ROUTINE IMMUNIZATION STRENGTHENING IN POLIO HIGH RISK GEOGRAPHIES (RISP): GENDER INTEGRATION

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STRATEGIC ANALYSIS, RESEARCH & TRAINING CENTER
Department of Global Health | University of Washington

AGENDA

- START Center
- Project Overview
- Context
- Methods
- Findings
- Recommendations

PROJECT TEAM

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START OVERVIEW

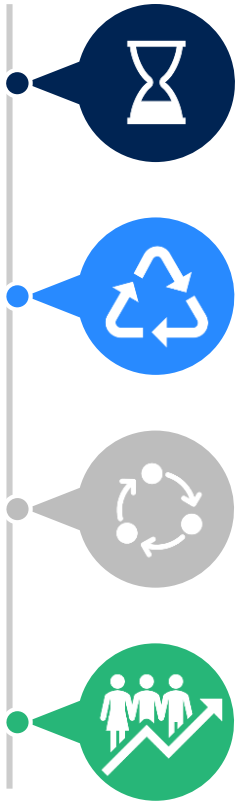
Leverages leading content expertise from across the University of Washington

Provides high quality research and analytic support to the Bill & Melinda Gates Foundation and global and public health decision-makers

Provides structured mentorship and training to University of Washington graduate research assistants

PROJECT OVERVIEW

BACKGROUND



NEED

Demonstrated need for high vaccine coverage for children in the first year of life through routine immunization services

OUTBREAK RISK

Without routine services, pockets of un-immunized children occur, allowing for continued spread and outbreaks of the poliovirus

COVERAGE

There is not evidence of coverage disparities between genders, but addressing gender-related barriers related to routine immunization goes far beyond coverage

GENDER CONTINUUM

Programming can be evaluated along the gender continuum: gender blind, gender aware, and finally gender transformative

PROJECT AIMS

1. Landscape gender-related barriers and best practices to incorporating gender into routine immunization programming

2. Identify knowledge gaps so the RISP team may utilize their portfolio investment data for additional data generation

BACKGROUND

MOTIVATION	Address gender inequities and improve routine immunization coverage, regardless of gender
ADDITIONAL CONSIDERATIONS	Emphasis on routine immunization activities over mass vaccination campaigns
FOCUS GEOGRAPHIES	Select subnational areas of: **Conflict Settings:** Afghanistan, Somalia, CAR, South Sudan **Systems Building:** DRC, Niger, Chad, Guinea, Nigeria **Mixed Approach:** Pakistan

CONTEXT

APPROACH USED

KEY VARIABLES THAT MIGHT INCREASE GENDER RELATED BARRIERS WITHIN IMMUNIZATION

- Population size: UNDP world population estimates
- Religion: US Department of State reports on International Religious Freedom
- Literacy rates: World bank data on literacy rates
- Gender inequality index: UNDP Human Development Data Center
- Political Stability: Worldwide Governance Indicators(WGI)
- Internally displaced persons: Global Internal Displacement Database
- Healthcare providers disaggregated by sex: Global Health Observatory Data Repository
- Adolescent pregnancy rates: UNICEF data Warehouse

IMMUNIZATION SPECIFIC INDICATORS

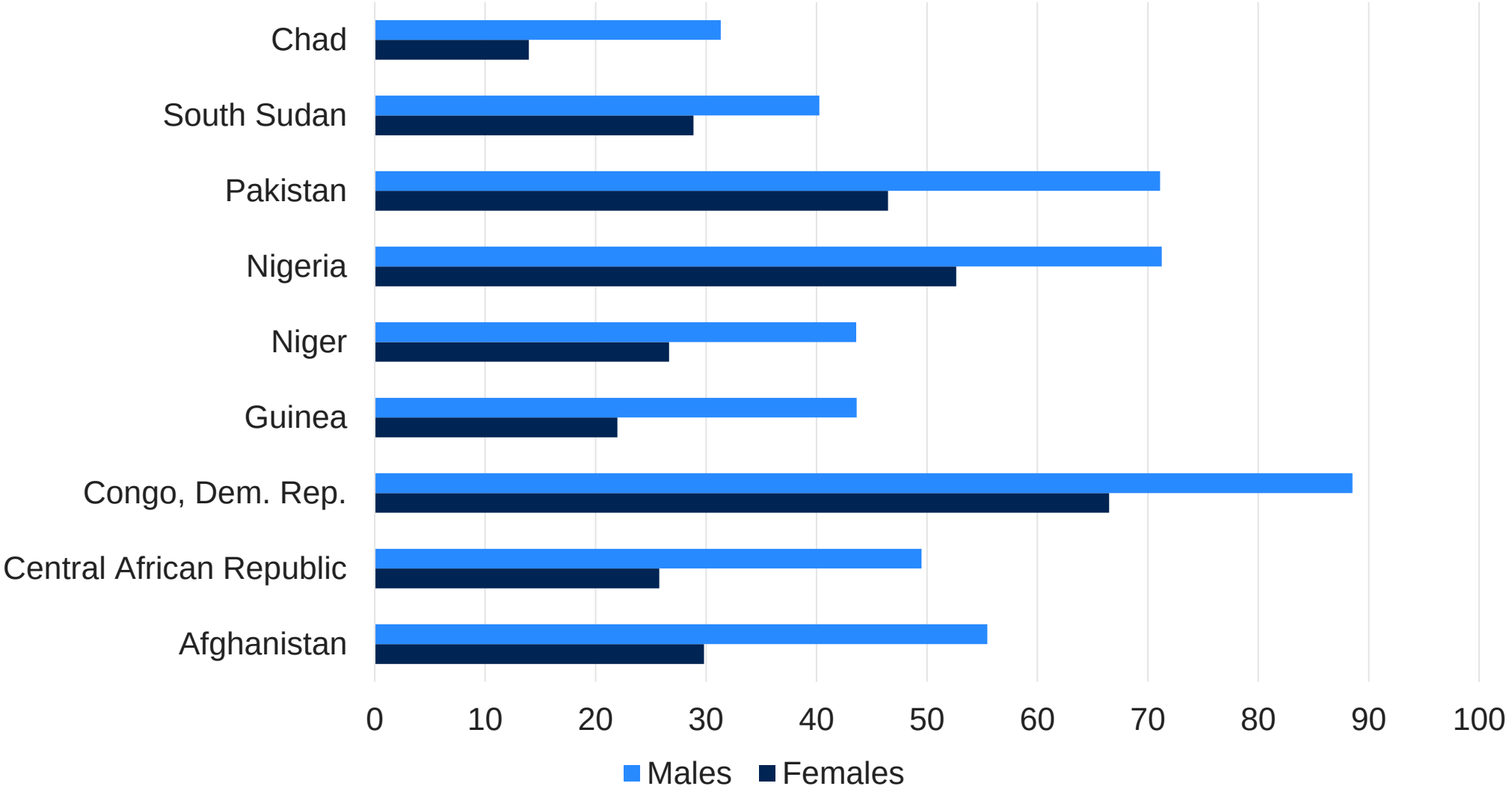
- Immunization coverage: WUENIC Data
- Coverage by sex: Health Equity Monitor
- Under 5 Mortality rate by sex: World Bank Gender Statistics
- Gender related information from the GAVI Joint appraisal reports

