

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**



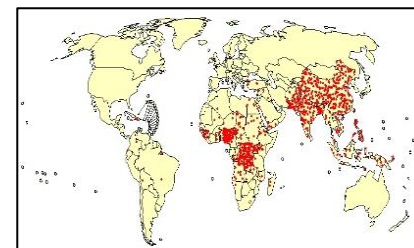
Clean delivery & cord care practices

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

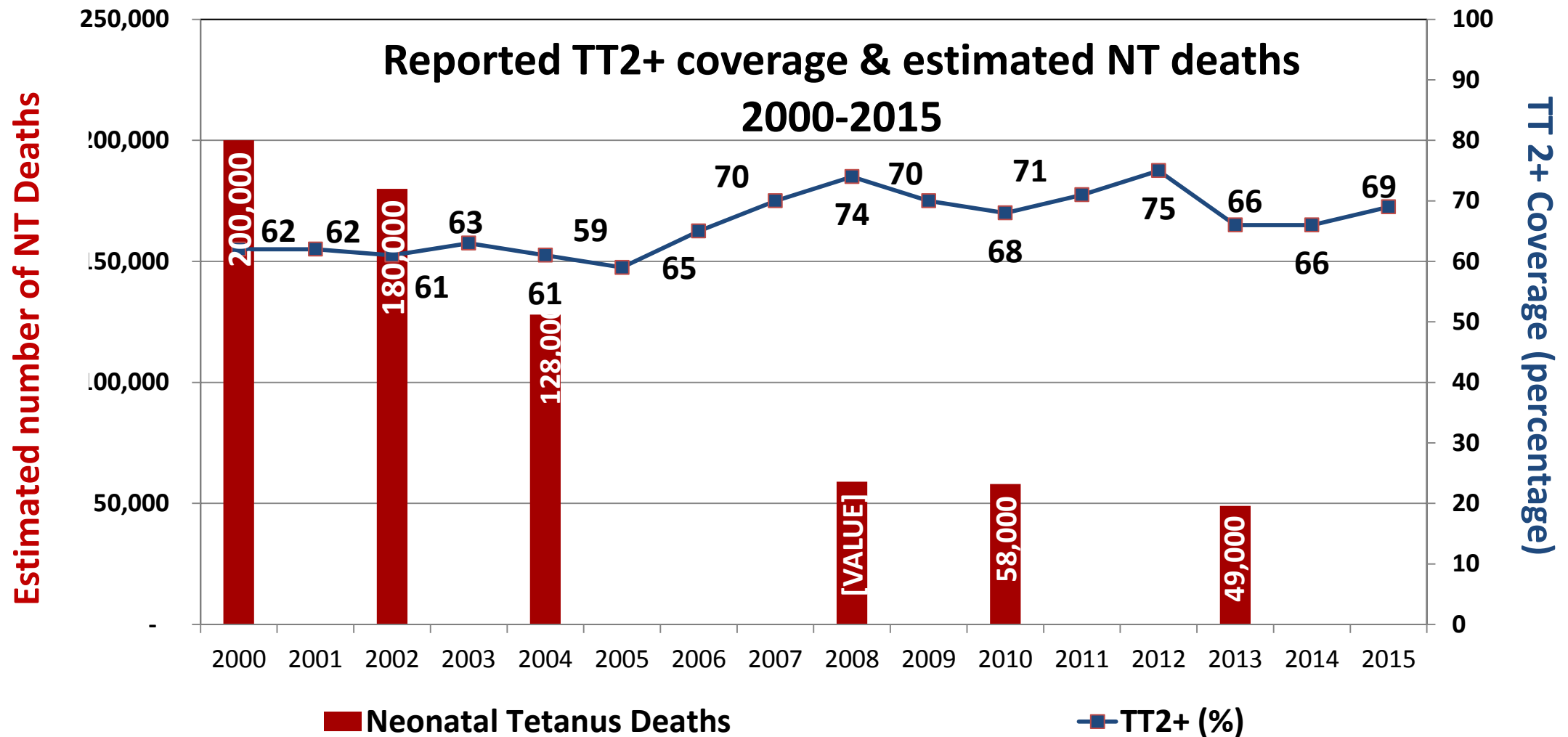


NT surveillance

- As part of Integrated Disease Surveillance & Response (IDSR)

