Maternal and Neonatal Tetanus Elimination by 2012

Yes, We Can!

Global Immunization Meeting
18th February 2009
OUTLINE

- Can we eliminate MNT by 2012?
- Can MNTE contribute to MDG4?
- Can TT-SIAs help to deliver more interventions?
- Can MNTE be sustained?
- Can we afford the cost?
Can we eliminate MNT by 2012?
Mix of strategies proven successful in protecting women against tetanus

- **Immunize women**
  - ANC
  - Outreach immunization sessions
  - Supplemental Immunization Activities (SIAs)

- **Improve Clean Delivery Coverage**
  - Needs structural / system changes

- **Surveillance**
  - Case detection and case response
Bangladesh has eliminated neonatal tetanus as a cause of neonatal death

Source: published survey studies. Includes sub-national studies.

TT2+ data from Bangladesh EPI/ JRF
37 Countries to be validated for MNT Elimination 2009-2010
(28 countries in Africa)

Source: UNICEF, WHO. Data as of 25 January 2009
Can MNTE contribute to MDG4?
78% Reduction in Neonatal Tetanus Deaths Between 1992 and 2004

Source: WHO estimates used for NT deaths and PAB
Despite Global Progress, NT remains a major killer in some countries
Can TT-SIAs help to deliver more interventions?
TT-SIAs target the poorest performing districts

Myanmar district review

<table>
<thead>
<tr>
<th>Township</th>
<th>Immunization Coverage</th>
<th>Surveillance</th>
<th>System Indicators</th>
<th>the way forward</th>
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<tbody>
<tr>
<td></td>
<td>DTP1</td>
<td>DTP3</td>
<td>Measles Vaccine</td>
<td>TT2+ coverage Pregnant Women</td>
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<tr>
<td></td>
<td>%</td>
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<td>MINBYA</td>
<td>109</td>
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Source: Myanmar EPI/ UNICEF Myanmar
All data for 2005

So, Why only TT?
High coverages have been achieved for multiple interventions

Sierra Leone 2007-2008 (All 13 Districts)

No. of Districts having reached > 80% coverage, per intervention

Source: Sierra Leone EPI/ UNICEF Sierra Leone
Integrated campaigns may be risky for TT coverage

<table>
<thead>
<tr>
<th>Measles</th>
<th>Vitamin A</th>
<th>Deworming</th>
<th>Iron</th>
<th>OPV</th>
<th>Family Planning</th>
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Can MNTE be sustained?
Maintaining MNT Elimination and Protecting all against tetanus

Recommended doses:

- DPT 1-2-3 before one year
- 1 Td between 1 and 7 years (school entry)
- 1 Td between 12 and 15 years (beginning of adolescence)
- 1 Td at the beginning of adulthood

Source: WHO Position Paper on Tetanus
Maintaining MNT Elimination and Protecting all against tetanus

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Source: WHO Position Paper on Tetanus
School Immunization: can reduce the need for adult doses

Source: NIP Indonesia, Data as of 15 September 2008
Primary School Attendance Levels offer opportunities for school-based immunization

Female Primary School Attendance (net)

Maintaining MNT Elimination and Protecting all against tetanus

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Child Health Days
CHDs will be instrumental in maintaining TT protection levels
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Maintaining MNT Elimination and Protecting all against tetanus

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Meningitis A Vaccine
Sustaining TT protection through meningococcal A conjugate vaccine in countries at risk

<table>
<thead>
<tr>
<th>Site</th>
<th>2-10</th>
<th>11-17</th>
<th>18-29</th>
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<tr>
<td></td>
<td>PsA-TT</td>
<td>PS</td>
<td>PsA-TT</td>
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<tr>
<td>Mali</td>
<td>98.5</td>
<td>57.6</td>
<td>98.5</td>
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<tr>
<td>Niakhar</td>
<td>100</td>
<td>77.4</td>
<td>100</td>
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<tr>
<td>Basse</td>
<td>100</td>
<td>78.8</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td><strong>99.5</strong></td>
<td><strong>71.1</strong></td>
<td><strong>99.5</strong></td>
</tr>
</tbody>
</table>

Fraction (%) with protective (>1 IU/ml) anti-tetanus antibody 4 weeks after PsA-TT or PS vaccine
Men A conjugate vaccine introduction will boost TT immunity to all

Men A conjugate vaccine introduction

2009
2010
2011
2012
2013-
2015

Meningitis belt country
Hyperendemic country
Non-meningitis belt country
Country Name
2009 POPULATION

Confidential & Proprietary Information

MVP is a partnership between WHO and PATH
Can we afford the cost?
3 TT-SIAs at a marginal cost of $1.80

Subunit breakdown of $1.80 (shown as % of total cost)

- Vaccine & injection supplies: 29%
- Planning and Training: 13%
- Advocacy & social mobilization: 13%
- Health workers stipends: 11%
- Transport: 19%
- Supervision and monitoring: 7%
- Clean delivery promotion: 6%
- NT surveillance: 2%

Note: Total cost varies between countries
TT-SIAs in 18 out of 26 countries fully funded in 2009

Data as of February 2009.
US $241 million shortfall, US $65 million when excluding India and Nigeria

Source: WHO UNICEF estimates
18 Countries face funding shortfalls today

- **2000-2008**: Bangladesh, Egypt, Eritrea, Malawi, Nepal, Namibia, Rwanda, South Africa, Togo, Vietnam, Zambia, Zimbabwe
- **2009**: Benin, Burundi, Comoros, Congo Rep, Eq. Guinea, Ghana, Guinea, G. Bissau, Liberia, Madagascar, Mali, Mozambique, Sierra Leone, Turkey
- **2010**: Afghanistan, Congo DR, Cote d’Ivoire, Haiti, Kenya, Niger, Pakistan, Somalia, B. Faso, Cambodia, Cameroon, China, Ethiopia, Gabon, Indonesia, Iraq, Mauritania, Myanmar, Senegal, Tanzania, Timor Leste, Uganda
- **2011**: Angola, India, Laos PDR, PNG, Philippines, Sudan N, Yemen
- **2012**: Chad, Nigeria, Sudan S
Donor commitment:
1999- 2008: US$ 186 million raised

<table>
<thead>
<tr>
<th>Donor</th>
<th>Amount</th>
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<tbody>
<tr>
<td>UNICEF Nat Coms:</td>
<td>$ 81.2m</td>
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<tr>
<td>• Cash (BMGF - $36m, RMHC-$5m)</td>
<td>$ 66.2m</td>
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<tr>
<td>Bilateral Contributions</td>
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<tr>
<td>Other contributions, governments</td>
<td>$  8.0m</td>
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<tr>
<td>UNICEF Discretionary funds</td>
<td>$  5.0m</td>
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<tr>
<td>GAVI/IFFIm funds</td>
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<tr>
<td>BD</td>
<td>$15m</td>
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<td>P&amp;G Pampers: (received)</td>
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<tr>
<td>(pledged)</td>
<td>$ 15.0m</td>
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<td>TOTAL</td>
<td>$186m</td>
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</table>
Innovative Approaches in Fund Raising

- Private-public partnerships
- Cause-related marketing (1 pack = 1 vaccine)
- Local Celebrities as Ambassadors for UNICEF
- Micro-gifts
- Unprecedented media exposure for MNTE
- Fund-raising Concerts

[1] As of 2004, Neonatal Tetanus (NT) is responsible for about 3-4% of all the neonatal deaths, or about 130,000 deaths annually.

MNT Elimination by 2012

Yes, We Can!!
Alone we can go fast,
All together we can go far!

(African proverb)