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COVID-19 Vaccination Risk Communication and Community Engagement

Gendered Barriers and Opportunities

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(Speaker's Reference)

KEY MESSAGES

- 1. **PH is among countries with relatively high gender parity.**Despite this, continued gender-responsive interventions are needed to continue closing the gap, including in health outcomes and COVID vaccination.
- 2. **Gender norms present barriers and opportunities** to improve vaccine willingness. Making sure that RCCE plans account for these factors can drive the vaccination to be equitable.
- 3. Ensuring equitable coverage entails not only health protection, but also **social protection** for women to participate fully in the family and the economy.



Global Gender Gap Report 2021

Source: World Economic Forum

	1	Iceland
	2	Finland
	3	Norway
	4	New Zealand
	5	Sweden
	6	Namibia
	7	Rwanda
	8	Lithuania
	9	Ireland
	10	Switzerland
	11	Germany
	12	Nicaragua
	13	Belgium
	14	Spain
	15	Costa Rica
4	16	Franco
	17	Philippines
	10	South Amea
	19	Serbia
	20	Latvia

The Philippines has achieved **greater gender parity** relative to other countries.

The 2021 Global Gender Gap Report ranks shows the Philippines occupies the following positions:

- **Top 17** in the overall global ranking
- **Top 2** in the overall ranking in the East and Asia Pacific region, behind New Zealand
- Top 18 in Economic Participation and Opportunity
- **Top 33** in Political Empowerment
- Top 34 in Health & Survival
- **Top 39** in Educational Attainment





However, the onset of the **COVID-19 pandemic** may have brought about specific gendered challenges that **pushed back the achievement of gender parity globally.**

The COVID-19 response needs to account for these challenges to result into equitable health outcomes.





At present, the Philippines has fully inoculated ___ million Filipinos.

Among those vaccinated [insert SADD].





Vaccine hesitancy does not exist in a vacuum, but is largely influenced by individual and social determinants, **including existing gender norms**.

What people think and feel

- Confidence in vaccine benefits
- Confidence in vaccine safety
- Perceived risk-self
- Perceived risk-patients
- Seeing negative information

Social processes

- Influential support vaccination
- Vaccination norms
- Workplace norms

Gender norms

- Decision and travel autonomy
- Trust in vaccine providers
- Confidence in answering questions

Practical issues

- Know where vaccine is available
- Previous uptake of adult vaccination
- Ease of access
- Preferred site
- Availability of on-site vaccination

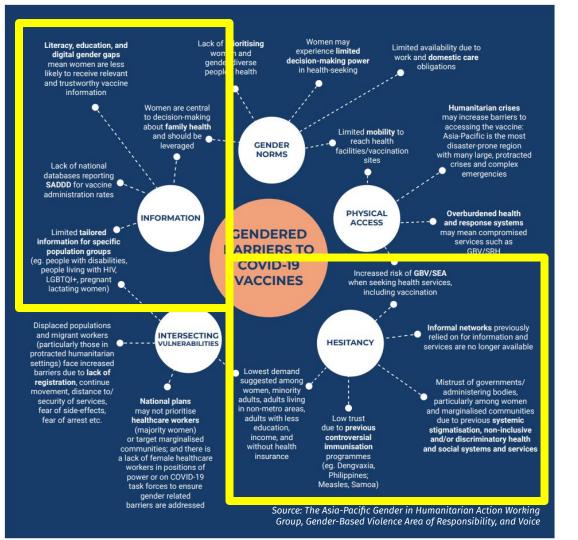
Motivation

- Intention to get a Covid-19 vaccine
- Willingness to recommend a Covid-19 vaccine

Vaccination

Receives recommended vaccines

A comprehensive RCCE plan requires **gender-responsive interventions** that account for the different needs of men and women to encourage them to choose to get vaccinated.



Gendered factors present
barriers and opportunities
that can impact the rollout
and coverage of COVID-19
vaccines.

