



**World Health
Organization**

Mini-cPIE (COVID-19 vaccination IAR) Clinic 5: Inequities in COVID-19 Vaccination Uptake

**Tuesday, December 14
15:00 – 16:30 CET**

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يرجى مسح رمز الاستجابة السريعة هذا ضوئياً أو اتباع الرابط في الدردشة لإكمال نشاط كسر الجليد لدينا.

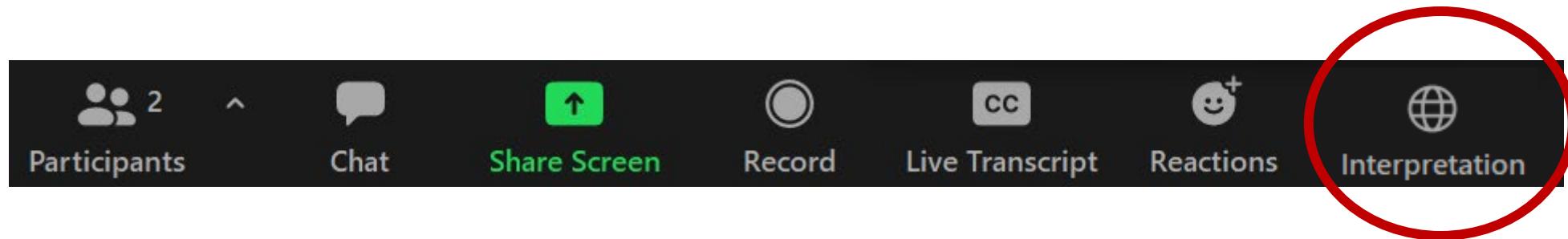
Por favor, digitalize este código QR ou siga o link no chat para completar a nossa atividade de quebra-gelo.





Interpretation in French, Spanish, Arabic, Russian, and Portuguese is available by clicking the **Interpretation** button

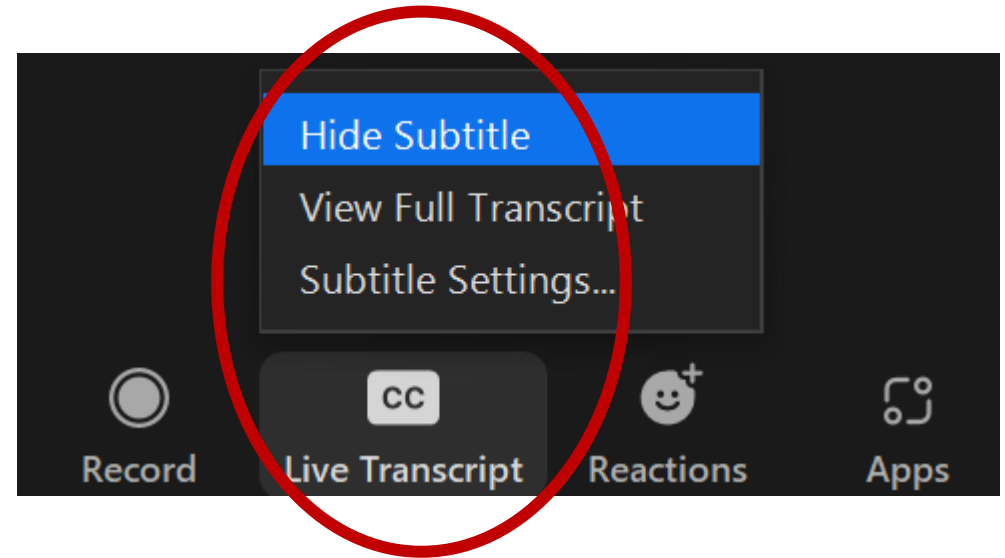
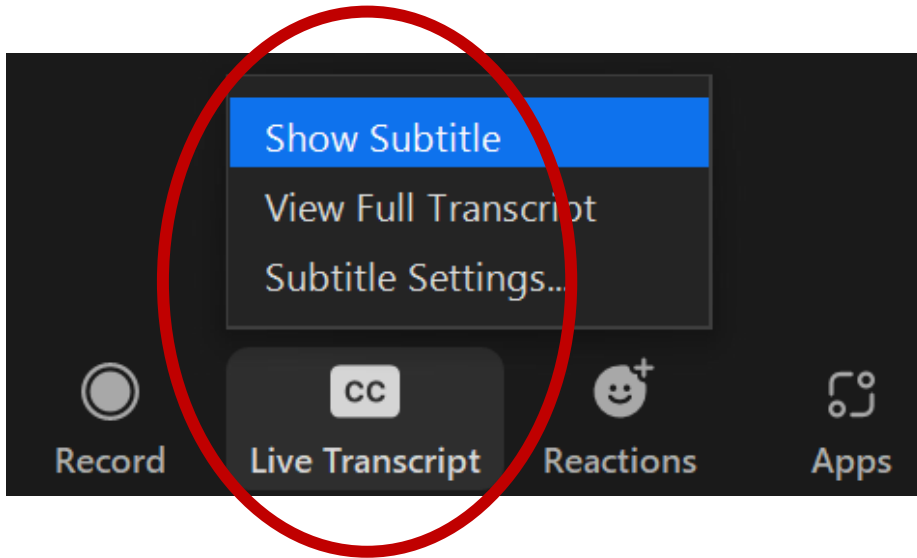
Click on “Interpretation” and choose the language that you would like to hear. To hear the interpreted language only, click “Mute Original Audio”



Live Transcription

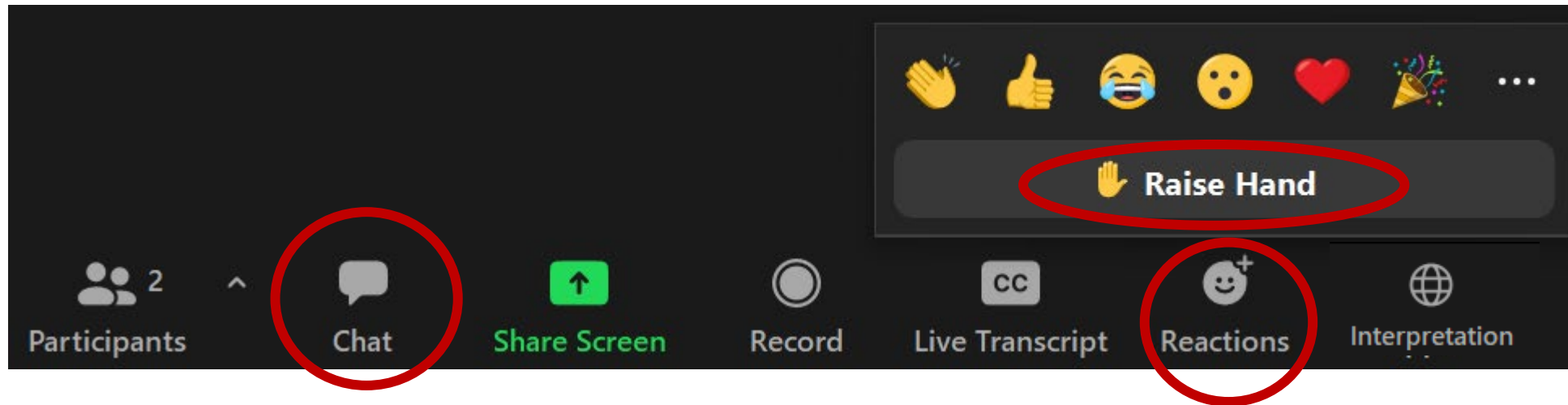


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Use the **Chat** or **Reactions > Raise Hand** features for questions throughout the call



Recordings and Certificate



- **This session is being recorded** and your attendance is consent to be recorded
- **The Recordings, PowerPoint, and all resources** will be shared after the call
- **A Certificate of Attendance** will be available through the University of New Mexico via link in the Chat at the end of the session

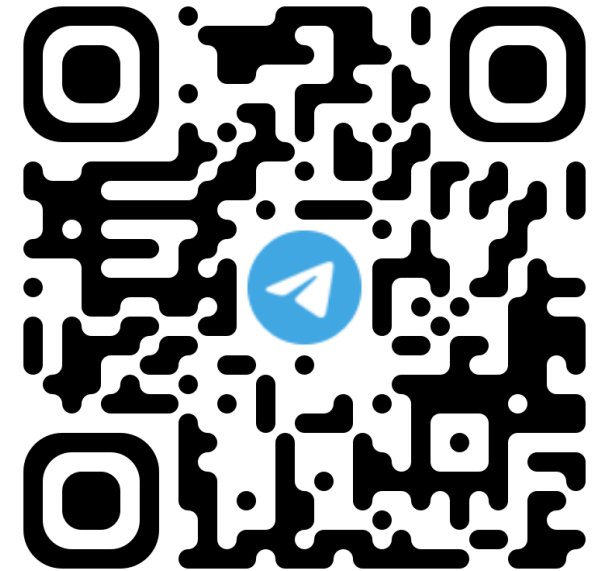




Please scan this QR code or follow the link in the chat to join the Telegram “Mini-cPIE Discussion Group”.

This is a messaging platform for you to:

- Receive **notification** of the next clinics.
- Receive updates on **tools and resources**.
- **Share ideas** with each other.



What country are you representing on this call?