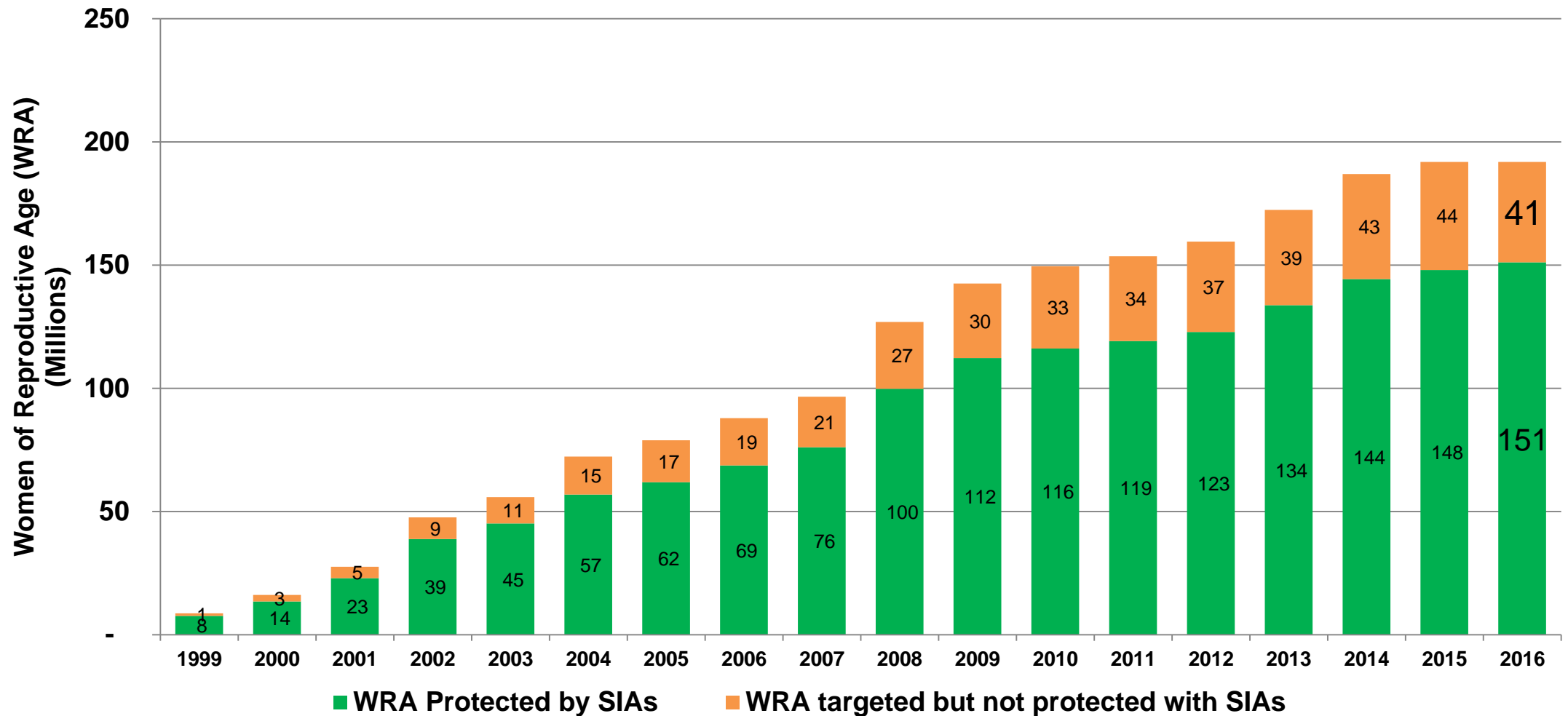


More than 75% reduction in NT mortality since 2000



Source: WHO vaccine-preventable disease monitoring system, 2016 global summary

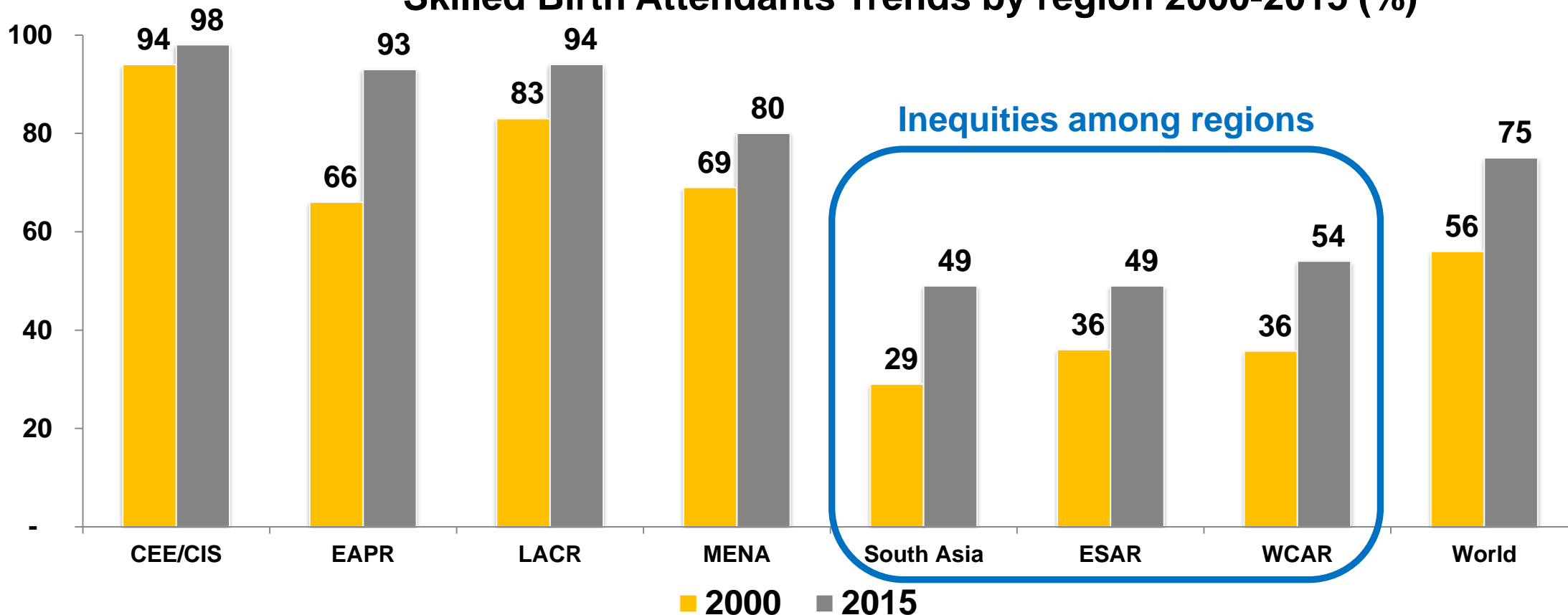
More than 150 million WRA received > 2 doses of TTCV



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 (%)



