

# Comprehensive training

**28 June – 21 July 2022**

**HOSTED BY GAVI, WHO, UNICEF & US CDC**



# Social Determinants of Health and Health Equity

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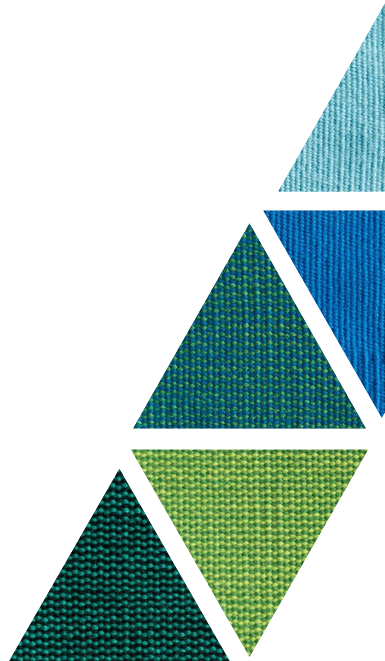
US CDC





# Outline

- Social determinants of health and health equity
- Vaccine equity
- Guidance and resources for addressing vaccine equity

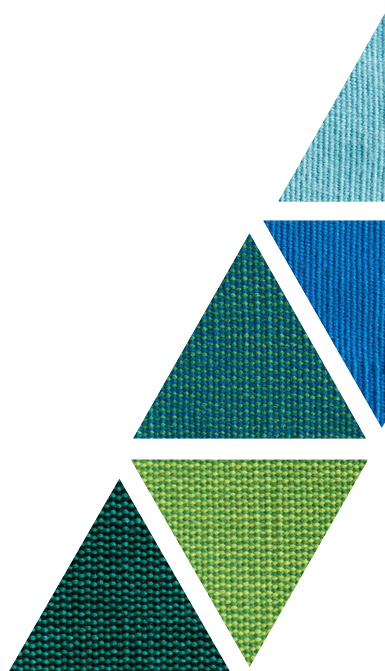




# Learning objectives

## Participants will:

- Learn to describe basic principles of social determinants of health, health equity, and vaccine equity
- Be able to identify factors contributing to vaccine inequity in underserved populations
- Learn to address vaccine inequity in communities of focus
- Be able to integrate an equity lens in vaccine demand and uptake work



# Health Equity

- The state in which everyone has a fair and just opportunity to attain their highest level of health
- Requires focused and ongoing societal efforts to address avoidable inequalities and health disparities



# Social Determinants of Health

The conditions in which people are born, grow, work, live and age that affect health outcomes



Childhood experiences



Housing



Education



Social support



Income



Employment



Access to health services



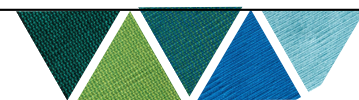


# Social Determinants of Health

- Social determinants of health reflect social factors and the physical conditions in the environment in which people are born, live, learn, play, work, and age
- Also known as social and physical determinants of health, they impact a wide range of health, functioning, and quality of life outcomes

# Vaccine Equity

- Ensuring everyone everywhere has equal access to vaccines
- Vaccines should be allocated across countries based on needs and regardless of economic status





