

# **Review of key conclusions & proposed recommendations**

## **SAGE WG on MNTE & Broader Tetanus Prevention**

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# Presentation Outline

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- Main achievements
- Main challenges
- Conclusions
- Proposed general recommendations for MNTE
- Proposed specific recommendations for countries yet to achieve elimination
- Proposed specific recommendations to sustain MNTE
- Proposed recommendations for achieving broader tetanus prevention

# Terms of Reference – SAGE WG on MNTE & Broader Tetanus Prevention

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- To critically look into the reasons why the previously set elimination target dates have been missed and how to address these.
- To propose a process for “resetting” the MNT elimination agenda in a sustainable manner.
- To look into the risk of tetanus in other age groups and genders and propose how this can be comprehensively addressed.
- To discuss the role of strengthening integration of TTCV into antenatal care and other delivery platforms (e.g. school-based vaccination) and strategies to ensure clean deliveries as part of the “reset” agenda.

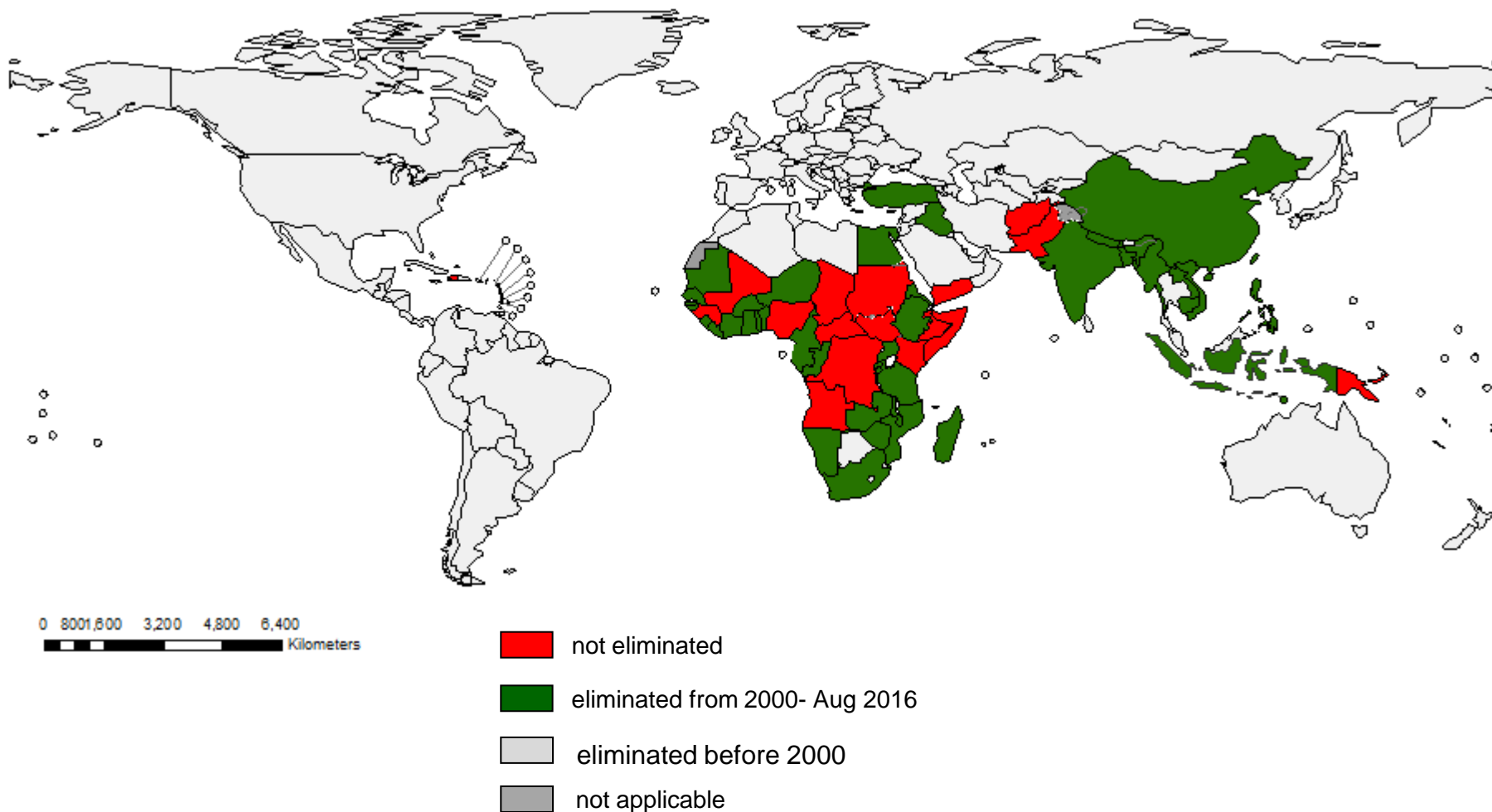
# **Terms of Reference – SAGE WG on MNTE & Broader Tetanus Prevention (2)**

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- To review experiences especially from the countries that attained MNT elimination with limited or no campaigns.
- To think out of the box including on how to capitalize on infant routine immunization and on the strategies that have to be adapted to the local context, like conflict affected areas, and linkages with other programmes targeting the poor and marginalized groups.
- To discuss the learning agenda from MNT as pathfinder for further maternal vaccines.

