



17th TechNet Conference

Panama City, Panama | October 16-19, 2023

Immunization Programmes That Leave No One Behind

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Gender and Zero Dose Populations

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Why gender matters for equity in immunization

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Disentangling Sex and Gender

Sex

Biological characteristic

- Biological attributes
- Physical and physiological features
- Generally assigned at birth based on the appearance of external anatomy/genitalia



Gender

Social construct

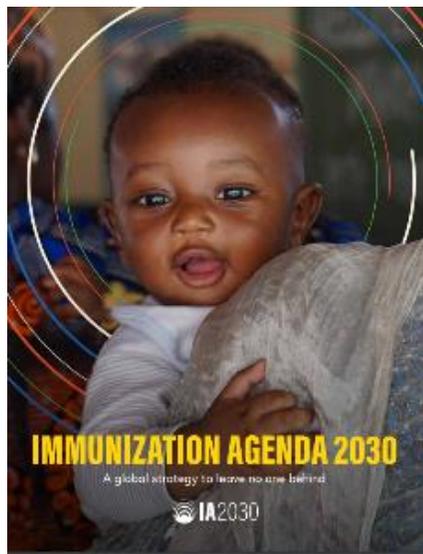
- Norms, roles and relations
- Varies from society to society and evolves
- Hierarchical and often reflects unequal relations of power



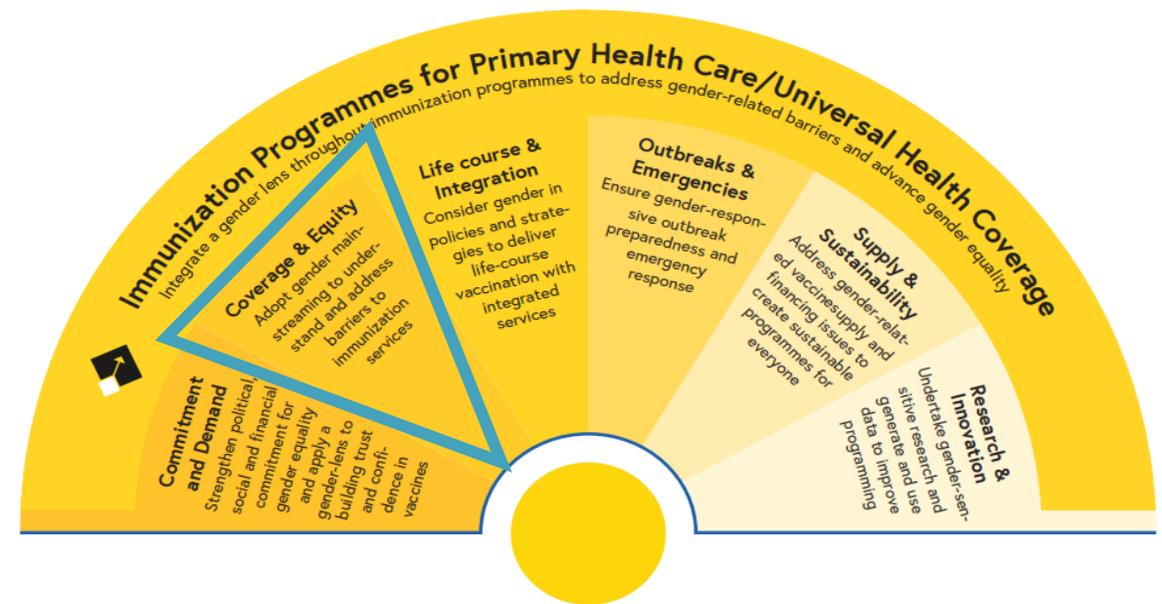
SDG5 & Immunization Agenda 2030 (IA2030): advancing gender equality & addressing gender-related barriers to immunization



5 GENDER EQUALITY



- Gender is an important **cross-cutting consideration** for all **seven IA2030 strategic priorities (SPs)**
- It is at the heart of **SP3 Coverage and equity**