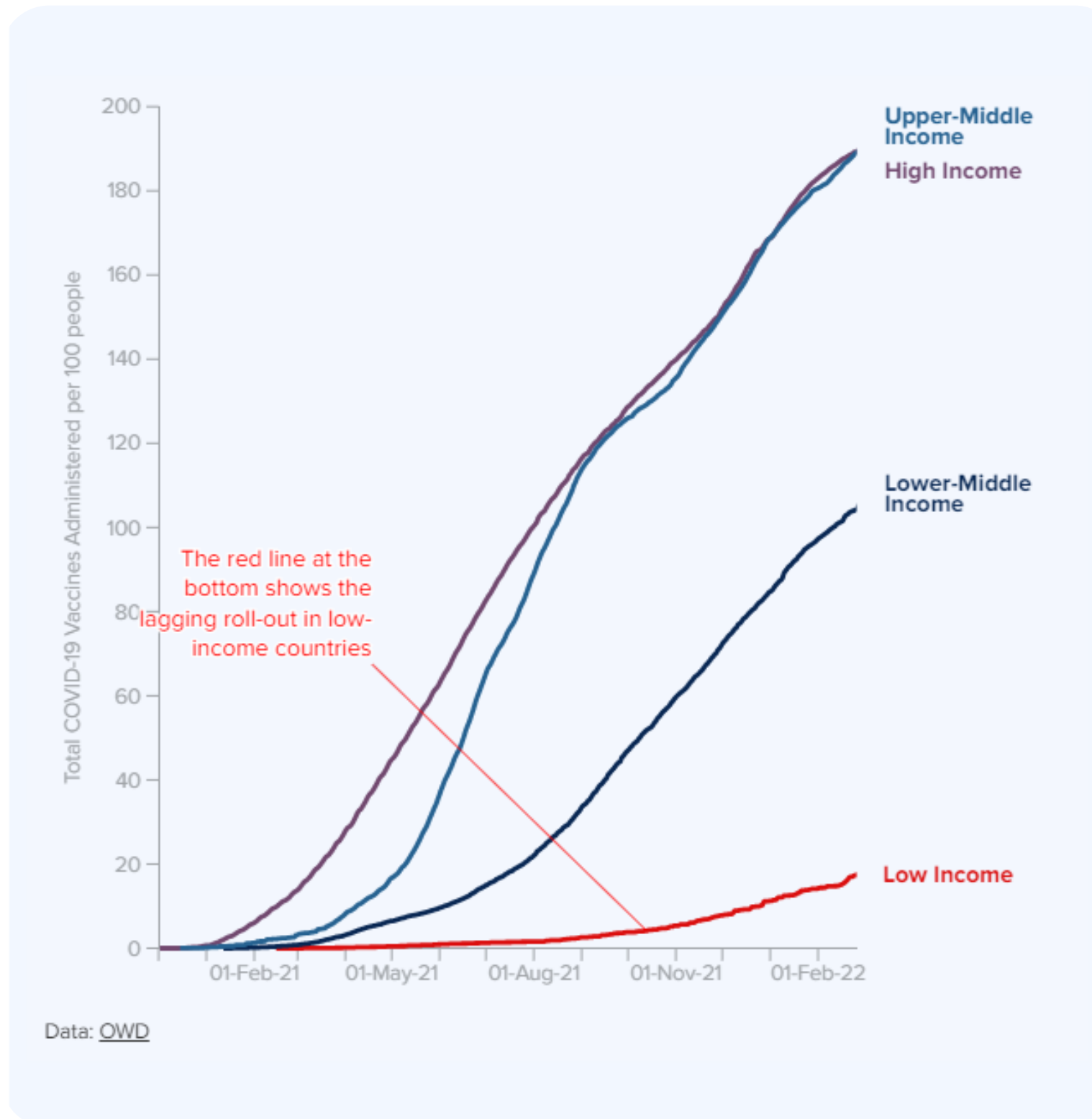
# Who is Affected by Vaccine Inequity?

Underserved populations with immunity gaps who have disproportionately high risk for vaccine-preventable diseases

- Zero-dose children
- Populations affected by conflict, disaster and humanitarian crisis
- Immigrant, refugee, and migrant populations
- Populations with gender related barriers to immunization
- Populations without access to recommended vaccines



# COVID-19 Vaccine Rollout Has been Slower in Low Income Countries



High income countries: 3 in 4 people, or

**72.09%**  
have been vaccinated with at least one dose as of Jun 8, 2022.

[WHO](#)

Low income countries: 1 in 6 people, or

**17.94%**  
have been vaccinated with at least one dose as of Jun 8, 2022.

[WHO](#)



# COVID-19 Vaccination is a Significant Financial Burden for Low-Income Countries

High income countries have to increase their health care spending by

**0.8%**

on average to cover cost of vaccinating 70% of the population.

