Maternal Immunization and Antenatal Care Situation Analysis

Report of the MIACSA project 2016–2019









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Maternal immunization and antenatal care service delivery situation analysis: report of the MIACSA project, 2016–2019

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Abbreviations

| AEFI | adverse event following immunization |
|--------|---|
| ANC | antenatal care |
| ANC1 | proportion of pregnant women who received one ANC contact during their last pregnancy |
| ANC4+ | proportion of pregnant women who received four or more ANC contacts during their last pregnancy |
| BCG | Bacillus Calmette-Guérin |
| CHW | community health worker |
| CI | confidence interval |
| DTP | diphtheria, pertussis and tetanus |
| DTP1 | first dose of diphtheria, tetanus and pertussis vaccine |
| DTP3 | third dose of diphtheria, tetanus and pertussis vaccine |
| EPI | Expanded Programme on Immunization |
| EVM | effective vaccine management |
| HMIS | health monitoring and information system |
| LCA | latent class analysis |
| LMICs | low- and middle-income countries |
| MIACSA | Maternal Immunization and Antenatal Care Situation Analysis |
| MNCAH | maternal, newborn, child and adolescent health |
| NITAG | national immunization technical advisory group |
| NRA | National Regulatory Authority |
| PAB | protection at birth |
| TT | Tetanus toxoid |
| TT2+ | at least two doses of tetanus toxoid vaccine during pregnancy |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| WHO | World Health Organization |
| WUENIC | WHO/UNICEF estimates of national immunization coverage |
| | |

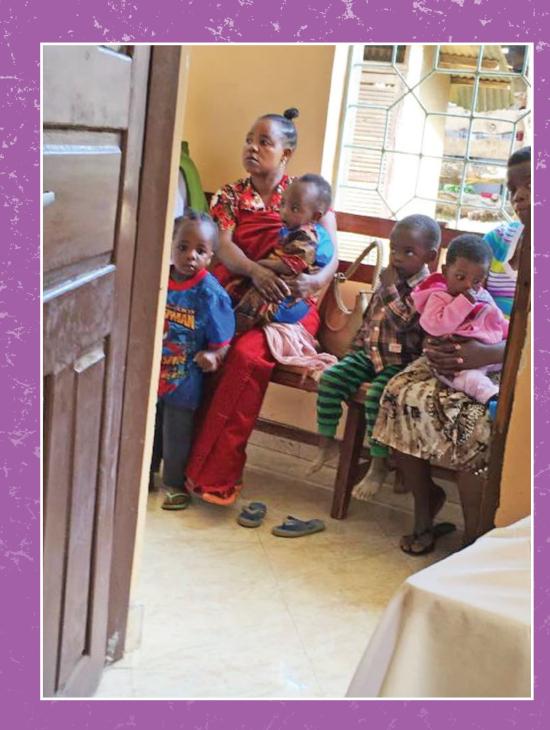
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Executive summary

Introduction

Vaccine-preventable diseases are among the main causes of global child morbidity and mortality, particularly in low- and middle-income countries (LMICs). Maternal vaccines given to pregnant women in the second or third trimester have emerged as a promising way to address vaccine-preventable diseases, providing protection to the newborn during the most vulnerable period in life, through the trans-placental transfer of maternal antibodies. Antenatal care (ANC) is generally accepted as the natural entry point for interventions during pregnancy, including maternal immunization. But despite progress made in ANC use, the World Health Organization (WHO) estimates that between 2010 and 2016, only 61.8% of pregnant women attended at least four ANC visits, constraining the time points when vaccination might occur. This calls for better understanding of the optimal ways to deliver vaccines to pregnant women and the value of using ANC services as a delivery platform.

A multi-method study, the Maternal Immunization and Antenatal Care Situation Analysis (MIACSA), was conducted between November 2016 and June 2019 (32 months) aiming to explore current and future preparedness to introduce and implement new maternal vaccines. To learn from experience and to prepare for the introduction of new maternal vaccines, the MIACSA study set out to investigate maternal tetanus immunization programmes, which have been in place for the past three decades and are the most widely implemented vaccination programmes in pregnancy.

The project aimed to develop a typology of health systems in terms of how they are delivering vaccines to pregnant women, to understand what system attributes correlate with high performance in the delivery of vaccines to pregnant women, and to assess the path forward for introducing additional vaccines for pregnant women.

Objectives and aims

The MIACSA project set out to investigate ongoing maternal tetanus immunization programmes in LMICs. More specifically the MIACSA project aims to:

- improve the understanding of the challenges and successes of ANC and EPI services in implementing maternal immunization with tetanus toxoid and other maternal vaccines.
- inform the sustainability strategy of the maternal and neonatal tetanus elimination initiative.

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