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with quality care*

**OCTOBER 18–21
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Country programmatic challenges: lessons learned from maternal-neonatal tetanus elimination efforts for maternal immunization

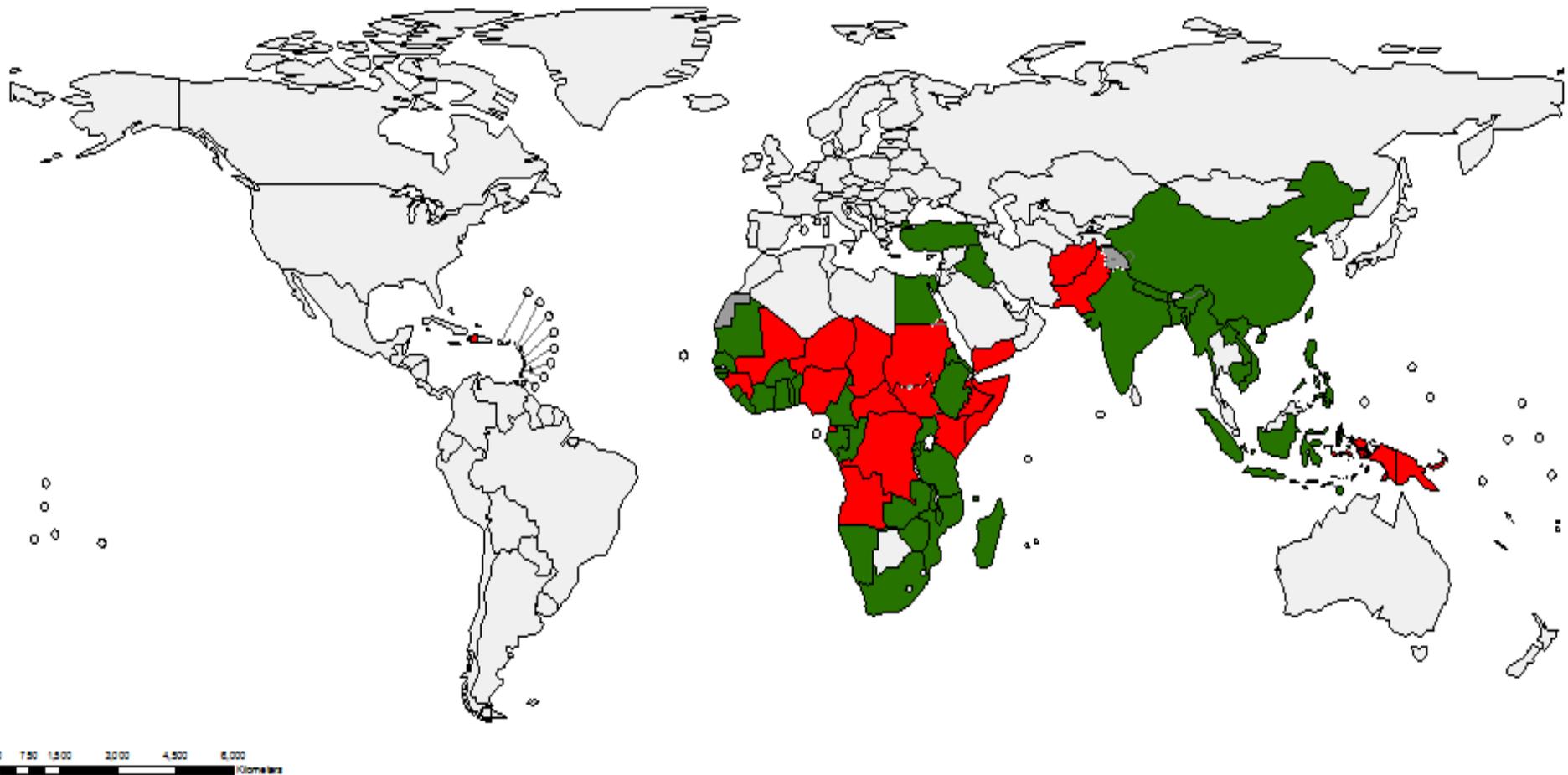
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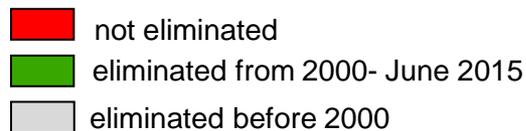
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38 countries eliminated MNT between 2000 & July 2015

*(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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MNT elimination strategies and progress