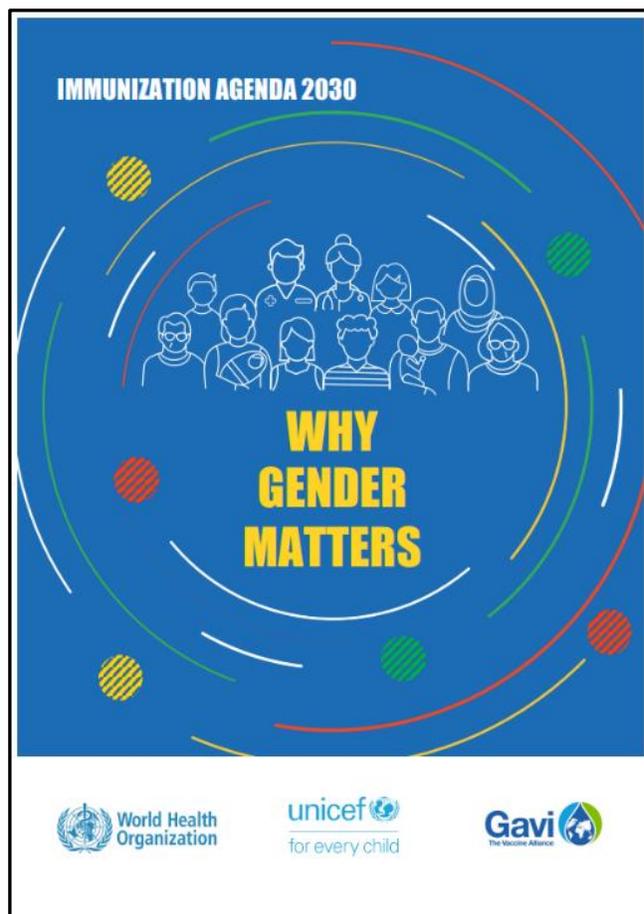


Not an issue of coverage difference between girls and boys



- it is about recognizing and responding to the **equity and gender-related barriers** to access and uptake of vaccines, particularly to reach **zero-dose children and missed communities**
- it is about **higher** coverage for **everyone**

IA2030: Why gender matters



- 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

Available in English and French:

<https://www.who.int/publications/i/item/9789240033>

[🔗](#) Spanish and Portuguese coming soon

Gender-related barriers

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



Understanding gender related barriers to immunization (1/2)

SUPPLY SIDE



Government's gender-blind policies pressure only women (mothers) through authoritarian immunization strategies.



Communities may impose traditional gender norms which hinder women's and girls' full participation in health services.



Health facilities emphasize attendance by women (mothers) and are typically not very favorable to fathers or other male family members.



Due to sociocultural norms, in some settings only female vaccinators can access households to interact with mothers and deliver vaccines to children.



Female providers and vaccinators can face gender discrimination and threats in their work, leading to high turnover and limited provision of health services.



Low quality of service (e.g. healthcare providers' attitudes, inconvenient service hours or lack of female providers) may discourage women to attend.

Understanding gender related barriers to immunization (2/2)

DEMAND SIDE



In some settings, the health needs of boys are prioritized over girls' due to son preference.



Women in some areas may not be allowed to travel to the health centre alone due to sociocultural/gender norms and security reasons.



Stigmatization of receiving the HPV vaccine and limited information on sexual and reproductive health rights (SRHR) can hinder girls' access to services.



Women are considered to be the primary caregivers for children but may not be the sole decision makers on child health care with limited access and control of household resources to utilise health services.



Disempowering gender roles and excess housework burden (reproductive and productive work) may result in a trade-off between preventative child health care and the need to earn an income for the household. Geographic barriers may exacerbate this trade-off.



Women's lower education and literacy levels as well as lack of access to health information can lead to lower motivation to vaccinate their child.

Examples of gender-responsive intervention design – barriers and solutions

Women have limited mobility, time, and control over resources

- ✓ Bring vaccines to places and events that women visit
- ✓ Consider extended/flexible vaccination hours
- ✓ Offer appointments for all siblings at same visit

Gender dynamics in decision making

- ✓ Engage and educate men/fathers as vaccine advocates
- ✓ Promote male engagement child-care and joint decision-making

Cultural preference for female healthcare workers

- ✓ Increase number of female vaccinators
- ✓ Set up a hotline for questions dedicated to women
- ✓ Provide “women only” vaccination sites