# 41 Countries eliminated MNT between 2000 & Aug 2016

\*(Plus Ethiopia except Somali region and 16 regions out of 17 in Philippines) leaving 18 countries yet to eliminate MNT



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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# Main Achievements

1. Focus for MNTE has been in **59 countries since 1999, and 41 of these countries achieved elimination** by September 2016 leaving 18 countries yet to attain elimination
2. The estimated burden of NT has been reduced from 787,000 in 1988 to 49,000 in 2013, a 94% reduction that is remarkable
3. The **availability of survey tools to estimate the NT death burden** using community based NT mortality surveys has been used to generate evidence for advocacy to mobilize country and partner commitment
4. Over **150 million women of reproductive age (WRA) have been reached by at least 2 protective doses of TTCV** through SIAs from 1999 to Sept 2016
  - a) Still **over 60 million WRA yet to be targeted** in the remaining 18 countries

# Main challenges (1)

1. Over-ambitious district MNTE goal
2. Funding constraints with limited upfront funding
  - a) vanishing support from major funding partners (BMGF and GAVI)
  - b) Competing VPD priorities
  - c) Unaffordability of the new technical development TT Uniject
3. Country operational challenges - failure to reach the RI coverage goals set by GIVS and GVAP (90% & 80%)
4. The challenge of coordinating activities between RMNCH and EPI
5. Limited surveillance of all tetanus cases

## Main challenges (2)

6. Slow pace of progress in clean /institutional delivery and ANC coverage in high risk districts
7. Suboptimal community engagement occasionally leading to false rumors related to TT vaccination of pregnant women and women of reproductive age
8. Immunity gap in tetanus protection especially in adolescent and adult males in Africa, in older women in Europe and all age groups among vaccine hesitancy groups worldwide
9. Lack of champions flying the MNTE flag



# Conclusions on MNTE & Broader Tetanus Prevention

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- Based on its review of the evidence, the WG concluded that the recurrent failure to meet MNTE targets was a reminder of persisting inequities in access to health services. The review also exposed immunity gaps in older age groups, due to lack of booster doses in many countries especially among males because of many focusing solely on maternal and neonatal tetanus.

# Proposed general recommendations for MNTE (1)

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1. Countries, WHO regions, international organizations and development agencies should consider prioritizing the implementation of all adopted strategies to achieve and maintain MNTE, including routine immunization of pregnant women, routine antenatal care (ANC), clean delivery and cord care and surveillance of MNT cases.
2. Achievement and maintenance of MNTE should be seen as a key indicator of universal health coverage since the disease mainly affects the most underserved and marginalized populations.

# **Proposed general recommendations for MNTE (2)**

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3. There should be greater involvement and oversight by the WHO Regional Offices and regional immunization technical advisory groups in monitoring progress and ensuring that the global goal of MNTE is achieved, especially in the WHO regions with countries yet to achieve elimination. The regional immunization technical advisory groups should play an important role in advocating for the actions required from countries and partners especially WHO, UNICEF and UNFPA.

# Proposed specific recommendations for countries yet to achieve elimination (1)

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1. Countries yet to achieve MNTE should establish/update and implement their operational plans to meet required timelines as indicated in Table 1. MNTE by 2020 to coincide with the end of the Decade of Vaccines (DOV) is feasible if timely availability of financial resources and innovative technologies (injection devices) is made available to reach the most marginalized.
2. Countries should reinforce surveillance for MNT to assure accurate measurement of progress towards MNTE.

# Proposed specific recommendations for countries yet to achieve elimination (2)

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3. UNICEF, UNFPA, and WHO should support countries in securing the necessary resources to implement their national MNT elimination plans, including for procuring vaccines and for covering operational costs for SIAs.
4. UNICEF, UNFPA, and WHO should make all efforts to secure timely supply of the available WHO pre-qualified tetanus toxoid vaccine in compact single-dose pre-filled auto-disable injection devices to facilitate vaccination of inaccessible populations by community workers.

# Proposed specific recommendations for countries yet to achieve elimination (3)

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5. Should the supply of TT vaccine in this latter presentation be less than expected, a clear plan for prioritizing and allocating available doses should be established.

