Research Article

Disability and Vulnerable Groups Inclusion in COVID-19 Policy and Planning in Sub-Sahara African Countries

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ABSTRACT

Background: The COVID-19 pandemic has caused an excess burden of disease in disabled and vulnerable populations. These populations may face an increased risk of contracting COVID-19, greater demand for services and social support, and reduced access to treatment. Despite various national and international efforts towards disability rights and inclusion, substantial gaps exist between disability rights legislation and its implementation.

Aims: To assess the inclusion of people with disability and other vulnerable groups in policy and planning documents related to the COVID-19 pandemic response in sub-Sahara Africa.

Methods: We conducted content analysis using the EquiFrame policy analysis tool and assessed commitment to 12 vulnerable groups and 21 core human rights in policy and planning documents related to the COVID-19 pandemic. We included documents on general pandemic response, stakeholder engagement, risk communication, and the COVID-19 vaccine from five sub-Sahara African countries, including Nigeria, South Africa, Ethiopia, Kenya, and Zambia.

Results: The study highlights the varying degrees to which countries integrate disability, vulnerable groups, and other core human rights concepts into their COVID-19 health policies and planning documents. Only Kenya mentioned disability in their pandemic response plan. However, all countries have explicitly mentioned disability in their stakeholder engagement plans. Except for Kenya, all countries have included disability in their risk communication plans. Notably, South Africa and Zambia demonstrated extensive disability inclusion in their stakeholder engagement and vaccine plan. Thus, these countries have the potential for comprehensive and inclusive health policymaking. In contrast, Nigeria and Ethiopia lag, therefore highlighting areas of improvement across all policy domains.

Conclusion: The findings emphasize the critical importance of not only mentioning disability and other vulnerable groups, but also ensuring the depth and quality of this inclusion. While there are positive strides in certain areas, there remains a consistent need for deeper and broader inclusion across all policy domains.

Keywords: *Disability, Inclusion, Covid-19, Health policy, Health services, Africa.*

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1. Introduction

Empirical evidence shows that people with disabilities are the most vulnerable and are often overlooked in most communities, particularly in Africa (Mitra *et al.*, 2013; World Health Organization, 2011). The continued systematic exclusion of people with disabilities, 80 percent of whom live in the Global South, is perplexing given that the UN 2030 Agenda for Sustainable Development clearly mentioned the need to include people with disabilities 11 times in its text (United Nations, 2018). Regardless, people with disabilities are among the most marginalized populations since they endure the weight of inequity and vulnerability (Banks *et al.*, 2017; Hume-Nixon and Kuper, 2018; Jagoe *et al.*, 2021). They are socially excluded and marginalized, with limited access to services such as healthcare, education, and employment, resulting in poverty and deprivations of safe housing, nutritious food, and healthy living, among others (Banks *et al.*, 2017; Trani *et al.*, 2018). Although there have been significant national and international efforts towards disability rights and inclusion in the African continent, however, substantial gaps are still existing between legislation on disability rights and actions (Madans *et al.*, 2017; Saran *et al.*, 2020; UNDP, 2018). These gaps are generally rooted in omission in policy and planning that do not explicitly recognize the rights of disabled people to inclusion, and lacking integrated inclusive implementation plans, goals, and accountability mechanisms (Lang *et al.*, 2019).

COVID-19 has had a significant impact on life and society in Sub-Sahara Africa, as well as in other parts of the world. Despite relatively low COVID-19 mortality rates in Sub-Sahara Africa, components of the lockdown responses, including business and school closures, and limited health-care access, which were implemented during the pandemic, have deepened the disparity experienced by vulnerable populations including disabled people (Hale *et al.*, 2021). Though disaggregated national data by disability for COVID-19 infections and related deaths are currently not available in most African countries, emerging evidence suggests that the pandemic disproportionately impacted these populations in so many ways including, an increased risk of poor health outcomes from the disease, restricted access to mainstream health care and rehabilitation, and the negative social consequences of pandemic mitigation efforts (Shakespeare *et al.*, 2021).