CONTEXT-SPECIFIC GENDER BARRIERS

ALL COUNTRIES OF INTEREST HAVE IMPORTANT INTRINSIC FACTORS THAT DISPROPORTIONATELY INCREASE GENDER RELATED BARRIERS

- Predominantly Muslim majority countries: 5/10 countries had >85% of the population being Muslim
- High numbers of Internally Displaced Persons due to conflicts and natural disasters
- Nurses tended to be women and doctors to be men. No disaggregated data on community healthcare workers
- High rates of adolescent marriages and pregnancy rates

LITERACY RATES (>15 YEARS)



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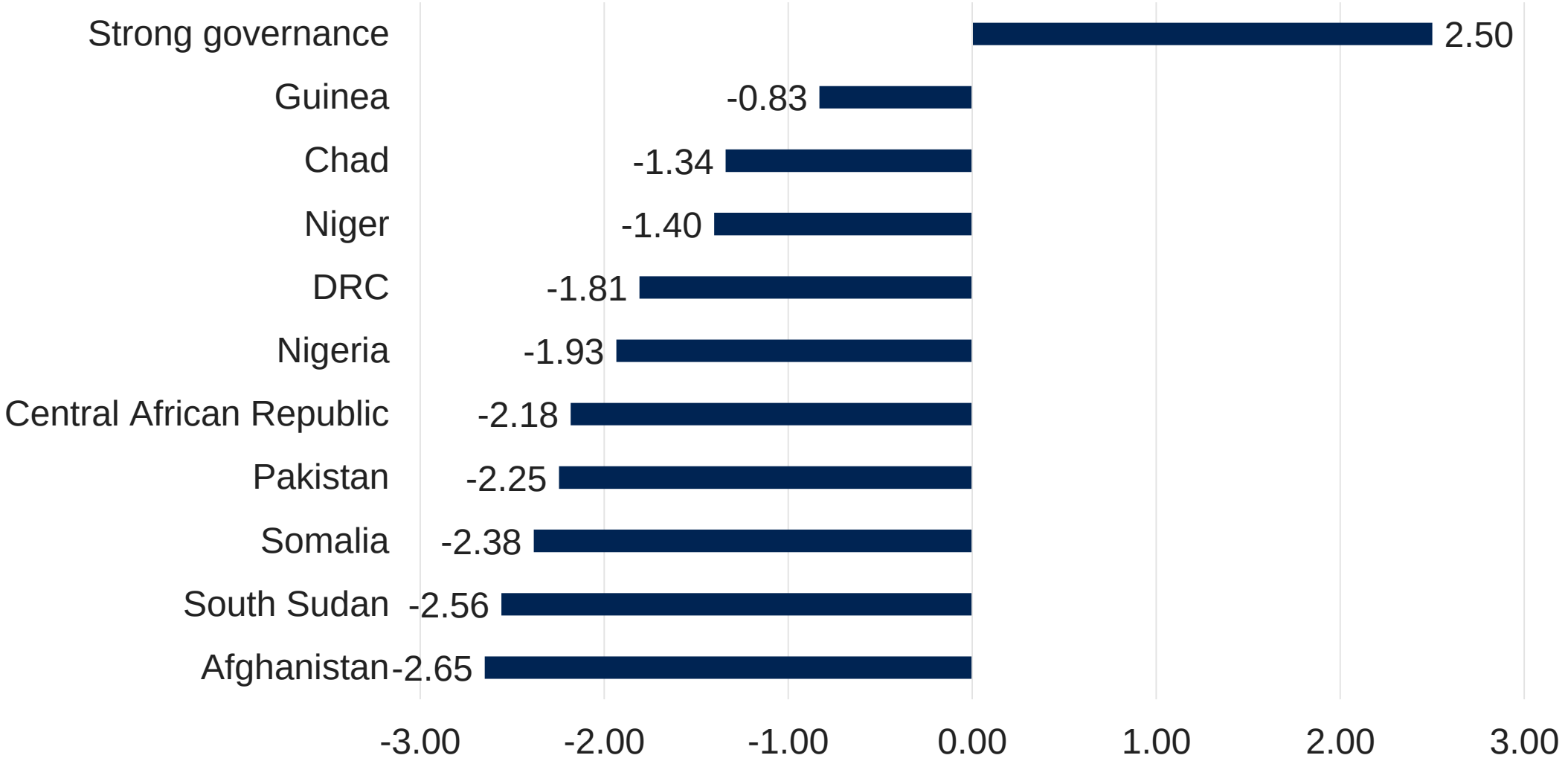
POLITICAL STABILITY



