

# Gender Mainstreaming in Action

**GLOBAL ERADICATION INITIATIVE**  
**POLIO**

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## Overview

In May 2019, the GPEI launched its comprehensive [Gender Equality Strategy](#) to address gender-related barriers to immunization and to significantly improve the representation of women at all levels of the programme.

Since then, the GPEI has made strides towards achieving the goals set out in this strategy, thanks to the tireless efforts of dedicated gender specialists at all levels of the programme, government partners, donors, and frontline workers. In 2021, the GPEI Gender Mainstreaming Group (GMG) formed to provide guidance and enable information sharing and coordination among partners to advance gender equality throughout all aspects of programming and at all levels. Working closely with the Strategy Committee, the GMG is particularly dedicated

to supporting regional and country teams in their efforts to reduce gender inequalities within communities and among the health workforce. The programme recognizes that this work is vital to improving the quality of the services it provides, enabling women's leadership and achieving eradication.

In October 2022, after an independent mid-term review, the GPEI Polio Oversight Board approved the extension of the Gender Equality Strategy until 2026, in line with GPEI's broader strategy for eradication.

## Addressing Gender-Related Barriers to Vaccination

### Identifying Gender-Related Barriers to Vaccination:

Gender roles, norms and inequalities are powerful determinants of health outcomes and can prevent people from getting themselves and their children vaccinated. In the Democratic Republic of the Congo (DRC), an [analysis conducted by the GPEI in 2021](#) revealed how societal gender norms have contributed to high levels of un- and under-immunized children in the country. These include low education levels among women, men holding the decision-making power in the household while being more prone to vaccine misinformation, and the nature of women's daily tasks such as farming or fetching water that make them absent during vaccination campaigns.

Such gender-related barriers are heavily influenced by religious and social customs and can vary from place to place. The programme is expanding this work to support local authorities in other high-risk areas for poliovirus transmission, like northern Nigeria, to conduct similar studies on gender dynamics involved in a family's decision to vaccinate their child.

To further inform this work, the GPEI is committed to closing the gender data gap, which is vital to quickly identify and address discrepancies in immunization uptake based on a child's sex. In the DRC, the programme is organizing workshops with key government and programme stakeholders to better understand challenges in collecting, analyzing, and using sex disaggregated data to inform their work.



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### Keeping Gender in Mind to Promote Vaccination:

To successfully promote vaccination for every child, gender roles and norms must be at the core of all eradication activities. To address the barriers identified in the DRC, the programme is partnering with civil society to set up peer support groups that will serve as safe spaces for women and girls to receive and share accurate information about vaccines and other specific health needs. In fact, in collaboration with the Governor of Lualaba Province and the chair of the First Lady, the GPEI is supporting the first-ever national forum for women and girls on polio eradication and immunization in the DRC, which will take place in April 2024.

Female vaccinators and community mobilizers have also been key to building trust for vaccines around the world, especially in places where cultural norms prevent men from entering households. But promoting vaccination with gender in mind must happen at all levels. The programme is also conducting gender trainings with government staff to ensure gender is taken into account at all stages of polio outbreak response planning, from the timing of campaigns to the composition of response teams.

### Digital innovations

Digital innovations have been instrumental in the programme's ability to learn from communities and disseminate accurate campaign and vaccination information.



Apps like Rapid-Pro and U-Report make it easier for women to learn about and plan for polio vaccination campaigns by sending anticipated dates and information straight to their phones.



Social media campaigns, particularly using youth voices, help debunk prevalent rumors and misinformation about the polio vaccine.



SMS surveys in communities help identify specific gender-related barriers and design solutions to promote adherence to immunization services.

### Role of Male Caregivers

Recognizing the important role of men in a family's decision to vaccinate their child, the GPEI is engaging traditional and religious leaders as trusted sources of information for male caregivers. Recently, in Nigeria, for example, 132 religious leaders participated in monthly meetings held by the programme, to share challenges and develop solutions to combat non-compliance among male caregivers during vaccination campaigns. The programme is also holding focus group discussions with men in communities at high-risk for polio on the importance of vaccinating all children, and engaging Ulemas (Islamic scholars) in these areas during and in between campaigns to share accurate information.

## Increasing Women's Participation in the Polio Programme

### Women-Led Solutions

Gender plays a central role in the experience of health workers across the polio program. Bringing female polio workers to the decision-making table is critical to integrating a gender perspective into GPEI activities and creating an enabling environment to support their work. In Pakistan, the programme has implemented a new co-design initiative, [The Listening Project](#), to systematically hear from female frontline health workers about their experiences in the field, the barriers they face in their work, and their ideas for how to address these challenges to create a polio-free Pakistan. At these learning sessions, not only did frontline workers provide more than 300 unique solutions to overcome polio eradication barriers, but they explored how the polio programme can support their career hopes, post-eradication. Since these sessions, the country's provincial and national polio programmes have assessed and prioritized proposed solutions, which range from pay increases to flexible schedules for mothers. The programme plans to replicate this co-design initiative with its staff in other polio-affected places.



### Investing in Women in the Polio Workforce

The GPEI is actively employing women in a diversity of roles and telling their stories to expand the narrative of women's part in eradication. In places such as [Egypt and Pakistan](#), women scientists are leading the fight in polio laboratories, identifying and tracking every trace of the virus.

Once in the workforce, the programme is also committed to training women with the skills they need to be successful in their roles and providing them with the resources to ensure their safety and wellbeing along the way. In many places, including northern Nigeria, the programme hosts community health influencer and promoter trainings to recruit and empower female community mobilizers. It also offers literacy programs and income-generating skills development opportunities to equip these volunteers with the skills they need to seek and succeed in additional health service roles. Additionally, in Pakistan, The Listening Project is preparing women for the future by providing "upskilling" workshops to ensure female health workers have the tools and support they need, once polio has been stopped for good.