CEE/CIS - Central and Eastern Europe and the Commonwealth of Independent States
LACR - Latin America and Caribbean
South Asia

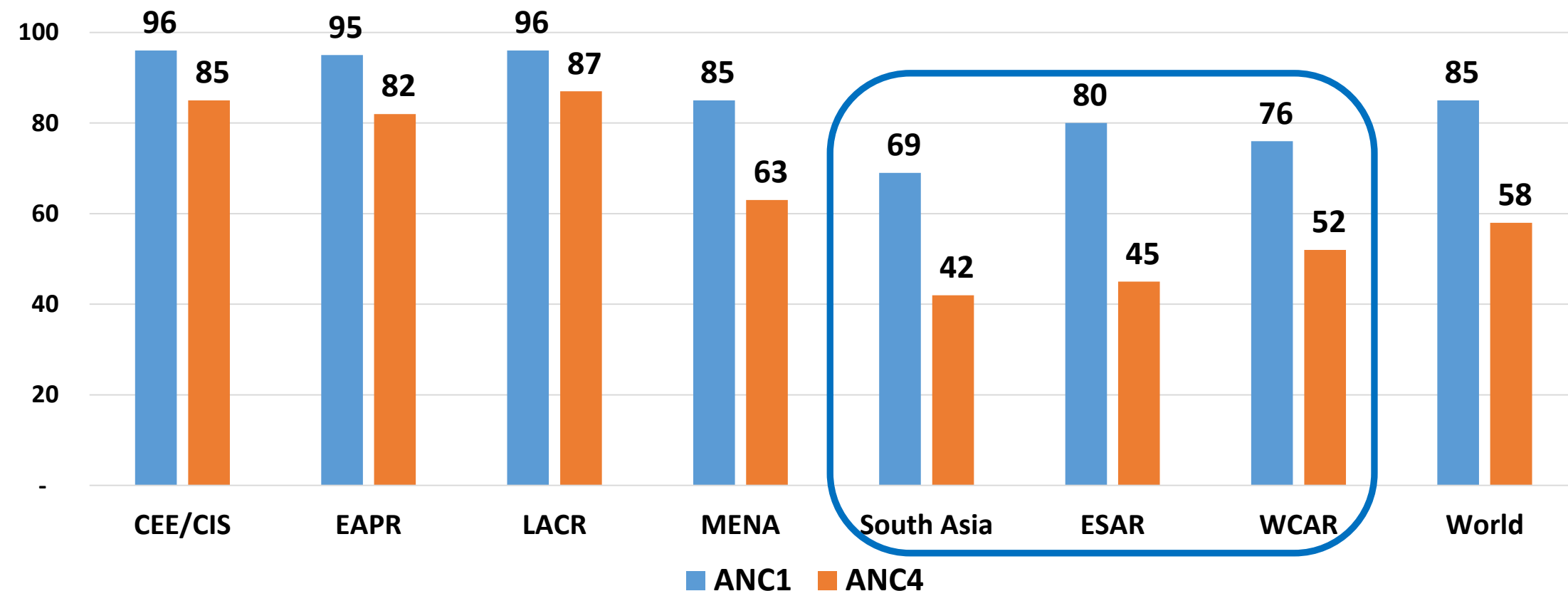
ESAR - Eastern and Southern Africa

EAPR - East Asia and the Pacific
MENA - Middle East and North Africa
WCAR - West and Central Africa

