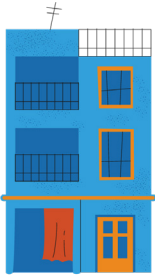


## Key Findings from VARN2023: Equity and Inclusion

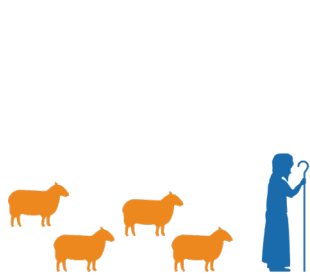
# Put vaccine equity and inclusion at the heart of programming to improve vaccine confidence, demand and delivery, and reach diverse and marginalized communities

Inequity remains a barrier to immunization, particularly for marginalized groups, and contributes to growing numbers of zero-dose children and gender gaps in immunization.

Inequities in vaccination typically leaves these three key groups behind, which is also where half of zero-dose children reside:



The Urban Poor



Remote Communities & Nomadic Populations



Displaced populations in conflict settings

Long-standing structural inequities have negatively shaped experiences of vaccination and reduced vaccination uptake, as a result of factors such as poverty, gender, ethnicity, displacement, and conflict.

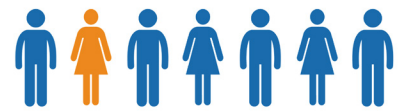


Vaccine equity also cannot be achieved without work to hear and reach historically marginalized populations, including people living with disabilities, women and girls, the transgender community, and Indigenous communities.

Achieving vaccine equity is complex but is the pathway through which to build vaccine confidence, demand, and uptake for all.



Around one-in-seven of all children globally are zero-dose.



Women face difficulties in accessing vaccination, often as a result of having less decision-making power within families compared with men and less access to information and communication sources.



Increasing equity in immunization also requires a shift in the investment strategy to achieve it.

