



TechNet-21
The Technical Network for
Strengthening Immunization Services



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Gender considerations in Covid-19 vaccine rollout

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Global perspective: Gender issues in immunization

Stephanie Shendale
Essential Programme on Immunization, IVB

Outline

1. Sex vs Gender
2. Global data
3. Understanding gender-related barriers to immunization
4. Gender considerations for equitable COVID-19 vaccine roll-out
5. Resources and further reading



SEX vs GENDER

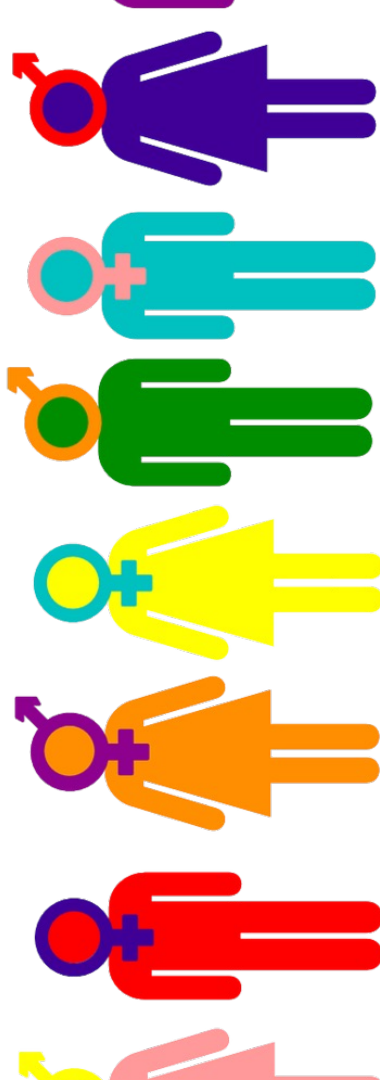
SEX

The biological and physiological fact of being male or female



GENDER

The socially constructed norms, roles and responsibilities assigned to men and women



Men and women experience differences in:

- health status,
- exposure to risk,
- susceptibility and vulnerability,
- access to and use of services,
- health-seeking behaviour,
- experiences in health care settings, and
- health, social and economic outcomes.

Gender impacts experience with COVID-19

Behaviour

Men smoke more;
Less likely to comply with non-pharmaceutical protective interventions, and delay seeking care.

Exposure and Vulnerability

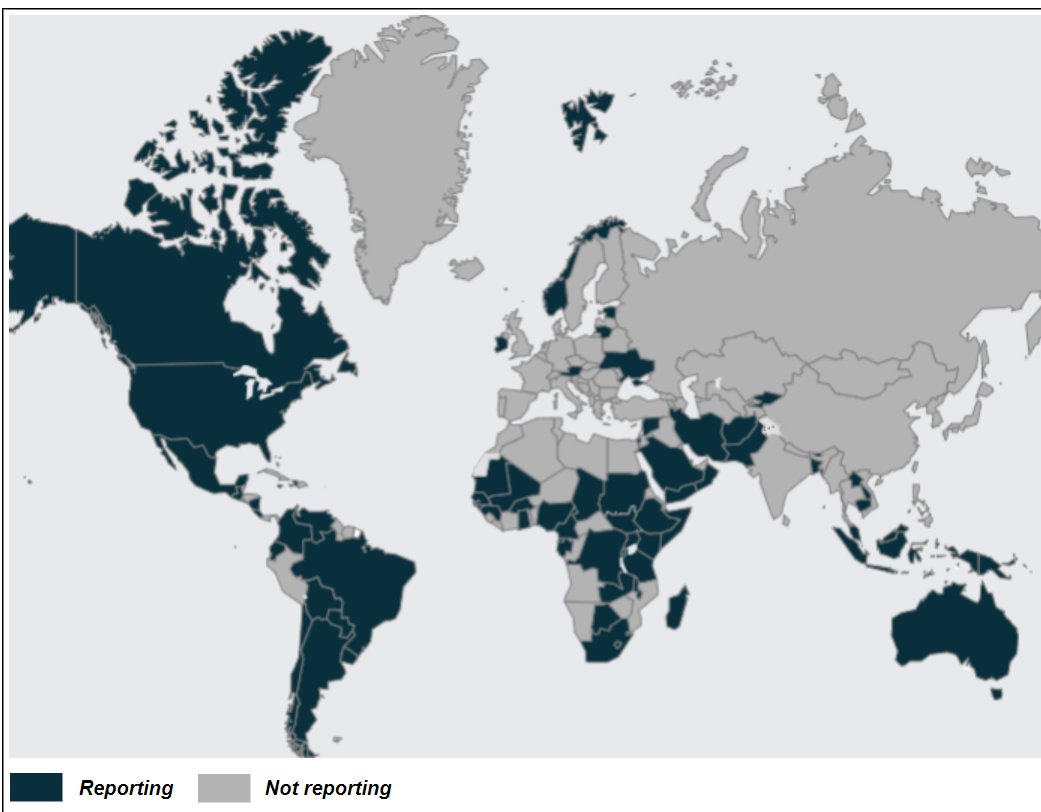
Women as caregivers and majority of frontline health care workers are more exposed to SARS-CoV-2, but may have limited access to suitable PPE.