[UNDP Survey](#), [WHO](#), [UNICEF](#)

Low income countries have to increase their health care spending by

**56.6%**

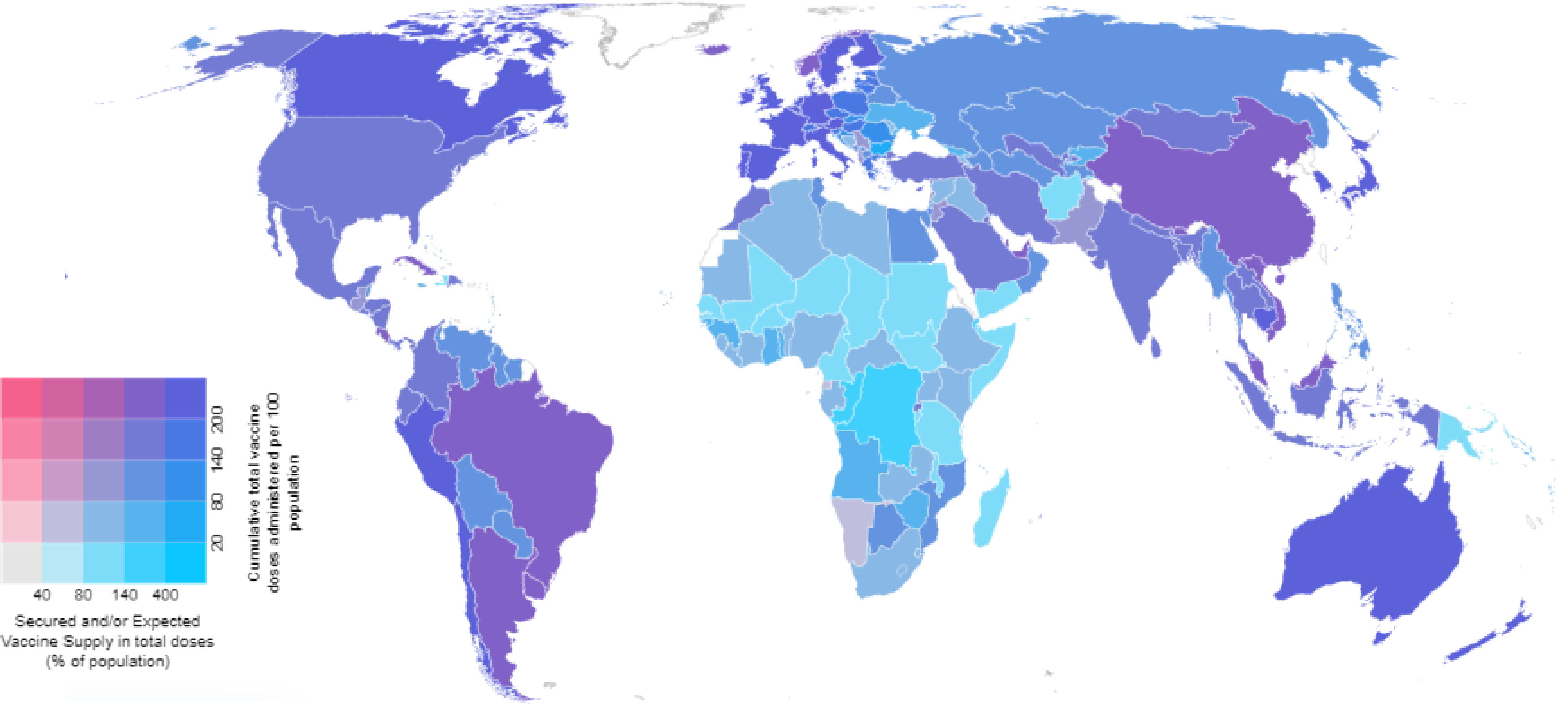
on average to cover cost of vaccinating 70% of the population.