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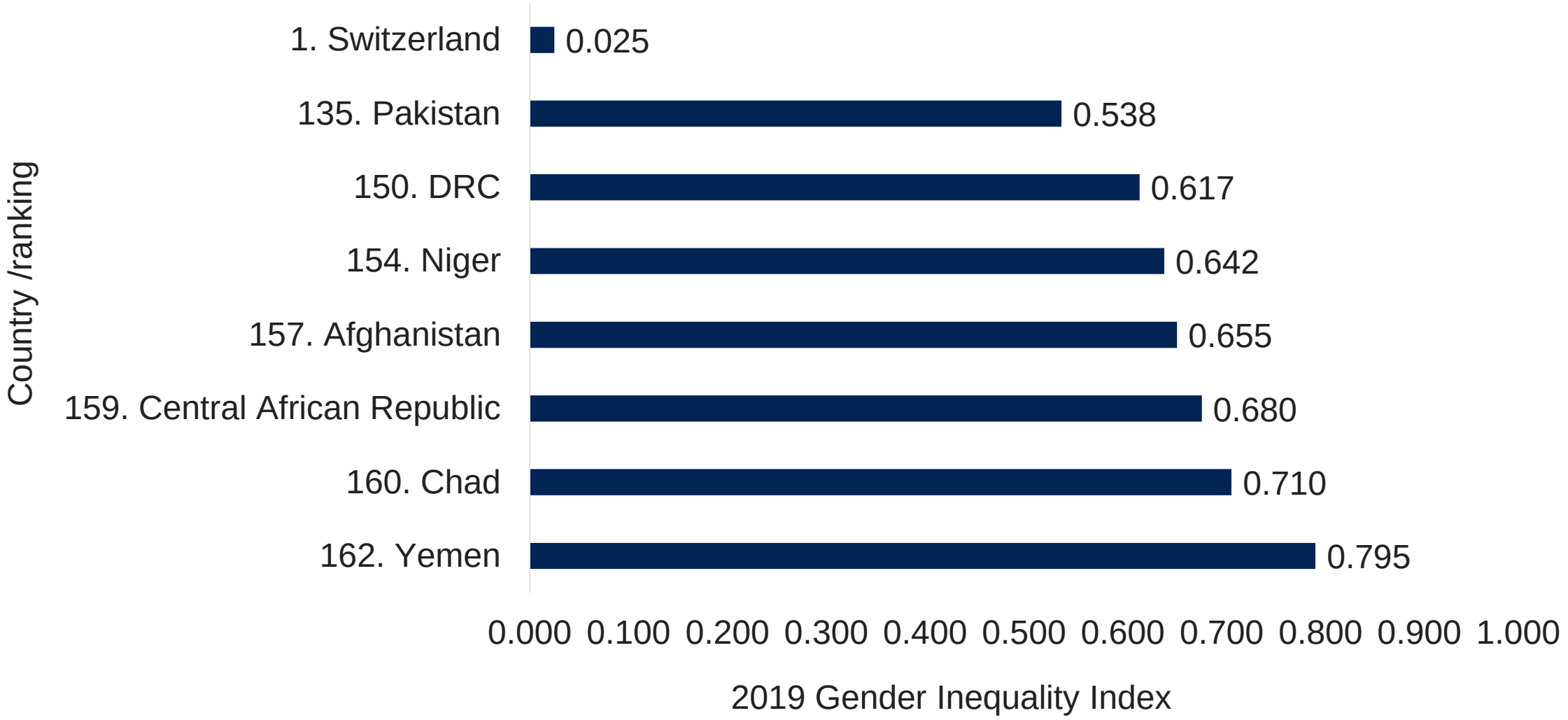
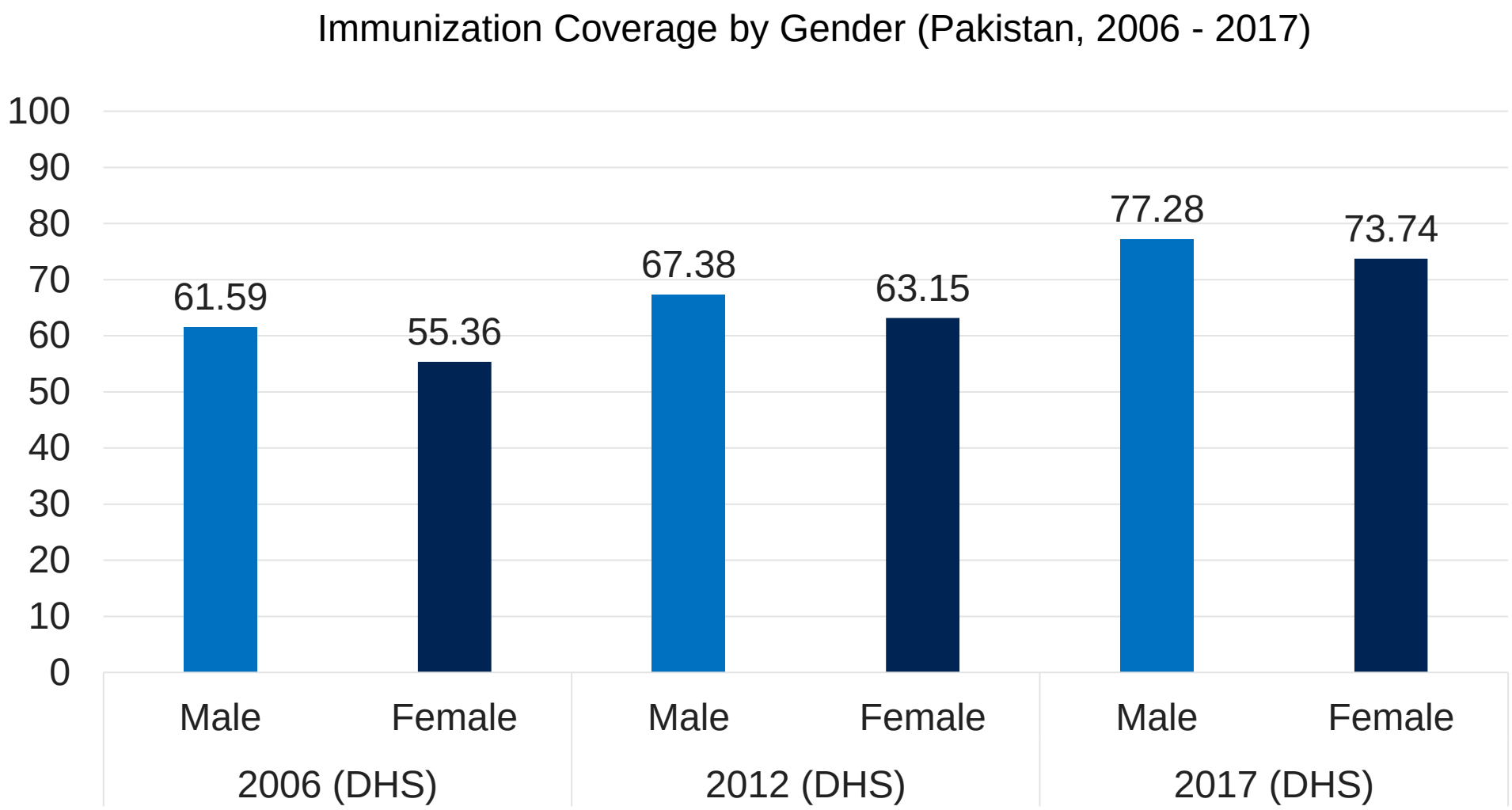
GENDER INEQUALITY INDEX



