



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

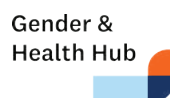
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Developed by the **SDG3 Global Action Plan For Healthy Lives and Well-Being for All:**
Gender Equality Working Group



and the **Gender and Health Hub,**
United Nations University International Institute for Global Health



THE WHAT

- The goal is to safely vaccinate as many women, men, and gender-diverse people as possible, equitably, efficiently, and effectively, to maximize the protective benefits of COVID-19 vaccines.
- Achieving this goal requires addressing gender-related barriers to vaccine access, information, uptake, and effectiveness.
- This checklist provides a set of practical actions for countries to implement and ensure gender equality and equity in the deployment of COVID-19 vaccines towards the aim of “leaving no one behind”.

THE WHY

Gender-related barriers and inequities in communities and health systems negatively affect access to health services, including vaccination.¹

The consequences of neglecting these barriers in COVID-19 vaccine deployment include:

- insufficient or fragmented vaccination delivery, demand, and access, resulting in gaps in vaccination coverage and hindering the achievement of population-level immunity needed to curb the pandemic.
- increased burden of preventable morbidity and premature mortality from COVID-19 and other conditions that are exacerbated by gender-related barriers and inequities in accessing health services.^{2 3 4}
- delayed economic recovery, particularly among people who experience multiple intersecting forms of disadvantage and marginalization (e.g., based on geographic location, socio-economic status, ethnicity, and disability) and who experience loss of employment, decreasing income and savings, and increased burden of unpaid care.^{5 6}
- widened gender inequities and inequalities and violations of rights in society and in the economy by hindering access to economic resources, formal employment, and care services.⁵

THE HOW

- **Consider and implement the priority actions in this checklist** to address specific gender-related barriers in COVID-19 vaccine deployment.
- **Identify and act on the known and context-specific barriers** that are influenced by gender inequalities to achieve the highest level of population coverage possible.
- **Prioritize targeted outreach to vulnerable and disadvantaged groups^a** within each priority population eligible for vaccination, and address the additional gender-related barriers they face.
- **Partner with women's organizations and other community-based groups** to ensure accurate information is available to communities, and gender perspectives are considered in planning, design, and monitoring.

The target audience for this checklist

- Both COVAX-supported⁷ and self-financing countries
- COVID-19 vaccine deployment Coordinating Committees and National Immunization Programme managers
- Country stakeholders^b responsible for planning, implementing, and monitoring COVID-19 vaccine deployment
- Reviewers of COVID-19 National Deployment and Vaccination Plans (NDVPs)
- Multilateral development partners supporting vaccine deployment

a These vulnerable groups may include: people with disabilities; people living with HIV; indigenous people; rural or hard-to-reach populations; people living in institutional setting, such as in shelters, detention centers or prisons; ethnically, racially and sexually diverse groups; marginalized occupational groups with high exposure to SARS-CoV-2; migrants; refugees; people living in humanitarian conditions or conflict zones.

b Country stakeholders who should be consulted in vaccine deployment planning and implementation, including civil society, health workers, employer and trade unions, religious and traditional leaders, the private sector, gender experts, representatives of women and gender-diverse people, and groups with intersecting marginalized status.

THE CHECKLIST



1

Regulatory Preparedness

Make sex and age disaggregated data on pre- and post-market vaccine trials an essential requirement for expedited approval and emergency regulatory approval procedures.



2

Planning and Coordination

Ensure gender balance and representation from women's groups and marginalized high-risk groups in coordination and decision-making bodies responsible for COVID-19 vaccine deployment.



3

Costing and funding

Mobilize and allocate sufficient resources to implement the gender-related actions described in this checklist at scale.



6

Human resource management and training

- Value and remunerate the work and time of women healthcare workers and volunteers.
- Put in place mechanisms to ensure the safety of all in the vaccine deployment workforce.
- Incorporate gender considerations when planning for human resources in the vaccine deployment and in-service training to reach priority populations. This may require task-shifting, surge recruiting, and tailored trainings.