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World Health
Organization

Mini-cPIE Clinic 5 (COVID-19 Vaccination IAR)

Inequities in COVID-19 Vaccination Uptake

14 December 2021

Agenda

Welcome & Objectives

Global status of COVID-19 vaccination Intra-action reviews (IARs)

Country experience sharing – Bolivia

Interactive Q&A

Focus Issue: Gender and the COVID-19 vaccine roll-out

Poll & Discussion

Evaluation and wrap-up

Purpose of the mini-cPIE clinic



- To create a **platform for countries to share their learnings and experiences** with peer countries on their review and adjustment to COVID-19 vaccine roll-out using the mini-cPIE tools.
- To cultivate a community of learning for COVID-19 vaccine roll-out and **directly connect countries with one another** to maximize on peer-learning.
- To provide opportunities for countries interested in reviewing their COVID-19 vaccine roll-out to **receive practical tips and technical support on how to conduct a mini-cPIE.**



Global mini-cPIE implementation status

As of 8 Dec 2021



Already conducted a mini-cPIE

Planning to conduct a mini-cPIE

| AFR | AMR | EMR | EUR | SEAR | WPR |
|---------------------|-------------|---------|--------------|-----------|-----|
| Botswana | Bolivia | Somalia | Armenia * | Bhutan | |
| Burkina Faso | El Salvador | Syria | Bulgaria * | Indonesia | |
| Cameroon | | | Georgia * | | |
| Chad | | | Kosovo* | | |
| Congo (DRC) | | | Kyrgyzstan * | | |
| Ethiopia | | | Lithuania * | | |
| Gambia | | | Montenegro * | | |
| Ghana | | | Poland * | | |
| Guinea-Bissau | | | Romania * | | |
| Kenya | | | | | |
| Liberia | | | | | |
| Mauritania | | | | | |
| Mozambique | | | | | |
| Namibia | | | | | |
| Niger | | | | | |
| São Tomé & Príncipe | | | | | |
| Senegal | | | | | |
| Sierra Leone | | | | | |
| South Sudan | | | | | |
| Tanzania | | | | | |
| Togo | | | | | |
| Uganda | | | | | |
| Zambia | | | | | |
| Zimbabwe | | | | | |

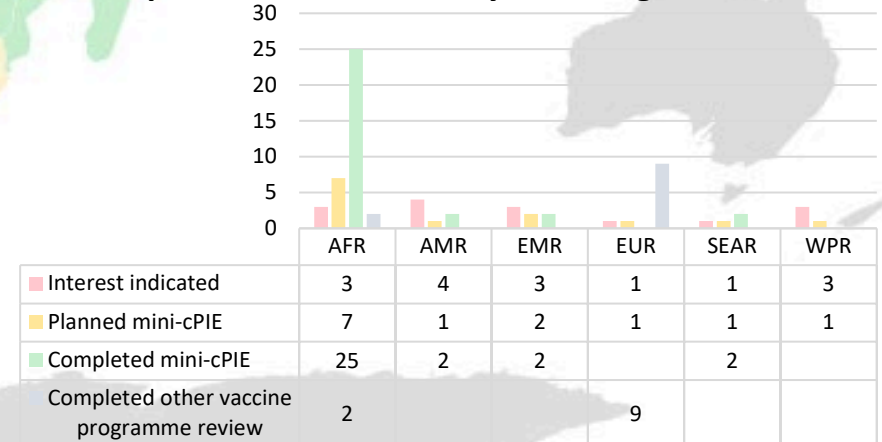
| AFR | AMR | EMR | EUR | SEAR | WPR |
|--------------|---------|---------|---------|-------|---------|
| Angola | Ecuador | Lebanon | Albania | Nepal | Lao PDR |
| Eswatini | | Morocco | | | |
| Lesotho | | | | | |
| Malawi | | | | | |
| Mauritius | | | | | |
| Rwanda | | | | | |
| South Africa | | | | | |



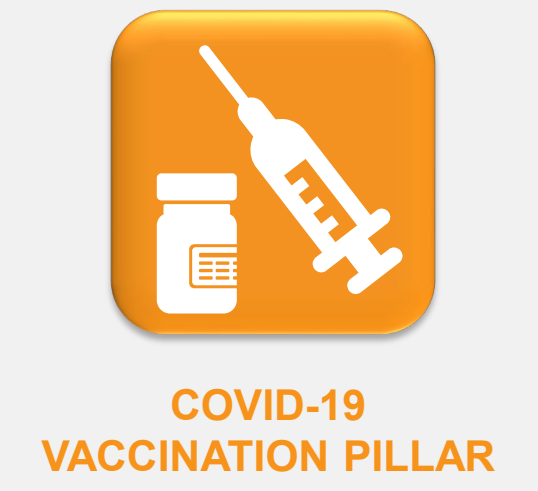
Interest in conducting a mini-cPIE

| AFR | AMR | EMR | EUR | SEAR | WPR |
|---------|-------------------|----------|---------|-------------|----------|
| Algeria | Barbados | Egypt | Moldova | Timor-Leste | Malaysia |
| Mali | Chile | Pakistan | | | Mongolia |
| Nigeria | Trinidad & Tobago | Tunisia | | | Vietnam |
| | Uruguay | | | | |

Mini-cPIE (or other vaccination review) implementation status by WHO region



*Used alternate methodology for conducting a standardized COVID-19 vaccination programme review



Mini-cPIE Clinic 5



COUNTRY EXPERIENCE SHARING

Plurinational State of Bolivia

Mini-cPIE (COVID-19 Vaccination Intra-Action Review)



Lic. Maria Renee Castro Cucicanqui
*Viceministra de Promoción, Vigilancia
Epidemiológica y Medicina Tradicional*

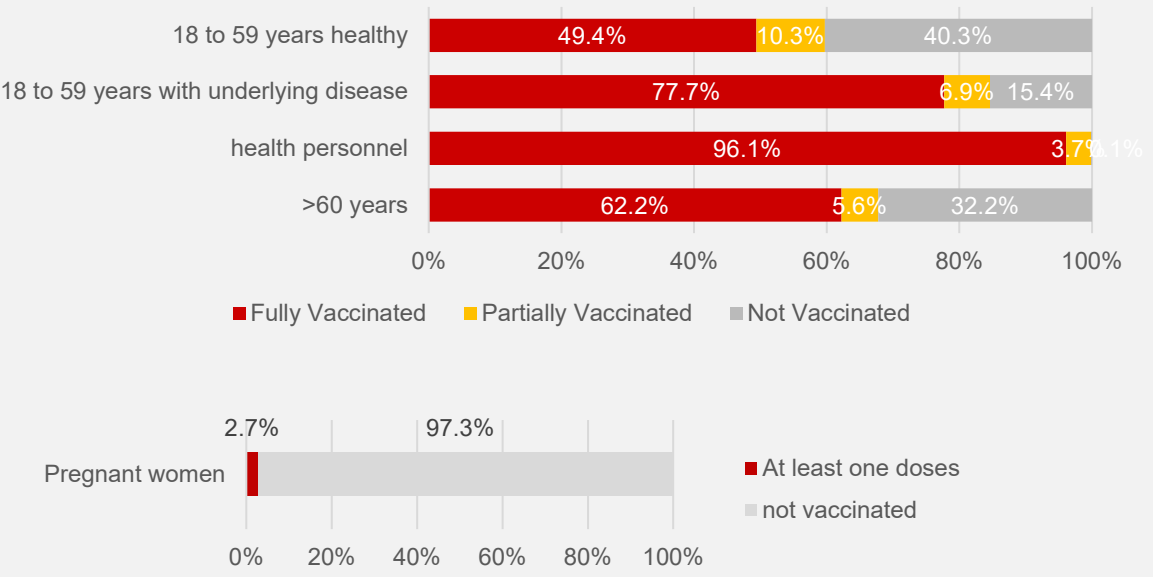


DESCRIPTION OF THE MINI-CPIE

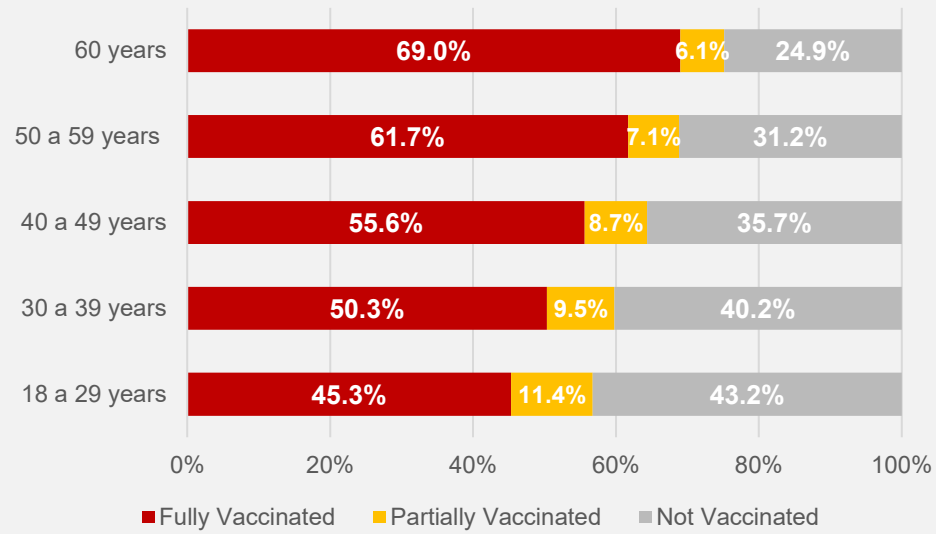
- **Review period: 08/26/2021 – 11/05/2021**
- **Date of review: 10/06/2021**
- **Geographical scope: Both national and subnational**
- **Number and profile of participants: 45 National Stakeholders (Public and private sector)**
- **Programme evaluation areas reviewed:**
 - i) Planning, coordination and provision of services
 - ii) Regulation
 - iii) Financing
 - iv) Cold chain, supply, logistics, and vaccine handling
 - v) Human resources
 - iv) Communication and social mobilization
 - vii) Vaccine safety
 - viii) Information, monitoring and scientific research

Characteristics of the Vaccinated People (As of 31, October 2021)

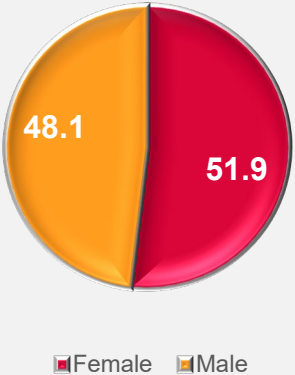
Vaccination coverage in target groups



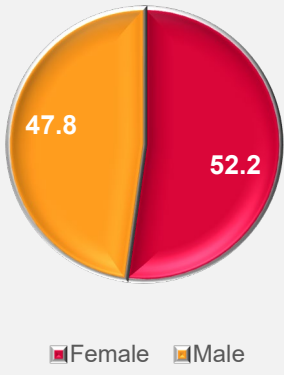
Vaccination coverage by age group



Vaccination by sex with one dose (%)