DISAGGREGATED IMMUNIZATION COVERAGE



Source: Health Equity Monitor

IMMUNIZATION SPECIFIC INDICATORS

IMMUNIZATION COVERAGE DATA

- We divided the 10 countries of interest into four groups using WHO national immunization coverage data for 2019:
  - Very Low Coverage <25%: 0 country
  - Low Coverage 25% - <50%: 4 countries (Somalia, South Sudan, Guinea, CAR)
  - Moderate Coverage 50% - <75%: 4 countries (Chad, DRC, Nigeria, Afghanistan)
  - High Coverage >75%: 2 countries (Pakistan and Niger)
- Significant variation in subnational data

GENDER DISAGGREGATED DATA

- Coverage data not routinely collected, but assessed using DHS and MICS surveys
- Overall, no strong evidence of gender disparity in coverage data
- Pakistan consistently had differences in coverage rates higher among males than females
- Data from most country surveys are old and might not reflect the current state

METHODS

DATA SOURCES

- Reviewed published and grey literature
- Conducted expert interviews
- Utilized inclusive search areas (*ex*: routine immunization, gender equality, conflict settings)

Literature Review

PubMed	Relevant Articles: 32/135
Embase	Relevant Articles: 2/11
Google Scholar	Relevant Articles: 130/210

Expert Interviews

Stanford Gender Center	Franz Wong, Angela Hartley, Loida Erhard
The UN Foundation	Dr. Geeta Gupta: Senior Fellow
GAVI	Jean Munro: Gender Equality Division

FRAMEWORK & FINDINGS

FRAMEWORK

Routine Immunization Activities and Gender

Individual	Household	Community	Health System	Policy and Governance
• Financial barriers • Health literacy • Physical and time barriers • Acceptability of health services • Women's empowerment and autonomy	• Intra-household access to resources • Health-related decision making • Social positioning • Caretaker dynamics • Utilization of health services	• Participation and representation • Social cohesion and integration • Acceptability of immunization services • Gender inequality index	• Human resources and management of services • Performance and quality of care • Service delivery	• Stakeholder engagement • Health reform and program mechanisms • Policy and regulation context

RESULTS

	Individual	Household	Community	Health System	Policy and Governance
Child and Caregiver Characteristics	• In aggregate, there generally is no gender disparity for routine immunization • Older children and children born later in the birth order tend to have lower immunization rates • Mother's age shows some association with older mothers being less likely to vaccinate				
Education and Literacy	• Educated mothers are up to 40% more likely to vaccinate in some settings • Literate mothers are up to three times more likely to vaccinate compared to illiterate mothers				

RESULTS

	Individual	Household	Community	Health System	Policy and Governance
Attitudes, Beliefs, and Knowledge	• Increasing vaccine knowledge increases vaccination rates • Fear of side effects most commonly cited reason for hesitancy • Mothers who consume media (e.g. TV and radio) more likely to vaccinate				
Healthcare Use	• Mothers who received ANC were up to 50% more likely to vaccinate their children				
Access and Time	• Caregivers being busy or children being unavailable was a common issue with RI • Child or caregiver illness also a major barrier to RI				

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Family Composition	• Larger families less likely to have vaccinated children than smaller families • Gender composition may also play a role (e.g. in India and China, families with multiple daughters less likely to vaccinate)
Marital Status	• Married women are more likely to vaccinate compared to unmarried women
Father's Education	• Father's education is also associated with routine immunization, where more educated fathers are more likely to have vaccinated children; however, this is context dependent

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Decision Making Power and Autonomy

- Increasing agency increases RI rates. It was found that the most important aspect of agency was whether or not women have power to make decisions in the household
- Joint decision making (i.e. the father and mother make decisions together) *further* increases vaccination rates
- In some contexts, the father handles most of the health matters for the children.