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

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

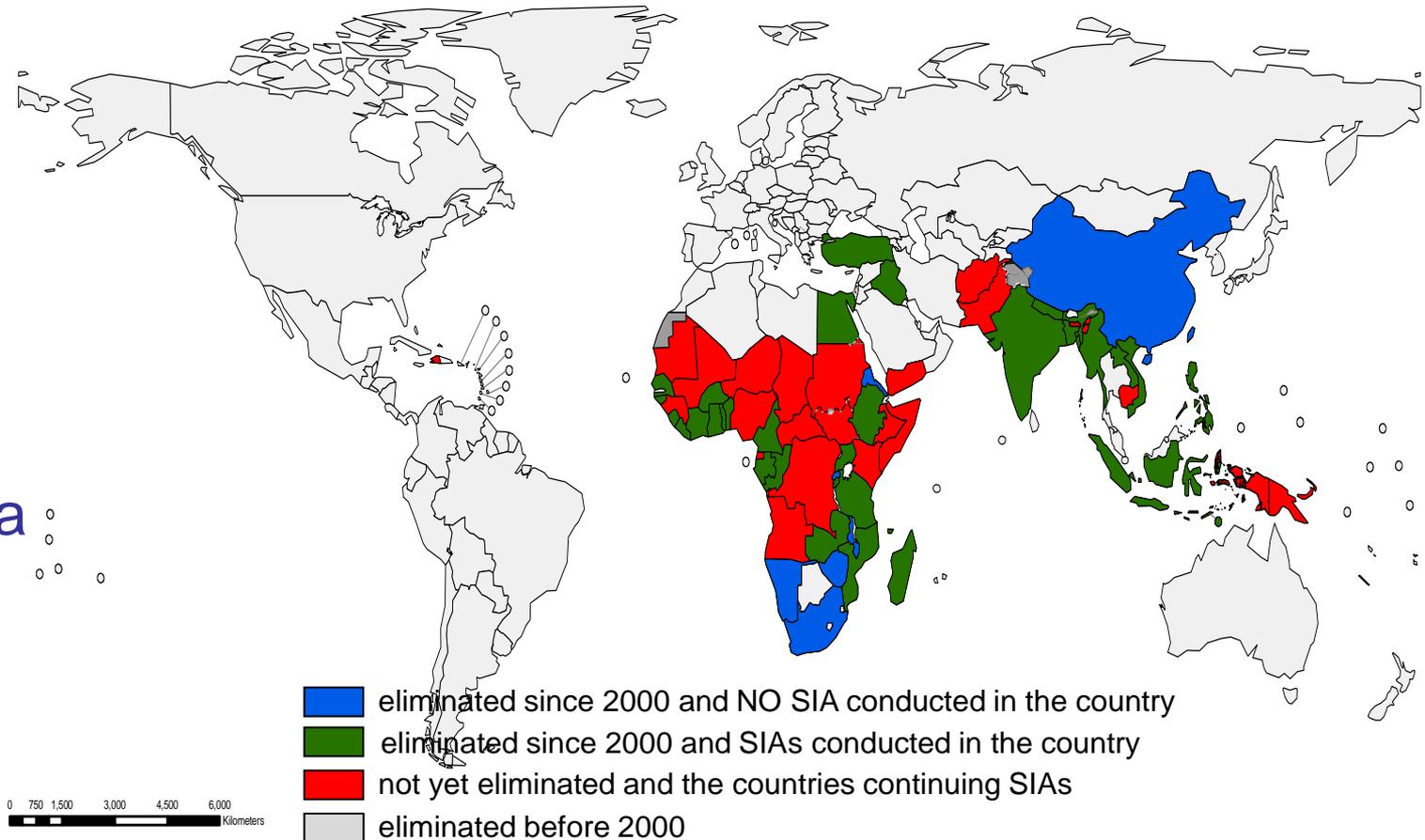
3. Ensure clean delivery & cord care practices

4. Strengthen NT surveillance

Six countries eliminated without campaigns

strengthening routine immunization and reproductive health services

China
Eritrea
Namibia
Rwanda
South Africa
Zimbabwe



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 of campaigns

Lessons learned: enabling environment

Strong political will overcomes most barriers

- **Positive examples**

- **China and India** had small scale SIAs, prioritized MNTTE 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

