Update on Maternal and Neonatal Tetanus Elimination Programme

Strategic Advisory Group of Experts on Immunization (SAGE) Meeting

Geneva, 19 October 2016
Azhar A Raza, UNICEF HQ
Presentation outline

- Definition & Strategies to attain MNT elimination
- Achievements and successes
- Lessons learnt and success factors
- Country Experience
- Current targets and needs!
- Status of remaining 18 countries
- Critical challenges
- Innovative approaches
MNT Elimination

Defined as:

Less than one Neonatal Tetanus (NT) case per 1000 live births in a year in every district of a country.

If NT is eliminated,

maternal tetanus (MT) is also considered eliminated.
Strategies to attain MNTE

Immunization with TTCV
- Pregnant women during routine immunization
- All women of reproductive age (WRA) in high risk districts through SIAs

Clean delivery & cord care practices
- Clean hands, birthing surface & cutting tools
- Clean cord care

NT surveillance
- As part of Integrated Disease Surveillance & Response (IDSR)
More than 75% reduction in NT mortality since 2000
More than 150 million WRA received > 2 doses of TTCV

Source: WHO database as of September 2016
Gradual increase in women delivering with assistance of Skilled Birth Attendants

Skilled Birth Attendants Trends by region 2000-2015 (%)

Inequities among regions

Source; SOWC 2016

CEE/CIS - Central and Eastern Europe and the Commonwealth of Independent States
LACR - Latin America and Caribbean
ESAR - Eastern and Southern Africa
MENA - Middle East and North Africa
WCAR - West and Central Africa
### Low ANC4 Coverage and High ANC1-4 dropout in South Asian and African Region

#### ANC1-ANC4 coverage by region 2015 (%)

<table>
<thead>
<tr>
<th>Region</th>
<th>ANC1</th>
<th>ANC4</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEE/CIS</td>
<td>96</td>
<td>85</td>
</tr>
<tr>
<td>EAPR</td>
<td>95</td>
<td>82</td>
</tr>
<tr>
<td>LACR</td>
<td>96</td>
<td>87</td>
</tr>
<tr>
<td>MENA</td>
<td>85</td>
<td>63</td>
</tr>
<tr>
<td>South Asia</td>
<td>69</td>
<td>42</td>
</tr>
<tr>
<td>ESAR</td>
<td>80</td>
<td>45</td>
</tr>
<tr>
<td>WCAR</td>
<td>76</td>
<td>52</td>
</tr>
<tr>
<td>World</td>
<td>85</td>
<td>58</td>
</tr>
</tbody>
</table>

**Source:** SOWC 2016

**Abbreviations:**
- **CEE/CIS**: Central and Eastern Europe and the Commonwealth of Independent States
- **EAPR**: East Asia and the Pacific
- **LACR**: Latin America and Caribbean
- **MENA**: Middle East and North Africa
- **ESAR**: Eastern and Southern Africa
- **WCAR**: West and Central Africa
41 Countries eliminated MNT between 2000 & Sept 2016
*(Plus Ethiopia except Somali region, and 16 out of 17 regions in Philippines)

Source: WHO/UNICEF Database
Date of slide: 08 June 2016
Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.
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MNT Risk in most of the remaining countries is narrowed down to few districts (High Risk)

District level elimination status of MNT in the remaining 18 priority countries

Source: WHO/UNICEF Database
Date of slide: 08 June 2016
Map production: Immunization Vaccines and Biologicals, (IVB), World Health Organization

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Other achievements

- **TT Uniject** – discussions with manufacturers and donors in progress
  - ✓ 50 million devices needed over 4 years for 18 million WRA
  - ✓ Obtainable!

- **Guidelines on sustaining MNTE being finalized** in the light of inputs from SAGE WG members with key focus on:
  - ✓ Sustaining high TT2+/PAB coverage
  - ✓ Integration with ANC platform
  - ✓ Opportunities for delivering booster doses of TTCV
  - ✓ Strengthening NT Surveillance
Lessons learnt; the success factors

- National commitment, ownership and engagement
- Timely availability of resources proved critical
- Good planning and detailed micro-planning for SIAs ensured quality implementation
- Early and active community engagement in all elimination activities, but especially TTCV SIA – necessary to avoid rumours
- Strong monitoring & supervision of implementation
- Strength of the health system for integrated delivery of ANC & EPI services.
Country Experience

Papua New Guinea
✓ Risk status of provinces & districts assessed
✓ Prioritization made on areas of focus

Haiti
✓ Risk status of departments & communes assessed – all found to be at low risk
✓ Validation survey initiated – suspended due to Hurricane Matthew

DRC
✓ Only 11 out of 517 health zones at high risk
✓ Field assessment for surveillance & TT coverage planned
✓ Monthly review of progress by ICC

South Sudan
✓ All planned activities completed (2012-16)
✓ Last round in remaining 3 states – end of 2016
Country Experience (2)

**China, Eritrea, Namibia, Rwanda, South Africa, Zimbabwe**
- Achieved MNTE without any SIAs

**India**
- Validated in 2015
- More than 90% reduction in NT case load (~200,000 in 1980 to 11,600 in 2013 – CHERG)
- Major investments on safe delivery – financial incentives for institutional delivery; communication and community mobilizations (ASHAs)

**Indonesia**
- Validated in 2016
- Key focus on school based tetanus immunization
  - Regular TTCV boosters – 18m, 1\textsuperscript{st} grade, 2\textsuperscript{nd} grade and 3\textsuperscript{rd} / 5\textsuperscript{th} grade
  - Nationwide school vaccination campaign - every November
Current targets and needs!