Limited access to clean water, soap, hand sanitizers, masks.

Sexism on the Covid-19 frontline: 'PPE is made for a 6ft 3in rugby player'



Gender-disaggregated coverage across reporting WHO Member States



Aggregate view across WHO Member States

84

Number of WHO Member States reporting on coverage disaggregated by gender

38 %

Percentage of total population in reporting WHO Member States of total population in all MS

41 %

Aggregate complete primary series coverage in female population across reporting WHO MS

51 %

49 %

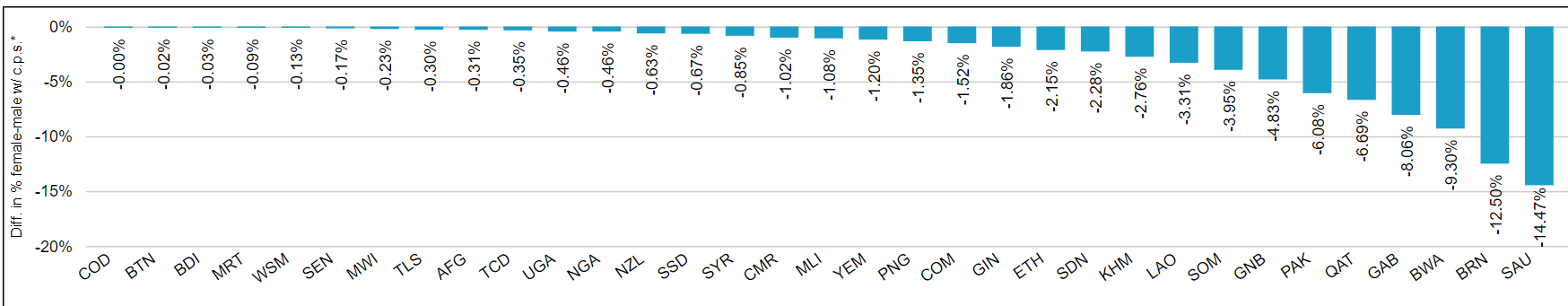
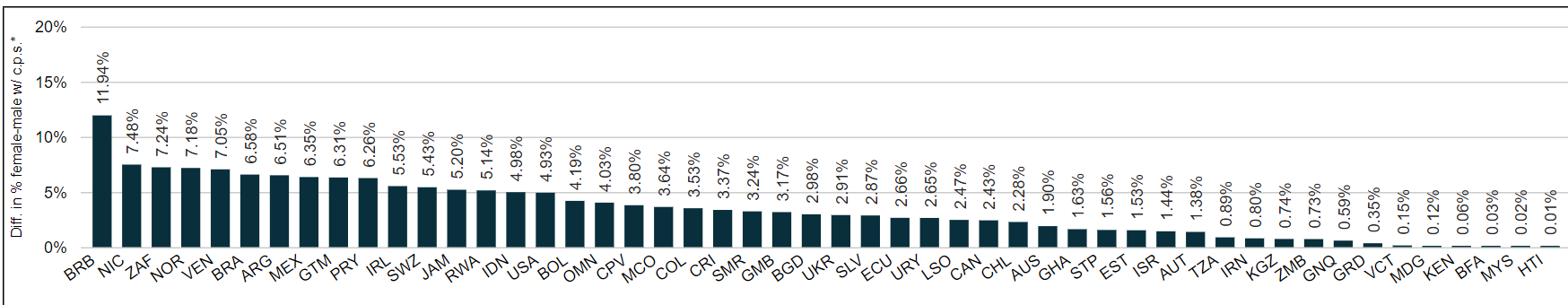
Ratio of complete primary series coverage in female/male populations across reporting WHO MS

Breakdown view by WHO region

Reg. ▲	Count of MS	% of pop. in rep. MS	% of reg. fem. pop. w/ c.p.s.*	% of reg. male pop. w/ c.p.s.*
AFR	31	80 %	9 %	8 %
AMR	21	93 %	63 %	58 %
EMR	10	68 %	35 %	41 %
EUR	10	9 %	41 %	38 %
SEAR	4	22 %	64 %	60 %
WPR	8	5 %	54 %	54 %
Total	84	38 %	41 %	39 %

* Complete primary series | Sources: eJRF and other monthly regional reporting systems

Difference in percentages of females / males with a complete primary series across reporting WHO Member States



Greater percentage of females with a complete primary series

Greater percentage of males with a complete primary series

* Complete primary series | Sources: eJRF and other monthly regional reporting systems | Note: Percentage of female / male population with a complete primary series is capped at 100% in the event the number of females / males reported with a complete primary series is greater than total female / male population size, respectively. Lithuania is excluded due to data reporting issues.