In terms of health, some people with disabilities are at an increased risk of contracting and dying from COVID-19—some due to increased medical vulnerability and/or a lack of accessible information about prevention (e.g. sign language interpretation, online or easy-to-read information), and some because care and support needs make social isolation more difficult (Ahmad *et al.*, 2020; Boyle *et al.*, 2020). People with disabilities, particularly those living in low- and middle-income countries (LMICs), face severe barriers to healthcare services and support. People with disabilities in some African countries are unable to access healthcare services, such as ICU beds and ventilator access, or obtain therapeutic treatments or rehabilitation, as well as medication, during the pandemic (McKinney *et al.*, 2020; Sabatello *et al.*, 2020). Findings from situational reports in some developing countries showed about 45 percent of people with disabilities were not receiving the necessary support for safe and independent living during the COVID-19 pandemic (UKaid, 2020). These individuals would not wish to return to the pandemic status quo, which was a society with numerous barriers to participation.

Despite recognizing the various challenges faced by the disabled population, there is limited empirical research evaluating the extent to which Sub-Sahara African countries have included people with disabilities in their COVID-19 policy and planning documents. Existing studies have begun to explore the broader context of disability inclusion in African health systems during the pandemic (Engelbrecht *et al.*, 2023; Sherry *et al.*, 2024). However, there remains a significant gap in assessing the quality and depth of this inclusion, particularly in specific policy domains such as pandemic response, stakeholder engagement, risk communication, and vaccine planning. The inclusion of people with disabilities and other vulnerable populations in COVID-19 response is critical for a post-COVID inclusive and accessible society, which aligns with the UN 2030 Agenda for Sustainable Development. This study assessed the extent to which disability and vulnerable populations are incorporated into the COVID-19 response policy and planning documents of Sub-Sahara African countries with the highest number of COVID-19 cases, including Nigeria, South Africa, Ethiopia, Kenya, and Zambia (Africa CDC, 2021). If vulnerable populations inclusion is not addressed in the policy and planning documents explicitly, there is little chance that their needs will be addressed at the stage of implementation.

2. Methods

Design

We conducted a content analysis using the EquiFrame tool to evaluate the inclusion of people with disabilities and other vulnerable groups in COVID-19 policy and planning documents from five Sub-Sahara African countries: Nigeria, South Africa, Ethiopia, Kenya, and Zambia. We selected only these five countries with the highest number of Covid-19 cases to generate a manageable set of data. Moreover, these countries are likely to have robust policies to mitigate the impact of Covid-19 in their populations. Content analysis was selected as the most appropriate method for this research due to its ability to systematically and objectively analyze textual data, allowing for the identification of patterns, themes, and the presence or absence of specific content within large sets of documents (Vourvachis and Woodward, 2015).

Data sources

Policy and planning documents were identified through an online search including governments, relevant ministries, agencies, donors and international organizations websites, and through reviewed research articles in which COVID-19 policies of each country were studied. The search was conducted up to December 2022.

Eligibility criteria

Documents were included if they were specific to COVID-19 and related to pandemic actions (including pandemic response, stakeholder engagement, communication, and vaccine) and are developed by or with the governments of the selected countries for national use. Textual information from the policy and planning documents were analyzed using deductive content analysis with the aid of the EquiFrame tool. Specifically, we used the EquiFrame tool to evaluate the inclusion of 21 fundamental human rights principles and 12 vulnerable groups, who are potentially vulnerable to exclusion from COVID-19 response and recovery.

The framework

EquiFrame is a policy analysis tool designed to evaluate the alignment of policy and planning documents with 21 fundamental human rights principles essential for universal, equitable, and accessible healthcare (MacLachlan *et al.*, 2016; Mannan *et al.*, 2011). This tool assesses how well existing policies commit to these 21 Core Human Rights Concepts and considers 12 Vulnerable Groups, all within the framework of universal, equitable, and accessible healthcare (Supplementary file). EquiFrame aims to systematically evaluate and compare health policies based on their technical content and design, enabling the assessment of strengths and weaknesses in terms of their promotion of fundamental human rights for health among vulnerable groups. We used the tool to evaluate the extent to which these 21 principles were integrated into documents addressing people with disabilities and other vulnerable populations during the COVID-19 response and recovery efforts.

