

***Gender and Equity Perspectives in Rolling out  
COVID-19 Vaccination - exploring the missing  
links***

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# Context

- Women makes nearly half of Pakistan approx. 220 million population; sex ratio being 49:51
- More research needed to measure impact of COVID-19 on doubly marginalized populations – such as women with disabilities, young women, migrant women and older women
- Other at-risk populations, such as approximately 33 million persons with disabilities, 60 percent of whom are estimated to be women
- Groups started looking at gender impact of COVID-19 on women/girls from the onset
- The importance of incorporating a gender analysis into all preparedness and response measures as pandemics and humanitarian crises impact men and women differently
- Previous disasters underscores how women and other marginalized groups suffer disproportionately due to the unequal gender and power relations that determine access to and control over resources.

# Some Facts

- NCOC and all COVID-19 Taskforces have minimum women representation; only 5.5% are women
- Women are not in leadership position in National Action Plan and other committees
- Women are less likely to possess NIC cards compared to men; at least 12 million fewer women have NICs compared to men
- Migrants, refugees and lowest wealth quintile populations do not possess NIC
- Only 50% women/girls possess or own a mobile phone compared to 85% men
- Literacy rate for women is 56% compared to 76% for men
- Corona Relief Tiger Force set up by government have 700,000+ young volunteers, of which only 2,000 are girls

# Global Facts on COVID-19 Vaccination Trials

- Clinical research trials have ignored on sex differences, disaggregated data, inclusive and inter-sectional research
- Vaccination is 91% gender blind
- Only 29% PI were women, lacking equity in leadership of trials
- Epidemiological data by sex and age were not considered in trials, neither routinely analyzed
- Pregnant and lactating women were not included initially in clinical trials, late inclusion caused miscommunication and trust deficit. Studies on safety and efficacy of vaccines in pregnant and lactating mothers must be prioritized
- Planning and deployment of vaccine delivery must be gender sensitive (more men are being vaccinated)

# Recommendations for Gender Sensitive Equitable Rollout Strategy

- Equal participation of women in decision making in Health Taskforces with equal opportunities of leading these bodies
- **Apply end to end gender lens to COVID-19 vaccines rollout**
- Prepare a guidance note/checklist for tackling gender related barriers to equitable COVID-19 vaccine deployment. The checklist includes regulatory preparedness, vaccine safety & surveillance and M&E system
- Ensure messages are right based and not reinforcing stereotypes
- Analyze why women are excluded from clinical trials? Things will only change when intentional efforts are made to include women in clinical trials
- There are lot of known unknowns; transparent communication required

# Recommendations -contd

- Biases are ingrained in health systems; women should be at the table and policies should be women-centric
- Gender and age disaggregated data should be routinely shared for vaccination and analyzed
- Going to the last mile for vaccination rollout is not possible without involving CSOs/NGOs, youth groups and other field mobilizers
- Government needs to find alternate solution for full vaccination coverage for population without NICs and mechanisms on how to enroll that in datasets
- Customized SBCC campaign to address fears regarding vaccination to pregnant and lactating women
- PPP models could be leveraged for best return on investments
- Corporate sector should use its CSR funds to vaccinate their staff and their families
- Post marketing surveillance and programmatic monitoring must collect sex disaggregated data e.g. men in Pakistan find vaccine information clearer than women

No one is safe unless everyone is safe

***Thank You***