

Gender Equality as a Path to Polio Eradication

POLIO GLOBAL ERADICATION INITIATIVE

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Overview

Gender, economic status, ethnicity, location, and religious affiliation, among other factors, are powerful determinants of how families engage with the health system. To understand how these complex dynamics interact and impact immunization outcomes, a broad and systematic approach to gender is needed.

The GPEI recognizes that integrating a gender perspective into all areas of the polio programme is essential to improve the quality of its work and to achieve eradication. As such, the GPEI launched a five-year [Gender Equality Strategy](#) in May 2019 in a concrete effort to address gender-related barriers to

immunization and to significantly improve the representation of women at all levels of the programme.

The GPEI's firm commitment to gender equality, including gender-responsive programming, is reflected in the programme's [2022-26 Strategy](#) (see below). It also aligns with the Immunization Agenda 2030 and is exemplified in the important strategic support that GPEI provided to the development of Gavi's Gender Policy 2020-25. All three global initiatives work closely together to reach children who have never been vaccinated before—"zero dose" children—in polio endemic and outbreak countries.

The Gender Equality Strategy aims to:



Promote the integration of a gender perspective into various aspects of the GPEI's programming and interventions, as well as organizational and management structures.



Support countries in addressing gender-related barriers to polio vaccination.



Increase women's meaningful participation and agency at all levels of the polio programme to work towards greater gender parity across the partnership.



Create a more gender-equitable institutional culture and environment.

Empowering Women in the Field

Women have been central to the progress made against polio in many countries. For example, some religious and cultural practices forbid unrelated men to enter households if women are alone with children. To help overcome this challenge of reaching children, the GPEI prioritizes the recruitment and training of women to work at the forefront of eradication so they can deliver vaccines and other health services to children in homes when no men are present. Women have been critical to building trust and relationships in communities and comprise close to 80% of vaccinators in Nigeria and Somalia, and over 60% in Pakistan, for example.

The programme's work to increase the proportion of women at the forefront of the workforce has helped to empower women financially and increase their standing in more socially conservative societies. Recognising that this empowerment



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can sometimes be met with societal resistance and significant threats to women's safety, the GPEI is steadfastly committed to working with all stakeholders (governments, communities, civil society, etc.) to create a safe environment for women working on the frontline of eradication efforts.

Despite evidence of the pivotal role of women in delivering polio vaccines, their integration into the design and delivery of health interventions is uneven across and within countries. The GPEI is committed to taking a human-centred approach to including women further in the programme while factoring in their specific needs, skill sets and profiles.



Closing the Gender Data Gap

The GPEI is one of the few global programmes with the ability to universally collect sex-disaggregated data across countries. Through the GPEI Gender Data Working Group, it is committed to ensuring that this data is regularly analysed so that programming can quickly address any discrepancies in immunization uptake based on a child's sex.

Data from recent years show that girls and boys in polio-endemic countries are receiving equal protection from the virus, but that disparities at sub-national and community levels may exist.

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Leading by Example

To truly achieve gender equality, women must be represented at all levels of the programme and in strategic and operational decision-making processes. This priority for GPEI is reflected in the programme's clear objectives in realizing a gender-balanced staff and empowering women across management groups.

Key governance, advisory groups, and oversight bodies, such as the Polio Technical Advisory Group (TAG), the Strategy Committee and the Polio Oversight Board (POB), are mainly comprised of men. The GPEI is working hard to address this imbalance and reach gender parity (50%-50%) in all major bodies by the end of the Gender Equality Strategy period.

To underpin the push from within for gender equality, the programme continues to promote a gender-responsive organizational culture by raising awareness around gender issues and strengthening the environment for learning. This includes regular technical support and capacity development initiatives including training for staff at all levels.

Securing Future Progress

The GPEI has advanced its efforts in reporting and analysing sex-disaggregated data, in building and targeting advocacy and communication activities, in mainstreaming gender in immunization trainings (such as the WHO Scholar Level 1 certification on Immunization Agenda 2030) and in making investments in gender expertise. However, as many health programmes around the world experienced, the COVID-19 pandemic hindered efforts to advance on goals laid out prior to 2020.

In its 2022-26 strategic phase, the GPEI will endeavour to make up lost ground and urgently meet the targets set in the Gender Equality Strategy by ensuring that gender equality is mainstreamed in all aspects of the programme. This includes, among others:

- » **Increasing ownership** of and accountability for mainstreaming gender equality considerations into all aspects of the programme.
- » **Instituting specific field-level mechanisms** to guarantee the safety of polio workers and beneficiaries.
- » **Creating a safe work environment** for all staff and contractors and enforcing the GPEI's policies on protection against sexual exploitation and abuse (PSEA) and safeguarding.
- » **Strengthening data collection and analysis** and complementing quantitative data with robust qualitative social data, especially through the community engagement workstream.
- » **Building a formal GPEI partner coordination mechanism** on gender equality that will address areas such as capacity development, data collection and analysis, and technical support.
- » **Ensuring specified and dedicated financial resources.**