Scoring indices

The five summary indices of EquiFrame are as follows:

1. Mention of disability: Each document was assessed on the criteria whether disability was mentioned as a group with potential vulnerability.
2. Vulnerable group coverage (VG): A policy was examined with respect to the number of vulnerable groups mentioned out of the 12 vulnerable groups identified, and this ratio was expressed as a rounded-up percentage. In addition, the actual terminologies used to describe the vulnerable groups were extracted to allow for future qualitative analysis and crosschecking between raters.
3. Core concept coverage (CC): A policy was examined with respect to the number of core concepts mentioned out of the 21 core concepts identified; and this ratio was expressed as a rounded-up percentage. In addition, the actual terminologies used to explain the core concepts within each document were extracted to allow for future qualitative analysis and cross-checking between raters.

4. Core concept quality (CCq): A policy was examined with respect to the number of core concepts within it that were rated 3 or 4 out of the 21 core concepts identified; that is, as either stating a specific policy action or intention to monitor that action. When several references to a core concept were found to be present, the top-quality score received was recorded as the final quality scoring for the respective concept.
5. Overall summary ranking (Quality of the policy): Each document was given an overall summary ranking in terms of it being of low, moderate, or high standing according to the following criteria:
    i. High = if the policy achieved ≥50% on all of the three scores above (VG, CC, CCq).
    ii. Moderate = if the policy achieved ≥50% on two of the three scores above.
    iii. Low = if the policy achieved <50% on two or three of the three scores above.

Trustworthiness and rigor

Ensuring the trustworthiness of content analysis is critical, particularly in policy research, where the implications of findings can influence decision-making processes. The rigor of content analysis in this study is achieved through a systematic coding process using the EquiFrame policy analysis tool, which evaluates the inclusion of 21 fundamental human rights principles across the selected documents. This approach is consistent with the recommendations of (Elo *et al.*, 2014), who emphasize the importance of systematic coding and the use of predefined categories to enhance the credibility and dependability of content analysis. By adhering to these methodological standards, this study ensures that the findings are robust and reliable, providing valuable insights into the degree to which Sub-Sahara African countries have included disability and vulnerable groups in their COVID-19 policies.

3. Results

Our document search yielded 20 documents, four each from the five included countries. The content analysis of these COVID-19 policy and planning documents is presented below regarding the following specific pandemic actions: primary pandemic response, stakeholder engagement, risk communication, and vaccine rollout.

COVID-19 primary pandemic response and preparedness

Table 1 assesses the primary pandemic response plans of the five countries, focusing on their mention of disability, the coverage of vulnerable groups and core concepts, and the quality of these concepts. Apart from Kenya, other nations have not explicitly mentioned disability in their main pandemic response plans. South Africa and Zambia scored zero in terms of vulnerable group coverage, meaning that none of the vulnerable groups was included in their primary pandemic response. However, South Africa, despite not mentioning disability, leads in terms of core concept coverage and quality. This suggests a broad inclusiveness of human rights concepts, even if disability and other vulnerable groups are not directly addressed. Zambia lags in all metrics.

COVID-19 stakeholder engagement plan

Table 2 presents the stakeholder engagement plans of the countries, highlighting the importance of inclusive policymaking and planning by considering various stakeholders, including persons with disabilities. All countries have explicitly mentioned disability in their stakeholder engagement plans. However, Kenya, Zambia, and South Africa stand out with high-quality policies, thus implying inclusivity and depth in their policymaking and planning. Despite Nigeria having high VG% and CC% coverages, its CCq% pulls its overall quality to a moderate rating, this shows lack of specific policy action or intention to monitor that action in Nigeria’s stakeholder engagement plan. On the other hand, Ethiopia lags in all metrics.