Source; SOWC 2016

Low ANC4 Coverage and High ANC1-4 dropout in South Asian and African Region

ANC1-ANC4 coverage by region 2015 (%)



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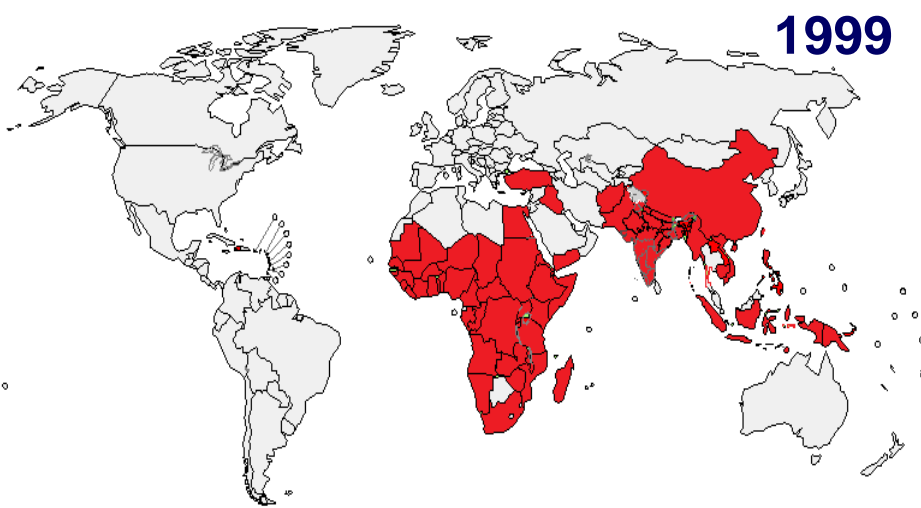
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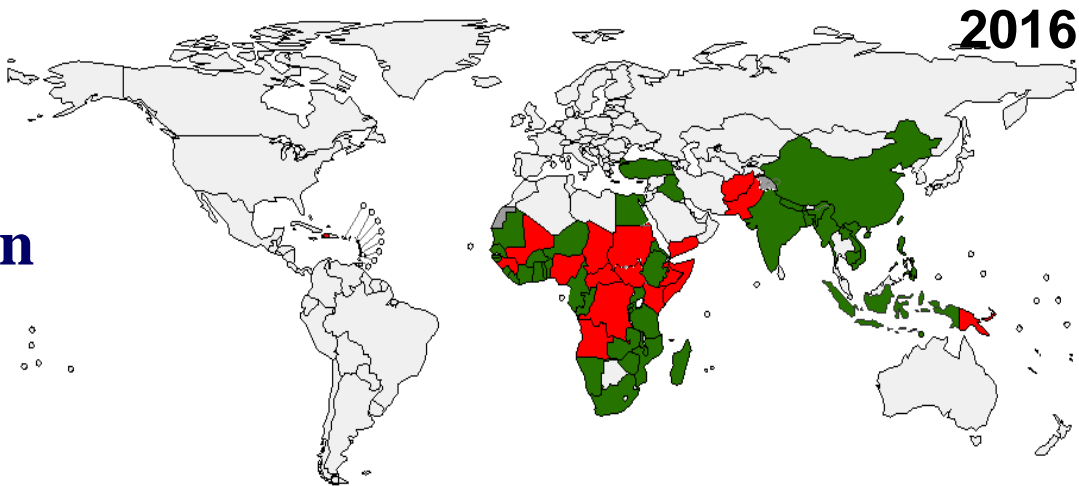
Source; SOWC 2016

41 Countries eliminated MNT between 2000 & Sept 2016

*(Plus Ethiopia except Somali region, and 16 out of 17 regions in Philippines)



18 countries yet to eliminate MNT



6 countries achieved MNT elimination without any TT SIA !

