

CASE STUDY

Integrating a gender lens into Uganda's advocacy and demand generation plan for COVID-19 vaccines



While Uganda has made significant progress in increasing access to immunization in recent years, vaccine inequity remains a challenge. The COVID-19 pandemic has further disrupted immunization efforts and disproportionately affected women and children in communities where vaccine coverage was already low. Disruption of immunization services, even for brief periods, can raise the likelihood of outbreaks of vaccine preventable diseases such as measles and polio, which can lead to increased morbidity and mortality and a greater burden on health systems already constrained by the pandemic.

Given the prevailing gender-related barriers to immunization, and thanks to PATH's ongoing gender integration advocacy work supported by the Bill & Melinda Gates Foundation, the PATH team recognized the COVAX-supported COVID-19 advocacy and demand generation plan needed to be gender intentional. PATH took the opportunity to utilize the ongoing gender integration activities to inform their support to the Ministry of Health (MOH) in developing a gender inclusive and responsive Advocacy and Demand Generation Handbook to support the deployment and scale-up of COVID-19 vaccine initiatives in the country. Working with the MOH, PATH sought to understand the dynamics that contributed to disparities and elevate solutions to reduce the impact of gender barriers to immunization. This qualitative evidence informed the creation of a more gender intentional vaccine deployment approach in Uganda.

The challenge and opportunity

Since the start of the COVID-19 pandemic, already existing disparities in immunization coverage in Uganda have been exacerbated by service disruptions, especially during phases of lockdown. With this context in mind, as Uganda embarked on its National Deployment and Vaccination Plan for COVID-19, health leaders engaged with hundreds of influencers throughout the country to help improve vaccine confidence and reduce potential inequities during rollout. At the same time, PATH was just beginning to embark on a pilot effort to integrate gender into its advocacy work with support from the Gates Foundation. When Gavi asked the PATH Uganda team to support the Ugandan government in the rollout of COVID-19 vaccines using funding from COVAX, the PATH Uganda team saw it as an important opportunity to address the inequitable distribution of immunizations among women and girls. The team felt that integrating a gender lens was important both to ensure that the COVID-19



As part of PATH's support to the Uganda Ministry of Health in developing a gender inclusive and responsive Advocacy and Demand Generation Handbook, sessions were held with key stakeholders, including parliamentarians (pictured here), to inform the handbook's messaging. PATH/Deogratias Agaba

vaccine deployment was effective and to ensure it did not exacerbate existing gender inequalities. PATH leveraged the ongoing gender integration work to aid in the development of a demand generation handbook produced with the COVAX support for the vaccine rollout.

Implementing the strategy

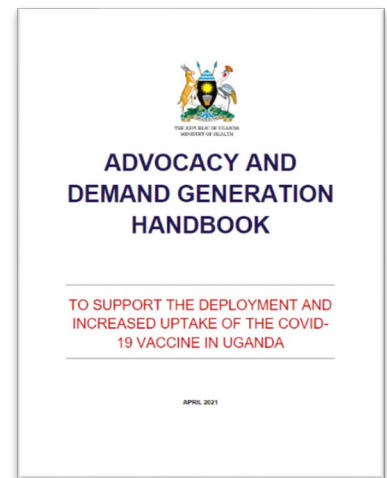
To inform the creation of the gender intentional Advocacy and Demand Generation Handbook, PATH reviewed available guidance by the World Health Organization (WHO) and Gavi and supported desk reviews and focus groups. While a full gender analysis was not possible due to the rapid nature of the COVID-19 vaccine rollout, PATH conducted rapid social listening exercises to identify vaccine deployment and adoption issues registered by the online community (namely the vibrant Twitter community commonly referred to as Ugandans on Twitter or #UOT). PATH also developed questionnaires and shared them with stakeholders virtually and in person to identify the major barriers to vaccine access. The results of this data collection (see sidebar) provided the basis for the development of approaches to address challenges—including those related to gender—to vaccine deployment within communities.

Leveraging PATH's engagement with Uganda's National COVID-19 task force, PATH was able to use evidence gathered through these efforts to advocate for the integration of gender in the preliminary stage of the Handbook's messaging development and during the strategic influencer planning and deployment preparation stages.

To inform these efforts, advocacy and demand generation workshops were held at the national and regional levels to identify influencers—especially faith and cultural leaders, parliamentarians, and other political and technical decisionmakers—to use their voices to publicly address challenges associated with vaccine distribution, access, and financing. PATH hosted messaging co-creation sessions with partners including WHO, UNICEF, the MOH, and other civil society organizations to support the development of key messages in response to the COVID-19 vaccine deployment challenges identified, including specific messages addressing gender-related barriers.

Included in the handbook are key messages that can be used by parliamentarians, media, faith and cultural leaders, health professionals, private sector, and MOH officials to promote uptake of the vaccine and equitable access for all Ugandans. The handbook also outlines the role each group plays. It includes suggested approaches to address gender barriers and other challenges, such as:

- Identifying female champions and influencers from different sectors to influence community members perceptions around COVID-19.
- Urging the Uganda Parliamentary Forum for Immunization to partner with the Uganda Women's Parliamentary Association to advance gender considerations in funding for immunization.
- Training health reporters to support accurate reporting on immunization in the country.
- Tapping respected cultural leaders such as queens to support vaccine demand generation activities.
- Promoting messages of inclusion, access, and human rights (including gender rights) and addressing vaccine-related stigma, hate speech, and misinformation which reduce uptake.



