-19 pandemic can be found in the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD recognises equality, non-discrimination, accessibility and full and effective participation and inclusion in society as general principles.

In its Art. 5.3, the Convention recognises the obligation of State Parties to provide reasonable accommodation as means to eliminate discrimination towards deaf people. For deaf people,



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the provision of reasonable accommodation measures often takes the form of professional national sign language interpreters.

This is also highlighted in art. 9.2 (e) of the CRPD where States Parties to the Convention, must take appropriate measures to provide sign language interpretation services to facilitate accessibility. The use of “professional sign language interpreters” as stated in 9.2 has been interpreted by the WFD to mean sign language interpreters who are properly trained with deaf community participation, certified according to a neutral certification mechanism in which deaf people are represented, and are compensated in accordance with their professional status. Accessibility is a government responsibility and needs to be codified in national legislation to ensure the accountability of States Parties to the CRPD and safeguard the fundamental rights of deaf people.

In addition, as per art. 21(b), States Parties must facilitate the use of sign languages, including through the medium of professional and accredited languages interpreters, in official interactions with deaf people.

CRPD Article 25 recognises that deaf persons have the right to the enjoyment of the highest attainable standard of health without any discrimination based on their disability. Furthermore, 25(d) recognises the obligation of health professionals to provide healthcare of the same quality to deaf persons as to others, including on the basis of free and informed consent.

From a Covid-19 related policy perspective, [the World Health Organisation \(WHO\) disability consideration guidelines](#) has recalled State Parties’ obligation to ensure that public health information and communication is accessible by including captioning and sign language interpretation for all live and recorded events and communications. This includes national addresses, press briefings, and live social media.

In addition, [the WHO Disability consideration for Covid-19 vaccination](#) reminds the obligations of States Parties to share vaccination information in national sign language, including informed consent in the national sign languages before proceeding with vaccination. Additionally, these considerations underline the right of deaf people to have the registration process for vaccination accessible in their national sign languages. States Parties must ensure accessibility through professional and accredited national sign languages interpreters at vaccination sites.

The [WFD Charter on Sign Language Rights for All](#) recognises national sign languages as the foremost human rights of deaf people in any situation, including in situations of global health crises. The Charter also highlights the paramount importance of professional and accredited sign language interpreters and translators and its funding by the State Parties as a means of



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inclusion and participation in society (Art. 4.3). Finally, the Charter also highlights the necessity of making health services and health information accessible in the national sign language (Art. 4.4).

The above-mentioned international legal and policy frameworks the rights of deaf people to equal treatment in the context of the Covid-19 pandemic and other health emergencies. This right to equal treatment is translated in two variants: the right to equal treatment in accessing information and the right to treatment in accessing healthcare and services.

3. Right to equal treatment in accessing emergency-related information

The right of deaf people to equal treatment in accessing Covid-19 pandemic related information comprises the obligation of public authorities to provide all information in the national sign language through professional and accredited sign language interpreters. In that regard, the WFD and the World Association of Sign Language Interpreters released a [Guideline on Access to Information in National Sign Languages During Emergency Broadcasts](#).

In March 2020, the WFD gathered data from its Ordinary Members through consultative meetings on a regional basis reaching out to a total of 90 countries consulted via direct video meetings (The remainder of our Ordinary Members were contacted via asynchronous video messages via our Regional Secretariats). These meetings highlighted the dire lack of access to emergency services for deaf people through sign language interpretation, either physically or remotely. The collected data showed that, with rare exceptions, deaf people are not able to access quality healthcare, public health information and emergency response services due to the lack of provision of sign language interpretation, through either a physical interpreter or virtual remote interpreting service.

The data gathered by the WFD highlighted that while interpreters may be present on occasion, most countries around the globe have still not systematized the process of consistently providing quality and professional sign language interpretation in their national sign language(s) for Covid-19 related communication and information. This lack of consistent access places deaf communities at further risk of being infected, thus increasing the danger for the whole population.

To date, over 100 countries from the 193 UN Member States and 182 States Parties to the CRPD have provided some form of national sign language interpretation during public announcements on the Covid-19 pandemic. Not every country has met international access standards, with several problems identified. These problems range from the use of unqualified sign language interpreters, to inconsistent use of interpreters in different settings,



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and lack of adherence with [international broadcast standards](#) that call for a minimum of interpreter display on 33% of the video screen.