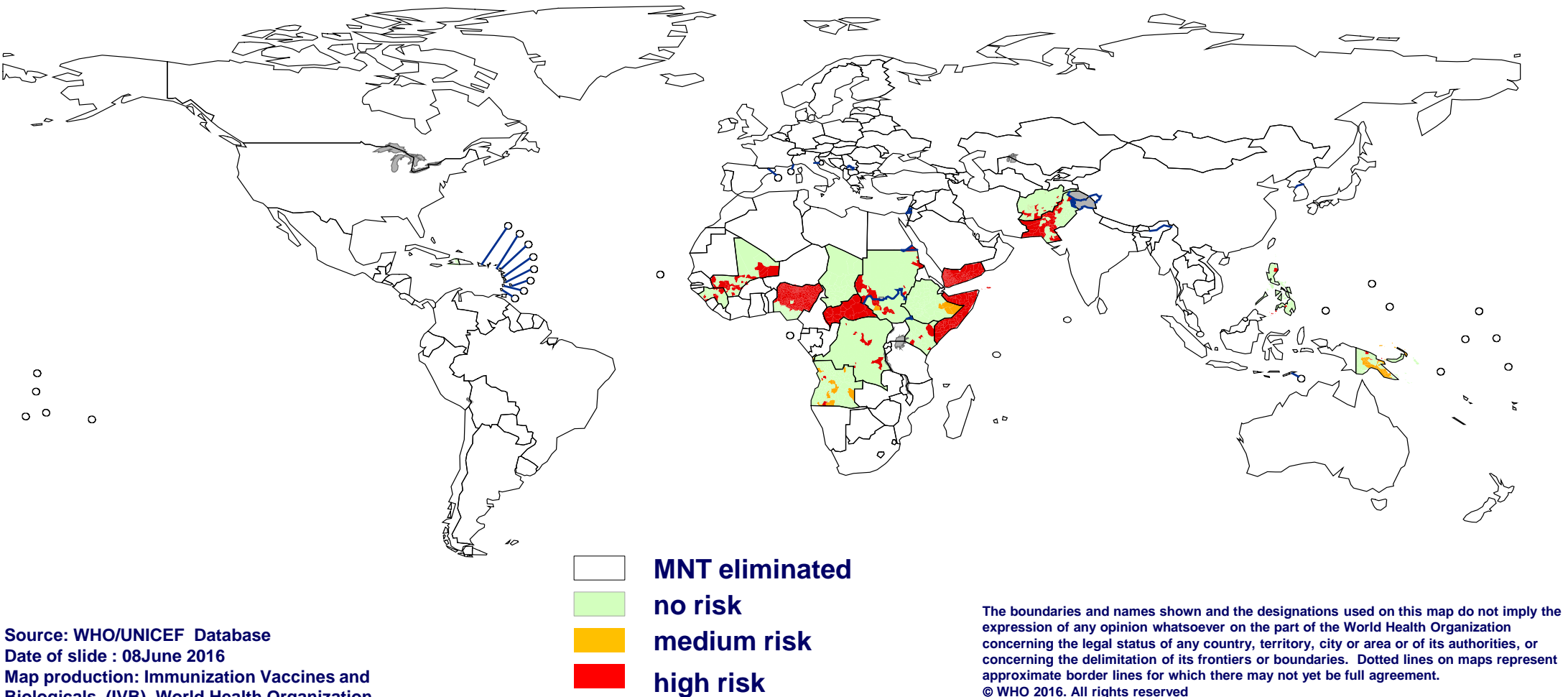
- not eliminated
- eliminated from 2000- Sept 2016
- eliminated before 2000
- not applicable

Source: WHO/UNICEF Database
Date of slide : 08June 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



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, 1st grade, 2nd grade and 3rd / 5th 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

