



UNITED NATIONS  
UNIVERSITY

**UNU-IIGH**

# Why gender matters for immunization: setting the context

Nina Schwalbe

Principal Visiting Fellow, United Nations University – International  
Institute of Global Health

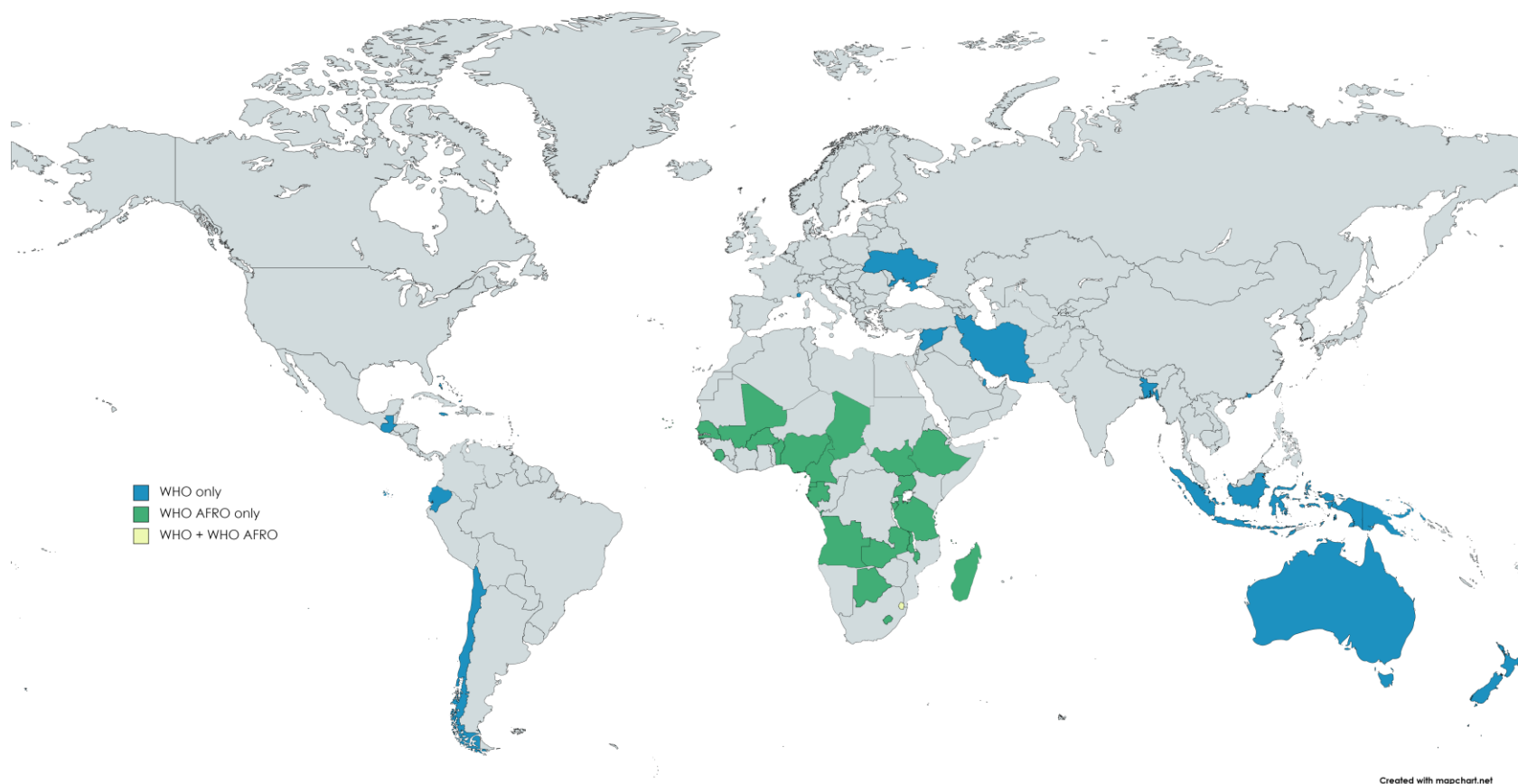
Principal Advisor, Spark Street Advisors