5

Vaccine delivery strategies

- Use differentiated vaccine delivery strategies to effectively reach women, men and gender-diverse people.
- Address gender-related barriers to vaccine enrolment/registration and follow-up.



4

Priority populations for vaccination

- Organize the delivery of vaccination across and within prioritized population groups considering gender and intersecting inequalities that hinder access to services.
- Plan to offer vaccination to pregnant and lactating women in priority target groups.



7

Vaccine Acceptance and Uptake

Address gender-related barriers to vaccine information and uptake through tailored messages and communication channels that address the specific concerns of different sub-groups of women, men and gender-diverse people, including health and social workers, people with pre-existing illnesses and compromised immunity, pregnant and lactating women.



8

Vaccine safety

Mechanisms for both active and passive reporting should capture sex and age disaggregated data, pregnancy/lactating status, frequency, and severity of adverse events following immunization.



9

Monitoring and Evaluation Systems

Monitor vaccine implementation progress and equitable access through selected priority indicators that include national and subnational data disaggregated by sex and age (and race, income level, migrant status, and other contextually relevant factors).

The checklist aligns with:

- the **United Nations equality principle**⁸ and the equal respect principle of the **WHO SAGE Values Framework**⁹, which underscores that immunization delivery systems place equal focus on reaching everyone in every COVID-19 vaccination priority group.
- existing international guidelines, including **WHO and UNICEF's National Deployment and Vaccination Plan (NDVP) guidance**,¹⁰ and lessons learned on gender, immunization and COVID-19.¹¹⁻¹⁵

Tactical principles for addressing intersectional gender barriers and implementing the checklist:

- Apply an approach that upholds **human rights** and the principles of '**do no harm**' and '**leave no one behind**'.
- **Address gender power inequalities** in accessing vaccination, including women's limited mobility, decision-making power, access to resources and their risks of experiencing sexual harassment, exploitation, and other forms of gender-based violence.
- **Address stigma and discrimination** as key barriers in accessing vaccination, linked to age, gender identity, sexual orientation, occupation, citizenship status, or other factors.
- **Collaborate with a range of stakeholders** and draw on the lived knowledge, experience and trust-relationships of community and civil society groups for effective vaccine deployment.
- **Actively engage non-traditional stakeholders** in vaccine deployment planning and decision-making processes, such as women's, ethnic and indigenous organizations and community-based groups, as well as government departments that coordinate gender equality and human rights.
- **Hold all implementers and stakeholders accountable** throughout vaccine deployment.
- **Be responsive to new evidence**, evolving lessons, and emerging gender considerations in real-time, through iterative planning, social listening, learning, and adaptation in consultation with key stakeholder groups.

KEY SEX AND GENDER CONSIDERATIONS FOR EQUITABLE DEPLOYMENT OF VACCINES

Domain	Examples of biological differences and gender-related barriers, inequalities and inequities
 <p>Regulatory preparedness and vaccine safety</p>	<ul style="list-style-type: none"> ● With the COVID-19 vaccines, initial data suggests that while very rare, more adverse events are being reported among women.¹⁶ This underscores the importance of rigorous sex-disaggregated data in post-marketing monitoring of adverse events.
 <p>Coordination, decision-making, and planning</p>	<ul style="list-style-type: none"> ● Women continue to be under-represented in leadership roles and decision-making bodies leading COVID-19 responses.¹⁷ ● There is even lower representation of and engagement with women with intersecting identities or statuses that are often marginalized in society (including race, ethnicity, migration status, disability, HIV status.); sexual orientation and gender identities and expressions.¹⁸
 <p>Priority populations for vaccination</p>	<ul style="list-style-type: none"> ● Men, women and gender-diverse groups experience different forms of risk to COVID-19 and its consequences. While men have more severe complications and higher mortality in acute COVID-19 infections, evidence suggests that women are more likely to suffer from long-term symptoms of COVID ('long COVID').^{19,20} ● The WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines underscores the importance of ensuring that immunization delivery systems place equal focus on reaching both men and women in every priority group. This requires acting on gender-related barriers and inequities. ● The socio-economic impact of the COVID-19 pandemic is high among women, due to preexisting inequalities, such as their limited financial security, their over-representation in the informal sector, frontline occupations and economic sectors most affected by the economic downturn, their burden of unpaid care and home-schooling, and their increased experience of gender-based violence.^{5,21} Although the priority populations for vaccination are defined based on risk and exposure, these indirect impacts should be considered in the sequencing of the vaccine roll-out within each priority group.

