Why gender matters for immunization: setting the context

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Many countries do not regularly report sex-disaggregated data for COVID-19 vaccine administration.

Of the 158 countries reporting, only 43 provided sex-disaggregated data.

Source: Data obtained from WHO eJRF dashboard (accessed 11-October-2022) and WHO Regional Office for Africa COVID-19 Vaccination dashboard (accessed 11-October-2022).
When countries faced initial supply constraints, it was difficult to interpret disparities data.

- where military personnel were prioritized first for vaccination, men may have been more likely have been vaccinated;
- where health care workers were prioritized first, women may have been more likely to have been vaccinated.

Addressing true trends and disparities requires consistent and timely sex-disaggregated data.

Adapted from USAID, COVID-19 Vaccines and Gender, Key Issues and Next Steps, December 2021. Data on sex differences obtained from WHO eJRF dashboard (accessed 13-October-2022). Overall vaccine coverage rates obtained from Our World In Data (accessed 13-October-2022) for dates matching the most recent WHO reports on sex differences in vaccination rates.
Gender barriers to immunization access predate COVID-19 – and are compounded by it

**Gender specific barriers to immunization**

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Literacy, education, and digital gender gaps</strong></td>
<td>Women are less likely to receive relevant and trustworthy vaccine information</td>
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<tr>
<td><strong>Work and domestic care obligations</strong></td>
<td>Women have less time/availability to get the vaccine</td>
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<tr>
<td><strong>Experience with previous, controversial immunization</strong></td>
<td>Women may have less trust in vaccination programs</td>
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<tr>
<td><strong>Limited decision-making power</strong></td>
<td>Women may have less ability to make important health decisions</td>
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<tr>
<td><strong>Limited mobility</strong></td>
<td>Women face far more difficulty reaching health facilities/vaccination sites</td>
</tr>
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**Gender concerns specific to COVID-19 vaccines**

- Infertility, side effects, and safety
- Misinformation/hesitancy
- Disengagement/lack of health-seeking behavior
- Confusing messaging from national governments

Factors associated with COVID-19 vaccine receipt at two integrated healthcare systems in New York City: a cross-sectional study of healthcare workers

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Recommendations for integrating gender into vaccination planning and policy

Use data and evidence to demonstrate how gender influences immunisation programme outcomes.

Demystify gender with measurable goals and concrete actions.

Use funding to incentivize the inclusion of gender.

Support inclusive policy-making processes.

Include gender guidance in existing vaccine policy guidance, funding cycles, and processes rather than additional guidance.

We interviewed 17 COVID-19 vaccination experts about why COVID-19 vaccine policies developed did not consider gender and explored opportunities to strengthen the gender-responsiveness of vaccination efforts.
Concrete, simple, evidence based actions can make a difference

AT COUNTRY LEVEL

- Reflect gender in planning and policy-making
- Strengthen facility level data collection
- Invest in real time digital reporting and its use

Facility → Country/MoH → WHO eJRF

AT GLOBAL LEVEL

- Require COVAX collection of gender-disaggregated data
- Require WHO disaggregated data guidelines for eJRF submission

ACCESS

- Engage communities in designing solutions
- Promote gender-based analysis, planning and programming
- Use disaggregated data to point out inequities in vaccine access, willingness, and rates - and address them!
- Implement vaccine distribution strategies and vaccine information sharing that consider gender

Source: USAID, COVID-19 and Vaccines, Key Actions and Next Steps; Spark Street Advisors. Gender-responsive COVID-19 vaccine policy development. Report for GH50/50, October 2021
A checklist approach is a good way to support planning and accountability

- **Regulatory preparedness**: include sex-disaggregated data as requirement in vaccine trials
- **Planning and coordination**: ensure gender balance in coordination and decision-making bodies
- **Costing and funding**: mobilize resources to address gender barriers
- **Human resource management and training**: incorporate gender considerations when planning for human resources in vaccine deployment
- **Vaccine delivery strategies**: use different strategies to reach women, men, and gender-diverse people
- **Priority populations for vaccination**: consider gender barriers to access to vaccines, and offer vaccination to pregnant and lactating women
- **Vaccine acceptance and uptake**: address gender barriers to vaccine information
- **Vaccine safety**: conduct active and passive reporting on vaccine safety, disaggregated by sex
- **Monitoring and evaluation systems**: disaggregate data by sex

Elements of a future we want

- mandatory sex-disaggregated data
- non-negotiable and reporting support

- women- and girls-led groups involved in program and policy development and design

- gender included from “day one” in program and policy guidance— not seen as an add-on
Thank you!