Gender-related barriers

- operate at **multiple levels**, from the individual and the household to the community and health systems
- are underpinned by **power relations**, leading to different opportunities, limitations, challenges, needs and vulnerabilities, especially for women and girls
- affect both **supply and demand dimensions** of immunization



Supply side barriers that impact immunization

- Cultural preference for female vaccinators
- Poor quality of services/negative attitudes
- Poor working conditions for women lead to high turnover
- Limited representation of women in managerial and decision-making positions





Demand-side barriers that impact immunization

- Limited decision-making autonomy/
lack of control over resources
- Mobility restrictions (sociocultural, security)
- Lower education and health literacy
- Gender-based violence and harmful practices

Potential sources for gender-related data

- Censuses (assess ownership)
- Big data (crowdsourcing, mobile phone/social media transactional)
- Household surveys (including measurement of social and behavioural drivers)
- Public opinion polls (gender norms/attitudes)



- Administrative data
- Service provision assessments
- Other special surveys including remote data collection
- Social listening
- Qualitative assessments

Examples of how to consider gender when rolling out COVID-19 vaccines – barriers and solutions

Women have limited mobility, time, and mobile access

- ✓ Bring vaccines to places and events that women visit
- ✓ Consider extended and flexible vaccination hours

Gender dynamics in decision making

- ✓ Engage gatekeepers as vaccine advocates
- ✓ Promote male engagement and joint decision-making

Cultural preference for female healthcare workers

- ✓ Increase number of female vaccinators
- ✓ Provide “women only” vaccination sites

Limited knowledge, misinformation and fear of side effects

- ✓ Provide clear and gender-sensitive information on how, where, when and which groups can be vaccinated
- ✓ Positive stories through trusted channels

GUIDANCE NOTE AND CHECKLIST FOR TACKLING GENDER-RELATED BARRIERS TO EQUITABLE COVID-19 VACCINE DEPLOYMENT

March 2021



THE CHECKLIST



Regulatory preparedness



Planning and coordination



Costing and funding



Vaccine delivery strategies



Vaccine delivery strategies



Human resource management and training



Vaccine acceptance and uptake



Vaccine safety



Monitoring and evaluation systems

<https://www.who.int/publications/m/item/gender-related-barriers-to-equitable-covid-19-vaccine-deployment>



WHY GENDER MATTERS

WHY GENDER MATTERS: IA2030

NEW!

- Aims to improve **awareness and understanding** of how gender-related barriers can affect immunization programme performance
- Provides practical “**how to**” **concepts, tools and methods, and actions** that can be used to effectively integrate a gender perspective into immunization programmes
- Includes **metrics to identify gender-related barriers to immunization**
- Links to other **resources and tools** for gender-responsive programming

Understanding and addressing behavioural and social drivers (BeSD) of vaccination

New publications:



<https://www.who.int/teams/immunization-vaccines-and-biologicals/essential-programme-on-immunization/demand>

Summary

Important to think about gender and Covid-19 vaccine roll-out, for many reasons

Applying gender lens to COVID-19 vaccination can inform and build capacities for routine immunization services (and vice versa)

Quality data and analysis is needed

Resources and funding available to help

Thank you

Merci

www.who.int/teams/immunization-vaccines-and-biologicals

Immunization, Vaccines and Biologicals



Additional Resources and Reading

- WHO IVB landing page on Gender and Immunization: <https://www.who.int/teams/immunization-vaccines-and-biologicals/gender>
- WHO SAGE technical background paper: Critical sex and gender consideration for equitable research, development and delivery of COVID-19 vaccines. April 2021 <https://www.who.int/publications/m/item/critical-sex-and-gender-considerations-for-equitable-research-development-and-delivery-of-covid-19-vaccines>
- Heidari S, et al. Time for action: towards an intersectional gender approach to COVID-19 vaccine development and deployment that leaves no one behind. BMJ Global Health 2021 <https://gh.bmj.com/content/6/8/e006854>
- Heidari S, et al. A Systematic Review of the Sex and Gender Reporting in COVID-19 Clinical Trials. Vaccines 2021 <https://www.mdpi.com/2076-393X/9/11/1322/html>
- WHO Gender mainstreaming for health managers: a practical approach. (2011)
- EQUITY REFERENCE GROUP FOR IMMUNIZATION. Gender Lens to Advance Equity in Immunization. Equity Reference Group. <https://sites.google.com/view/erg4immunisation/discussion-papers>
- Immunisation and Gender: A Practical Guide to Integrate a Gender Lens into Immunization Programmes, UNICEF Regional Office for South Asia (ROSA) (2019)
- Gender-responsive communication for development: Guidance, tools and resources. UNICEF ROSA (2018)
- Gender Toolkit: Integrating Gender in Programming for Every Child in South Asia (2018) UNICEF ROSA.
- GPEI Gender Equality Strategy 2019/2023 https://polioeradication.org/wp-content/uploads/2020/07/Gender_Strategy_EN.pdf
- GENDER AND COVID-19 VACCINES: Listening to women-focused organizations in Asia and the Pacific (2021)
- Little Jab Aid: 5 Ideas to increase COVID-19 vaccination for women in Middle East and North Africa (MENA)– Busara Center for Behavioral Economics, Common Thread, UNICEF & Save the Children
- Gender in Humanitarian Action Handbook. UN Inter-Agency Standing Committee (IASC) (2018)
- UN STAT GENDER MANUAL <https://unstats.un.org/unsd/genderstatmanual/>