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Political Instability and Insecurity	• Widespread harassment, forced marriages, rape and killing of female HCWs and caregivers under Taliban/ISIS/Boko Haram • Low levels of education among female HCWs due to societal norms and restrictions imposed on women by Taliban rule
Preference for Male Children	• Patrilocal residence: A man remains in his father's house after reaching maturity and brings his wife to live with his family after marriage • Higher returns to parents from investment in boys than girls and cater for male children more
Traditional Festivals	• Patriarchal traditional rituals and imposed curfews have reportedly prevented women from seeking care during Oro festival in Nigeria

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Role of In-Laws	• Mother-in-laws play a key role in decision making around health and imposing of restrictive norms • Effect on immunization could be positive or negative
Religion	• Lower coverage among mothers in Muslim communities • Fatwas in some settings have authorized men to kidnap, forcibly marry and use female community workers as sex slaves • Preference for halal vaccines by Muslim communities
Adolescent Marriages	• Some cultures encourage adolescent marriages • Adolescent mothers are less educated and have less autonomy
Rurality	• Lowest immunization levels in the rural and urban slums compared to urban settings

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Female Mobility	• Not being allowed to move around without a male family member or *mahram* (Some women do not have living male relatives) • Seclusion laws make commuting for healthcare services difficult. Segregated bus services introduced to prevent males and females travelling on the same bus. • Bans on women riding bicycles or motorcycles, even with their *mahrams*
Social Status	• Caste system: Infants born to mothers from “lower” caste tend to have lower coverage
Distance to Health Care Facilities	• Mothers living further from healthcare facilities have lower coverage

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Shortage of Female Health Workers	• Community women do not speak to male vaccinators (e.g. Pakistan) • Shortage of female healthcare providers due to policies that do not support female education and high risk in conflict settings • Female HCPs tend to be community workers; Insufficiently compensated for work; Lack of paths for career progression; Fewer women in senior positions • Many young girls stop working after getting married *in some settings*
Poor Services	• Complaints about poor services from lady health workers

RESULTS

Individual	Household	Community	Health System	Policy and Governance

Place of Delivery	• Women who deliver at home tend to have lower coverage
Antenatal Care and ATT Vaccination	• Positive association between maternal ANC attendance, ATT vaccination and childhood immunization

RESULTS

	Individual	Household	Community	Health System	Policy and Governance
Representation and Engagement	• Health workforce is majority women, but few are medical doctors and clinical officers • Lack of representation downplays female perspective and health care needs				
Demonstrated Benefit	• Policies addressing gender-specific issues benefit both men and women				
Political Stability and Funding	• Greater political stability, increased government expenditures and external resources for health associated with lower inequalities of DTP3 coverage				
Compensation of Labor	• Imposed policy relies on gendered exploitation of labor and misuses women's empowerment with little benefit to women (e.g., Afghanistan 2001) • Successful integration of Health Extension Program into formal health system (e.g., Ethiopia)				

CONCLUSIONS & RECOMMENDATIONS

EXPERT INSIGHTS

Greatest opportunity at the health system level	Gender factors influencing routine immunization are extensive; focusing on women in the health system has a major impact
Compensate community health workers	CHWs are the backbone of the health system, not an extension of it; compensate women and provide room for advancement
Identify areas for subtle culture shifts	Provide childbirth and child health education classes for both women and men

CONCLUSIONS & RECOMMENDATIONS

Collect gender disaggregated data	Coverage, healthcare workers, community leaders, decision makers, government
Identify qualitative factors influencing routine access	Existing data includes some qualitative factors, but emphasizes quantification
Expand the scope of routine immunization	Offer additional health services at the same location; rethink where clinics are positioned

CONCLUSIONS & RECOMMENDATIONS

Required Consideration	Written consideration of gender impacts, strategy to address identified barriers, and measurement of relevant indicators in grant applications
Training of staff at all levels	Include training for gender-based needs for government staff and hospital workers
Consider Context	No solution will work for every context; knowing cultural context is imperative

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QUESTIONS?

