Maternal Immunizations: A Core Component of a Lifecycle Approach to Girl’s and Women’s Health

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Vaccinating women: triple return on investment

• Improves the health of girls and women
• Improves the health of newborns and infants
• Improves the health and wellbeing of children and families
Two approaches

- Maternal immunizations
- Immunization schedule for girls and women along the life cycle

Both involve integration of vaccines with other health care platforms
Maternal immunizations: Integrating vaccines with antenatal care

• Why ANC?
  – ANC is widely accepted and utilized
  – Tetanus immunization are included in WHO FANC guidelines and it is one of the interventions with the highest and most equal coverage
  – Still, in some countries coverage of tetanus immunization is still very low
  – No data on coverage of other vaccines for pregnant women, but probably very low
Challenges: Supply side

– Limited data on content of antenatal care available
– Studies provide evidence of low quality of ANC
– Weak health systems:
  • Logistic barriers
  • Insufficient and overburdened health workforce
  • Knowledge gaps and misinformation
  • Siloed budgets and program streams
Challenges: Demand side

– Population’s misperceptions and lack of knowledge about the safety of vaccines and severity of diseases they prevent
– Cultural barriers
– Access barriers
Opportunities

• Momentum around quality of antenatal care and integration of maternal and newborn health care
• Closer maternal health and immunization communities
• Solid community health workers programs in some key countries
• Relevant lessons from other fields (e.g., HIV/AIDS and PMTCT)
• Programmatic and technological innovations
Integrating MI and ANC: improve quality; increase immunization coverage; increase utilization of ANC at an earlier gestational age

ANC platform better prepared for introduction of other vaccines in the pipeline

Integrating MI with ANC would increase health systems’ capability to address other diseases

Mothers and babies health would improve, with spill over benefits for the rest of the family
In sum

• Integrating MI and ANC: improve quality; increase immunization coverage; increase utilization of ANC at an earlier gestational age
• ANC platform better prepared for introduction of other vaccines in the pipeline
• Integrating MI with ANC would increase health systems’ capability to address other diseases
• Mothers and babies health would improve, with spill over benefits for the rest of the family
Immunization schedule for girls and women along the life cycle

– Girls: ensure access to full immunization schedule during infancy and childhood, especially in places with skewed sex ratio in vaccine coverage
– Adolescents: increase coverage of HPV vaccine and ensure protection against rubella, measles, tetanus, typhoid, and potentially malaria
– Pregnant women: tetanus and influenza vaccines, plus vaccines in the pipeline
– Older women: pneumonia, herpes zoster, influenza, etc.
Challenges

• Fragmented approaches to women’s health along the life cycle
• Health system weaknesses: workforce, logistical problems, infrastructure
• Multiple delivery platforms would be needed, in settings where collaboration between sectors is limited
• Entrenched social and cultural factors
• No political will
Benefits of a life cycle approach

- It would benefit girls and women, and protect next generation
- It would normalize vaccines for girls and women and help overcome cultural barriers and misperceptions
- It would help overcome gender gaps
- It would create or strengthen multiple service delivery platforms
- It would provide coverage data disaggregated by sex
- It would empower and enable community health workers, most of whom are women
Lack of evidence: research is needed!

– Generate the evidence to:
  • Encourage national policy makers to create an enabling environment
  • Stimulate donors and development agencies to invest in this field
  • Change public opinion
Research priorities

- Developing new vaccines for girls and women, including MI
- Making full immunization schedules available for all girls and women:
  - Document barriers to access and utilization
  - Understand health systems’ strengthening needs for introduction and integration of immunizations into multiple service delivery platforms
  - Design and implement interventions to address supply and demand issues and create an enabling policy environment
  - Evaluate effect of programs and policies on vaccination coverage, quality of care, reduction of equity gaps, and health outcomes
THANK YOU!
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