EXPERIENCE OF A HIGH-VOLUME VACCINATION SITE IN
**ADDRESSING GENDER DISPARITY IN
COVID-19 VACCINE UPTAKE IN DRC**

Carla Toko, Senior Manager
VillageReach

COVID-19 Vaccination in DRC



- **Less than 1% of people in the Democratic Republic of Congo** had been vaccinated against COVID-19 *(April 2021–Nov 2021)*
- **In Kinshasa** – the province with 60% of all confirmed cases of COVID-19 – **59,153 had received at least 1 dose and 11,927 were completely vaccinated** *(Nov 29, 2021)*



COVID-19 Vaccinodrome



On 29 Nov 2021, **VillageReach** launched a high-volume vaccination site, known as a “vaccinodrome” in Kinshasa.

Initial vaccinodrome challenges



- Initial vaccination targets were ~1,000 per day, but **throughput at the vaccination sites was not meeting these goals**
- **Low traffic** at fixed COVID-19 vaccination sites, despite the sites being located in high-traffic urban settings
- **Significant gender disparities** in vaccine uptake

In December 2021, women
represented only

20%

of those vaccinated at
the vaccinodromes



Gender-related barriers to COVID-19 vaccine uptake in DRC

Hesitancy related to fertility and breastfeeding concerns

Challenges accessing fixed sites for women

Doctor's note requirement for pregnant women

Strategies to increase COVID-19 vaccine uptake

- ❑ Address **access** by making vaccination more convenient
- ❑ Address **demand** with community health workers (CHWs) and sensitization



Addressing gender-related **ACCESS** barriers



Generalized

- **Increased number of vaccinodromes** from 1 in Nov 2021 to 4 by April 2022
- **Use of “Hub and Spoke” model:** Vaccination teams split between the fixed site and outreach sessions which change location depending on traffic and CHW suggestions



Gender-specific

- ✓ Increased **focus on outreach teams vaccinating women where they are at** in markets, etc.
- ✓ **Mapping of women’s associations** across Kinshasa

Addressing gender-related DEMAND barriers

Generalized

- **109 CHWs trained** on COVID-19 vaccines and motivational interviewing
- Each day, **pairs of CHWs sensitize community members in high-traffic areas** around vaccinodromes using megaphones and directly conversing with people
- **CHWs pre-register people for vaccination** and give them a token to bring to the vaccination sites

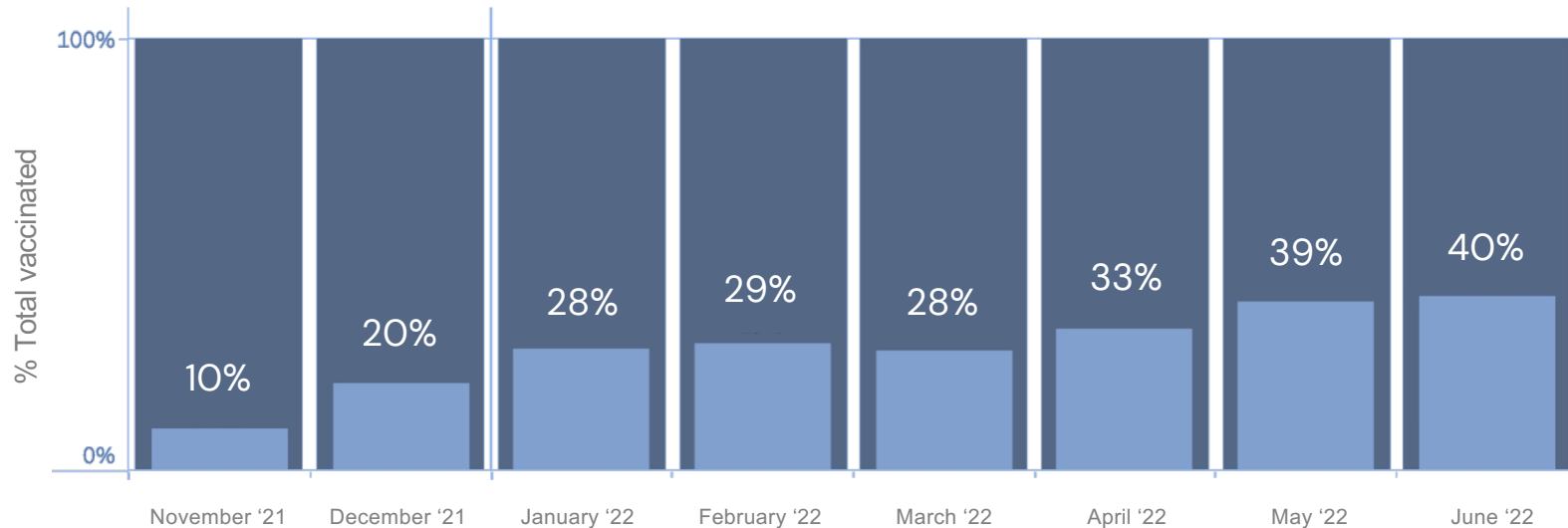
Gender-specific

- ✓ **CHWs pivoted to focus specifically on targeting women** at markets, women's associations, etc.
- ✓ **Even distribution** of male and female CHWs hired
- ✓ **Group sensitization** with businesses/ associations/ NGOs focused on women