Key Barriers and Opportunities for COVID-19 Vaccination



Barriers

- Limited mobility due to domestic care obligations
- Low trust due to previous experiences with vaccination
- Lack of Sex, Age, and Disability Disaggregated Data (SADDD) for vaccination
- Limited tailored information

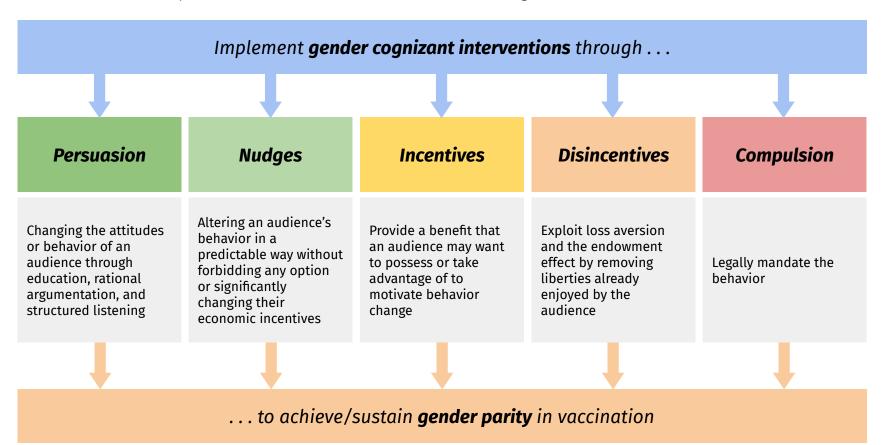


Opportunities

- → Women are key decision makers in family health
- Women have informal community networks that can be used for advocacy
- Women are major drivers of the health sector, in the form of leadership and provision of health services



Intervention Ladder for Vaccine Demand Generation according to Restrictiveness



Focusing on the role of women can help increase vaccine coverage for households, including the pediatric population.

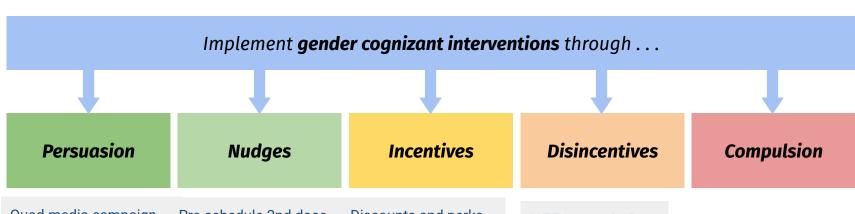


Women are frequently the <u>caregivers of their</u> <u>children</u>, making them influential decision makers in the household regarding the vaccination of their child.





Intervention Ladder for Vaccine Demand Generation according to Restrictiveness



Quad media campaign Celebrity endorsement Religious/cultural leaders Town Halls Webinars Media rounds & kapihan LGU training,tools,talk points Crisis Comm Protocol

Pre-schedule 2nd dose Priority Lanes, Walk-in Nighttime & Weekend Free Shuttle, Drive thru Home Visits Pop up sites (e.g. transpo hubs, markets) Best Practices Playbook

Discounts and perks from stores

Bakunado Panalo raffle

Access to leisurely activities, markets, public transpo

IATF Reso 148-B

Limited access to public transpo (DOTr)







Information drives must **respond to specific information needs** of all genders to ensure that
they receive their vaccines at the right time:

- Pregnant and lactating women may be worried about how vaccination can affect their pregnancy and child.
- Both men and women share worries about how vaccination can lead to infertility.

<u>Promoting literacy on sexual and</u> <u>reproductive health</u> is imperative to maintaining trust for the vaccines.









COVID-19 vaccine information must come from trusted information sources.



The presence of women as a majority of the health care workers in the country as well as key decision makers in the vaccine rollout presents **an opportunity** to provide sources of information that women can trust.







Women that bear the brunt of domestic work and elderly and bed-ridden women require tailored interventions.

Nudges that make
vaccines accessible
facilitate the
vaccination of women.



Women with past experiences of gender-based violence must also be **given a safe space** for vaccination.

This is to address the fears of survivors of GBV of **potential discrimination** in vaccination sites.

UP helps consortium vaccinate the homeless

Anna Regidor - Diliman Information Office

December 17, 2021 | UPDate Online > Extension



Some 600 individuals from at-risk populations such as the homeless and survivors of gender-based violence and sexual exploitation returned to the UP Diliman (UPD) College of Human Kinetics (CHK) vaccination site on Oct. 22 and 23 for their second dose of COVID-19 vaccine.