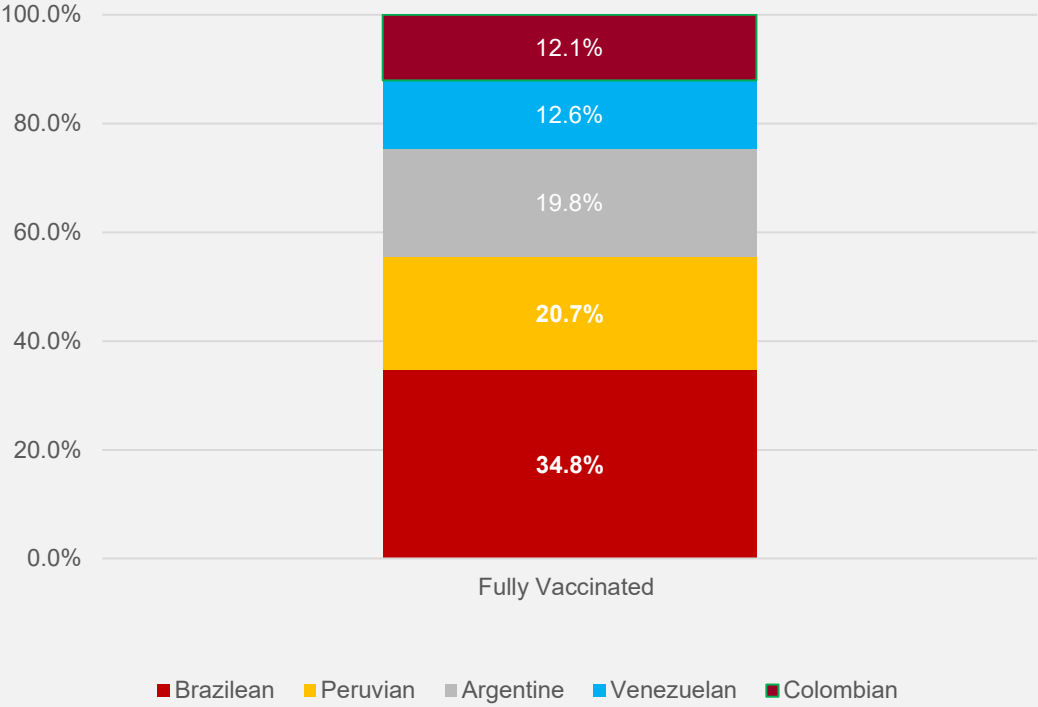


Vaccination by sex with complete schedule%

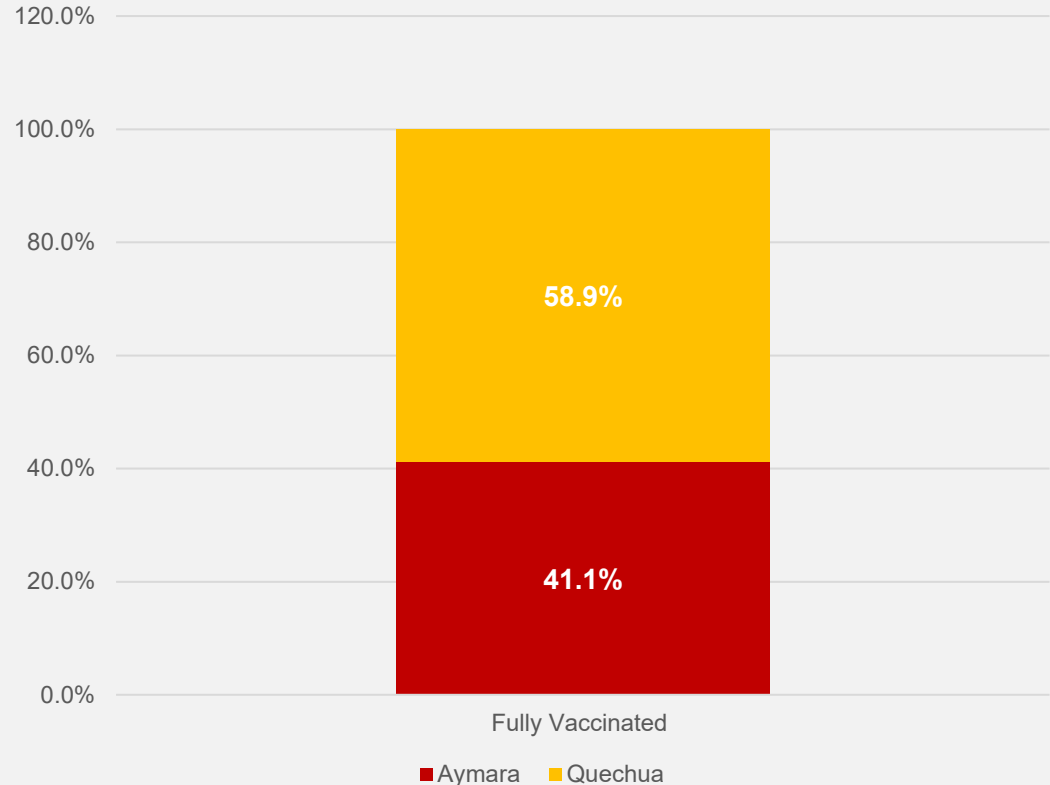


Characteristics of the Vaccinated People (As of 31, October 2021)

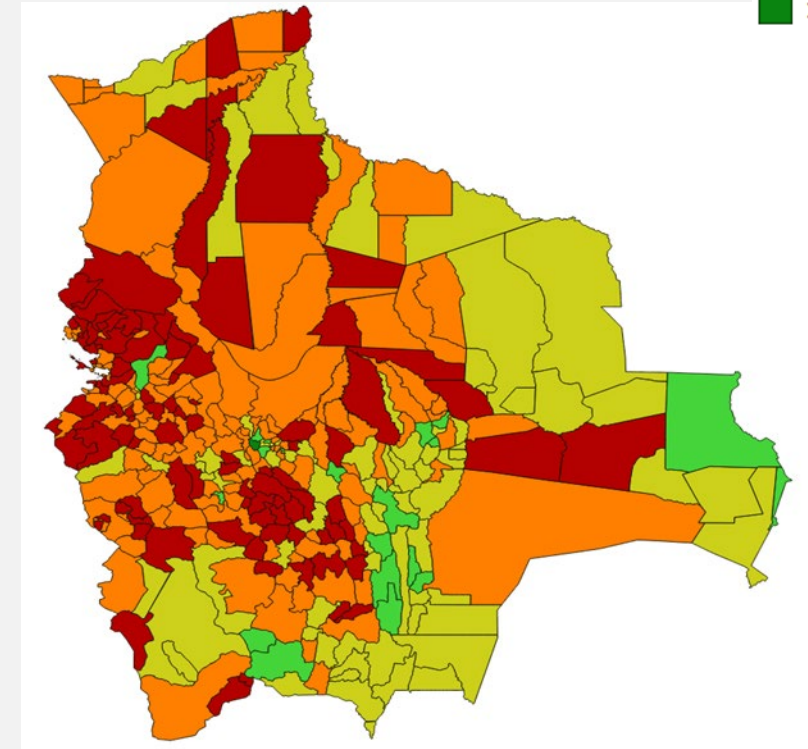
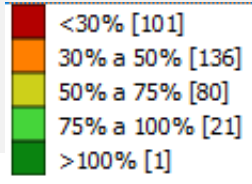
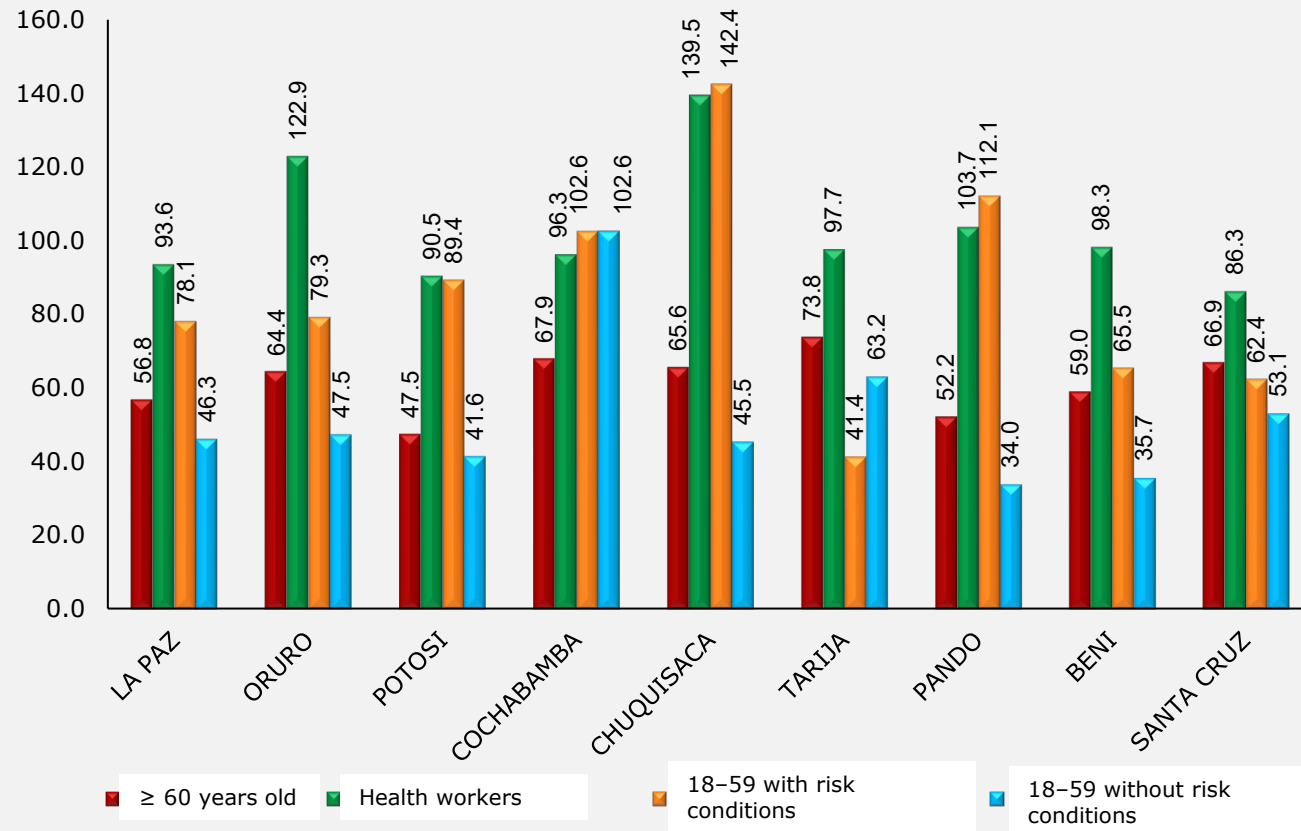
42,878 doses administered to foreigners from 117 different countries, of which 74,1% correspond to the following nationalities :



