GENDER & HEALTH

GENDER MATTERS IN IMMUNISATION – HOW **GAVI, THE VACCINE ALLIANCE**, RESPONDS

Cordaid

WHAT IS GAVI, THE VACCINE ALLIANCE?

Founded in 2000, Gavi, the Vaccine Alliance helps vaccinate more than half the world's children against deadly and debilitating infectious diseases. Gavi pools the purchasing power of donor and implementing countries to secure affordable vaccines, invests in health-system strengthening and funds market-shaping so that even the hardest-to-reach communities can be protected. Today, a child born in a Gavi-supported country is around 70% less likely to die before their fifth birthday from a vaccine-preventable disease than in 2000, illustrating the transformative impact of sustained investment in immunisation.

1. WHY GENDER MATTERS IN VACCINATION?

Gender-related norms and the unequal status of women can indirectly reduce children's chances of being vaccinated. Mothers usually take children to clinics, yet may lack cash, time or permission to travel. The Gavi Gender and Immunisation Factsheet 2024 confirms that where women have little decision-making power (e.g. at the supply chain, community, household levels), children – especially girls – are more likely to miss vaccines. A 2024 Guardian feature summed it up: "Women are the essential ingredient of any vaccination programme."
At the global level, there is no overall difference in vaccination coverage between boys and girls; however, specific countries, districts or communities show clear gender gaps – sometimes favouring boys, other times girls. Gavi works with countries to find and fix these gaps so every child, regardless of gender, is protected.

Gender-related barriers in vaccination:

- Information gap – caregivers may not know why vaccines matter or where to go.
- Heavy workload & low father involvement – household chores crowd out clinic visits.
- Limited control over funds – women often lack cash for transport or fees.
- Cultural or religious restrictions – some communities bar women from seeing male health workers.
- Distance, safety & mobility issues – long or unsafe journeys deter especially young mothers.
- Clinic logistics – long waits or hours that clash with paid work.
- Negative provider attitudes – disrespect discourages families from returning.

Health workers explain the vaccination process to caregivers, building trust and ensuring children receive life-saving immunisations.

2. WHAT GAVI DOES THAT WORK

INFORMATION GAP

Through its Demand-promotion grants, Gavi funds locally tailored social-and-behaviour-change campaigns – from radio call-ins to WhatsApp groups and Girl Effect (initiative to drive increased uptake of the HPV vaccine) "big-sister" content for adolescent girls – all designed to boost vaccine know-how and trust.

HEAVY WORKLOAD & LOW FATHER INVOLVEMENT

In most Gavi-supported countries, women are the main caregivers, but involving fathers can ease their burden and boost vaccination rates. Gavi encourages male-focused messaging and activities that promote shared responsibility for children's health. In rural Pakistan, vaccinators supported by Gavi and local NGOs began holding "sit-down chats with dads" — informal conversations outside mosques, shops or in evening village circles. Men were asked how they see their role in their child's health — and encouraged to join decisions about vaccines.

CULTURAL OR RELIGIOUS RESTRICTIONS

In some settings, it's considered inappropriate for a woman or girl to receive services from a male health worker. Gavi supports countries to train and deploy female vaccinators, so women and children can access services safely and without stigma. Gavi also works with governments to mobilise religious and traditional leaders as trusted vaccine advocates. In Kenya, imams, pastors, priests and traditional elders have been trained and engaged in interfaith dialogues. They spread accurate messaging about HPV vaccine safety and cervical cancer prevention through mosques, churches, community forums and events.

LIMITED FUNDS & FINANCIAL ACCESS

Gavi supports countries in bringing vaccination services closer to communities through outreach activities and community-based delivery. In Lesotho, health workers vaccinated children at home after identifying that their mothers could no longer afford or manage repeated clinic visits, helping reconnect the family to routine immunisation and other health services.

MOBILITY & SAFETY CONSTRAINTS

Gavi supports countries in bringing vaccination services closer to underserved communities through flexible delivery models tailored to local needs. In Kenya's northern Wajir County, mobile clinics travel directly to nomadic communities, reducing the need for women and children to make long and potentially dangerous journeys to fixed health facilities. By bringing vaccination and other health services closer to where families live, the clinics help overcome distance, insecurity and fears of attack or sexual violence.