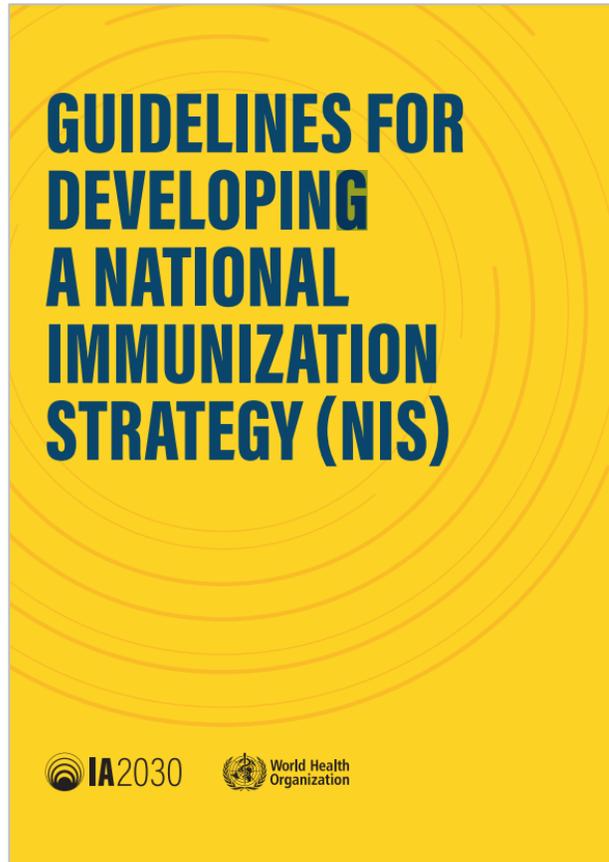
Negative service experience/health worker attitudes

- ✓ Provide interpersonal communication training for health workers
- ✓ Ensure ethnic minorities can receive services and information in a language they can understand
- ✓ Hold special clinics for young mothers

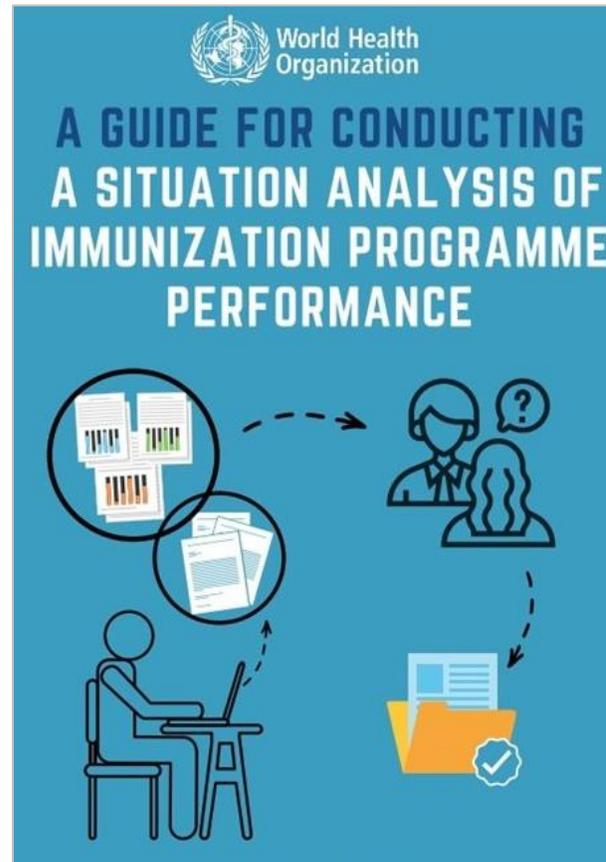
Poor working conditions/gender discrimination for female health workers

- ✓ Strive for better representation of women in managerial and decision-making positions
- ✓ Include safety considerations for conducting outreach