COVID-19 vaccine uptake for women has been increasing



Proportion of women vaccinated against COVID-19*



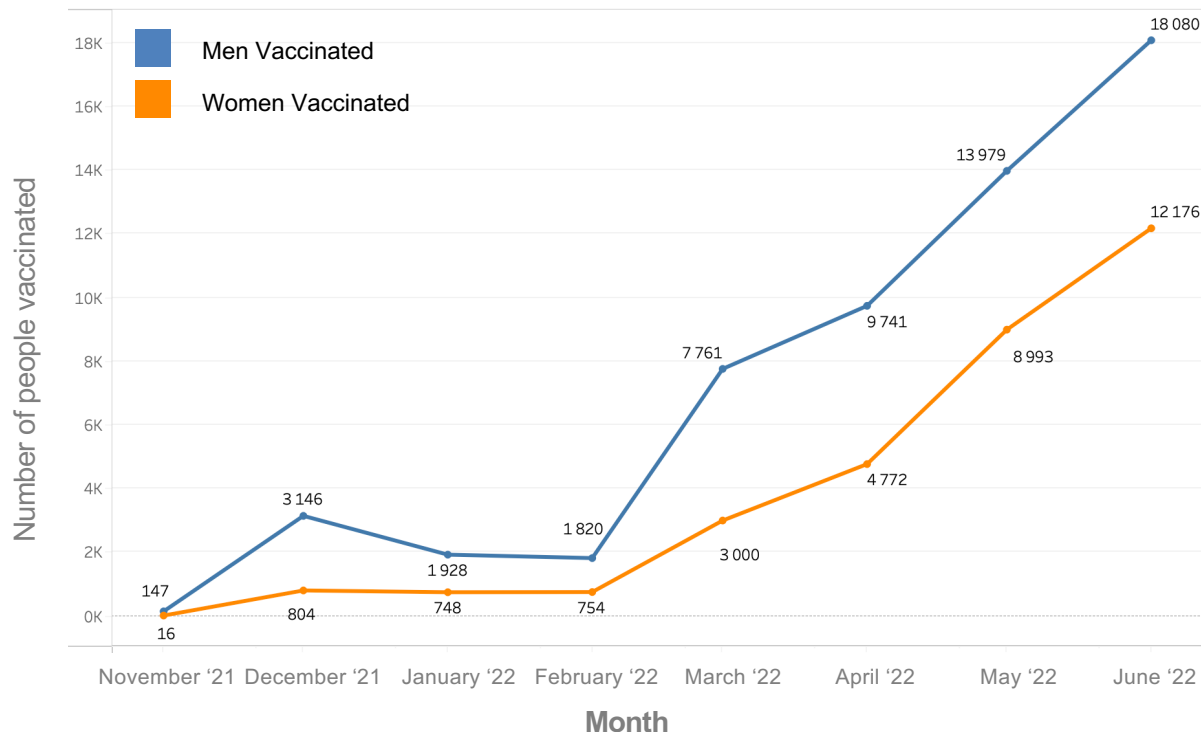
Generalized outreach & sensitization

Gender-specific strategies

*Includes people vaccinated at both vaccinodrome fixed sites and associated outreach sessions

COVID-19 vaccine uptake overall has been increasing

Number of people vaccinated against COVID-19*, disaggregated by gender



*Includes people vaccinated at both vaccinodrome fixed sites and associated outreach sessions



Key Learnings

Increasing convenient access to vaccines is key to increasing COVID-19 vaccine uptake for women.

- ✓ Strategy requires **flexibility and communication** between CHWs and site managers.
- ✓ Splitting vaccination site staff into **teams including CHWs, vaccinators, and data staff** makes it easier to conduct sensitization from outreach sites, vaccinate, and manage data collection.

Next Steps

Continue to address gender-related barriers by:

- ❑ **Integrating COVID-19 vaccines with routine immunization.** During routine immunization sessions, 1) make COVID-19 vaccines available and 2) sensitize women/caregivers.
- ❑ Additional targeted **outreach to mapped women's associations.**

Thank you

Carla Toko, Senior Manager
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Please direct any questions to:

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Vidya Sampath (vidya.sampath@villagereach.org)



Ministère de la Santé PEV VILLAGE REACH®

JE ME SUIS FAIT VACCINER CONTRE
LE COVID-19 AU **VACCINODROME DE
LA PLACE DES ARTISTES**
— ROND-POINT VICTOIRE —
ET VOUS ?