[UNDP Survey](#), [WHO](#), [UNICEF](#)

[United Nations Development Programme Global Dashboard for Vaccine Equity](#)



# COVID-19 Vaccine Supply and Uptake is Variable Globally

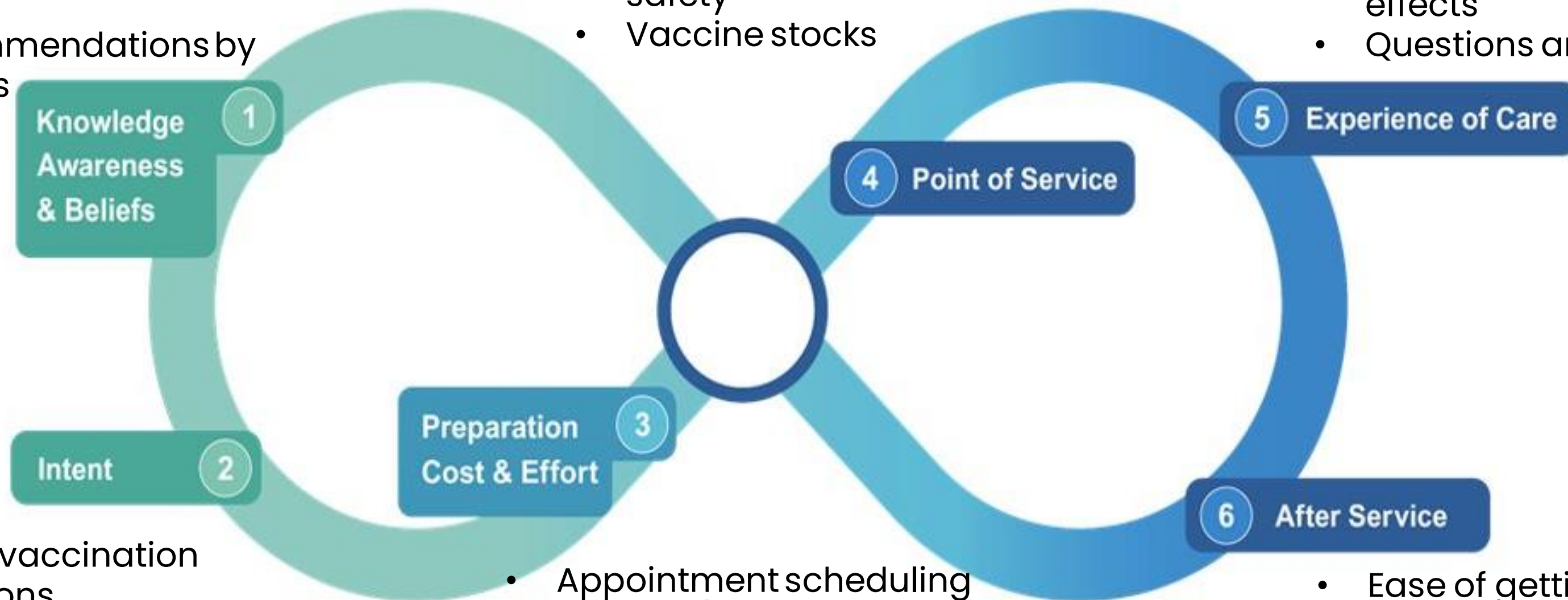


# Vaccine Equity Considerations Along the Journey to Vaccination

- Availability of vaccine information in all languages and literacy levels
- Vaccine recommendations by trusted sources

- Vaccination site convenience, accessibility, safety
- Vaccine stocks

- Education about the vaccine
- Explanation of side effects
- Questions answered



- Trust in vaccination institutions
- Social norms around vaccination

- Appointment scheduling
- Vaccine/appointment costs
- Transportation logistics and costs
- Time spent at appointment

- Ease of getting a second dose
- Adverse event monitoring



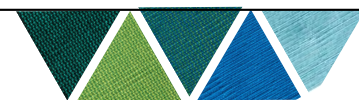
# Gender is a Persistent Immunization Barrier

