

# Gender and immunisation

All children deserve the right to be healthy and to fulfil their potential. The GAVI Alliance is committed to ensuring that both girls and boys benefit from life-saving vaccines, and to addressing gender-related barriers to accessing services.

## Girls and boys have the same likelihood of being immunised

In 2010, GAVI funded a comprehensive review by the World Health Organization (WHO), which showed that globally there are no significant differences in immunisation coverage between girls and boys. However, the study found that differences in coverage favouring either boys or girls exist in some countries and socioeconomic groups.

## Empowering women is critical

Although mothers tend to be the primary caretakers of children and are generally held responsible for their health, many lack decision-making power and the resources needed to access immunisation and other health services. In societies where women have low status, their children – both girls and boys – are less likely to be immunised.

The WHO review found that when women are empowered, immunisation coverage increases. Countries with a high level of gender equity, as measured through the Gender Development Index, have higher immunisation coverage, and the children of mothers who are educated are more likely to be vaccinated and enjoy better overall health.

According to the review, health service providers can improve immunisation coverage by better understanding and overcoming the barriers women face in accessing immunisation and other health services for their children. This includes accommodating the work schedules of women and taking into consideration other constraints women may experience in their multiple roles and responsibilities. More female health providers can contribute to increasing immunisation uptake, as they are perceived as better able to understand the needs of mothers. In societies where mothers are reluctant to see a male vaccinator, female health workers can also help to facilitate access to immunisation services.



Interventions that target women, men, families and communities are an important part of challenging gender bias in immunisation and other child health services, and of increasing immunisation coverage.

## GAVI's approach to ensuring gender equity

Gender equity is an overarching principle for all of GAVI's work, and its gender policy recognises equal access as key to expanding vaccine coverage and making immunisation more equitable.

GAVI works together with countries to overcome gender inequities. GAVI-supported countries are requested to separate data based on sex, income and geographic location to help identify reasons for low immunisation coverage, and they are encouraged to apply for health system strengthening funding to address barriers to the access and delivery of health services.

The Independent Review Committee (IRC) responsible for monitoring country progress and reviewing applications for new vaccines includes a gender expert, who conducts gender analyses and provides recommendations as part of its overall assessment report.

The GAVI Alliance is strengthening its efforts by targeting support to the 10 countries facing the greatest inequities in coverage, including those related to gender. UNICEF is leading this work with the involvement of other Alliance partners.

Achieving a gender balance is important to GAVI's governance. The Monitoring IRC was GAVI's first IRC panel to achieve a gender balance among its members in 2011. In April 2012, the GAVI Alliance Board also achieved its target of at least 40% representation for both sexes for the first time. Two years before, when the target was set, only 10% of the Board members were women.

Rubella vaccine protects pregnant women against an infection that can cause miscarriage and stillbirth, and severe congenital defects and life-long disability in children. Each year, 90,000 children in GAVI-eligible countries are born with birth defects because their mothers contracted rubella during pregnancy.

### **“Lady Health Workers” help to expand child immunisation coverage in Pakistan**

In Pakistan, some mothers and pregnant women were previously not accessing immunisation services because they were not comfortable with coming into contact with male vaccinators. With the support of a health system strengthening grant from GAVI, Pakistan has trained 15,000 community-based female health workers (Lady Health Workers) in 38 districts to work on immunisation.

The intervention has led to increased access to and acceptance of immunisation. According to a comprehensive review of the programme, households in areas with Lady Health Workers were 15% more likely to have immunised children below three years.

Given the success of the programme, the Pakistan Provincial Governments now plan to provide immunisation training to the remaining 85,000 Lady Health Workers in the country.



Information current as of January 2013

**It's encouraging that GAVI supports countries to overcome gender barriers as well as closing equity gaps – ensuring results and access to vaccines for all.**

Gunilla Carlsson,  
Minister for International Development Cooperation, Sweden

### **Vaccines safeguard the health of women and girls**

Childhood vaccines can protect the health of women by reducing the spread of infectious disease in communities. Having healthy, immunised children reduces the burden on women of caring for sick children. GAVI also funds vaccines against human papillomavirus (HPV) and rubella, which directly protect the health of girls and women.

Vaccines against HPV infection, which causes nearly all cervical cancer cases, are the first to protect against a women's cancer. An estimated 275,000 women die from cervical cancer every year and the number is increasing. The vast majority of those deaths occur in developing countries, where women often lack access to cancer screening and treatment services. HPV vaccines can prevent 70% of cervical cancer cases.



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