Table 1: Assessment of COVID-19 primary pandemic response and preparedness by countries

	Document	Disability	VG%	CC%	CCq%	Quality of the policy
1	Nigeria National COVID-19 Pandemic Multi-Sectoral Response Plan, 2020	No	17	38	45	Low
2	Kenya Covid-19 Emergency Response Plan, 2020	Yes	33	44	47	Low
3	South Africa Preparedness and Response Plan for Novel Coronavirus, 2020	No	0	52	68	Moderate
4	Ethiopia National Emergency Preparedness and Response Plan for COVID-19, 2020	No	50	33	42	Low
5	Zambia COVID-19 Emergency Response and Health System Preparedness Plan, 2020	No	0	15	35	Low

Note: VG= Vulnerable group coverage, CC= Core concept coverage, CCq=Core concept quality

Table 2: Assessment of COVID-19 stakeholder engagement plan and by countries

	Document	Disability	VG%	CC%	CCq%	Quality of the policy
1	Nigeria Stakeholder's Engagement Plan (SEP), 2020	Yes	83	71	45	Moderate
2	Kenya Stakeholder Engagement Plan (SEP), 2020	Yes	75	62	57	High
3	South Africa Stakeholder Engagement Plan (SEP), 2020	Yes	58	75	57	High
4	Ethiopia COVID-19 Emergency Response Project: Stakeholder Engagement Plan (SEP), 2020	Yes	42	38	33	Low
5	Zambia COVID-19 Emergency Stakeholder Engagement Plan (SEP), 2020	Yes	75	62	57	High

Note: VG= Vulnerable group coverage, CC= Core concept coverage, CCq=Core concept quality

COVID-19 risk communication plan

Table 3 delves into the risk communication strategies of the five countries. Most countries have highlighted disability in their strategies, with Kenya being a notable exception. However, the overall "High" rating of Kenya's policy suggests strengths in other areas of risk communication. Ethiopia, which includes a mention of disability, also stands out with its "High" rating, reflecting a comprehensive approach to risk communication. Nigeria scores the highest in VG%, and its CC% and CCq% are also good, thus implying an inclusive approach to risk communication and deployment of specific policy action or commitment to monitor that action in Nigeria's risk communication plan. South Africa, despite a good CC% score, lags in VG% and CCq%, which affects its overall rating, therefore lagging behind the four countries. Thus, South Africa low VG% implies lack of inclusion in its risk communication plan while low CCq% demonstrates lack of specific policy action or intention to monitor that action in South Africa's risk communication plan.

Table 3: Assessment of COVID-19 risk communication plan by countries

	Document	Disability	VG%	CC%	CCq%	Quality of the policy
1	Nigeria Risk Communication and Community Engagement Strategy, 2020	Yes	83	71	52	High
2	Kenya National Communication and Community Engagement for Corona Virus, 2020	No	58	71	57	High
3	South Africa Government Communication Strategy on COVID-19, 2020	Yes	25	52	38	Low
4	Ethiopia Risk Communication and Community Engagement Strategy on COVID-19, 2020	Yes	58	57	61	High
5	Zambia Risk Communication and Community Engagement Strategy on COVID-19, 2020	Yes	58	52	48	Moderate

Note: VG= Vulnerable group coverage, CC= Core concept coverage, CCq=Core concept quality

COVID-19 vaccine plan

Table 4 scrutinizes the vaccine policies and deployment plans of the countries. Nigeria and Ethiopia have not mentioned disability in their vaccine policies or deployment plans, highlighting lack of inclusivity in their policies. South Africa's vaccine policy stands out as the most comprehensive and of high quality, showing a remarkable inclusion of disabled and other vulnerable groups, in addition to provision of specific policy action or commitment to monitor that action in their vaccine plan. Despite Zambia's moderate scores in VG%, CC%, and CCq%, its overall policy is rated high due to inclusivity and availability of specific policy action in their vaccine plan. On the other hand, Nigeria's policy is notably lacking in all metrics. This shows lack of inclusivity and specific policy action in Nigeria’s vaccine plan.