Uganda's Advocacy and Demand Generation Handbook was finalized in April 2021.

Anecdotal evidence PATH gathered suggests that women and girls struggled to access immunizations because they needed approval from male household members, while others faced even graver threats due to increased gender-based violence. Further, the intensified caretaking role for women and girls associated with COVID-19-related school closures and childcare losses have only intensified challenges to reaching health facilities for their children's essential health services or their own, including immunization. While data specifically linking such barriers to declines in routine immunization are not available, they are likely a contributing factor to the service declines that have been documented especially early in the pandemic, alongside widespread economic disruptions and transportation interruptions.

Other concerns raised were potential hesitancy of males to take the vaccine from female vaccinators and concerns around misinformation that would impact uptake among women, especially rumors that the vaccine causes infertility. Finally, civil society partners noted that there are a limited number of female champions who can influence women's perceptions.

Achieving the goal

Following the finalization of these messages and the Handbook, PATH, in partnership with UNICEF, WHO, the MOH, media houses, and other civil society partners, supported face-to-face engagements with stakeholders around the country to roll out the key messages. During these meetings, PATH and partners disseminated the key messages to the different influencers and decision-makers who committed to disseminating them through channels within their communities—local media houses, places of worship, etc. Stakeholders took up the recommendations above; for example, the MOH tapped female champions to support via public service announcements on radio and TV to counter negative information around immunization in the country.

PATH also leveraged Gates Foundation resources to further the Handbook's dissemination with parliament, including elevating the shortfall of US\$156 million for rollout of the COVID-19 vaccine and calling for the government of Uganda to allocate more domestic resources to ensure the rollout is done in an equitable way that ensures improved access for all including women and girls, and to ensure the COVID-19 vaccine rollout does not negatively impact routine immunization. PATH's advocacy efforts resulted in dedicated funding allocated to support the delivery of COVID vaccines.

While the initiative set the stage for more in-depth gender work in the future, through the disbursement of these messages into Ugandan communities, the launch of the Handbook represented a significant step forward in addressing gender gaps and barriers to immunization access, raising the voices of women, and increasing their influential presence on driving immunization campaigns for all sectors.

Challenges

As this work was conducted as PATH's pilot project on gender integration, the team reflected on several challenges faced, which may be useful to the Gates Foundation as it works with grantees to expand gender integration efforts.

- **Lack of data.** Uganda does not collect sex-disaggregated data for immunization, and the last study in gender barriers related to immunization is over seven years old. This meant PATH had to collect our own data or rely on anecdotal information.
- **Lack of dedicated funding and capacity.** While PATH was able to support the Ministry in this small scope of work, the lack of dedicated funding to develop tailored strategies to understand and overcome gender gaps and barriers on both demand and supply sides meant shared efforts were limited. There was also limited expertise within the government and partners to recognize and analyze gender barriers. More capacity strengthening in this area would be beneficial to promoting a gender intentional or gender transformative approach to reach zero-dose and under-immunized children and communities.
- **Limited cross-ministry coordination.** Uganda does not have a directorate or secretariat to support integration between the ministries of health and gender, which hinders opportunities for a multisectoral approach.

Key partners to the Ministry of Health in the Handbook's development efforts included:

- Clinton Health Access Initiative
- Gavi, the Vaccine Alliance
- Living Goods
- UNICEF
- USAID-funded Social and Behavior Change Activity
- WHO
- World Vision

Factors for success

Despite these challenges, PATH was able to make progress due to the following factors:

- **Leveraging global guidance and tools.** PATH was able to leverage previously written guidance and tools from WHO, the United Nations, and Gavi to inform our approach to integrating gender into national plans to support the COVID-19 vaccine deployment, sharing insights with the MOH and other task force members to aid in the Handbook's creation.
- **Maintaining strong dedication to addressing barriers to immunization.** With the heightened level of awareness of existing barriers to immunization access—including gender barriers—following the evidence presented by PATH, the MOH's commitment to addressing these challenges became more apparent. The Ministry's top leadership sought to work closer with female influencers in the faith, cultural, and professional fields to help drive the messages on vaccine access at the community level.
- **Fostering robust global partnerships.** Instead of starting these initiatives anew, the MOH was able to tap into its robust partnerships. These partnerships influenced the development of a more well-rounded strategy and ensured early buy-in from stakeholders.

Looking forward

Public health leaders are leveraging the insights gained from Uganda's initiative to integrate a gender lens in guiding ongoing immunization efforts around COVID-19. Leveraging training and best practices to drive current immunization campaigns, public health leaders feel confident they will be able to increase access to immunizations which will yield higher rates of actual vaccination. This work has also paved the way for deeper thinking, analysis, and inclusivity of diverse voices in the planning and execution of future health policy campaigns.

Looking forward, PATH plans to conduct a wider gender analysis on barriers to immunization access covering both routine immunization and COVID-19 vaccines; this work will lay the foundation for a more robust country-led strategy to address gender barriers and gaps across all immunization program components.

PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's 10-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue.
- State the policy goal.
- Identify decision-makers and influencers.
- Identify the interests of the decisionmakers and influencers.
- Clarify opposition and potential obstacles facing your issue.
- Define your advocacy assets and gaps.
- Identify key partners.
- State the tactics you need to reach your goal.
- Define your most powerful messages.
- Determine how you will measure success.

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyandpolicy>.