## Caregiver perspective, Sierra Leone

*“People in this community who fetch water have to queue for a long period before fetching water. There are women who will go the well very early in the morning and will spend most of their time just to access drinking water. Most will come home late and will not take their child to the facility for immunization. When they are back from fetching water, they will have to engage in domestic chores and sometimes the men will be around idling. Women have a lot of domestic work to do and at the same time take care of their babies”*



Source: Photovoice project, Mother's photo caption when discussing barriers to immunization, Western Area Urban, Sierra Leone



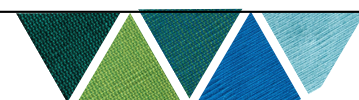
# Housing and Citizenship Status are Immunization Barriers

## Refugee perspective, Thailand

*“I have to take care of the children at home, and to make sure they are fed, and go to school. That is my priority and motivation. COVID-19 impacted our community a lot, we cannot travel, cannot share food or even see other families. When thinking about vaccine I want to but if something happens to me who will take care of them?”*

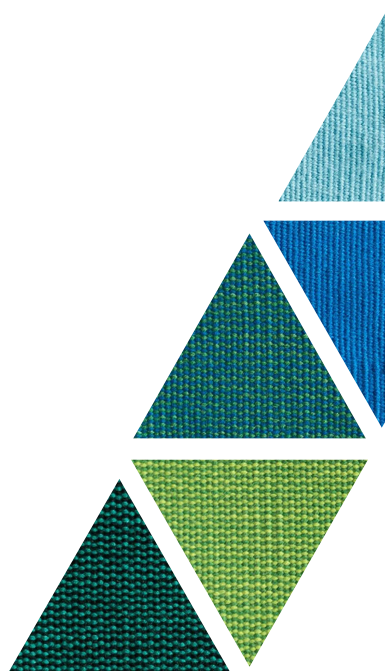


Source: Rapid community insights project on barriers to COVID-19 vaccination, Mae La Camp, Thailand



# Some key resources that protect health

- Education and employment opportunities
- Accessible transportation
- Safe and affordable housing
- Access to affordable and health foods
- Availability of recreational facilities
- Access to health services
- Strong social networks and community bonds
- Cultural norms and values that support a healthy lifestyle





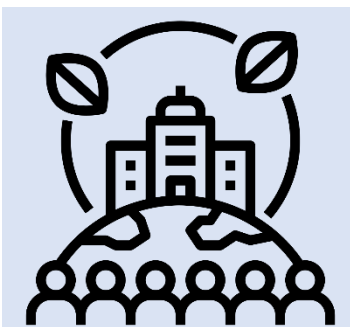
# How to Address Vaccine Inequity



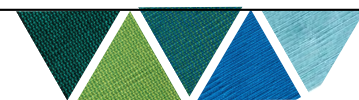
Diagnose factors contributing to inequities using indicators to assess social determinants of health



Conduct social and community engagement activities focused on underserved populations



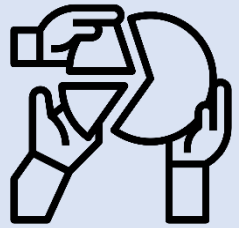
Engage with trusted community-based and civil society organizations



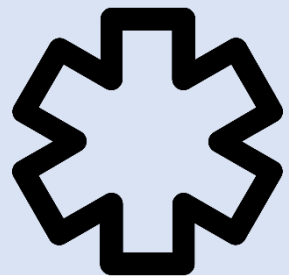
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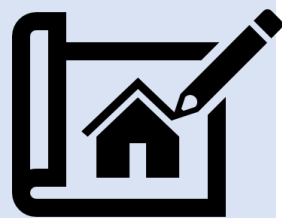
Improve quality, accessibility, and availability of health services