Table 4: Assessment of COVID-19 vaccine plan countries

	Document	Disability	VG%	CC%	CCq%	Quality of the policy
1	Nigeria Vaccine Policy, 2021	No	0	33	10	Low
2	Kenya National COVID-19 Vaccine Deployment Plan, 2021	Yes	50	54	42	Moderate
3	South Africa COVID-19: Vaccine Strategy, 2021	Yes	83	85	75	High
4	Ethiopia National Implementation Guideline for Expanded Program on Immunization, 2021	No	25	43	33	Low
5	Zambia National COVID-19 Vaccine Deployment Plan, 2021	Yes	58	57	57	High

Note: VG= Vulnerable group coverage, CC= Core concept coverage, CCq=Core concept quality

4. Discussion

Disability inclusion is paramount, especially during health emergencies, as people with disabilities might face unique challenges that need to be addressed. Inclusion of people with disabilities and other vulnerable groups in COVID-19 response planning is crucial to ensure that the needs of all individuals are addressed and no one is left behind (Banks *et al.*, 2021; Gashaw *et al.*, 2021; Oliveira *et al.*, 2022). This study provide important insights into the quality of policies related to the COVID-19 pandemic in the five African countries with highest number of COVID-19 cases during the pandemic (Africa CDC, 2021). Our finding shows significant policy implications for disabled and vulnerable populations. It was discerned that the mention of disability and other vulnerable groups and quality assessments varied across the countries. One of the most striking observations across the countries is the inconsistent mention of disability in the various policy and planning documents.

For instance, Kenya stands out in its COVID-19 primary pandemic response plan by including disability. However, its omission in the risk communication document is a concern. Moreover, fewer vulnerable groups were included and there was no mention of a specific policy action or intention to monitor the action in Kenya's primary pandemic response. This inconsistency might lead to gaps in implementation, potentially leaving people with disabilities less informed or at greater risk. Ethiopia and Nigeria, especially in their vaccine policies, fail to mention disability. This oversight can have significant implications, potentially excluding persons with disabilities from equitable access to vaccines or not addressing their specific needs during vaccination drives. One plausible explanation for these inconsistencies across countries could be the lack of exclusive mention of disability and other vulnerable groups or failure to identify specific policy action and commitment to implement and monitor that action.

Mere mention of disability or vulnerable groups isn't sufficient. The depth of inclusion, as evidenced by the core concept coverage and quality, is crucial. For example, South Africa consistently showcases robust policies, especially in their stakeholder engagement and vaccine strategy. Their comprehensive approach suggests a strong commitment to human rights and inclusivity. This can position South Africa as a leader in the sub-Sahara African region, setting an example for an inclusive health policymaking. On the other hand, Ethiopia, despite some strong points in risk communication, shows inconsistencies, especially in its stakeholder engagement plan. This suggests that while there might be efforts towards inclusive communication, broader stakeholder engagement might be lacking. This can lead to policies that do not fully address the needs or concerns of all groups. Hence, people with disabilities and other vulnerable groups should be given a specific attention in policy-making to ensure their needs are met.

Although some countries have shown promising tendencies in inclusive policy making, Nigeria for example, lags in coverage of people with disabilities and vulnerable groups in its primary pandemic response plan. This raises concerns about the potential for overlooking the unique challenges faced by these groups during the pandemic, potentially leading to inequitable health outcomes or access to resources. Additionally, Ethiopia, in its vaccine plan, also lags in vulnerable group coverage. This could imply a potential disconnect between policymakers and these groups, leading to policies that might not fully address the needs and priorities of people with disabilities and vulnerable populations, in their diversity, thus leaving them behind (Pearce *et al.*, 2022).

The overall policy rankings serve as a snapshot of each country's commitment to inclusive and equitable health policymaking and planning. Zambia, for instance, achieves a "High" ranking in its stakeholder engagement plan, suggesting robust strategies for inclusive dialogue. However, it receives a "Low" ranking in its primary pandemic response plan, indicating areas of improvement in broader health policymaking. Kenya shows strengths in stakeholder engagement and risk communication—despite not mentioning disability in the risk communication—but has a "Low" ranking in its primary pandemic response plan. This points towards potential challenges in translating inclusive dialogue and communication into comprehensive policies.