#vaccinodromeplacedesartistes(rondpointvictoire) @villagereachafr @villagereach



ADDRESSING GENDER GENDER- RELATED CHALLENGES WITH COVID-19 VACCINE

Sofia de Almeida,
UNICEF ESARO

COVID-19 Vaccine ESARO

Gender- related challenges

Sofia de Almeida
Helena Ballester Bon

June 30, 2022

unicef 
for every child



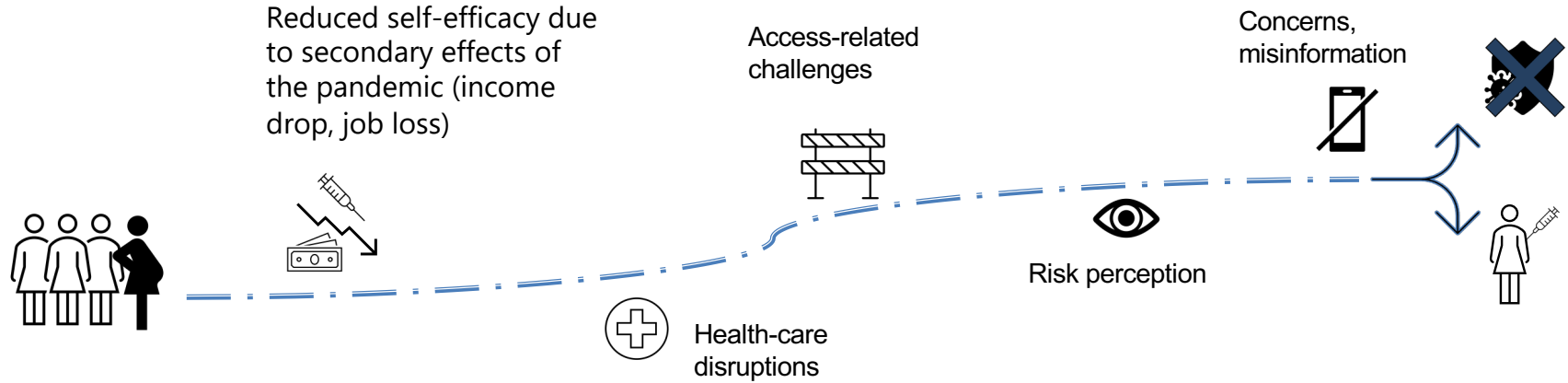


Where data is available,
women represent 27% of vaccines administered in 11 ESAR countries
(source: WHO regional dashboard)