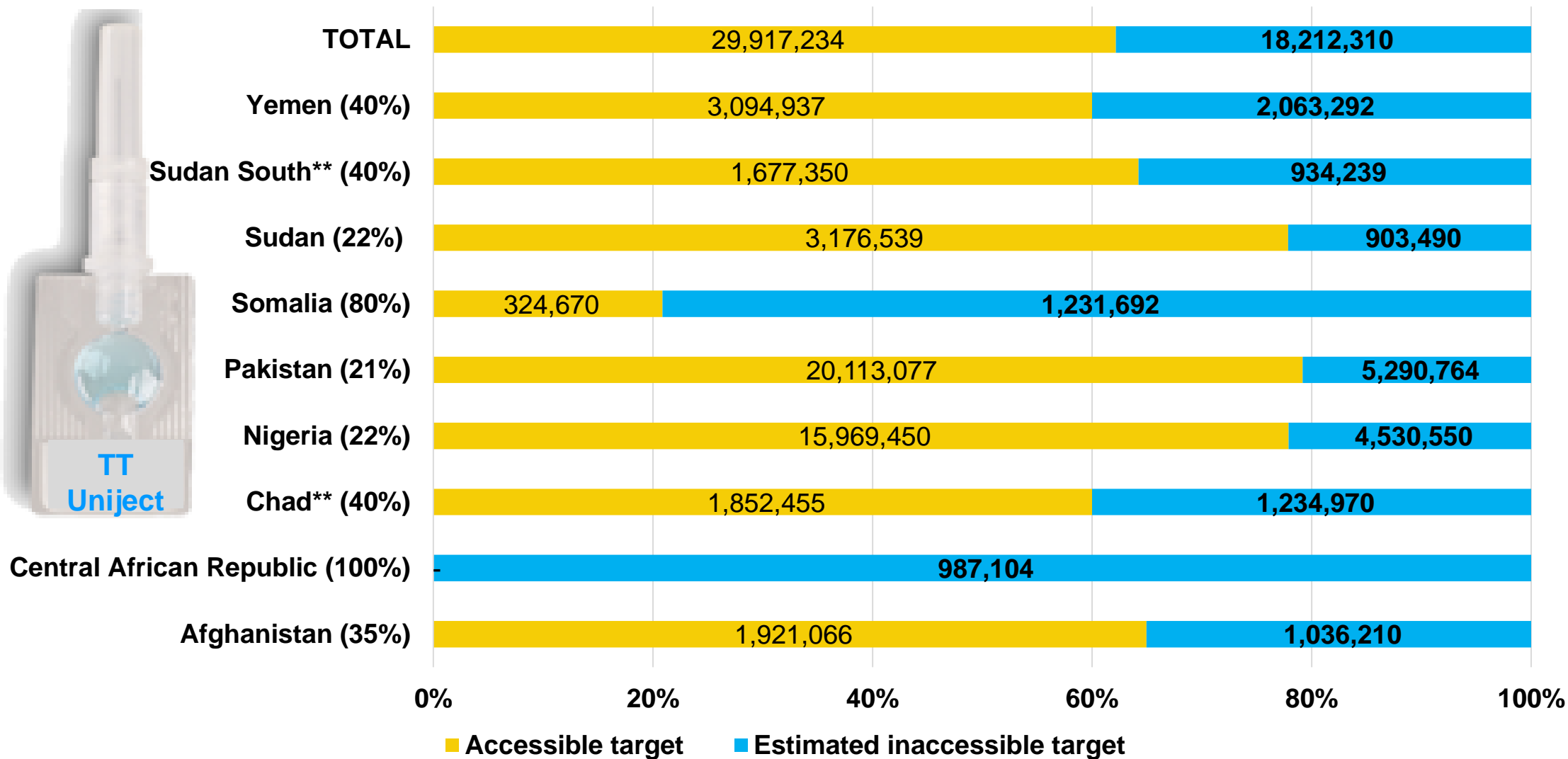
Critical challenges

- **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*

Critical challenges (2)

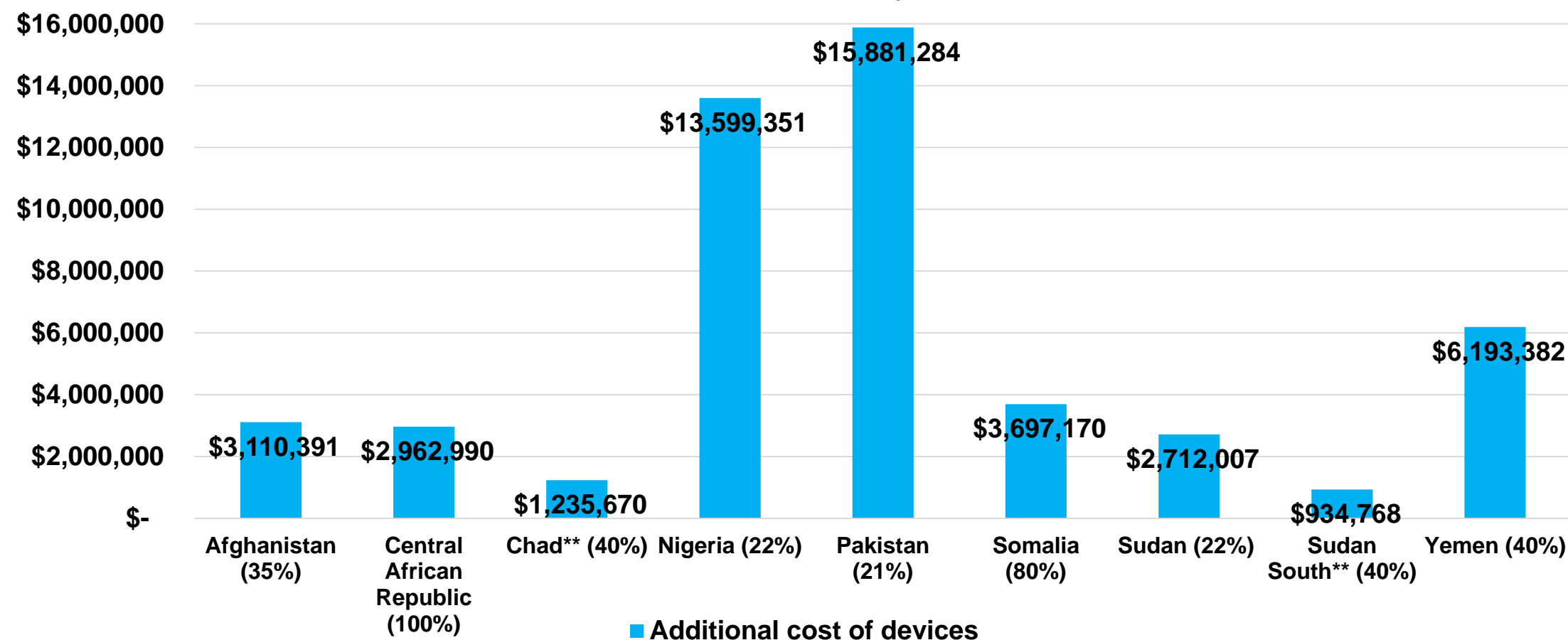
- **Insecurity - war and armed conflict**
 - (AFG, CAR, MAL, NIE, PAK, SOM, SUD, SSU, YEM)
- **Competing activities** with limited capacity at national and subnational levels
- Voluntary medical male circumcision for HIV prevention has exposed **tetanus immunity gap in males**