1.580.726 doses administered in people who self-perceive from some indigenous people, of which 94.3% refer to the following:

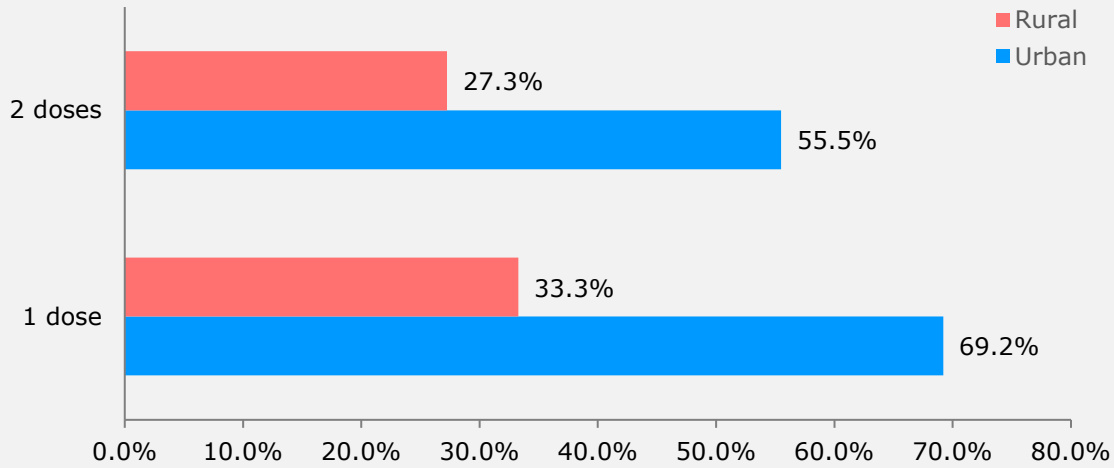


Fully Vaccinated Coverage by Department, risk groups, and rural/urban areas

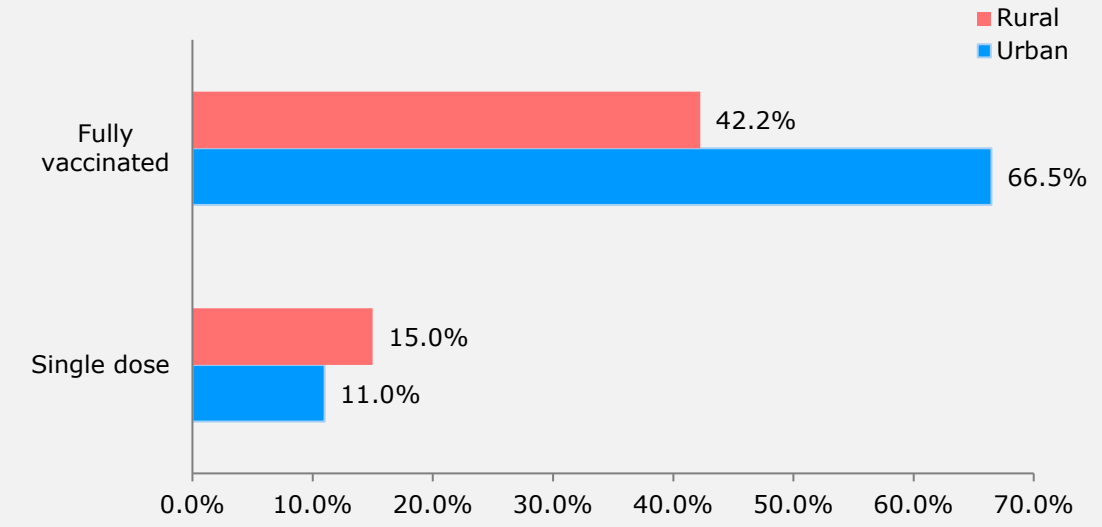


COVID-19 Vaccination in Bolivia (As of 31 October 2021)

One dose and Two doses Coverage
URBAN-RURAL



Fully Vaccinated Coverage
URBAN-RURAL



| Area | Population | Total administered doses | Coverage | | | | |
|----------------|------------------|--------------------------|----------|---------|-------------|--|---------------|
| | | | 1 dose | 2 doses | Single dose | Fully vaccinated (2 doses + single dose) | Booster doses |
| Bolivia | 7,180,428 | 7,843,479 | 50.6% | 40.9% | 13.1% | 53.9% | 4.7% |
| Urban | 3,458,368 | 4,921,698 | 69.2% | 55.5% | 11.0% | 66.5% | 6.6% |
| Rural | 3,722,060 | 2,921,781 | 33.3% | 27.3% | 15.0% | 42.2% | 3.0% |



GOOD PRACTICE & CHALLENGES IDENTIFIED

GOOD PRACTICES

- 1.** The introduction of COVID-19 vaccines became a National political priority, led by the President of the Plurinational State of Bolivia.
- 2.** Increase in the storage and distribution capacity of vaccines.
- 3.** Commitment and mystique of health care workers, and the strengthening of the EPI team at the central level.
- 4.** Generation of pro-vaccination strategic alliances through Summits with governors and mayors, universities, and private initiatives.

CHALLENGES

- 1.** Keep the priority achieved in the interests of the highest-level decision-makers.
- 2.** Achieve equity in the storage and distribution capacity of vaccines at the subnational levels.
- 3.** Implement a recognition and incentive plan for health care workers at the national and sub-national level.
- 4.** Overcome political differences and maintain strategic alliances to continue advancing in improving vaccination coverage.



DISPARITIES IN COVID-19 VACCINATION UPTAKE

GOOD PRACTICES

- 1.** Organization of the country in favor of vaccination, achieving the commitment of the sub national level authorities (departments and municipalities) with the campaign
- 2.** Vaccination strategies adapted to population densities: massive urban vaccination centers and creation of vaccination brigades to reach rural areas (with capacity to attend to acute events associated with vaccination)
- 3.** Prioritization of single dose schedules for hard-to-reach populations in rural areas and indigenous population
- 4.** The vaccine has reached all 36 indigenous peoples of the country (even though acceptance has been unequal)

CHALLENGES

- 1.** Important coverage gaps are observed in the highest risk groups (>65 years and carriers of chronic diseases) with territorial disparity
- 2.** Rural areas, with great geographical variability (Amazon, altiplano), concentrate the largest gaps and resistance to vaccination.
- 3.** Multiculturalism and language differences make it difficult to communicate about the benefits of vaccination
- 4.** Storage capacity and human resources are insufficient to absorb decentralized vaccination.



IMPACT ON THE COVID-19 VACCINE ROLL-OUT

ACTIONS TAKEN FOLLOWING THE MINI-CPIE

IMPACT ON COVID-19 VACCINE ROLL-OUT

1. COVID-19 National Vaccination Plan updated.

Reduction of inequities and gaps to increase the coverage in groups at higher risk.

2. Update the communication campaign at the subnational and municipal level, including:

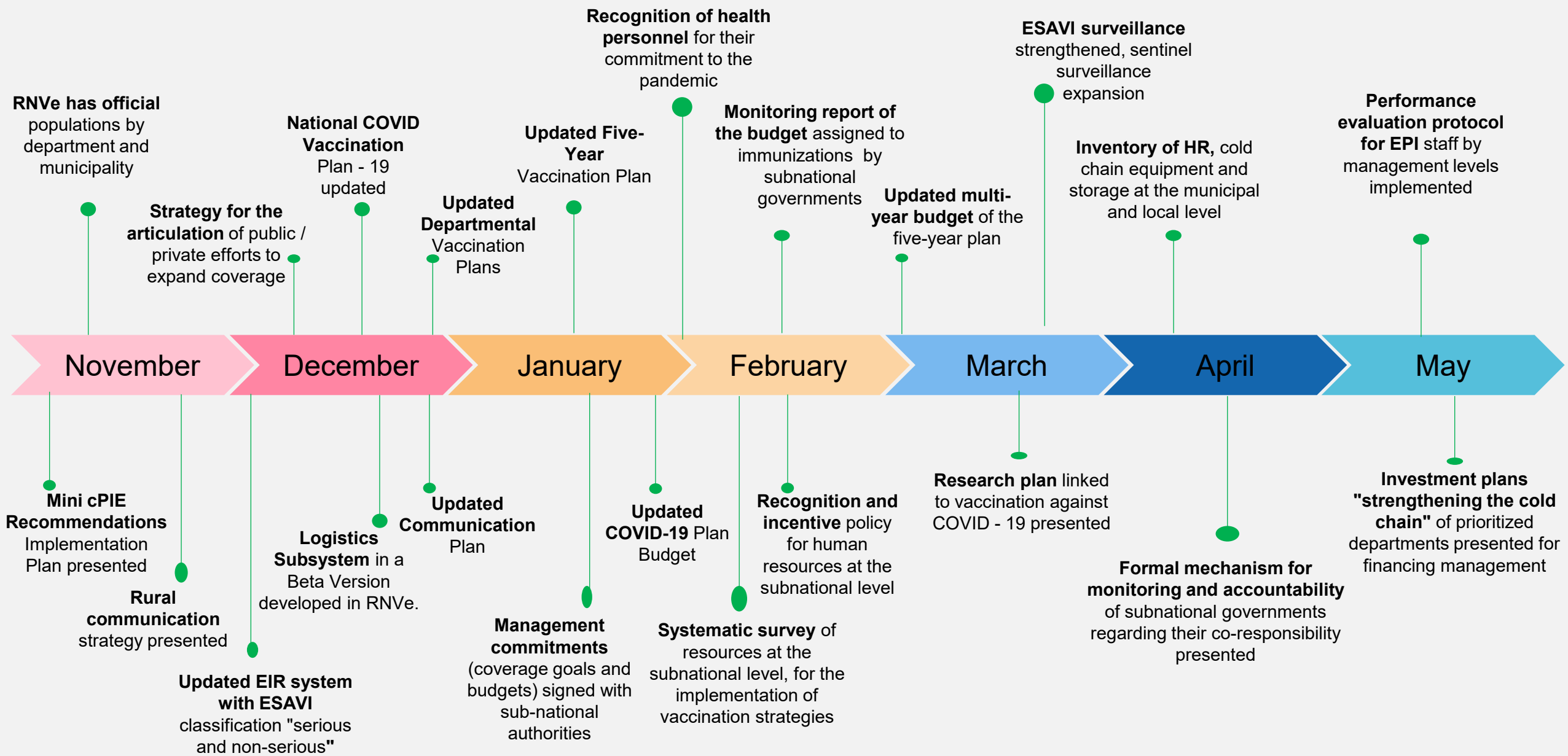
- Participation of community leaders
- Cultural relevance
- Language adequacy

