

Gender Mainstreaming in Action

POLIO GLOBAL ERADICATION INITIATIVE

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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.

The programme's gender strategy has been extended to 2029 to align with the new eradication timelines. The gender strategy will continue to focus on strengthening existing gender mainstreaming efforts in key polio-affected countries like in Afghanistan, Pakistan, Nigeria and the Democratic Republic of the Congo, expanding gender mainstreaming support to other affected countries like Egypt, Madagascar, Sierra Leone, Somalia, and Central African Republic, and building capacity in gender at all levels of the programme.

Addressing 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 Burundi, teams conducted a gender analysis in 2024 that detailed gender-related barriers to vaccination and other primary healthcare services, including the disproportionate burden of work on women, cultural expectations of men and women that stigmatize men's involvement in childcare, and a lack of information and knowledge about health and immunization. Such gender-related barriers are heavily influenced by religious and social customs and can vary from place to place. For example, in many Burundian communities, religious beliefs and traditional practices, further restrict vaccination uptake.

In response to the gender analysis, trainings were organized for health care providers in the country, especially those in leadership positions, to help improve immunization planning and quality of care by integrating more inclusive and gender-sensitive practices. Many of the training participants expressed that they were previously unaware of the socio-cultural barriers affecting access to primary health care and immunization. Participants emphasized how learnings from the trainings were instrumental in helping them improve the way they cared for their communities. A total of 138 participants were trained throughout the project in 2024.

The programme is expanding this work to support local authorities in other high-risk areas for poliovirus transmission to conduct studies on gender dynamics involved in a family's decision to vaccinate their child and to develop gender-sensitive trainings and programmes based on the findings.



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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 introduced the Washindi Approach, an initiative to transform harmful gender norms. The intervention, launched in November 2023, integrates masculinity education and positive parenting to engage men and women in household health decisions around vaccination. The initiative also supports women-led community-based organizations to play an active role in immunization efforts and organizes community learning sessions for members to share experiences and strategies for overcoming resistance to vaccination. Since its start, the Washindi Approach has led to increased male engagement leading to higher vaccination uptake and has empowered women leaders to strengthen their role in immunization efforts.

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.

Increasing Women's Participation in the Polio Programme

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 the Central African Republic, mapping and training initiatives across 18 southern states have helped create a robust pipelines of trained female health advocates for future immunization campaigns.



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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, Fathers for Good (F4H) support groups were launched to mobilize fathers, heads of households, and male community leaders to encourage immunizations and improve vaccine acceptance. 67 F4H support groups were trained, and the initiative has led to increased vaccine uptake in areas with previously high levels of non-compliance, enhanced trust in immunization efforts through male-led mobilization, and strengthened collaboration between health officials and community leaders.

Additionally, in Indonesia, [Father Champion Groups](#) are being created to influence gender norms and encourage more fathers to engage in the vaccination of their children. Through the champion groups, fathers are educated on the significance of immunization, effective communication, and the concept of shared caregiving responsibilities within families. So far, 271 fathers have been reached through this project.



Women-Led Solutions

Gender plays a central role in the experience of health workers across the polio program. Bringing women 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. One key challenge identified by the women was around workplace harassment and gender-based discrimination. To create a safer and more inclusive work environment, the programme designed and implemented a comprehensive Anti-Harassment Policy. The policy is contributing to improved workplace protection ensuring that female frontline workers feel safer and more supported. The programme plans to replicate this co-design initiative with its staff in other polio-