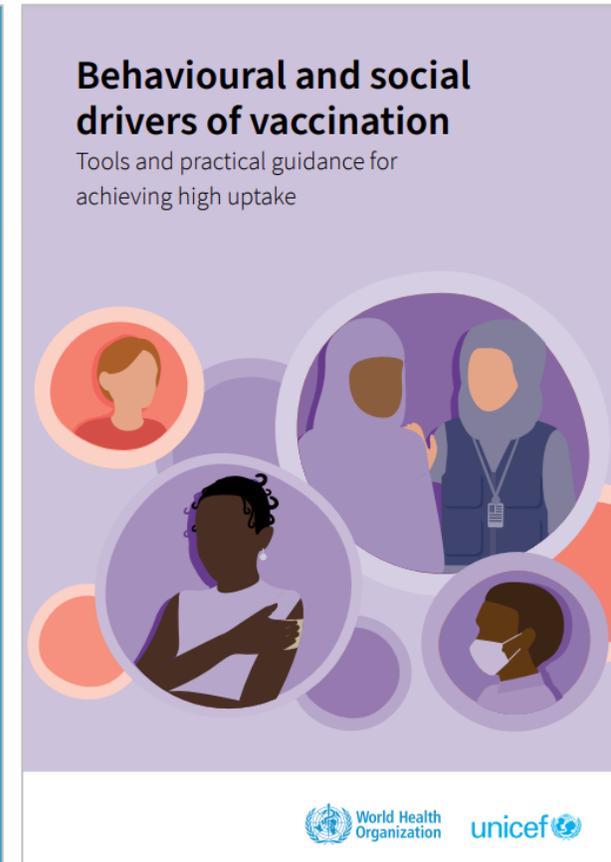
Opportunities to integrate gender into immunization planning and programming



<https://www.who.int/teams/immunization-vaccines-and-biologicals/vaccine-access/planning-and-financing/nis>



<https://www.who.int/publications/m/item/guide-and-workbook-for-conducting-a-situation-analysis-of-immunization-programme-performance>



<https://apps.who.int/iris/handle/10665/354459>

Gender training opportunities

GENDER//PRO Capacity Building Course – Immunization Sector Track

- **15-week course** on how to meaningfully integrate gender into immunization planning and programming, including: gender analysis, data collection, design and implementation, M&E, reporting and advocacy.
- Upcoming dates: TBC **January 2024** (currently **English only**)
- Time commitment: **1.5-2 hours per week** over **15 weeks**



GENDER//PRO Short Course – Integrating Gender into Immunization Programme Design

4-week course to increase understanding of robust gender-responsive immunization programming

Upcoming dates:

November 2023 (French) – 2 cohorts –
TBC 2024 (English and French)

Time commitment: **3 hours per week (including self-paced online modules)** over **4 weeks**

If interested in participating or for more information, please contact:

Tracey Goodman (goodmant@who.int)
Stephanie Shendale (shendales@who.int)
Carol Tevi Benissan (tevibenissanc@who.int)

Additional opportunities for 2024 forthcoming.

Women are disproportionately vulnerable to the negative impacts of both **climate change** and **immunization inequities**



Female healthcare workers

- Comprise **70% of workers** but only 25% of senior management
- On average, experience a gender pay gap
- May face discrimination, security challenges, harassment



Mothers (typically primary caregivers) may experience:

- Limited decision-making authority in household
- Physical, time, cost barriers to access services
- Lower education and health literacy
- Gender-based violence and other harmful practices



1.2bn people: Estimated population that could be displaced globally in 2050 due to climate change and natural disasters. Women are **disproportionately impacted** by **forced displacement**

Looking ahead: **Centering a gender lens** is necessary to both understanding and addressing this harmful interplay

Immunization interventions should, at a minimum, be gender-responsive

Gender-unequal

Perpetuates gender inequalities, **reinforces** stereotypes, privileges men over women (or vice versa).

Gender-blind

Ignores gender roles, norms and relations and the differences in opportunities and resource allocation

Gender-sensitive

Shows an **awareness** of gender roles, norms and relations, **not necessarily addressing** inequality generated by them; **no remedial action** developed.

Gender-specific

Intentionally targets a specific group of women or men for a specific purpose; but doesn't **challenge gender roles and norms**.

Gender-transformative

Addresses the causes of gender inequality, **transforms harmful** gender roles, norms and relations, **promotes gender equality**.

For more information/resources on gender & immunization



- **WHO IVB landing page on Gender and Immunization** <https://www.who.int/teams/immunization-vaccines-and-biologicals/gender>



- **UNICEF – Gender Equality** <https://www.unicef.org/gender-equality>
- **Immunization, Gender and Equity** <https://www.ige.health/>



- **Gavi – Gender and Immunisation** <https://www.gavi.org/our-alliance/strategy/gender-and-immunisation>