Indecisive and rejecting vaccination groups reached with an appropriate and culturally relevant key messages

3. Nominal Electronic Vaccination Registry, include official populations by department and municipality, allowing to generate unified reports of vaccination coverage

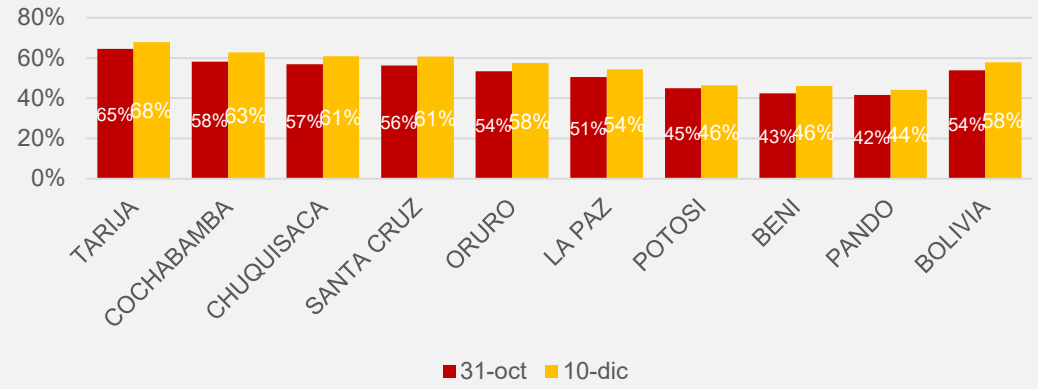
National and sub-national authorities support their decisions based on homogeneous information, on vaccination goals and coverage.

Timeline of implementation of the Mini c-PIE Assessment recommendations

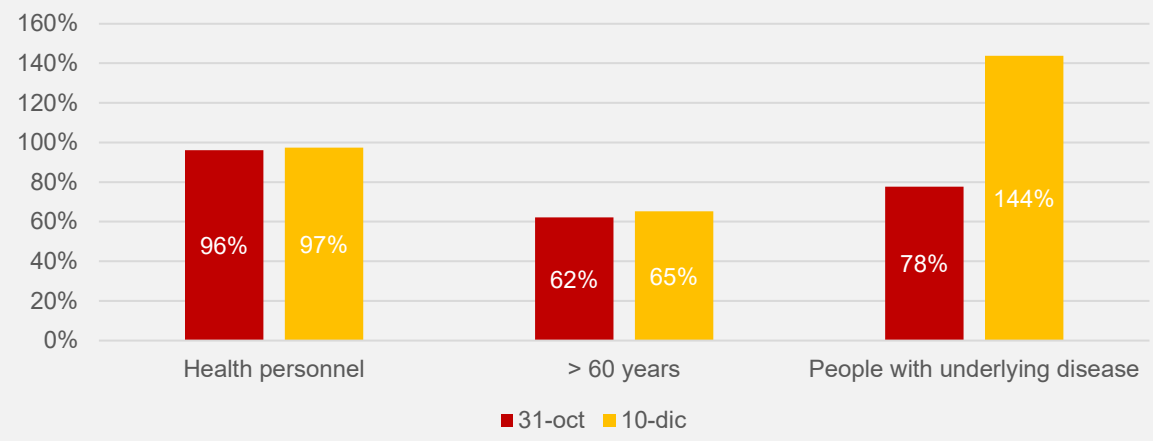


Advance in Coverage post mini-cPIE (31-oct to 10-dec)

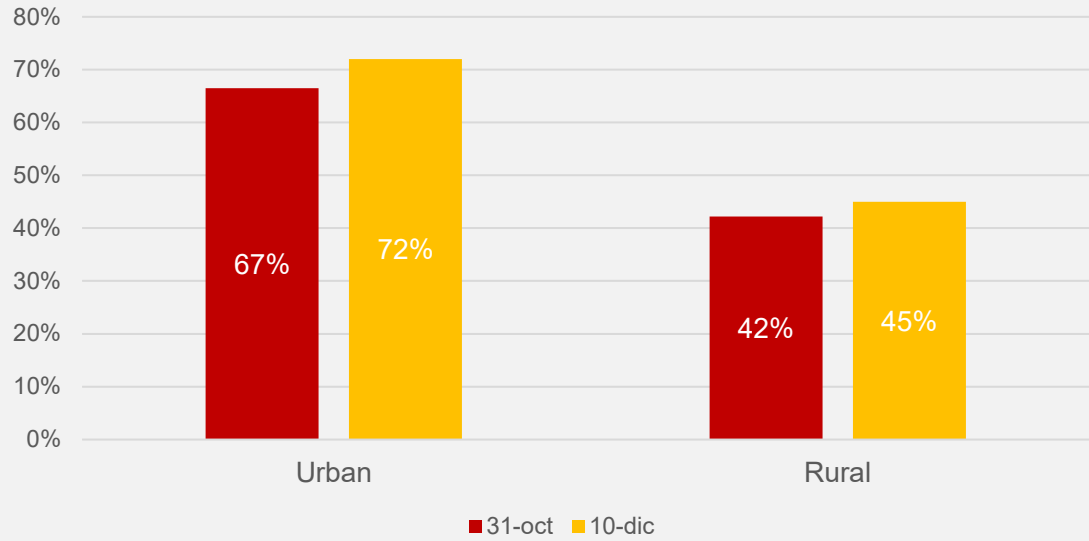
Fully vaccinated coverage with by department



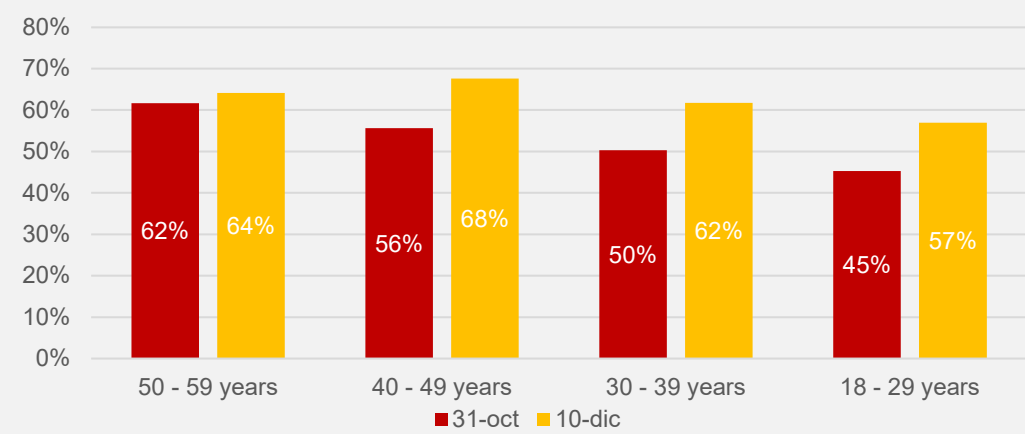
Fully vaccinated coverage, target population