Integrate services and collaborate across health and non-health sectors



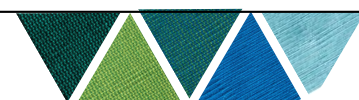
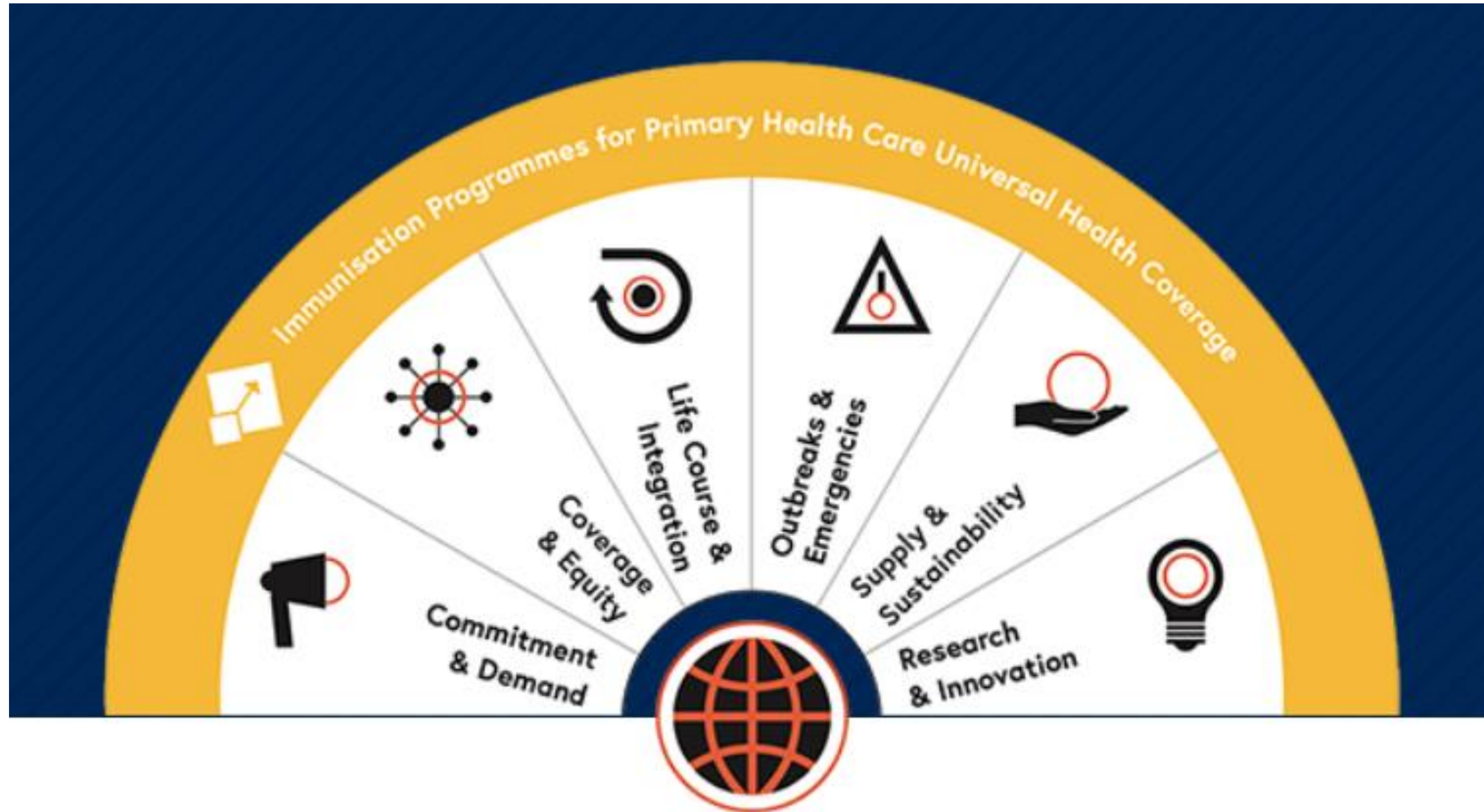
Ensure timely programming for underserved populations in emergency settings