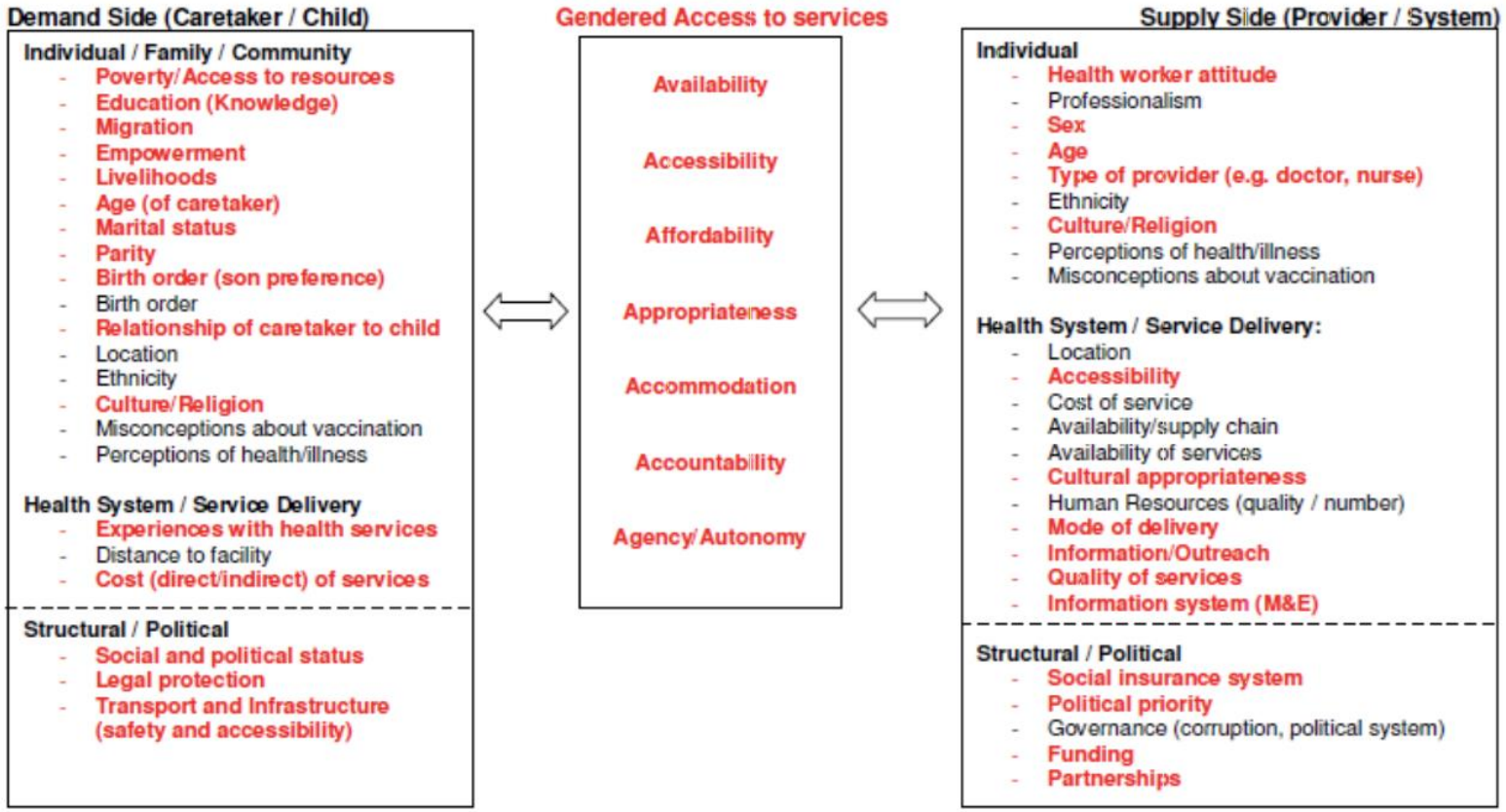
APPENDIX

ADDITIONAL FRAMEWORKS

FRAMEWORK: WHO GENDER AND IMMUNIZATION

GENDER AND IMMUNIZATION ANALYSIS FRAMEWORK

A Gender Analysis Framework to Investigate Factors Influencing Immunisation Coverage



Source: WHO Gender and Immunization Report

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FRAMEWORK: GENDER INTEGRATION TOOLKIT

Gender Unintentional	Gender Intentional	Gender Transformative
Investment does not integrate a gender lens in the proposed approach, nor target gender gaps/barriers.	Investment is designed to reduce gender gaps/barriers in access to resources or increase the evidence base around gender gaps/barriers.	Investment is designed to reduce gender gaps/barriers in agency or control over resources.

ADDITIONAL RESOURCES

EMERGING THEMES

WHAT ARE SOME OF THE MAJOR THEMES EMERGING?

Most groups agree on gender-related barriers to vaccination, e.g.:

- Gender inequalities and gender norms
- Lower education and literacy
- Limited resources: time, transportation, money, etc.

Most groups agree that there tend to be little differences in immunization rates between boys and girls

- However, most sources indicate that this data needs to be collected more routinely, and on a more granular level

A larger push to include more women on all levels on the supply side

- Include more women as front-line workers, as they can have conversations with mothers that may be more difficult with a male front-line worker
- Include more women in oversight bodies and advisory groups as members and leaders

More training is needed in integrating gender into their work

- For instance, the Global Polio Eradication Initiative found that 70% of respondents to an internal survey felt that they would need technical support or additional training in gender issues with polio.

GLOBAL ALLIANCE FOR VIT A SUPPLEMENTATION

FOUR KEY AREAS FOR ADDRESSING GENDER INEQUITY

- **Planning and Training**
  - Conduct sex/gender-based analyses
  - Hire diverse staff (gender and ethnicity)
  - Provide support to staff to overcome access barriers
  - Showcase images and examples of gender equity in training
  - Ensure that men and women have a voice in the design, measurement, and evaluation of program
- **Awareness and demand generation**
  - Use images and messaging that depict equitable gender roles, instead of enforcing stereotypes
  - Use male and female community leaders to publicize information
  - Acknowledge current burden of care of females and recognize the valuable role they are playing
- **Service Delivery**
  - Consider mobile services, after-hours, and weekend services
  - Ensure that service providers are well-trained, respectful, and empathetic to the needs of caregivers
  - Ensure that health spaces are welcoming to all genders
  - Encourage policy-makers to provide more support for women and provide this support whenever possible (e.g. zero tolerance sexual harassment policy)
- **Monitoring and Evaluation**
  - Conduct sex-based analyses at the start of new programs
  - Target women when recruiting for M&E
  - Include indicators that monitor important gender-related inequalities and barriers that influence coverage
  - Ensure that data collection methods do not support gender bias (e.g. women may not feel comfortable speaking in mixed gender groups)

GLOBAL POLIO ERADICATION INITIATIVE

GENDER EQUALITY STRATEGY

- The GPEI is a public-private partnership between national governments and various other entities (the WHO, CDC, UNICEF, BMGF, etc), with a goal to eradicate Polio worldwide
- Currently, their focus is on Afghanistan and Pakistan
- In 2019, they released their *Gender Equality Strategy*, outlining their gender-equitable approach to poliovirus eradication

- Main takeaways of this document include:
  - A stark gender disparity in employment within their partners. This is particularly evident in-country
  - A need to collect more gender-disaggregated data, including more gender-sensitive indicators
  - Additional training is needed in gender mainstreaming

