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## Protecting women's and children's health

### Women's and children's health are linked

Child mortality and maternal mortality are inextricably linked. Countries with the highest child mortality rates also have a high burden of maternal deaths. Integrated programmes combining maternal, newborn, child and reproductive health services, as well as interventions against HIV/AIDS, malaria and other diseases can accelerate progress to achieving the health Millennium Development Goals.

**Immunisation accelerates progress towards reaching the Millennium Development Goals**  
**With the direct support of the GAVI Alliance and its partners, 288 million children have been immunised and over five million future deaths prevented.**

The economic and social benefits of healthy, immunised children accrue across all the MDGs. Families are freed from the crippling costs of ill health, allowing them to break out of a cycle of poverty. Children are able to attend school more regularly. Immunisation improves their ability to learn, their physical strength and educational achievements. Women are relieved of the

### Every Woman Every Child

*With only five years left to achieve the Millennium Development Goals, many countries are not on track to reach MDGs 4 and 5. The United Nations Secretary-General's Global Strategy for Women's and Children's Health calls for bold, coordinated action to accelerate progress. The GAVI Alliance has committed its support through the power of innovation: new vaccines against the leading childhood killers, pneumonia and diarrhoea, and HPV vaccines to protect women against cervical cancer; public-private partnerships to provide vaccines at affordable prices; and financing mechanisms that provide more money for health.*



responsibility of caring for sick or disabled children, freeing their time for other activities. A mother confident that her children have a good chance of survival may be more likely to adopt family planning, which in turn exposes her to less risk to maternal death. And when mothers are healthy and thrive, children stand a better chance of survival, of getting schooling and healthcare.

### Vaccines benefit the health of women and mothers

Immunisation protects the health of women and mothers. Hepatitis B vaccine prevents severe morbidity and mortality of liver cancer and cirrhosis. Childhood vaccines such as those against Hib (*Haemophilus influenzae* type b), pneumococcus, rotavirus, meningitis A and measles can indirectly protect pregnant women by reducing the transmission of infectious diseases within families and communities. GAVI has also helped UNICEF support 33 countries in reaching more than 40 million women of reproductive age with two doses of vaccines that protect against maternal and neonatal tetanus.

The GAVI Alliance Vaccine Investment Strategy has prioritised human papillomavirus (HPV) and rubella vaccines that will have a direct benefit on women's health. HPV vaccines are the first that protect against a women's cancer. Every year, over 500,000 women develop cervical cancer and about 275,000 women die from the disease.<sup>1</sup> About 85% of those deaths occur in developing countries where women lack access to cancer screening and treatment services. Safe and effective HPV vaccines protect against the two HPV types (types 16 and 18) which cause about 70% of cervical cancer cases.

Rubella vaccine protects pregnant women against an infection that can cause miscarriage and stillbirth, or serious congenital defects and life-long disability in children. With long-term funding, GAVI's support can enable countries to include both vaccines in national immunisation programmes.

### Immunisation opens the door to integrated maternal and child health services

When a woman brings her child to a health facility for immunisation, she comes into contact with a health worker who performs a range of tasks including family planning and antenatal care, and is often a referral point for skilled birth attendance. The high coverage of routine immunisation services provides an important entry point for women to access an integrated package of maternal, newborn and child health services.

### Girls and boys enjoy similar rates of immunisation

Overcoming the barriers that hinder women's access to health services is of critical importance to reaching the millions of children who remain unimmunised. Some of these barriers are related to social norms and cultural beliefs.

As part of its gender policy, GAVI supported a review of gender-related barriers to immunisation. The study – conducted by WHO in collaboration with PATH – found no significant differences in immunisation coverage between girls and boys. However, the low status of women, especially the poor, negatively impacts access to immunisation services for their children.

GAVI continues to work with countries to overcome gender and wealth inequities. Guidelines on country proposals call attention to the need to address social and gender-related barriers to access and delivery of health services. Countries are encouraged to disaggregate immunisation coverage data based on sex, as well as income and geographic differences, to help identify areas of disparately low coverage.

### Well-functioning health systems are critical to achieving the MDGs

A critical barrier to achieving the health MDGs is the underlying weakness of health systems. GAVI is responding to this challenge by supporting health system strengthening (HSS) so that countries are better geared to meet the needs of women and children. Through the Health Systems Funding Platform, GAVI's support to HSS is aligned to the country strategies and national budgets of developing countries, with a particular focus on resolving constraints to delivering immunisation. The platform helps to lower transaction costs and better enables governments to deliver an integrated package of services across the health MDGs – maternal, newborn and child health as well as HIV/AIDS prevention and treatment, TB and malaria control.

## How GAVI funding supports women and children's health

**Afghanistan:** GAVI's HSS support was used to boost access to immunisation and other health services through civil society organisations. Activities include the establishment of health centres, in-service training programmes for health workers and public information campaigns. Between 2007 and 2009, Afghanistan reported a 6% increase in national DTP3 coverage and child mortality fell from 191 to 161 deaths per 1000 live births.

**Vietnam:** GAVI's HSS funds were used in the 10 most disadvantaged provinces to strengthen basic

services through health worker training and immunisation module for health management information systems. After three years of HSS support, DTP3 coverage in the 10 provinces had increased by 12.8% to reach 97.9% in 2009.

**Cambodia:** HSS support focused on improving child and maternal health in 10 districts with low immunisation coverage. In 2006 when HSS support began, only 1 of the 10 districts had a DTP3 coverage above 80%. Three years later, this number had increased to nine.

<sup>1</sup> GLOBOCAN 2008, CANCER Incidence and Mortality Worldwide: IARC CancerBase No.10. Lyon, France: International Agency for Research on Cancer: 2010. Globocan.iarc.fr

Information current as of of May 2011