Fully vaccinated coverage, urban/rural

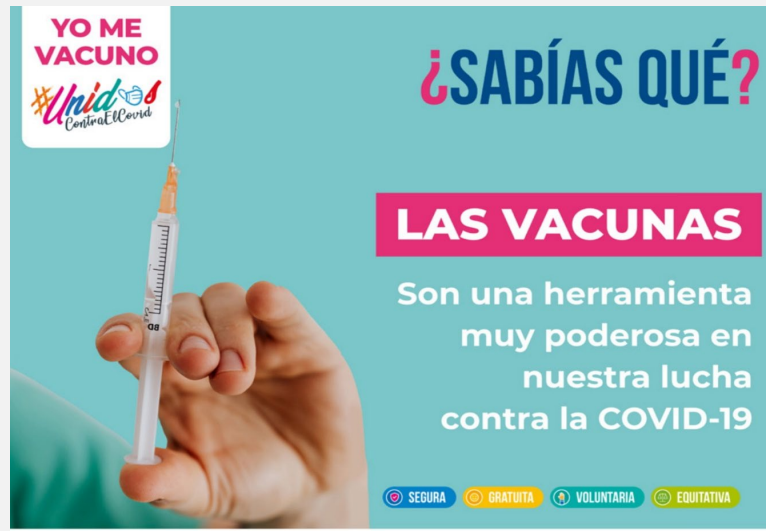
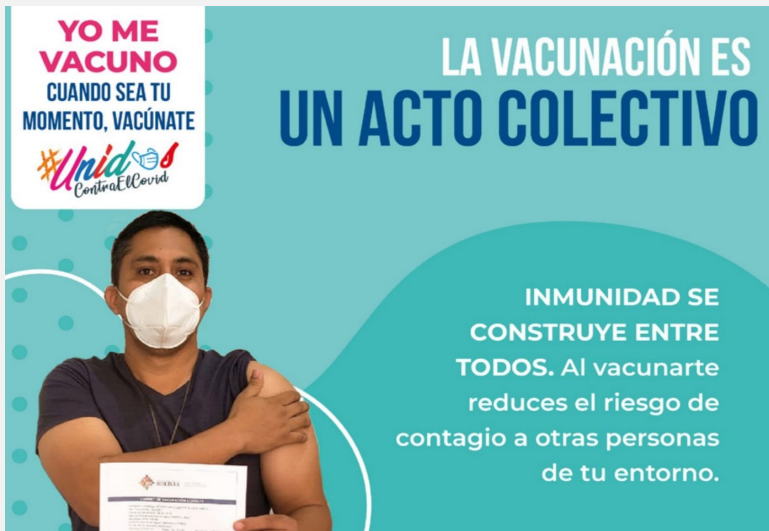
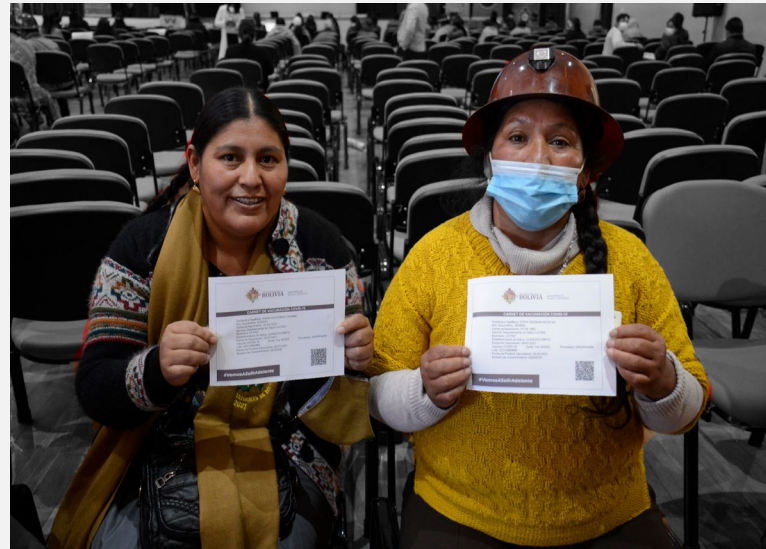


Fully vaccinated coverage, by age



(*) For the calculation of coverage of the immunized population, the single doses (Janssen) are added in the 1st. and 2nd dose.

Vaccination in Bolivia



Ministerio de Salud y Deportes / Agencia Boliviana de Información

Gracias!

~

Thank you!

For more information on any of the material presented, please contact:

Dr. Max Enríquez – Jefe PAI MSyD
[<maxenri7@hotmail.com>](mailto:maxenri7@hotmail.com)



INTERACTIVE DISCUSSION





Gender Considerations for an Equitable, Safe and Effective COVID-19 Vaccine Roll-Out

Dr. Shirin Heidari
Senior Technical Consultant
Gender, Equity, Human Rights and
Immunization, Vaccines, and Biologicals
heidaris@who.int

With support from Clara Rodriguez (WHO/WHE), Lisa Menning (WHO/IVB) & Tracey Goodman (WHO/IVB)

Differences between women and men

- Gender differences in incidence, severity of disease, morbidity and mortality due to SARS-CoV-2 can vary across:
 - Age groups
 - Geographies
 - Groups (e.g., ethnic minorities)
 - Occupations
 - Over time

Pregnant women face specific risks:

- More likely than non-pregnant women to develop severe disease and to need ICU.
- More likely to give birth prematurely.



Gender differences

Behaviour

Men smoke more;
Less likely to comply with non-pharmaceutical protective interventions, and delay seeking care.

Exposure and Vulnerability

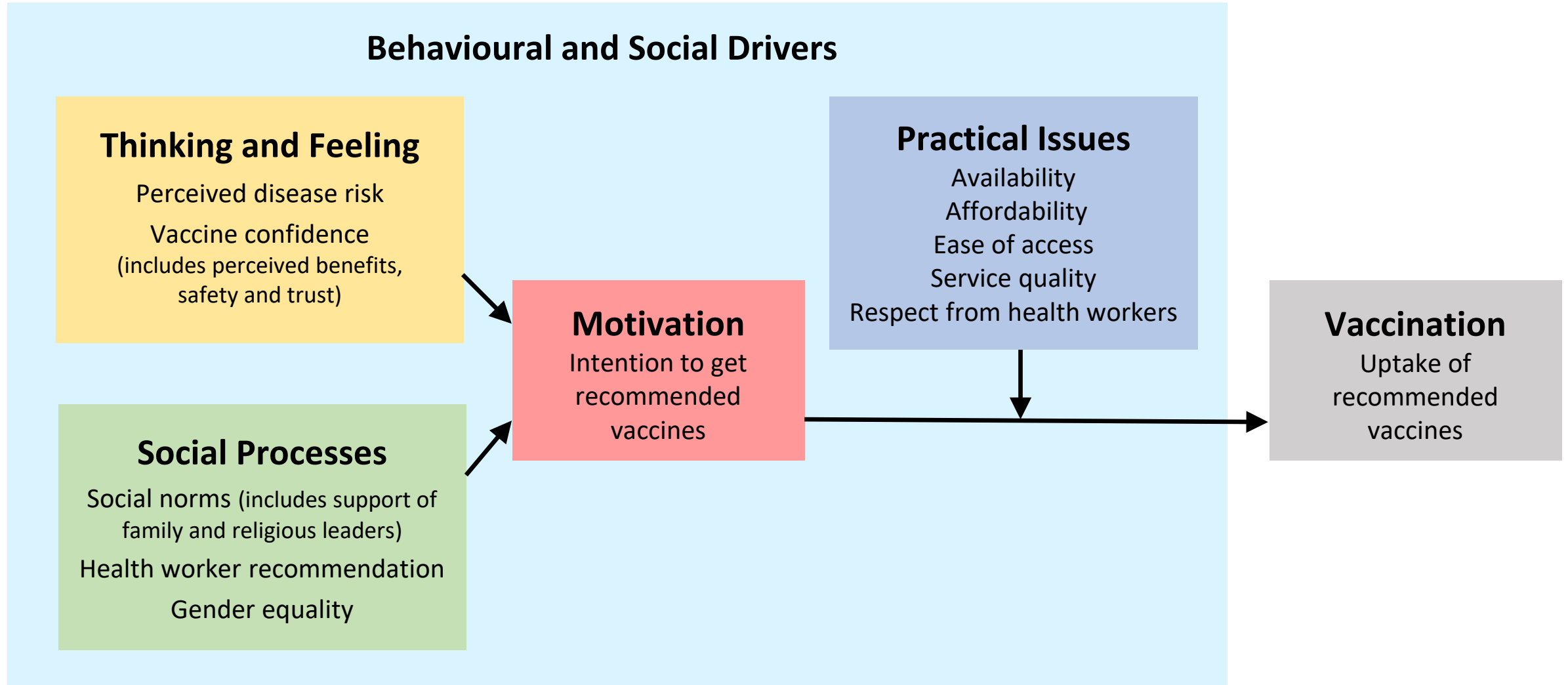
Women as caregivers and majority of frontline health care workers are more exposed to SARS-CoV-2, but may have limited access to suitable PPE.

Limited access to clean water, soap, hand sanitizers, masks.

Sexism on the Covid-19 frontline: 'PPE is made for a 6ft 3in rugby player'



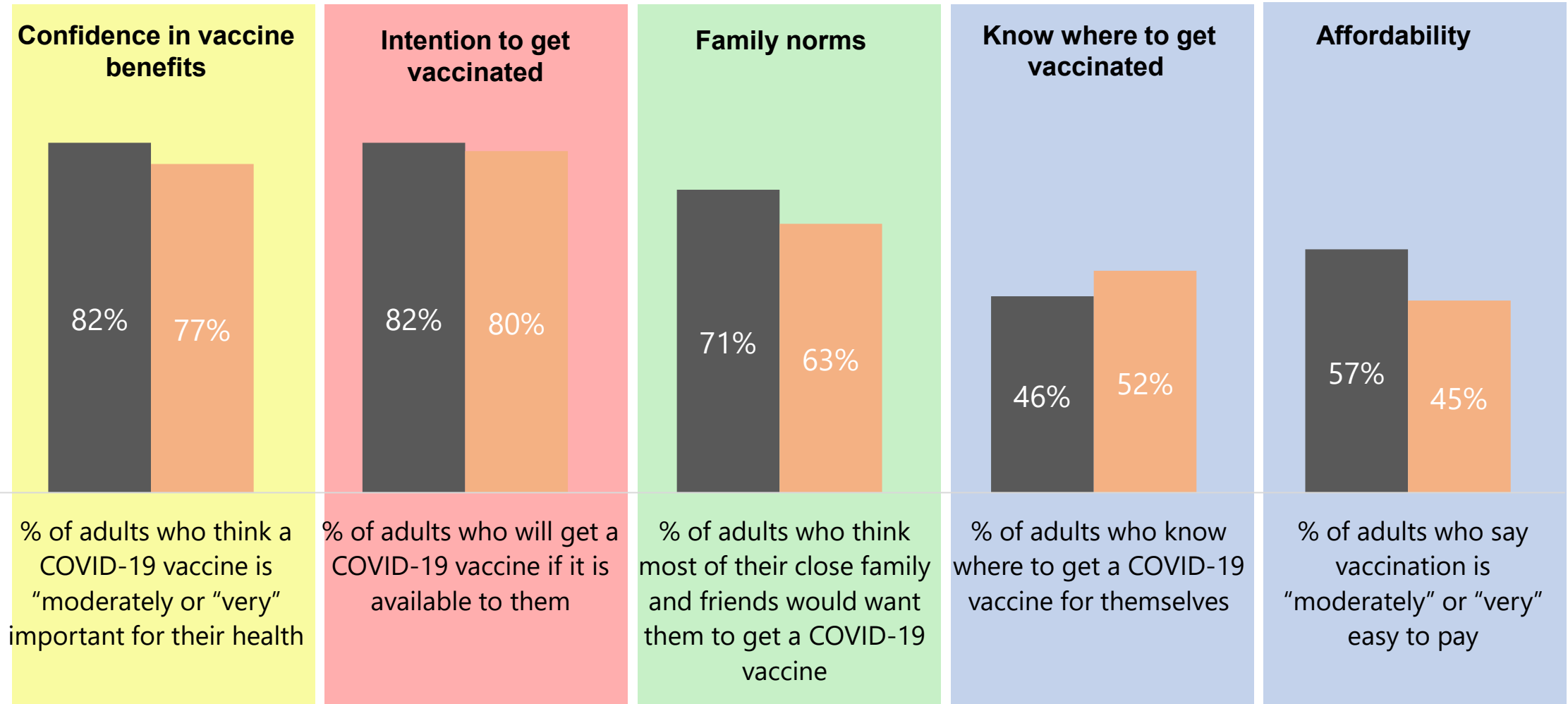
What drives vaccination uptake?