Domain	Examples of biological differences and gender-related barriers, inequalities and inequities
 <p>Vaccination delivery strategies</p>	<ul style="list-style-type: none"> ● Structural gender-related barriers, such as social, cultural, financial and legal inequalities create critical challenges to meet the health needs of women, men and gender-diverse people, including vaccinations.²² ● In many settings women have limited autonomy and decision-making power, even over their own health care needs – and limited time to seek services because of their caring responsibilities.^{23 24} With service disruptions and school closures, women are shouldering the brunt of unpaid care work, which can affect their the access to vaccination information and services.¹³ ● The opening times and location of services, and how women and gender-diverse people are treated when receiving health services, such as vaccinations, can impact uptake.²⁵ ● In certain settings, engagement with men on women’s right to vaccination can address some of the social barriers for women’s uptake of the vaccine, but should recognise women’s agency and not reinforce power imbalances.²⁶
 <p>Human resource management and training</p>	<ul style="list-style-type: none"> ● Globally, women account for 70% of the health and social workforce delivering care to around 5 billion people²⁷, but are poorly represented in managerial and decision-making positions, including in the COVID-19 vaccine roll-out.²⁷ ● Existing power imbalances, wage gaps, irregular salaries and non-financial compensation (e.g., for community health workers), lack of formal employment, and exclusion from leadership and decision-making can result in limited access to vaccines, and increased vulnerability to infection from lack of protective structures and resources (including personal protective equipment).²⁷ ● Vaccine shortages and rationing can contribute to the perpetration of sexual harassment (including sex for vaccines), abuse, mistreatment and corruption in the health sector. These abuses have been previously reported in multiple settings in health programmes, including in humanitarian settings.
 <p>Vaccine acceptance and uptake</p>	<ul style="list-style-type: none"> ● Gender-related factors can influence vaccine confidence and hesitancy.^{28 29} In some settings, women’s limited access to trustworthy information, previous experiences, limited decision-making power and dependence on men in their households and those in perceived positions of power (e.g., teachers, local healers, religious leaders) can negatively influence their uptake of vaccinations.
 <p>Monitoring and evaluation system</p>	<ul style="list-style-type: none"> ● To date only 54% of countries have reported sex-disaggregated data on confirmed cases.³⁰ ● Only a handful of countries are reporting coverage of vaccinations, and even less by sex and age.³⁰

CHECKLIST

This checklist provides priority actions and examples to address gender-related barriers and inequities in COVID-19 vaccine deployment. The domains and actions are not necessarily chronological and may take place concurrently.



Regulatory Preparedness

- ☐ **Make sex and age disaggregated data on pre- and post-market vaccine trials an essential requirement for expedited approval and emergency regulatory approval procedures.**

Approval should not be delayed if disaggregated data is not available immediately, but agree on a timeframe for its provision and consider imposing penalties if this data is not provided within the agreed time period.^{c31}



Planning and Coordination

- ☐ **Ensure gender balance and representation from women's groups and marginalized high-risk groups in coordination and decision-making bodies^d responsible for COVID-19 vaccine deployment.³²**

Include meaningful involvement of gender experts (particularly with expertise in immunization and development), and representation from two or more of the following groups:

- Women-led organisations at the national and community level.³³

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https://www.yunbaogao.cn/report/index/report?reportId=5_21806

