Country programmatic challenges: lessons learned from maternal-neonatal tetanus elimination efforts for maternal immunization

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38 countries eliminated MNT between 2000 & July 2015
*(Plus Ethiopia except Somali region, 30 provinces out of 34 in Indonesia and 16 regions out of 17 in Philippines) leaving 21 countries yet to eliminate MNT

Source: WHO/UNICEF Database
Date of slide: 7 July 2015
Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

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1. Immunize pregnant women with TT/Td vaccine in **all areas**

2. Immunize ALL women of reproductive age in **high risk areas**

3. Ensure clean delivery & cord care practices

4. Strengthen NT surveillance
Six countries eliminated without campaigns
strengthening routine immunization and reproductive health services

China
Eritrea
Namibia
Rwanda
South Africa
Zimbabwe

eliminated since 2000 and NO SIA conducted in the country
eliminated since 2000 and SIAs conducted in the country
not yet eliminated and the countries continuing SIAs
eliminated before 2000

Source: WHO/UNICEF Database
Date of slide: 30 July 2015
Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

*China conducted some small scale SIAs before 1999

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Immunize PREGNANT women in **all areas**

**Why?**
- To protect women and their newborns from tetanus

**Targets** (as per national policy):
- Pregnant women

**Schedule:**
- 2+ doses during pregnancy (5 needed for 20+ years immunity)

**Approach:**
- EPI center/facilities - *fixed, outreach or mobile*
- Antenatal (ANC) clinics/facilities
- Combination of EPI and ANC facilities

**Scale of activity:**
- Nationwide
Immunize ALL women of reproductive age in high risk areas

Why?
• Catch-up strategy to reach the unvaccinated
• Disease elimination or eradication targets

Target:
• Women of reproductive age

Schedule:
• 3 doses - at 0,1 and 6 month intervals

Approach:
• Fixed and outreach vaccination
• Integration with other interventions

Scale of activity:
• Nationwide or phased approach (in high risk areas only)
Common challenges

Supply-side
• Limited access – terrain, war or civil conflict
• Weak health systems (infrastructure, human resources, technical capacity)
• Sustainability

Demand-side
• Cultural and economic barriers

Enabling environment
• Political commitment
• Financing

Quality
• Inadequate monitoring and use of data for action.
• Quality if campaigns
Lessons learned: enabling environment

Strong political will overturns most barriers

• Positive examples
  – **China and India** had small scale SIAs, prioritized MNTE by investment in clean delivery platform.
  – **South Sudan** reviewed risk in 2012 despite challenges
  – **Haiti** after earthquake, prioritized elimination during recovery

• Negative examples
  – **Nigeria, Kenya** program stalled
  – **Philippines, Indonesia** issues
Lessons learned: programmatic

• Bigger the targets – more programmatic and financial implication
  – Pregnant women vis-à-vis WRA
  – Age range for SIA

• Speed vs. sustainability

• Missed opportunities
  – countries still missing TT vaccination opportunities at ANC clinics EPI centers, ANC clinics, or a combination of both
Lessons learned: supply and quality

- **Client oriented services**
  - Split between EPI and ANC services lead to drop out

- **Sustainability vs speed**
  - Long term vs. short term gains

- **Planning and targets**
  - integrated activities for campaigns, where they are needed
  - *Good subnational data key for campaigns*

- **Vaccine presentation**
  - single or lower dose presentations can be critical
Lessons learned: demand

- **Acceptability and trust**
  - safe, cheap and stable vaccine in use for 90 years

- **Cultural context**
  - In many settings, a *female vaccinator is culturally more acceptable* for maternal vaccination than a male

- **Stakeholder engagement**
  - timely involvement of community and thought leaders
ANC-EPI integration – a necessary next step