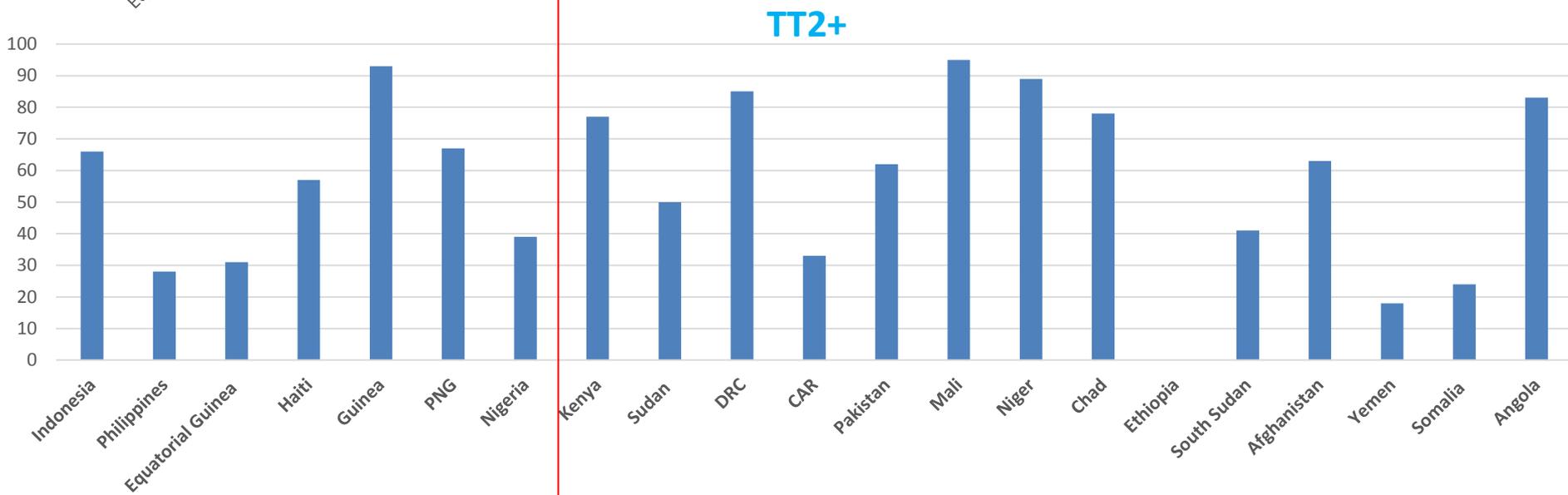
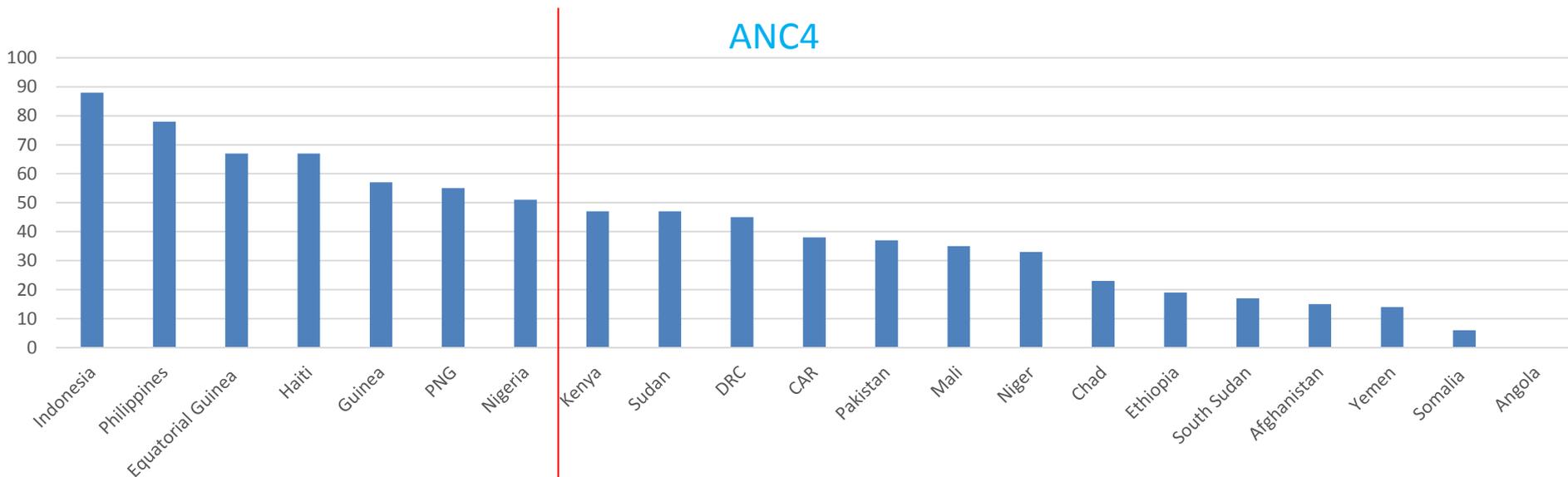
Lessons learned: supply and quality

- **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



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