Innovations to reach ~40% of target WRA in 9/18 countries that are persistently inaccessible



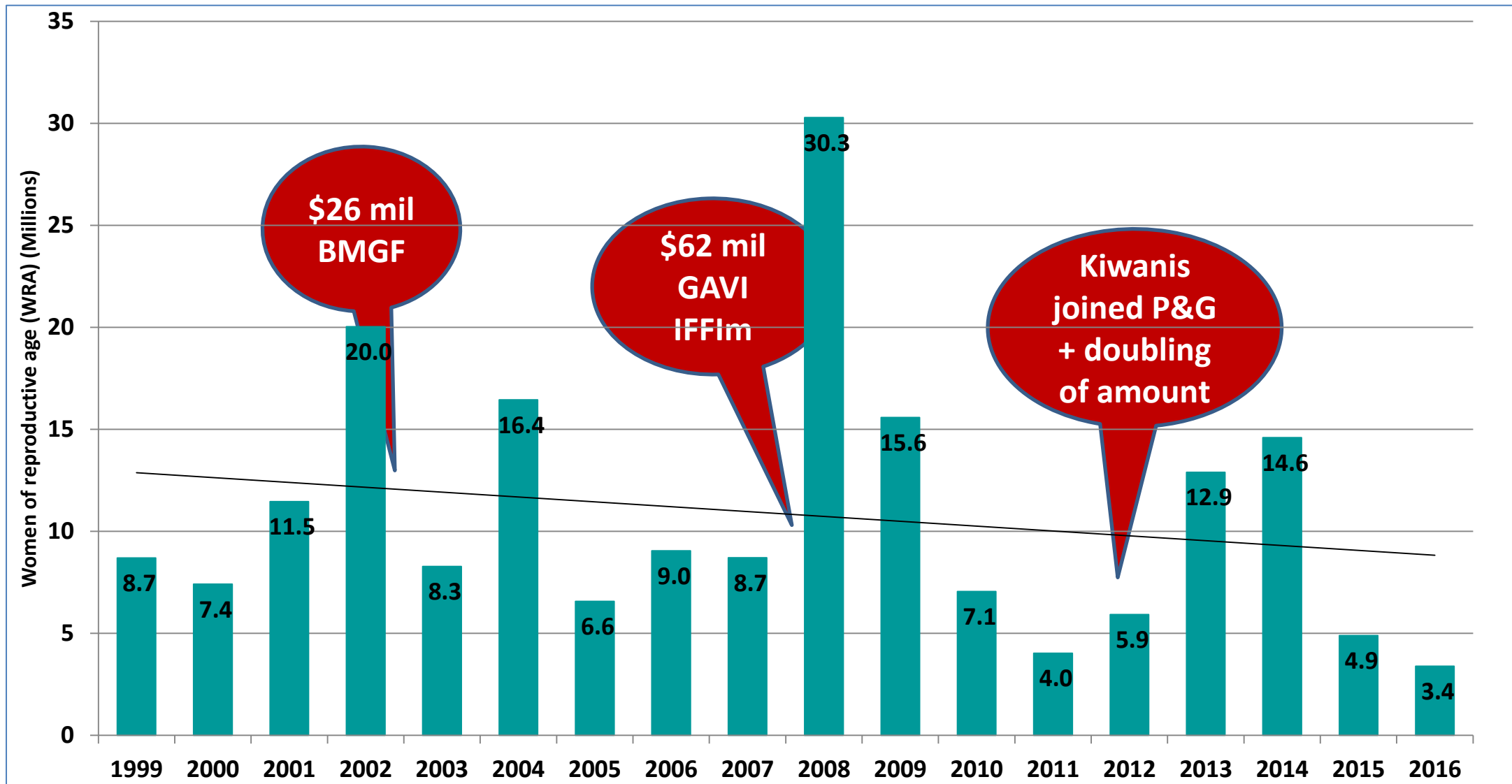
Innovation (TT Uniject) - additional US\$ 50 million needed to reach 18 million WRA