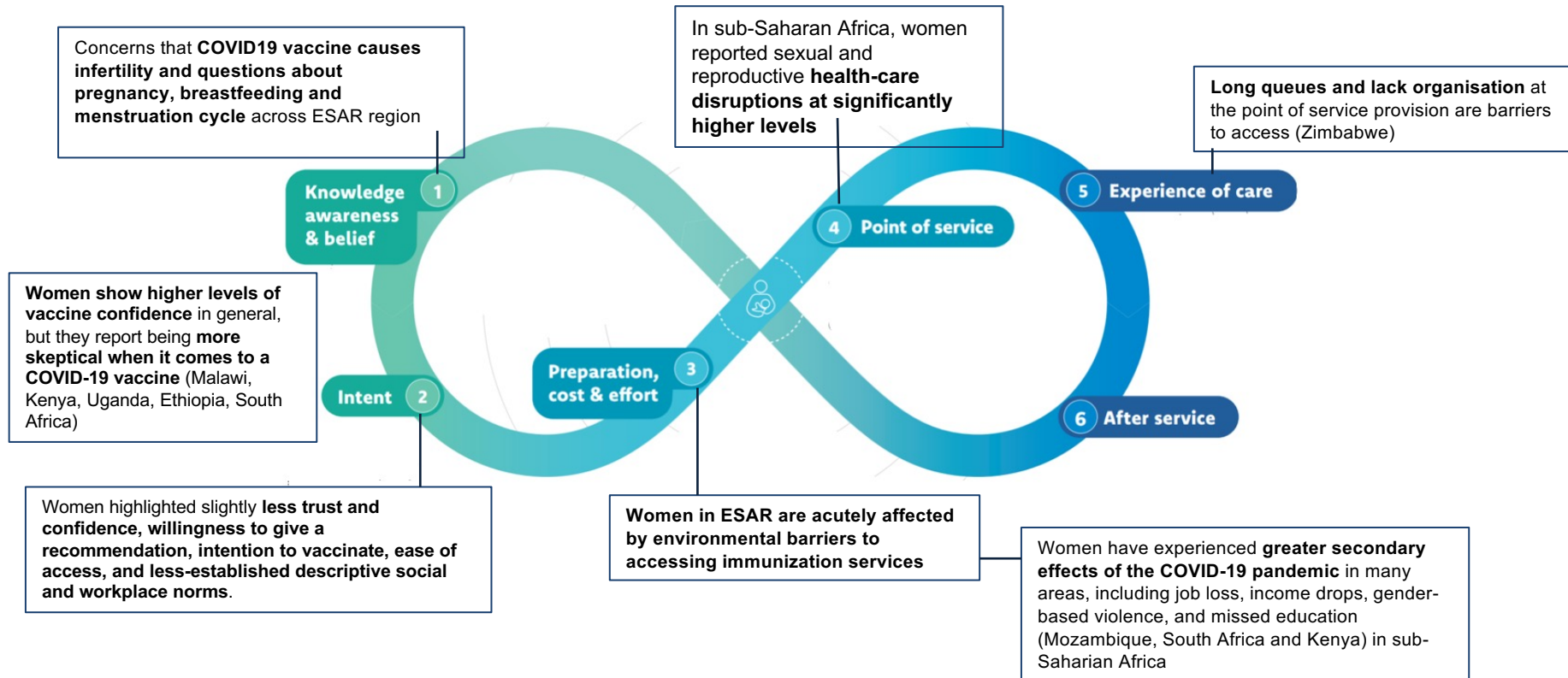
21 July

22 Jun.

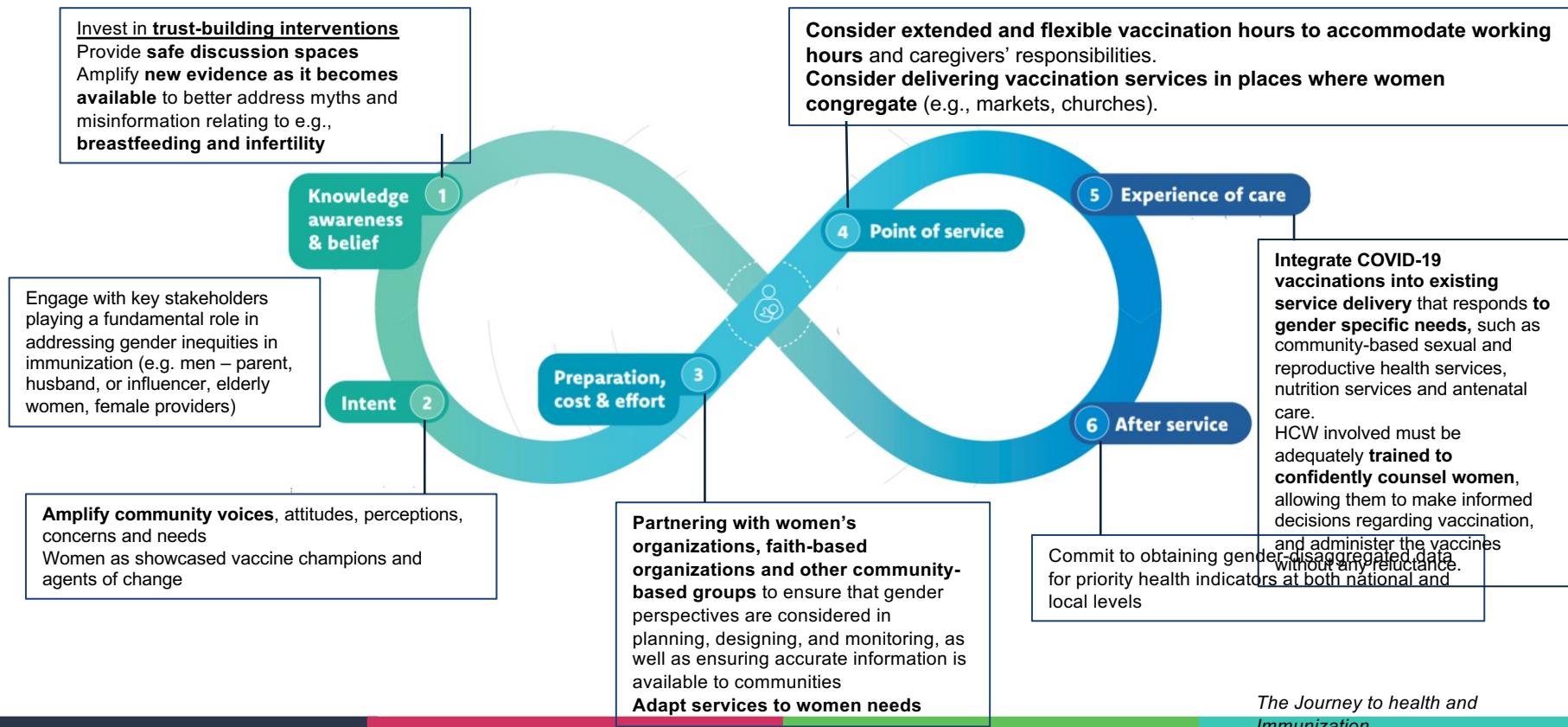
Where data is available,
women represent 43% of vaccines administered in 11 ESAR countries
(source: WHO regional dashboard)