ABOVE THE LINE MATERIALS

INFORMATIONAL



EDUCATIONAL



MOTIVATIONAL





BELOW-THE-LINE PRODUCTS & ACTIVITIES

PLAYBOOKS

- DGC Playbook for LGUs
- Equity playbook for LGUs

CAPACITY BUILDING

- Media Practitioners
- Usapang Bakuna booklet for HEPOs
- Community-level communicators

OOH & VAX SITE MATERIALS

- Forms, FAQs for vax sites
- National Vaccination Days
- Sector-specific mobilization thru partner agencies and CSOs





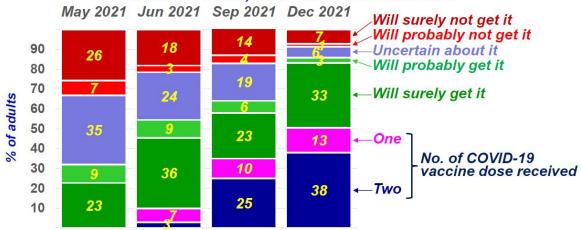




TRENDS ON WILLINGNESS TO RECEIVE COVID-19 VACCINE







Note: Figures may not add up due to rounding error. Blank spaces are non-responses.

Q: Kung may pagkakataon kayong bigyan ng libreng bakuna na makakapigil sa COVID-19 na aprubado ng Food and Drug Administration o FDA, kayo ba ay... (SHOWCARD: Siguradong magpapabakuna; Malamang na magpapabakuna; Hindi tiyak kung magpapabakuna o hindi; Malamang hindi magpapabakuna; Siguradong hindi magpapabakuna. VOLUNTEERED, NOT IN SHOWCARD: Nabakunahan na ng first dose; Nabakunahan na ng second dose)?





National COVID-19 Case Bulletin March 28, 2022

(o

Official DOHgov



@DOHgovph

Healthcare Utilization

(as of March 27, 2022)



16.7%

Non-ICU Bed Utilization 4,613 out of 27,547 non-ICU beds used



15.1%

ICU Bed Utilization 484 out of 3,204 ICU beds used



758

Severe and Critical Admissions 11.9% of total COVID-19 admissions

Vaccination Accomplishment

(as of March 27, 2022)



% Coverage of Target Population*

72.93%



% Coverage of Target A2 Population**

75.56%

Fully Vaccinated Individuals

65,640,834

+833,088 vaccinated on Mar 21 to Mar 27

Individuals with Booster/Additional Dose

11,825,403

+294,675 vaccinated on Mar 21 to Mar 27



How can we move forward towards a **gender equitable** COVID-19 vaccination rollout?





We must continue our efforts to close the gap between the vaccination of men and women

- Collect <u>sex and age disaggregated</u> data in the national and local level
- Identify and <u>address the sources of</u>
 <u>fears, hesitancies, and barriers</u> to access
 of persons of different genders
- Allocate resources for gender-responsive RCCE interventions
- Capacitate communicators to respond to gender-specific concerns
- Mobilize partners to reach women and elderly who cannot reach vax sites
- Choose the right communicators and multiply champions of women's health





Closing the Gender Gap



Identify and address the sources of fears, hesitancies, and barriers to access of persons of different genders



Collect <u>sex and age</u>
<u>disaggregated data</u> in
the national and local
level



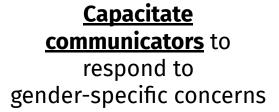
Allocate resources for gender-responsive demand generation & communications





Closing the Gender Gap







Mobilize partners to reach women and elderly who cannot reach vax sites



Choose the right
communicators and
multiply champions of
women's health





Closing the Gender Gap

Protection of health

from COVID-19 vaccines



Social protection of all genders

from burdens of the pandemic

Closing the social, political, and economic gap between genders is predicated on **improving parity in health, including COVID-19 vaccination**.







Our fight against COVID-19 is not over.

Let us continue to protect every Filipino towards a Healthy Pilipinas.





Department of Health