Financial needs to deliver TT Uniject
US\$



Thank you

Trend in women of reproductive age targeted with TT SIAs

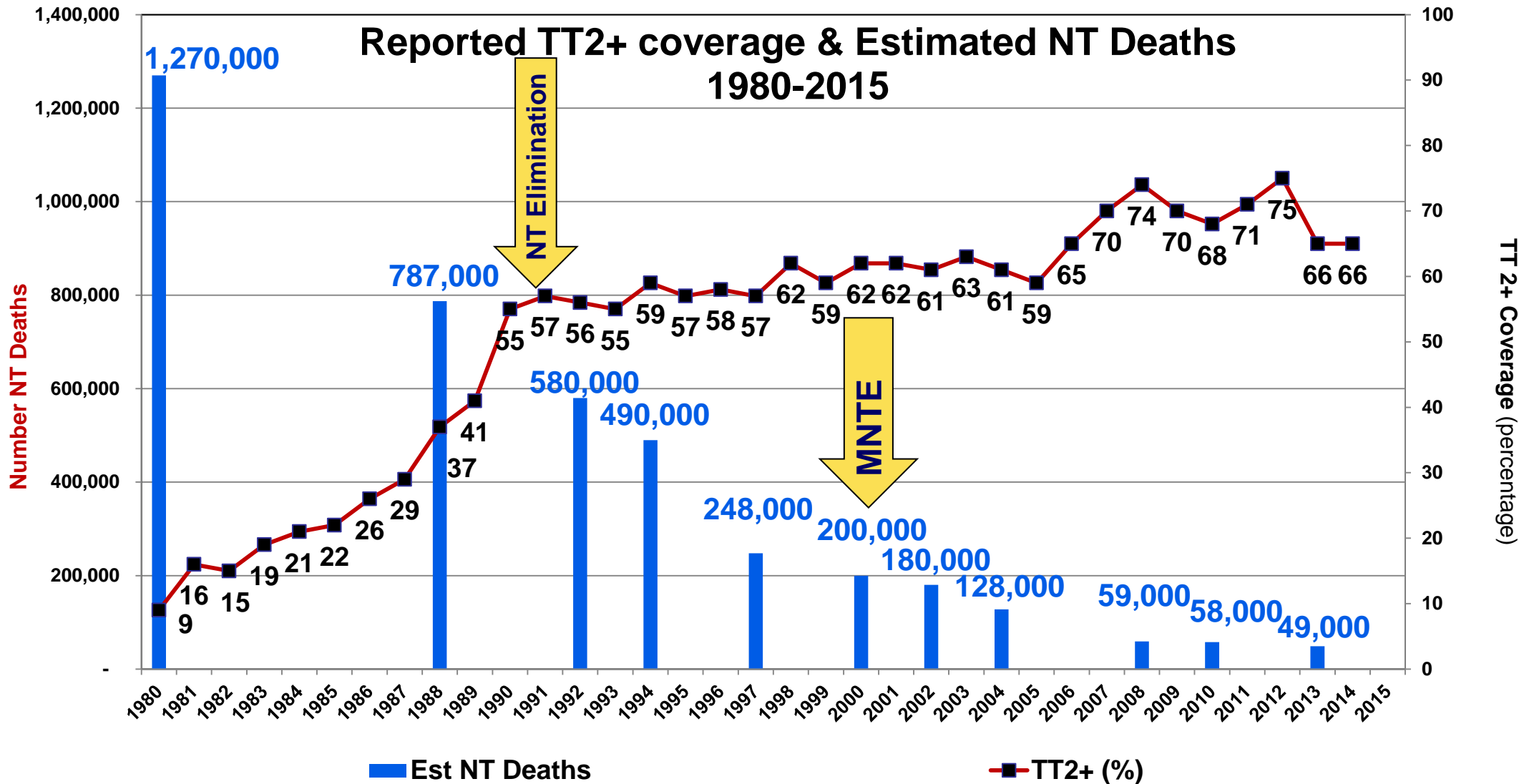


Source: WHO/UNICEF MNTE Database, as at 03 October 2016

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

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