The Behavioural and Social Drivers (BeSD) core indicators for COVID-19 vaccination

NIGERIA

■ Male ■ Female



Total sample (n=608); health worker (n=308), other adults (n=300).

Examples of how to consider gender when rolling out COVID-19 vaccines

1

Women have limited mobility, time, and mobile access



- Bring vaccines to places and events that women visit
- Consider extended and flexible vaccination hours

2

Cultural preference for female healthcare workers

- Increase number of female vaccinators
- Provide “women only” vaccination sites

3

Gender dynamics in decision making

- Engage gatekeepers as vaccine advocates
- Promote male engagement and joint decision-making

4

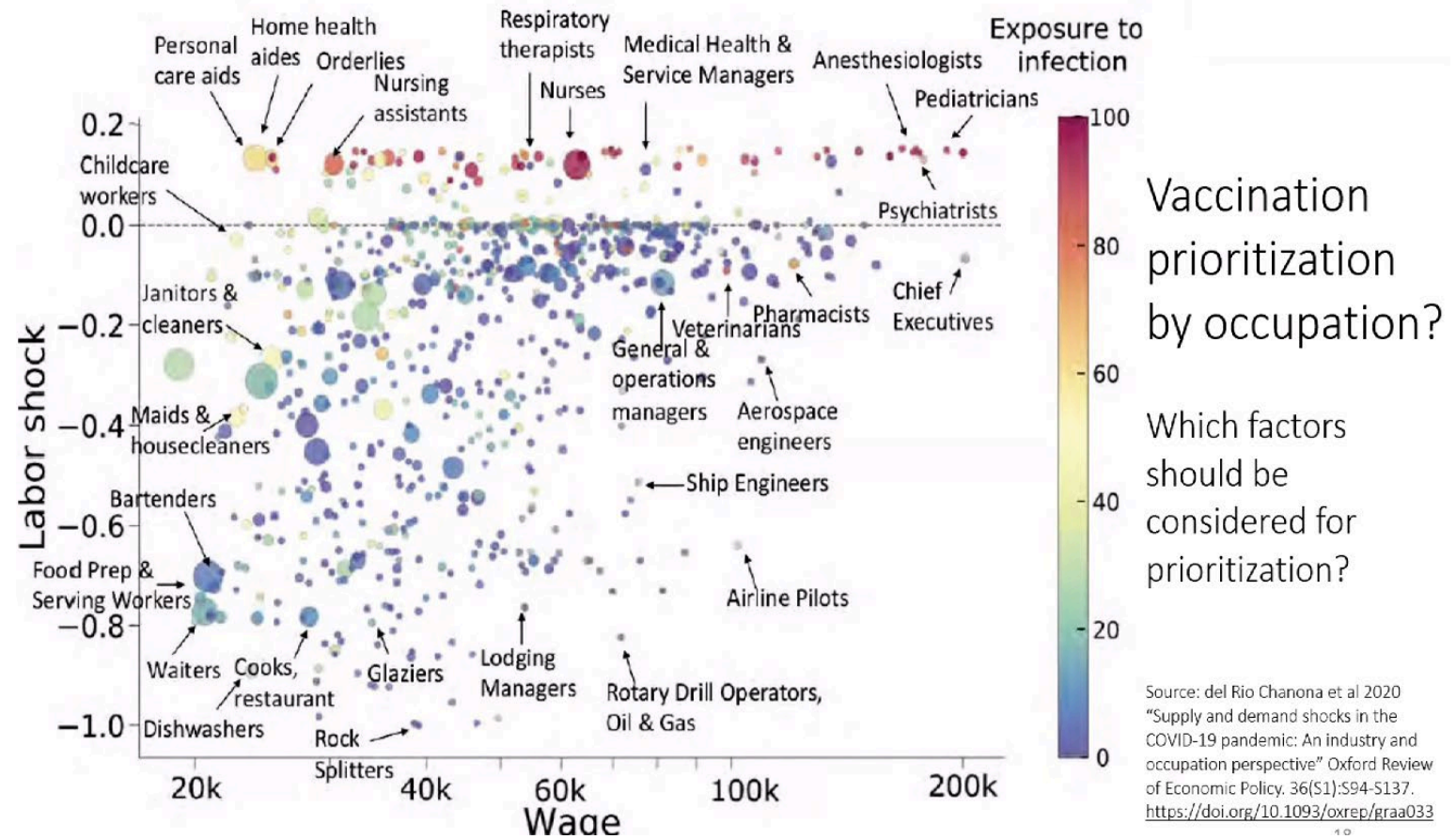
Limited knowledge, misinformation and fear of side effects



- Provide clear and gender-sensitive information on how, where, when and which groups can be vaccinated
- Positive stories through trusted channels

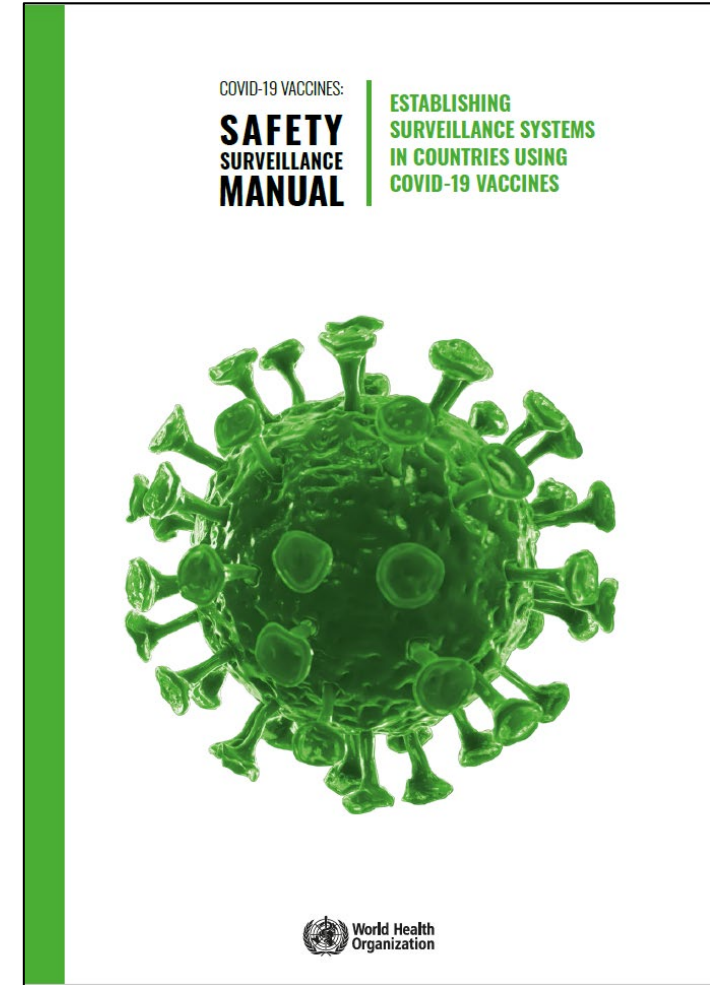
PRIORITIZATION STRATEGIES: GENDER AND EQUITY CONSIDERATIONS

Prioritization strategies need data to identify specific populations at greater risk for infection, disease and death.



Post-marketing surveillance & pharmacovigilance data

- ✓ It is essential that **quality sex and gender relevant data** are collected and analyzed to capture frequency and severity of adverse effects in different groups.
- ✓ **Gender-sensitive indicators** are needed to monitor and facilitate equitable access.



Decision making

Engaging women health workers and women in decision-making processes, from research and development to policy making, programme design and decision about vaccine roll out and delivery.