World Health Summit  
16 October 2022



**Spark Street Advisors**  
Data Driven Strategies

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



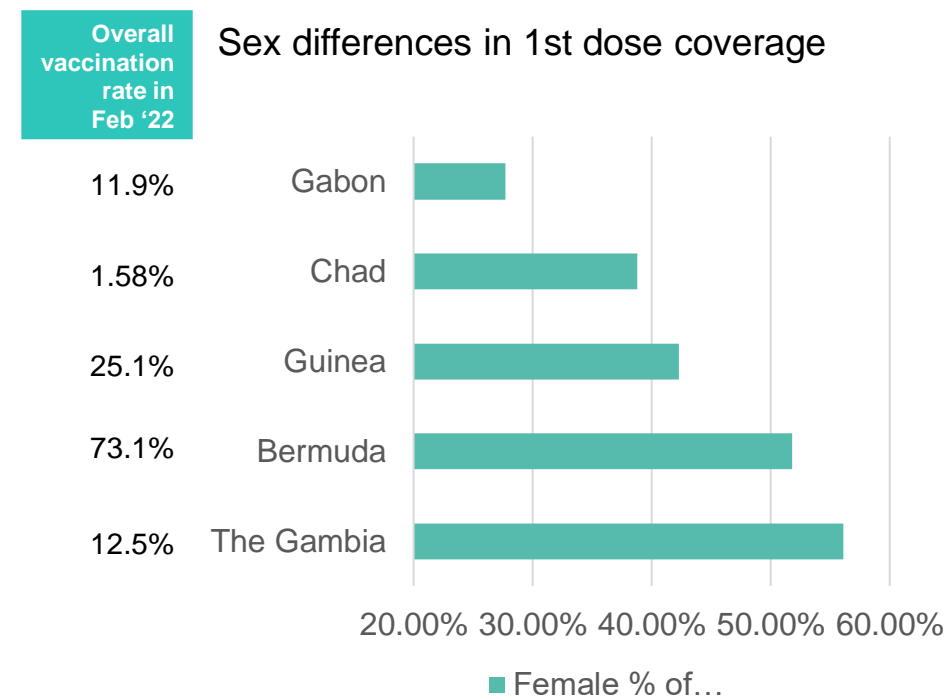
Of the 158 countries reporting, only 43 provided sex-disaggregated data

Source:

*Data obtained from [WHO eIRF dashboard](#) (accessed 11-October-2022) and [WHO Regional Office for Africa COVID-19 Vaccination dashboard](#) (accessed 11-October-2022).*

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

- 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



Data provide insight and allow us to ask questions


# Gender barriers to immunization access predate COVID-19 – and are compounded by it



## Gender specific barriers to immunization

Literacy, education, and digital gender gaps	Women are less likely to receive relevant and trustworthy vaccine information
Work and domestic care obligations	Women have less time/availability to get the vaccine
Experience with previous, controversial immunization	Women may have less trust in vaccination programs
Limited decision-making power	Women may have less ability to make important health decisions
Limited mobility	Women face far more difficulty reaching health facilities/vaccination sites

## 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 

 Kristin Oliver<sup>1, 2</sup>, Anant Raut<sup>2</sup>, Stanley Pierre<sup>3</sup>, Leopolda Silvera<sup>4</sup>, Alexander Boulos<sup>1</sup>, Alyssa Gale<sup>5</sup>, Aaron Baum<sup>2</sup>, Ashley Chory<sup>2</sup>, Nichola J Davis<sup>6</sup>, David D'Souza<sup>7</sup>, Amy Freeman<sup>8</sup>, Crispin Goytia<sup>9</sup>, Andrea Hamilton<sup>3</sup>, Carol Horowitz<sup>9</sup>, Nadia Islam<sup>8</sup>, Jessica Jeavons<sup>10</sup>, Janine Knudsen<sup>10, 11, 12</sup>, Sheng Li<sup>13</sup>, Jenna Lupi<sup>14</sup>, Roxanne Martin<sup>2</sup>, Sheela Maru<sup>2, 15</sup>, Ismail Nabeel<sup>1</sup>, Dina Pimenova<sup>8</sup>, Anya Romanoff<sup>2</sup>, Sonya Rusanov<sup>2</sup>, Nina R Schwalbe<sup>16</sup>, Nita Vangeepuram<sup>9, 17</sup>, Rachel Vreeman<sup>2</sup>, Joseph Masci<sup>2, 4</sup>,  Duncan Maru<sup>2, 4</sup>

Correspondence to Dr Kristin Oliver; [kristin.oliver@mssm.edu](mailto:kristin.oliver@mssm.edu)



SDG3 Global Action Plan For Healthy Lives and Well-Being, Guidance Notepad Checklist for Tackling Gender-related Barriers to Equitable COVID-19 Vaccine Deployment, <https://www.gavi.org/sites/default/files/covid/Checklist-for-tackling-gender-barriers-to-covid-19-vaccine-deployment.pdf>, March 2021; WHO, Critical Sex and Gender

Source: Considerations for Equitable Research, Development and Delivery of COVID-19 Vaccines, <https://www.who.int/publications/m/item/critical-sex-and-gender-considerations-for-equitable-research-development-and-delivery-of-covid-19-vaccines>, April 18, 2021. USAID, COVID-19 Vaccines and Gender, Key Issues and Next Steps, December 2021

# Recommendations for integrating gender into vaccination planning and policy



**GLOBAL 50  
HEALTH 50**  
Towards gender equality in global health

**GENDER AND  
COVID-19  
VACCINE  
POLICY  
DEVELOPMENT**

**KEY BARRIERS AND  
OPPORTUNITIES**

**UPDATED**

**SEPTEMBER 2022**  
Updated version: 21 September 2022

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.

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

# 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



## 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



# 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

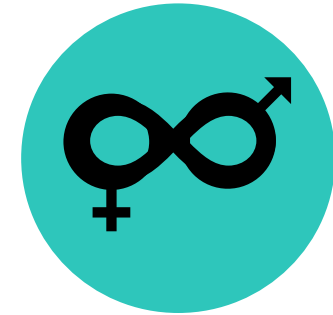
# Elements of a future we want



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





UNITED NATIONS  
UNIVERSITY

**UNU-IIGH**

# Thank you!

---