

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

I. Introduction

The World Federation of the Deaf (WFD), the WFD Ordinary Members from 130 nations, its eight Regional Secretariats and its International Partners stand 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 life of billions of people worldwide since 2019, including the more than 70 million deaf people the World Federation of the Deaf is representing. This pandemic has highlighted the dire predicament of deaf people in accessing Covid-19 related life-saving information and services on an equal foot with their hearing counterparts.

This statement aims to highlight the right of deaf people to equal treatment in the Covid-19 pandemic context. This right to equal treatment is two-fold. Firstly, it covers the right to impart Covid-19 related accessible information in the national sign languages. Such coverage in the national sign languages is crucial as sign languages are the only languages deaf people can use effortlessly, combined with the high percentage of low literacy among deaf people. Secondly, it covers the rights of deaf people to access Covid-19 related healthcare and services, including vaccination, equally with others.

II. 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, the provision of reasonable accommodation measures 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 paid 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.

Ultimately, art. 25 CRPD 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, its point (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 the national sign language, including informed consent in the national sign languages before proceeding to the vaccination. Additionally, these considerations remind the right of deaf people to have the registration process for vaccination accessible in the national sign language. Ultimately, States Parties must ensure accessibility through professional and accredited national sign languages interpreters in the vaccination sites.

Ultimately, 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 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 legal and policy frameworks give grounds for deaf people for the right to equal treatment in the context of the Covid-19 pandemic. 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.

III. 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. 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 most of the countries around the globe do not provide a quality and professional sign language interpretation in their national sign language(s) for Covid-19 related communication and information in a consistent manner due to the lack of awareness from the governments, placing deaf communities at further risk of being infected and spreading the virus.

To date, over 100 countries from the 193 UN Member States and 182 States Parties to the CRPD have provided national sign language interpretation during public announcements on the Covid-19 pandemic with variable quality, such as unqualified interpreters or interpreters that are not displayed with a minimum size of 25% of the screen. This number highlights the fact that only 55% of the States Parties to the CRPD have fulfilled their obligations of accessibility under their International legal obligations. Furthermore, this number hides a lot of disparities. Interpreting is not present on all levels of governments, nor consistently provided for all briefings, or highly dependent on voluntary efforts. The absence of provisions to deaf people of quality and accessible information on the Covid-19 in their national sign language puts their health at risk, as well as the health and life of their communities

From the information collected by the WFD, 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 the deaf who are translating, voluntarily and without government fundings, all governmental information and recommendation. Deaf people also rely on the information communicated through their direct social circles such as family members and friends, with the risk of imparting incomplete and/or fake 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. National governments must collaborate with the national associations of the deaf to either together select qualified and accredited national sign language interpreters, or provide

meaningful funding to the national associations of the deaf for all the Covid-19 related information to be accessible.

IV. Right to equal treatment in healthcare and services

Deaf people must not experience any discrimination in their process to access Covid-19 related healthcare services and facilities. Such discriminations include the lack of available information in the national sign languages on vaccination. This also includes appointment booking only being available through phone calls without any opportunities for appointment through email, texting services or video-relay services. These discriminations also include deaf people being placed at the bottom of the waiting list for vaccination and other healthcare services just because of their disabilities. Ultimately, most deaf people in Global South countries do not benefit from governmental food and medicine distribution services because of a lack of awareness and information, which bring an impact on their health.

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 language. The provision of national sign languages should be made through professional and accredited national sign language interpreters, either onsite or remotely. Deaf people have the right to impart all Covid-19 vaccination information and services, including expressing their free and informed consent, in the national sign language.

National governments, public health services and healthcare facilities do not always consult with organisations of persons with disabilities and national associations of the deaf to make sure the facilities are accessible for deaf people through national sign language interpretation. The provision of professional and accredited national sign language interpretation would make sure deaf people are able to reach out to their vaccination centre in another way than through phone calls. 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.

V. Recommendations

The WFD, its Ordinary Members from 129 nations, its eight Regional Secretariats, its Regional cooperating Partner and its International Partners strongly recommend that national governments adopt the following recommendations to ensure the rights of deaf people to equal treatment are fulfilled:

1. National 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 when proceeding to the selection of the said interpreters.

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. If national governments, for various reasons, are unable to ensure accessibility of all their information in the national sign languages, national associations of the deaf can be responsible for providing accessible information to their deaf community in their national sign languages. However, national governments must provide adequate funding to cover all expenses normally associated with this task, as well as providing all the necessary information.
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 remotely. In addition, the contact to these services must not be limited only to phone calls but must offer other alternatives such as texting, emails and virtual remote interpreting services, free of additional costs to deaf people. Deaf people have the right to autonomy and not to rely on a third party, such as relatives when making an appointment.
5. National governments must treat deaf people equally as their hearing counterparts and should not be placed at the bottom of the waiting list because of their disabilities.
6. National governments must actively consult and regularly collaborate with national associations of the deaf when providing accessibility measures for deaf people through national sign language interpretation to make information and services accessible.