SPECIAL FOCUS – HPV VACCINATION: PROTECTING ADOLESCENT GIRLS

Health needs differ by gender, and prevention should start in childhood. Gavi supports two vaccines that are especially important for girls: HPV and measles–rubella (MR).
HPV is the main cause of cervical cancer, which kills over 179,000 women annually in lower-income countries. Vaccinating girls before exposure can prevent up to 90% of cases. By 2025, Gavi aims to reach 86 million girls, with over 27 million already fully vaccinated by the end of 2023.

In Malawi, after pandemic setbacks and natural disasters caused HPV coverage to drop, Gavi supported the training of schoolteachers as vaccine advocates. Their outreach helped boost coverage from 13% to 68% in one year. In Nepal, mobile vaccination teams reached out-of-school girls in remote hill regions, helping ensure no adolescent is left behind.
Gavi also supports the introduction of the measles–rubella (MR) vaccine, which protects babies from severe birth defects caused by maternal rubella infection during early pregnancy.

3. HOW GAVI INVESTS IN GENDER EQUALITY

Gavi takes a structured, policy-driven approach to advancing gender equality in immunisation. Its investments focus on removing gender-related barriers, strengthening country capacity, and ensuring inclusive leadership.

- **Gender Equality Policy**

Every Gavi grant must include sex-disaggregated data and a gender analysis to identify and address inequalities in access to vaccines.

- **Equity Accelerator Fund (2021–2025)**

A US $500 million funding window directed at reaching zero-dose and under-immunised communities, particularly by supporting gender-sensitive outreach.

- **ZeroDose Learning Hub (ZDLH)**

Gavi funds the Zero-Dose Learning Hub, a global platform and country-level network (Bangladesh, Mali, Nigeria, Uganda) that strengthens evidence generation and peer learning to overcome access gaps, including gender-related ones, within the IRMMA framework (IdentifyReachMonitorMeasureAdvocate).

When children are protected from disease, girls are more likely to stay in school, caregivers face fewer unpaid care burdens, and women have more opportunities to participate in education, work and community life.

4. REMAINING CHALLENGES

Despite strong progress, challenges remain. Sub-national gender gaps persist in several Gavi-supported countries, and only around 60% of grants currently report sex-disaggregated coverage data. There is also a need to sustain and deepen political and financial commitment to gender equality within immunisation.

To address these gaps, the following actions are recommended by Why Gender Matters, IA2030 (Gavi & WHO, 2021).

Key recommendations :

1. Make gender equality core to immunisation planning

Ensure national immunisation strategies (NIS) include gender analysis and address gender-related barriers. Strategic, operational, fiscal and legislative frameworks must integrate gender from the start—not as an afterthought.

2. Sustain political commitment at all levels

Strengthen leadership on gender equality in immunisation. Champions at global, national and community levels should advocate visibly for gender-responsive programming and commit to structural change.

3. Require women's full participation in health leadership

Women deliver most frontline healthcare but are underrepresented in leadership. Immunisation technical bodies (like NITAGs and RITAGs) must adopt gender-balanced representation and apply a gender lens to policy decisions.

4. Build capacity on gender at all levels

Integrate learning on gender barriers and equity into training for immunisation stakeholders—from global agencies to district health officers.

5. Align financing with gender goals

Donors and governments should use gender markers in immunisation budget requests and allocate funding incentives for programmes that actively address gender barriers.

6. Strengthen accountability frameworks

Mandate regular, public reporting on gender equality results—at both global and national levels. Engage women's groups to support social accountability and ensure real-world feedback.

7. Close the gender data gap

Invest in collecting, analysing, and using sex- and age-disaggregated data to inform decision-making. Without reliable data, gender gaps remain invisible and unaddressed.

Investing in **equitable immunisation** is not only a health intervention but also an **investment in sustainable development**. By preventing disease and disability early in life, vaccination contributes to healthier, more productive populations, strengthens human capital and helps break intergenerational cycles of poverty. Removing gender-related barriers to immunisation therefore advances both health equity and long-term economic development.

ABOUT CORDAID

Cordaid is a value-based international development and emergency relief organisation, based in the Netherlands with offices in 14 countries. We work in and on fragility and support communities in their efforts to improve health care, education, food security, and justice. Where disaster strikes, we offer humanitarian assistance.

Cordaid is deeply rooted in the Dutch society with more than 260,000 private donors. The Christian values of human dignity, justice, compassion and care for the planet guide us in our work. Cordaid is a founding member of Caritas and CIDSE, and member of the ACT Alliance.

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