GLOBAL POLIO ERADICATION INITIATIVE

Fig. 2. Polio staff distribution across WHO and UNICEF

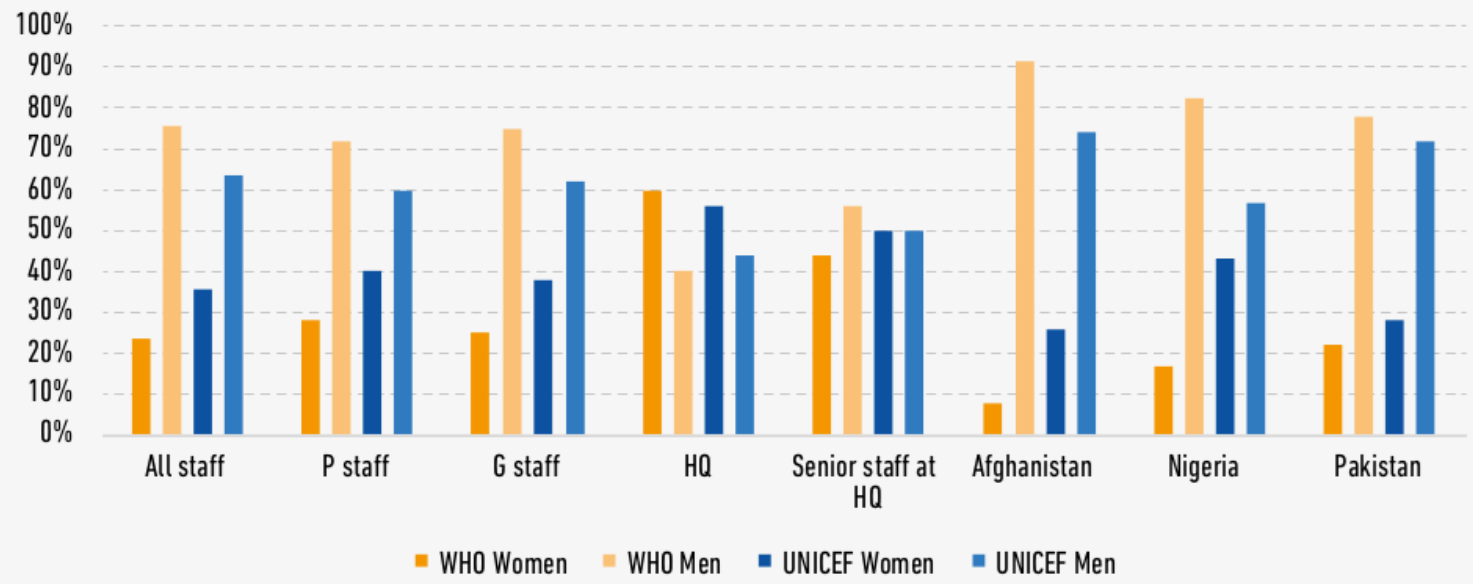
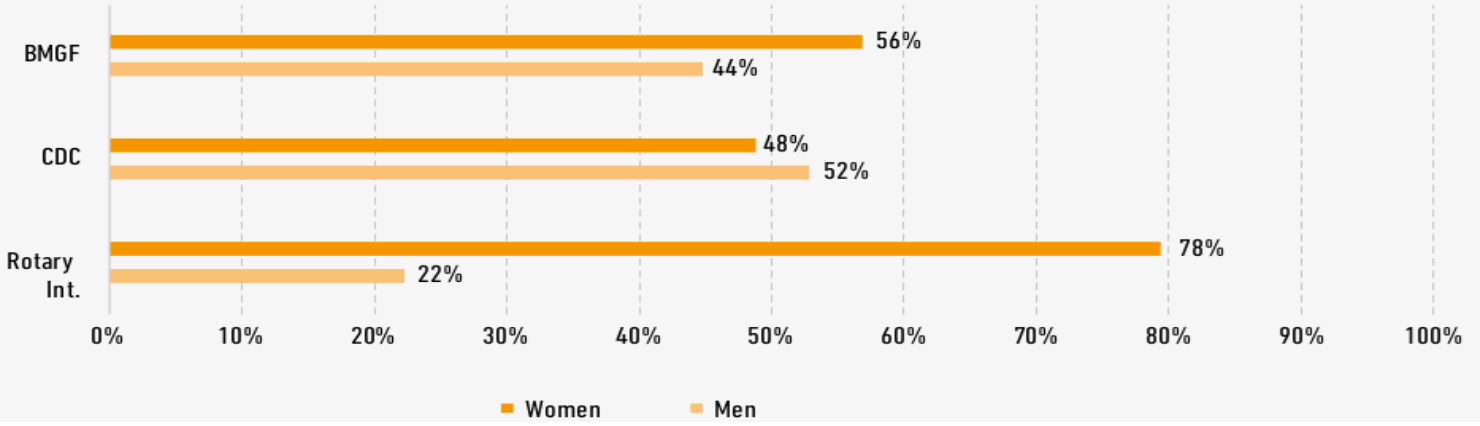


Fig. 3. Polio staff distribution at the BMGF, CDC, and Rotary International



Overall goal

Increased number of girls and boys reached with polio vaccines to support the achievement of a polio-free world

Outcomes

Systematic integration of gender considerations in GPEI interventions, guidelines, strategies and policies, and focus on gender equality, equity and women's equal participation at all levels

Collection, analysis and use of sex-disaggregated data in key documents and publications

Explicit commitment to gender equality and equity in organizational strategies and policies

Adequate capacity for gender integration of GPEI staff

Operational and supported gender focal points

Improved gender balance across the GPEI

Systematic control of gender-related barriers to immunization

A gender-equitable, safe and inclusive work environment with zero tolerance to gender-based harassment

Activities and outputs

Systematic collection, analysis and use of sex-disaggregated data and gender analysis where relevant

Regular reporting on gender aspects and gender-sensitive indicators of the programme

Capacity-building of GPEI staff on gender mainstreaming and other key gender topics (including the prevention of sexual exploitation and abuse)

Appointment and training of gender focal points

Use of gender-sensitive communication approaches in all communications/ communications for development interventions

Revision of human resource policies and protocols on recruitment and promotion

Implementation of specific quotas

Concrete action from senior leadership to support gender equality and gender responsiveness (official communication with staff, publications, statements, speeches)

EXPERT INTERVIEWS

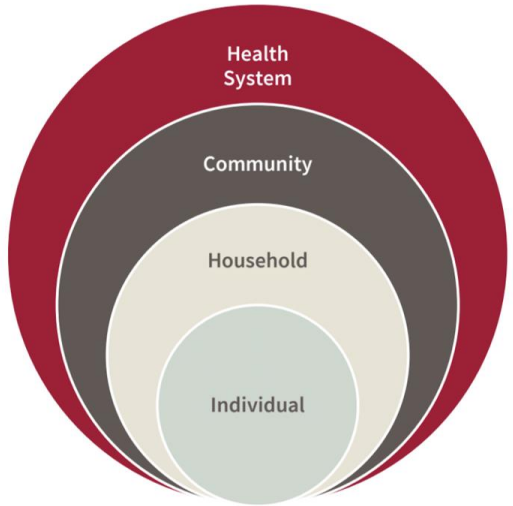
EXPERT INTERVIEW

STANFORD GLOBAL CENTER FOR GENDER EQUALITY

Franz Wong, Angela Hartley, and Loida Erhard

- Feedback on Framework:
  - Ecological framework is recommended
- Discussed the “why” behind gender inequalities
  - Gender division of labour, transportation, and social position cause overall discrepancies; some occur globally, and some are context-dependent.
  - Emphasis on an intersectional understanding of gender and interaction with the health system
- Polio and Gender Profile shared
  - Similar framing for understanding gender dimensions; excluded Health System dimension