- **18 countries** yet to eliminate MNT, 2/3rd of them in Africa

- Vaccinate ~70 million WRA with 3 doses of TTCV

- Need innovative approaches for ~18 million (27%) of these WRA that are repeatedly unreached with conventional service delivery

- Need **US$ 148 million** to accomplish the task - including US$ 50 million for TT Uniject
Current Status of remaining 18 countries

- Conducting last phase of activities & likely to be validated in 2016 (2 countries) - Ethiopia, Haiti(?)

- Completing planned activities by end of 2016 for validation in 2017 (7 countries)
  - Angola, Chad, DRC, Guinea, Kenya, Philippines, South Sudan

- Completing planned activities by end of 2017 for validation in 2018 (3 countries) - PNG, Somalia, Sudan

- Mix of low commitment & insecurity requiring advocacy and appropriate technology for validation by end 2020 (6 countries)
  - Afghanistan, CAR, Mali, Nigeria, Pakistan, Yemen
Critical challenges

- **Gap of 98 million US$** to support TT SIAs in high risk areas – the areas unreached by current health services

- **Additional 50 million US$** for TT Uniject required to protect 18 million WRA in the hardest to reach areas in 9 countries (geographical, security & HR constraints)

- **Ineffective integration of RMNCH and EPI platforms** to optimize maternal immunization

- **Ineffective communication** to prevent and respond to TT vaccine controversy - *for instance Kenya 2014*
Insecurity - war and armed conflict
- (AFG, CAR, MAL, NIE, PAK, SOM, SUD, SSU, YEM)

Competing activities with limited capacity at national and subnational levels

Voluntary medical male circumcision for HIV prevention has exposed tetanus immunity gap in males
Innovations to reach ~40% of target WRA in 9/18 countries that are persistently inaccessible

<table>
<thead>
<tr>
<th>Country</th>
<th>Accessible Target</th>
<th>Estimated Inaccessible Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>29,917,234</td>
<td>18,212,310</td>
</tr>
<tr>
<td>Yemen (40%)</td>
<td>3,094,937</td>
<td>2,063,292</td>
</tr>
<tr>
<td>Sudan South** (40%)</td>
<td>1,677,350</td>
<td>934,239</td>
</tr>
<tr>
<td>Sudan (22%)</td>
<td>3,176,539</td>
<td>903,490</td>
</tr>
<tr>
<td>Somalia (80%)</td>
<td>324,670</td>
<td>1,231,692</td>
</tr>
<tr>
<td>Pakistan (21%)</td>
<td>20,113,077</td>
<td>5,290,764</td>
</tr>
<tr>
<td>Nigeria (22%)</td>
<td>15,969,450</td>
<td>4,530,550</td>
</tr>
<tr>
<td>Chad** (40%)</td>
<td>1,852,455</td>
<td>1,234,970</td>
</tr>
<tr>
<td>Central African Republic (100%)</td>
<td></td>
<td>987,104</td>
</tr>
<tr>
<td>Afghanistan (35%)</td>
<td>1,921,066</td>
<td>1,036,210</td>
</tr>
</tbody>
</table>
Innovation (TT Uniject) - additional US$ 50 million needed to reach 18 million WRA

Financial needs to deliver TT Uniject

US$

- $3,110,391
- $2,962,990
- $1,235,670
- $13,599,351
- $15,881,284
- $3,697,170
- $2,712,007
- $934,768
- $6,193,382

- Additional cost of devices

Afghanistan (35%)
Central African Republic (100%)
Chad** (40%)
Nigeria (22%)
Pakistan (21%)
Somalia (80%)
Sudan (22%)
Sudan South** (40%)
Yemen (40%)
Thank you
Trend in women of reproductive age targeted with TT SIAs

Source: WHO/UNICEF MNTE Database, as at 03 October 2016
For 2016, data is provisional.
Date of slide 3 October 2016
More than 90% reduction in NT mortality since 1990
**MNTE Validation Surveys – progress & possible timeline**

Colour of cells indicate the country situation as at 8 June 2016

- **Validated**
- **Not validated yet/Tentative validation timeline**
- **Not validated yet/Confirmed validation timeline**

2016-17 list is tentative and actual implementation will depend on the outcome of indepths data review

# - with the independence of Timor Leste the number of countries increased by one

* - with the independence of South Sudan the number of countries increased by one