

Evidence of Impact: Case Study 2

Gender-informed vaccination programs: A COVID-19 call to action



Challenge

Gender was overlooked in the initial COVID-19 vaccine response, exacerbating coverage disparities and the gendered effects of the pandemic.

Lack of concrete strategies on how to consider gender related barriers and opportunities in COVID-19 vaccine response and roll-out hinders effective integration and uptake.

Actions

UNU-IIGH brought together global policymakers, implementers, and academics to develop and roll out guidance and a checklist to tackle gender-related barriers to COVID-19 vaccine delivery.

Result

Actionable gender guidance for national, regional and global COVID-19 vaccine.

Evidence and a new approach for immunization programmes to implement gender responsive programming.

Moving Forward

Apply the approach and lessons learned to expand equitable coverage with an increased focus on the needs “zero dose” children (those who have received no immunization) and adolescents.

Challenge

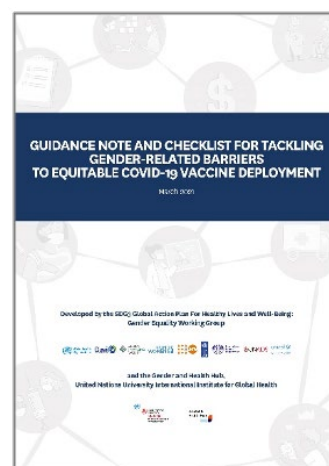
Despite clear evidence that sex, gender, and intersectional inequities limit the success in vaccination efforts and were a key contributor to COVID-19 health risks and inequities, policymakers largely ignored gender considerations for vaccine access in the global COVID-19 vaccine response.¹ Most global guidance lacked any reference to concrete actions or strategies on how to consider gender in the COVID-19 vaccine roll-out.

As the first universal vaccine outside of standard immunization programs that also targeted adults and adolescents, COVID-19 vaccination efforts presented specific gender-related barriers. Women tended to be affected by limited mobility, decision-making power, and access to information. Domestic labor and caregiving responsibilities, compounded by obligations in the paid workforce, constrained access further. Misinformation and lack of confidence deterred women from getting vaccinated, with some fearing that the vaccine could cause infertility or other side effects that would deter them from working. Evolving and sometimes confusing messages from national authorities, including about safety and efficacy for pregnant women, also fueled concerns.² Men, on the other hand, were less likely to seek healthcare due to misconceptions, lack of trust, and cultural expectations.

Actions

UNU-IIGH drew on its knowledge base and network of experts and practitioners, partnering with UN Women, WHO, Gavi, the Global Financing Facility, UNFPA, UNDP, ILO, UNAIDS, UNICEF, and the World Bank to lead the development of an easy-to-use checklist. The checklist aligned with the National Vaccine Plan identifying key gender barriers and providing context-specific priority actions to address barriers and accelerate the COVID-19 vaccine roll-out.

With a focus on vulnerable and disadvantaged groups, the checklist was designed to align with WHO guidance documents for policy coherence and to embed a workable gendered approach into existing mechanisms. The checklist was developed as a living document that could be updated when new evidence emerged. UNU-IIGH, together with partners, promoted its use through seminars and forums throughout 2021. To take stock of lessons learned, UNU-IIGH convened a high-level roundtable at the World Health Summit 2022 with WHO, Feminists for a People's Vaccine Network, and the Lancet Commission on Gender and Global Health.



Results

The development of the checklist demonstrated how a broadly inclusive and collaborative approach could be applied to complex problem-solving. It provided an opportunity to bring gender analysts and feminist organizations together with technical experts, merging practice with theory and identifying and unpacking gender barriers to increase coverage of lifesaving vaccines.

The checklist was taken forward at the front lines of the COVID-19 response. It was championed and disseminated by COVAX for use by regional and global level immunization programmes and deployed by USAID, one of the major funders of the global COVID-19 vaccine response, as a requirement for programs receiving support. UN Women used the checklist to train women-focused organizations in the Asia and Pacific region. Partners, including GAVI, WHO, UNICEF, and UN Women, have made the checklist available through webinars and trainings as well as on their website, and it has been downloaded over 500 times.

Moving forward

The checklist is real world evidence of how health programs can implement and systematically embed gender analysis and response. It provides priority actions and context-relevant examples so that local programmes can address gender-related barriers and inequities.^{1,3}

UNU-IIGH is bringing the gender checklist approach, content, and lessons learned to other vaccine programmes. As a first step, UNU-IIGH in collaboration with the Asian Development Bank Institute, GAVI, and UNICEF has developed an online, e-Learning seminar [Addressing Gender Gaps in Vaccinations and Immunization: A Life-Course Approach](#) for national policymakers, project implementers, and programme managers, to strengthen the capacity to address gender gaps in routine vaccination, with a focus on “zero dose” children, those who have not received any type of vaccination and on delivery of human papilloma vaccine to prevent cervical cancer.

1 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)01189-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01189-8/fulltext); <https://globalhealth5050.org/wp-content/uploads/Gender-and-COVID-19-Vaccine-Policy-Development-v3.2.pdf>

2 Nina Schwalbe, “Why gender matters for immunization: setting the context”, Presentation to World Health Summit, 16 October, 2022; <https://genderandhealthcommission.org/blog/vaccines-to-vaccinations-gender-in-promoting-immunisation/>

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

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