This data shows that only slightly over half of State Parties to the CRPD have fulfilled their obligations of accessibility under their international legal obligations. Furthermore, this data hides a lot of disparities. Sign language interpreting is not present on all levels of governments, nor consistently provided for all briefings, and may be highly dependent on voluntary efforts, violating CRPD principles of professional sign language interpretation. The absence of quality and accessible information on the Covid-19 in their national sign languages puts the health of deaf people at risk, as well as the health and lives of their communities

Based on information collected by the WFD from our members around the globe, the absence of accessibility through professional and accredited national sign language interpreters in Covid-19 related information delivered by governments mostly take place in Global South countries, with an accentuation in the Asian, African and Pacific Regions. Either there is no interpretation at all, or the interpreters are not qualified and fail to deliver clear and accessible information.

When such situations arise, most deaf people must rely on the work of the national associations of deaf people who are translating, voluntarily and without government funding, all governmental information and recommendations. Deaf people also rely on the information communicated through their direct social circles such as family members and friends, with the risk of incomplete information and/or the circulation of unverifiable information.

Where the government's obligations under international, regional and national legislation and policies are not respected and fulfilled, national associations of the deaf have to step up to safeguard the health of their fellow deaf people without any additional funding from the government. Indeed, throughout the pandemic, national associations of deaf people have served on the frontlines of the pandemic, ensuring accessible information for their members. This frontline status needs to be recognized and compensated by governments and aid organizations. National governments must collaborate with the national associations of the deaf to ensure qualified and accredited national sign language interpreters, and provide meaningful funding to national associations of deaf people to ensure the accessibility of all Covid-19 related information.



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4. Right to equal treatment in healthcare and services

Deaf people must not experience any discrimination in their access to Covid-19 related healthcare services and facilities. Such discrimination may include a lack of available information in the national sign languages during vaccinations. This also includes appointment booking only being available through phone calls without any opportunities for appointment through email, text services or video-relay services. Other forms of discrimination can include deaf people being placed at the bottom of the waiting list for vaccinations and other healthcare services due to their disabilities. Deaf people in Global South countries have reported barriers to accessing governmental food and medicine distribution services either because distribution is based on auditory notifications or because of a lack of accessible information on these services. This has adverse consequences.

The right of deaf people to equal treatment to Covid-19 pandemic healthcare and services covers accessibility in healthcare facilities, including vaccination sites, in the national sign languages. The provision of national sign languages should be made through professional and accredited national sign language interpreters, either onsite or, if necessary, remotely. Deaf people have the right to receive all Covid-19 vaccination information and services, including expressing their free and informed consent, in their national sign languages.

National governments, public health services and healthcare facilities should consult with national associations of deaf people to develop processes that ensure all Covid-19 healthcare responses are accessible for deaf people. Such consultations are crucial to make sure deaf people are able to access and benefit from the best healthcare and services possible, equally with their non-disabled counterparts. As per Art 4.3 CRPD, these consultations must take place at the very beginning of the design of the Covid-19 response measures, including vaccination campaigns. The consultations must be meaningful and accessible with the provision of professional and accredited national sign language interpretation during the meetings.



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5. Recommendations

The WFD, with member organizations from 131 nations, call upon all governments to adopt the following recommendations to ensure the right of deaf people to equal treatment is fulfilled:

1. As recommended by the World Health Association, governments must ensure that all Covid-19 related information and communication are accessible to deaf people in the national sign language through professional and accredited national sign language interpreters. National associations of the deaf must be consulted in the development of a selection process ensuring said interpreters are understood by deaf communities.
2. In providing accessible Covid-19 related information in the national sign languages, national governments must follow the [WFD - WASLI Guidelines on Access to Information in National Sign Languages During Emergency Broadcasts.](#)
3. Governments should work with national associations of deaf people to ensure accessibility of Covid-19 related information in the national sign languages. If associations provide front-line information services, they should also receive adequate funding to cover all expenses and activities.
4. National governments and public health services must ensure that healthcare facilities, especially during emergency situations, are accessible to deaf people through professional sign language interpretation either onsite or, if necessary, remotely. Deaf people have the right to autonomy and not to rely on a third party, such as relatives, when making an appointment or seeking information. There must be a broad range of options to contact these services, not being limited only to phone calls. Alternatives such as text-based communication, email and virtual remote interpreting services should be made available, serviced on the same terms as phone contact and free of additional costs to deaf people.



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5. Governments should not set in place any differentiation of services based on disability. Deaf people must be treated equally to their hearing counterparts without discrimination or delay of services, including vaccinations, due to their disability.

6. Governments must actively consult and regularly collaborate with national associations of deaf people when providing accessibility measures for deaf people through national sign language interpretation to make information and services accessible.