The results of this study are consistent with findings from (Engelbrecht *et al.*, 2023), which noted the inconsistent inclusion of disability in African health systems during the COVID-19 pandemic. Similar to their scoping review, our analysis found that while countries like South Africa demonstrate a relatively comprehensive approach to inclusivity, others, such as Nigeria and Ethiopia, continue to lag in explicitly incorporating disability considerations in their policies. Contrary to some findings in the literature, such as those by (Sherry *et al.*, 2024), which suggested that South Africa had a robust framework for disability inclusion during the pandemic, our study

found that while South Africa performed well in risk communication and vaccine plans, it did not explicitly mention disability or included vulnerable groups in its primary pandemic response plan. This shows that even in countries with robust frameworks, there may still be critical gaps that need addressing.

Strengths and limitations

This study provides new insights by not only identifying the presence or absence of disability inclusion but also evaluating the quality of this inclusion using the EquiFrame tool. Our findings show that merely mentioning disability or vulnerable groups is insufficient—what matters is the depth and quality of that inclusion. This study is one of the first to apply a structured content analysis tool like the EquiFrame across multiple African countries' COVID-19 policies, offering a comparative perspective that was previously lacking. However, the study is not without limitations, for instance, we focused on only five countries with the highest reported cases of COVID-19 during the peak of the pandemic. Moreover, the use of a structured framework like the EquiFrame tool does not allow room for inductive analysis, and only documents that are available online were included in our analysis. Hence, there is a need for further research on the quality of COVID-19 policies in African countries. For instance, future studies should include a representative sample of African countries to provide a holistic picture of disability and vulnerable groups inclusion in health emergencies policies like the covid-19 pandemic. Moreover, further studies should evaluate the extent to which covid-19 policies are implemented and examine the impact of these policies on disabled and vulnerable groups.

Recommendations

Overall, our findings provide important information for policymakers, researchers, and other stakeholders interested in improving the quality of COVID-19 policies in African countries. Policy makers should prioritize the explicit and deliberate mention of disability and other vulnerable groups in health planning policies, recognizing the unique challenges faced by vulnerable groups including people with disabilities during health crises. Additionally, they should focus on the depth and quality of disability inclusion, ensuring that policies are comprehensive and actionable. National stakeholders, including advocacy groups and civil society organizations, play a vital role in holding governments accountable for inclusive health policymaking. They should actively engage with policy makers to advocate for the rights and needs of vulnerable groups and people with disabilities. Researchers and public health practitioners should continue to study and promote the best practices for inclusive health policymaking. They should provide evidence-based recommendations to policy makers and program managers to enhance the inclusivity and effectiveness of health policies and programs.

5. Conclusion

Findings of this study underscore the critical importance of not only including vulnerable groups in health policies but also ensuring the depth and quality of this inclusion. Kenya, South Africa, and Zambia demonstrate the potential for comprehensive and inclusive health policymaking. In contrast, nations like Nigeria and Ethiopia highlight the areas of improvement, especially in consistently integrating disability and other vulnerable groups across all policy domains. For all countries, there's an imperative to continually reassess and refine their policies, especially in ensuring that they are both inclusive and actionable, specific policy actions need to be identified and commitment to implement and monitor the action need to be articulated. As health crises like the COVID-19 pandemic evolve, the policies must also be dynamic and adapt to the changing needs of all citizens, especially the most vulnerable. Lack of inclusive policies will continue to deepened the healthcare disparity between the general population and vulnerable groups—including people with disability—in the short term and failure to attain universal healthcare coverage and sustainable development in the long run. Lastly, it would be useful to examine the extent to which COVID-19 policies in African countries are implemented effectively and the impact of these policies on the health outcomes of populations.

Conflict of Interest

There is no conflict of interest. Nothing to disclosure.

Supplementary

Supplementary files are accessible through following link, providing detailed information on the specific sections of the EquiFrame tool employed by the authors: https://inschool.id/s-ghmj_zandam_2024

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