# Proposed specific recommendations for countries yet to achieve elimination (4)

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6. UNICEF, UNFPA, and WHO should urgently develop an MNTE investment case and resource mobilization strategy to secure funding support from potential donors, as predictable and timely resources are needed to fund operational costs of TTCV SIAs, compact one dose pre-filled auto-disable injection devices and validation surveys in the remaining 18 countries, if the 2020 elimination timeline is to be met.

# **Proposed specific recommendations to sustain MNTE for all priority countries that achieved elimination since 1999 (1)**

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1. UNICEF, UNFPA and WHO should work with countries to generate and sustain political interest in the continuing elimination of MNT to guard against complacency once a country has been declared to have eliminated the disease.



# **Proposed specific recommendations to sustain MNTE for all priority countries that achieved elimination since 1999 (2)**

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2. All immunization programmes should review and adjust their routine immunization schedules to ensure tetanus protection over the life course for all members of the population. All countries should also scale up and sustain the coverage with clean delivery and improve clean cord care practices.

# **Proposed specific recommendations to sustain MNTE for all priority countries that achieved elimination since 1999 (3)**

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3. Annual monitoring of MCH, Surveillance and EPI district performance through joint desk review of core and surrogate. MNT risk indicators is a useful and appropriate method to identify high risk districts and monitor potential MNT risk. Findings should be used to implement corrective measures for immunization and MCH services.

# **Proposed specific recommendations to sustain MNTE for all priority countries that achieved elimination since 1999 (4)**

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4. TT SIA campaigns should be conducted in the districts identified as high risk, based on core and surrogate risk indicators to fill immunity gaps.
5. Steps should be taken to improve the quality of monitoring, case investigation, and reporting of tetanus cases as part of broader process; these data, rather than other surrogates, should eventually be the mechanism for monitoring sustained MNTE

# **Proposed specific recommendations to sustain MNTE for all priority countries that achieved elimination since 1999 (5)**

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6. Steps should be taken to improve the quality of monitoring, case investigation, and reporting of tetanus cases as part of broader process; these data, rather than other surrogates, should eventually be the mechanism for monitoring sustained MNTE

# Proposed recommendations for achieving broader tetanus prevention (1)

1. The booster dose schedule should be adjusted to include three booster doses, giving a total of six doses to achieve protection throughout reproductive age. These should be given preferably during the second year of life, between 4-7 years of age, and between 9-15 years of age. Ideally there should be at least a 4-5 year interval between doses. Some countries will require technical and programme guidance to smoothly transition to these new schedules, and to establish or utilize existing platforms to offer a package of vaccination along with other health services. Further, booster doses late in life may be needed due to waning immunity.

# Proposed recommendations for achieving broader tetanus prevention (2)

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2. WHO should re-emphasize the previous recommendations on the number of doses needed in pregnant women and clarify that pregnant women are protected when they have six documented doses (by card, immunization registry and/or history) during the time of reproductive age in order to avoid unnecessary repeat vaccinations for protection during pregnancies. A standard algorithm for determining tetanus protection based on vaccination history and expected duration of protection should be employed to determine whether a dose is needed in the current pregnancy.

# Proposed recommendations for achieving broader tetanus prevention (3)

3. Available sero-survey data and disease burden show declining sero-protection with increasing age and shift in ages of cases in the absence of booster doses. These data, as well as recent tetanus cases in the Voluntary Medical Male Circumcision programme, highlight the immunity gap in both females and males (older children and adults) in different parts of the world. Updated WHO recommendations should reinforce the need for booster doses for both males and females across the life course and opportunistic catch up immunization, especially among males and the elderly. A booster dose is needed in all when exposed to specific risks.

# Proposed recommendations for achieving broader tetanus prevention (4)

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4. WHO should re-emphasize and track adoption of the recommendation that age appropriate combinations of tetanus and diphtheria toxoids should be used to promote and sustain diphtheria immunity across the life course and for both sexes and should clarify that tetanus antigen combined with low-dose diphtheria antigen (Td) is the preferred programme option for children who are 4 years of age and older.



# **Proposed recommendations for achieving broader tetanus prevention (5)**

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5. The use of sero-surveys to validate assessment of risk from other data sources should be considered to guide vaccination strategies, especially in high risk districts. Close attention should be paid to sampling strategies and laboratory methods to ensure that results are valid and interpretable.
6. WHO should consider establishing reference laboratories and reference serum panels to support standardization and quality assurance of the laboratory methods used in sero-surveys.

# Proposed recommendations for achieving broader tetanus prevention (6)

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7. WHO should also provide guidance on sampling methods; sample collection and testing; and analysis, interpretation and use of sero-survey data.

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**Thank you**