Ecological framework for understanding the gender dimensions of polio eradication

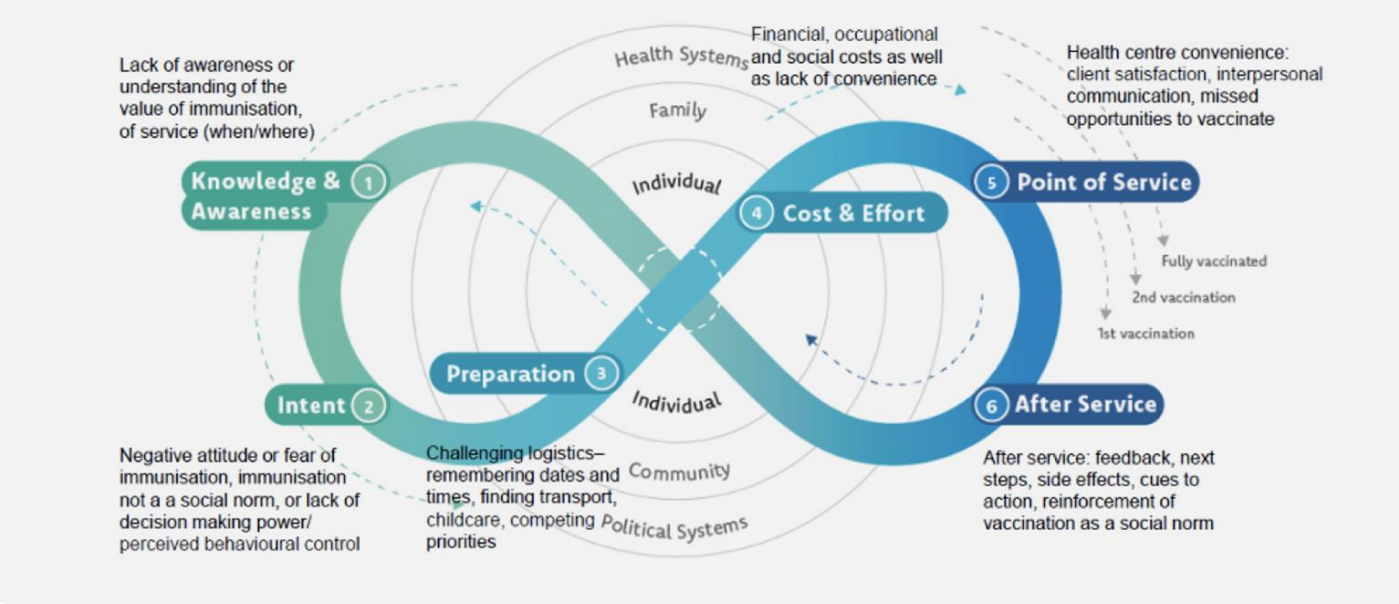


Source: Heise, 1998

Image Source: Gender and Polio Profile

EXPERT INTERVIEW

GENDER EQUALITY AT GAVI: Jean Munro



- Framing gender integration
  - Utilizes the gender continuum
    - Gender Blind, Gender Intentional, Gender Transformative
  - The Caregiver Journey for caregiver barriers
- Work is at a national level, but notes the need for subnational data and gender analysis
- Finds focus on community and health system barriers to be the most impactful

Image Source: GAVI; framework constructed by UNICEF

EXPERT INTERVIEW

DR. GEETA GUPTA AT UN FOUNDATION

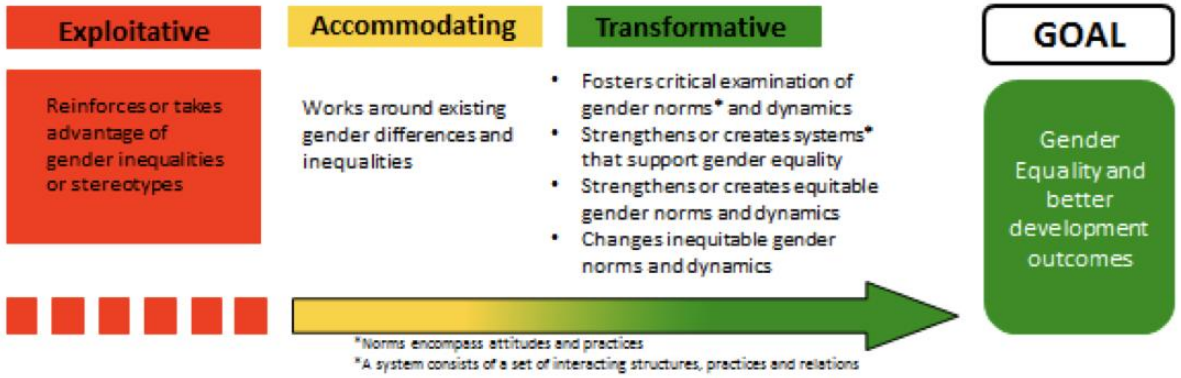


Figure 1: Gender equality continuum tool

Source: Interagency Gender Working Group, 2013

- Community health workers are the backbone of the health system, not an extension
- Emphasis on paid labor of HCWs and opportunity for advancement
- Improvement lies in focusing on the health system and policy
- Identify indicators to measure quality of female experience
  - Employ women with dignity
  - More women in leadership positions
- Provide childbirth education classes for both men and women