Progress towards Maternal and Neonatal Tetanus Elimination

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Francois Gasse
Fouzia Shafique
UNICEF NY
Jos Vandelaer
UNICEF/WHO GVA
Background

• 1989 WHA Resolution
  – Neonatal Tetanus Elimination by 1995

• 1999 revival of resolution by UNICEF, WHO, UNFPA
  – Inclusion of Maternal Tetanus Elimination
  – Focus on 58 countries that had not eliminated MNT

• Goal 2005 … now 2012

“Elimination” defined as
< 1 NT death per 1000 live births
  in every district of a country
Tetanus: Basic Facts

- Non-communicable infectious disease.
- Caused by the toxin of ubiquitous bacterium (C. tetani)
  - Introduced in the body through wounds
  - Toxin causes spasms and paralysis “lockjaw”
- High mortality – especially infants and elderly
- Mothers and neonates more susceptible
  - Home deliveries
  - Unclean settings
  - Non-availability of skilled birth attendants
  - Harmful cord care practices
- Vaccine highly effective after two doses
  - Need boosters to maintain immunity
Strategies to achieve MNT Elimination

- **Immunization against Tetanus**
  - **Routine:**
    - TT or Td Immunization of Pregnant Women during Ante Natal Care or immunization sessions
  - **Campaign:**
    - TT or Td Immunization Activities targeting Women of Child Bearing Age in High Risk Districts

- **Promotion of Clean Deliveries**

- **Neonatal Tetanus Surveillance**
Progress since 1999
81m women protected in 45 countries in TT SIAs

25 countries implemented TT SIAs in 2007

11 countries validated as having eliminated MNT
13 states in India

International Financing Facility / GAVI funded activities in 2007 and 2008

Five new countries initiated TT SIA activities in 2007:
• Central African Republic
• Cote d’ Ivoire
• Guinea Bissau
• Senegal
• Sierra Leone

IFFIm funds allocated to 32 countries
High Quality TT SIAs:
80% of targeted women protected

Number of CBAW targeted and protected with 2 doses of TT during SIAs / year (in millions)

CBAW Targeted

*includes estimates
What are the plans for 2008 and beyond? Can we sustain elimination?
Activities 2008

23 countries have funded plans for TT SIAs
8 countries are scheduled for validation

SIA planned in 2008
Validation planned in 2008
Not MNT Priority Country
No SIAs planned in 2008
Validated pre-2008
### Status of MNT Validation

<table>
<thead>
<tr>
<th>Year</th>
<th>Countries Validated</th>
<th>Countries Scheduled for Validation</th>
<th>Countries Eliminating MNT by 2009</th>
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<td>2000 (1)</td>
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<td>2009 (26)</td>
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<td>2010 and beyond (13)</td>
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11 Countries have been validated since 2000

8 Countries scheduled for validation in 2008

All but 13 will have eliminated MNT by 2009
2009 onwards

• 2009:
  – More than **62 m women** to be targeted through TT campaigns requiring more than **170 m doses of TT**

• 2010
  – More than **42 m women** requiring more than **127 m doses of TT**

• 2011 and beyond
  – **34 m women** requiring more than **114 m doses of TT**
2009 onwards plans subject to...

- **Performance during campaigns**
  - Poor performance may mean additional rounds to reach target coverages
  - Good routine TT coverages may decrease the need for campaigns

- **Competing priorities** may change time frame of activities:
  - Polio and measles SIAs
  - Polio outbreaks requiring reaction

- **Availability of resources**
Challenges

• Start TT SIAs in large countries (Nigeria, India)

• Achieve and maintain > 80% TT protection in every district through a combination of TT SIAs and routine immunization

• Introduce TT2+ as co-indicator to monitor RED

• Identify funds to support the 13 countries in achieving MNT elimination beyond 2009.
We can complete MNT Elimination by 2012

– Sustained political and financial commitment (countries and partners)

– Sustained high quality in TT - SIAs

– Additional funding