Time for action: towards an intersectional gender approach to COVID-19 vaccine development and deployment that leaves no one behind

<https://gh.bmj.com/content/bmjgh/6/8/e006854.full.pdf>



BMJ Global Health

To cite: Heidari S, Durrheim DN, Faden R, *et al.* Time for action: towards an intersectional gender approach to COVID-19 vaccine development and deployment that leaves no one behind. *BMJ Global Health* 2021

Table 1 Recommended actions for integrating sex and gender considerations in COVID-19 vaccine development and deployment

| | Who? | What? |
|-------------------------|---------------|--|
| Deployment and delivery | WHO (SAGE) | <ul style="list-style-type: none"> ▶ Ensure that intersectional gender dimensions are considered in guidance on prioritisations, allocation and deployment. |
| | Member states | <ul style="list-style-type: none"> ▶ Be mindful about gender gaps and biases in data when developing prioritisation strategies and deployment plans. ▶ Conduct baseline gender assessment to identify needs and barriers to immunisation. ▶ Be transparent about the rationale and the evidence on which groups are prioritised. ▶ Invest to improve data collection capacity and monitoring to ensure reliable gender data. ▶ Develop gender transformative national policies to minimise gender and other inequities. ▶ Ensure vaccine campaigns and information are gender sensitive and do not stereotype certain groups. ▶ Provide training to health workers to sensitise them about gender dimensions and minimise discriminatory provider attitudes. ▶ Invest in the well-being and resilience of the health workforce by ensuring a respectful and enabling working environment, zero tolerance for sexual harassment and gender-based discrimination, measures to prevent burnout, provision of psychosocial support, sick leave, insurance and prompt payment of salaries, guarantee of equal pay, access to suitable personal protective equipment, essential hygiene and sanitation products, as well as essential sexual and reproductive health services. |
| | Civil society | <ul style="list-style-type: none"> ▶ Advocate for transparent decision-making about prioritisation and deployment plans. ▶ Involve community-based organisations in vaccine delivery to collect and analyse disaggregated data and monitor and address gender and other inequities in access to vaccines. |



GUIDANCE NOTE AND CHECKLIST FOR TACKLING GENDER-RELATED BARRIERS TO EQUITABLE COVID-19 VACCINE DEPLOYMENT

March 2021



THE CHECKLIST



1
Regulatory preparedness



2
Planning and coordination



3
Costing and funding



6
Human resource management and training



5
Vaccine delivery strategies



4
Priority populations for vaccination



7
Vaccine acceptance and uptake



8
Vaccine safety
Mechanisms for both active and passive reporting should capture



9
Monitoring and evaluation systems

<https://www.who.int/publications/m/item/gender-related-barriers-to-equitable-covid-19-vaccine-deployment>

RESOURCES

- Guidance Note and Checklist for Tackling Gender-Related Barriers to Equitable COVID-19 Vaccine Deployment (March 2021)
- WHO SAGE technical background paper: Critical sex and gender consideration for equitable research, development and delivery of COVID-19 vaccines. April 2021
- Heidari S, Durrheim DN, Faden R, et al Time for action: towards an intersectional gender approach to COVID-19 vaccine development and deployment that leaves no one behind BMJ Global Health 2021
- WHO Gender mainstreaming for health managers: a practical approach. (2011)
- Immunisation and Gender: A Practical Guide to Integrate a Gender Lens into Immunization Programmes, UNICEF Regional Office for South Asia (ROSA) (2019)
- Gender-responsive communication for development: Guidance, tools and resources. UNICEF ROSA (2018)
- Gender Toolkit: Integrating Gender in Programming for Every Child in South Asia (2018) UNICEF ROSA. [GPEI Gender Equality Strategy 2019/2023](#)
- GENDER AND COVID-19 VACCINES: Listening to women-focused organizations in Asia and the Pacific (2021)
- Little Jab Aid: 5 Ideas to increase COVID-19 vaccination for women in Middle East and North Africa (MENA)- Busara Center for Behavioral Economics, Common Thread, UNICEF & Save the Children
- Solís Arce, J.S., Warren, S.S., Meriggi, N.F. et al. COVID-19 vaccine acceptance and hesitancy in low- and middle-income countries. Nat Med **27**, 1385–1394 (2021).
- Gender in Humanitarian Action Handbook. UN Inter-Agency Standing Committee (IASC) (2018)
- UN STAT GENDER MANUAL <https://unstats.un.org/unsd/genderstatmanual/>
- EQUITY REFERENCE GROUP FOR IMMUNIZATION. Gender Lens to Advance Equity in Immunization. Equity Reference Group. Available at: <https://sites.google.com/view/erg4immunisation/discussion-papers>



Thank you





Polls

Please give specific examples of the barriers that prevent women or men from accessing vaccine?

- Crowding at vaccination sites
- Cultural
- Having to stay home as Care givers. Lack of Finance. Family /Partner influence
- Childcare access to get vaccinated
- Few vaccinators, access barriers (insecurity and geographical access), lack of appropriate information, and cultural barriers (women need permission from their partners)
- Ignore of her own health
- *Le manque temps*
- poor health seeking behaviour by men
- Women: Myths on vaccines and reproductive health, Men: Strong and can handle the disease.
- Over population
- Lack of access to information
- Women ignore their health
- La culture, la information
- Limited decision-making authority on part of women
- Vaccine clinics during work hours
- Lack of knowledge of the language which the information is provided
- Time to go to health facilities when not ill
- Time, competing priorities
- Information
- perception of higher risks for women
- Women have numerous household chores
- Misinformation
- Misinformation
- Machismo
- Culture, religion
- Information



COVID-19
INTRA-ACTION REVIEW



COVID-19
VACCINATION PILLAR

Mini-cPIE Clinic 5

Gender considerations for the COVID-19 vaccine roll-out



MODERATORS:

Clara Rodríguez Ribas

**Technical Coordinator, Gender Working Group
Health Security Preparedness, WHO Emergencies Programme, WHO**

Lisa Menning

**Demand & Behavioral Sciences Team Lead,
Dept of Immunizations, Vaccines, and Biologicals, WHO**

English



Spanish



French



Russian



End-of-clinic Evaluation

A Certificate of Attendance will be issued upon completion of the evaluation.



- Full report
- Executive summary, including overall best practices and challenges
- Exemplar stories (aspects of **specific program areas** to highlight)

NOTE: Country IAR core team will receive a **Certificate of Achievement upon sharing COVID-19 vaccination IAR results for peer learning.**

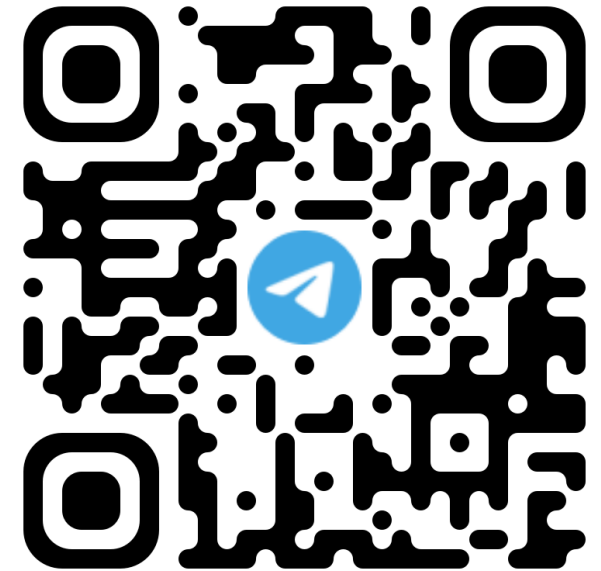




Please scan this QR code or follow the link in the chat to join the Telegram “Mini-cPIE Discussion Group”.

This is a messaging platform for you to:

- Receive **notification** of the next clinics.
- Receive updates on **tools and resources**.
- **Share ideas** with each other.



Available resources



IAR Guidance, Tools and OpenWHO online course

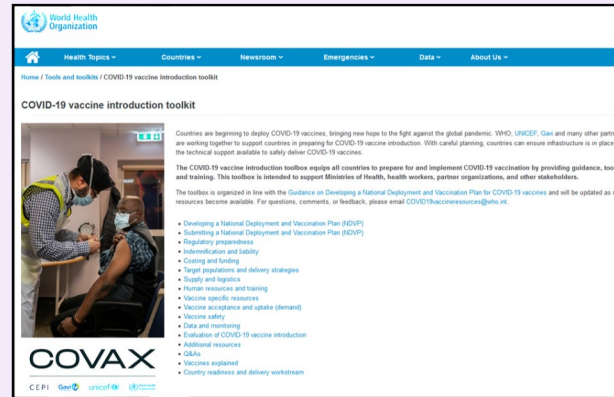


https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1



<https://openwho.org/courses/covid-19-intra-action-review-en/>

Mini-cPIE (COVID-19 vaccination IAR) specific resources



Mini-cPIE specific tools

<https://www.who.int/tools/covid-19-vaccine-introduction-toolkit#Evaluation%20of%20COVID-19%20vaccine%20introduction>

Training webinar

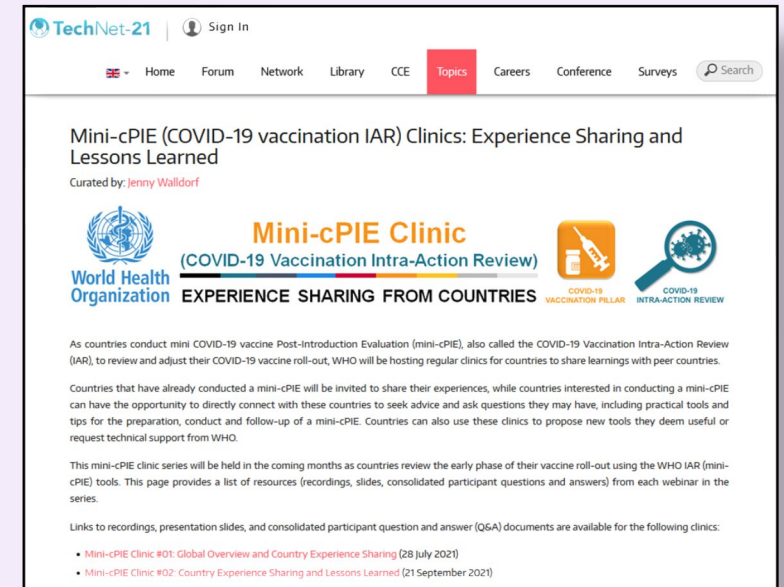
Mini-cPIE (COVID-19 vaccination IAR) – What is it and how to conduct one?

please go to [link](#) or download the pdf slides [here](#).

Mini-cPIE clinic materials

For recordings, slides and Q&A:

<https://www.technet-21.org/en/topics/cpie>.





Thank you!

For more information and technical support on any of the material presented, please contact:

Jenny Walldorf (walldorfj@who.int)
Landry Ndriko Mayigane (mayiganel@who.int)
Cindy Chiu de Vázquez (chiuc@who.int)