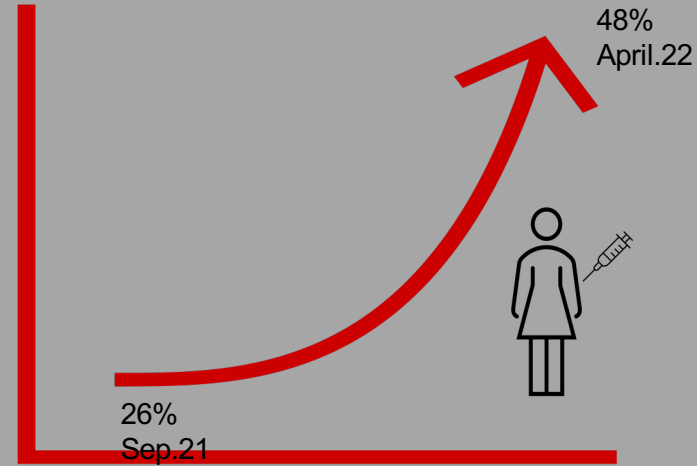
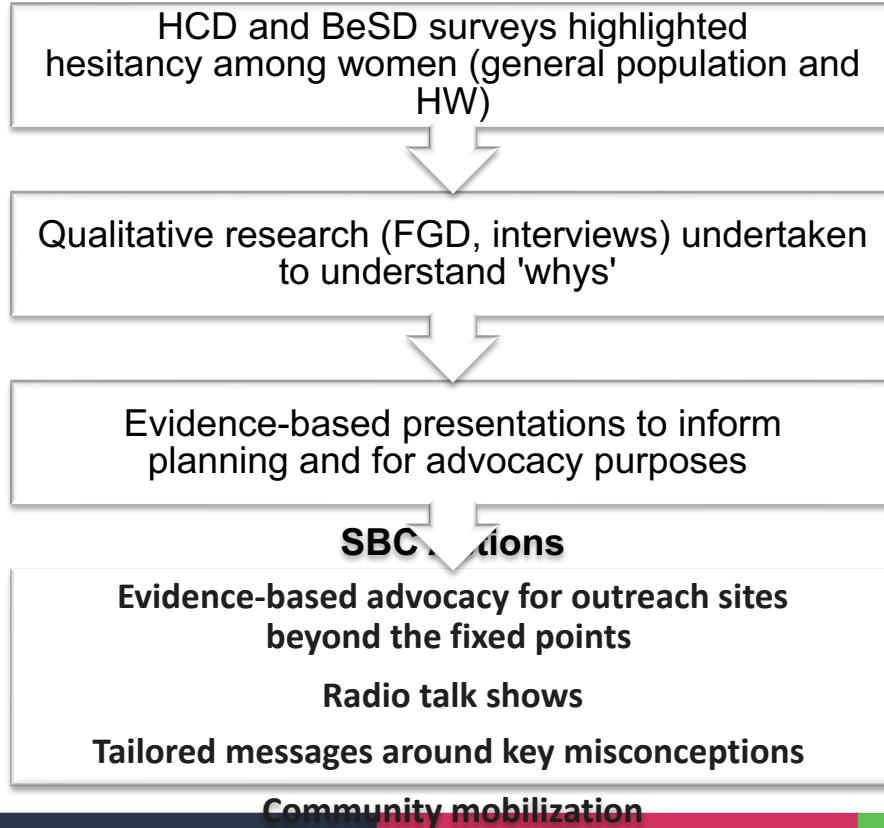
Gender-related challenges for COVID-19 vaccination



Programmatic recommendations

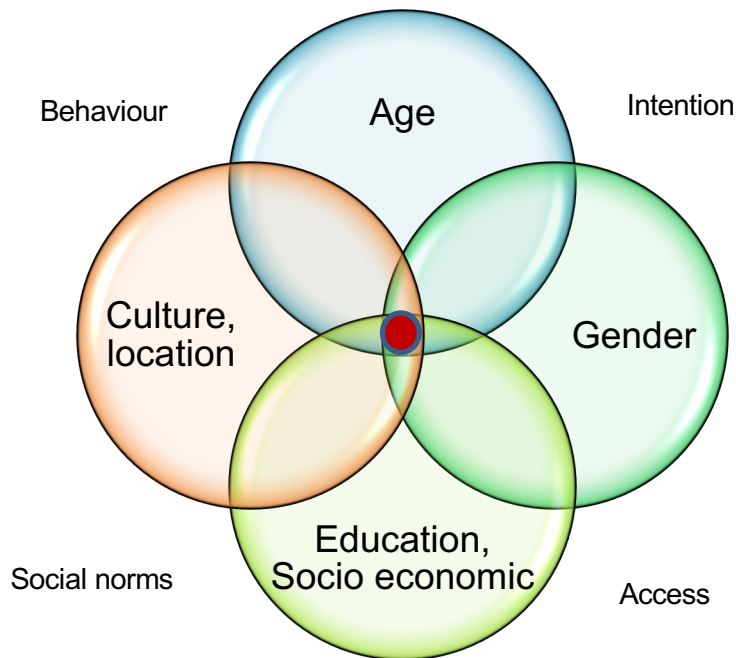


Women's uptake in South Sudan



Covid-19 uptake increased
(National data)

Key Takeaways



- ✓ **Undertake time series data collection**
- ✓ **Ensure disaggregated data**
- ✓ **Consider segmentation studies**
- ✓ **Customize SBC interventions and reach sub target groups**

THANK YOU

Contacts

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Questions & Answers