Develop policies and plans that support individual and community health efforts

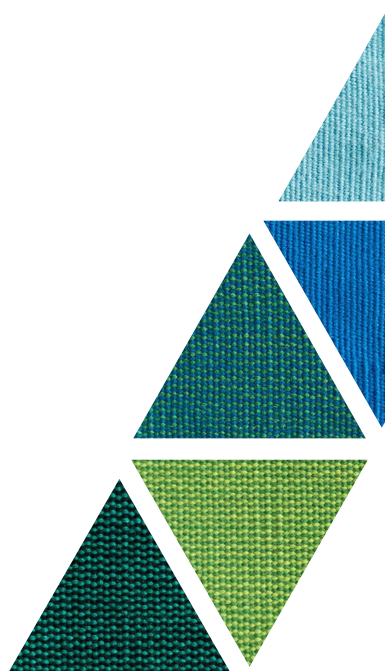


# The IA2030 Strategic Priorities Focus on Improving Vaccine Equity



# 3 Truths in Addressing Vaccine Inequity in the Field

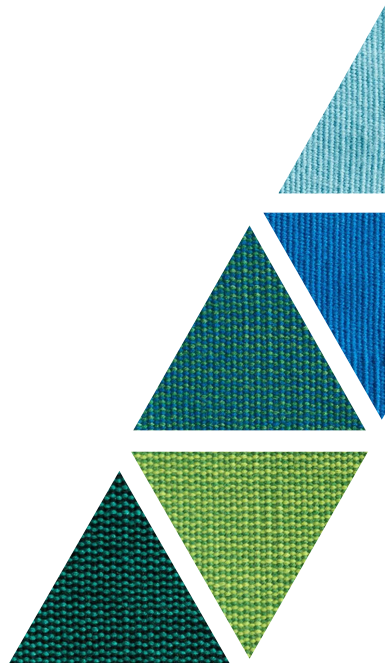
1. *There are many social, geographic, political, economic, and environmental factors that create challenges to vaccination access and acceptance*
2. *Vaccine inequity jeopardizes the safety of everyone, and contributes to growing inequalities between and within countries*
3. *Addressing vaccine inequity includes efforts in equitable production, distribution, and administration of vaccines*





# 3 Best Practices in Addressing Vaccine Inequity in the Field

1. *Include a vaccine equity focus in all vaccination activities*
  - a) *Diagnostics*
  - b) *Intervention implementation*
  - c) *Monitoring and Evaluation*
2. *Listen to and **communicate** with communities that are disproportionately affected by vaccine-preventable diseases*
3. ***Identify and reduce** barriers to vaccine acceptance and access*





# Metrics and evaluation

- *Look at existing tools to identify populations affected by vaccine inequity:*
  - *Demographic and Health Surveys*
  - *Social Vulnerability Index*
  - *Census variables (SES, household composition, race/ethnicity/language, housing/transportation)*
  - *Survey-based women's empowerment global index*
- *Use community based participatory research methods to address vaccination challenges disproportionately affecting underserved populations*



# Actions You Can Take to Address Vaccine Inequity in Different Operating Environments

## Mountain Bike

- *Analyze immunization data by socioeconomic status, gender, geography, and race/ethnicity/caste to identify differences and prioritize interventions*

## Sturdy 4x4

- *Engage with community-based and civil society organizations that work with vulnerable, underserved populations*

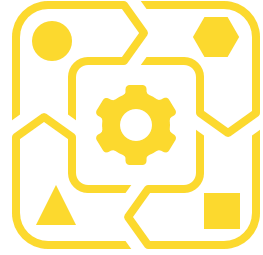
## Luxury Vehicle

- *Engage stakeholders including community of focus to co-design immunization interventions*
- *Increase communication between community members and decision-makers*
- *Develop mechanisms for regular follow-up to monitor progress in reducing vaccine inequity*



**Bigger vehicle = larger toolbox of interventions, more ways of promoting vaccine demand and mitigating the infodemic**





# Key References and Resources

- [WHO: Social Determinants of Health](#)
- [WHO: Vaccine Equity](#)
- [CDC: Social Determinants of Health](#)
- [CDC: A Practitioner's Guide for Advancing Health Equity](#)
- [CDC: Addressing Social Determinants of Health](#)
- [Immunization Agenda 2030](#)
- [Demographic and Health Surveys \(DHS\) Program](#)
- [Survey-based Women's Empowerment Global Index](#)

