

A conversation with Rownak Khan, Linda Naugle, Kristen Mangelinkx, and Michael Grudzinski on June 11, 2014

Participants

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Note: This set of notes was compiled by GiveWell and gives an overview of the major points made by Dr. Khan, Ms. Naugle, Ms. Mangelinkx, and Mr. Grudzinski.

Summary

GiveWell spoke with Dr. Khan, Ms. Naugle, Ms. Mangelinkx, and Mr. Grudzinski about the impact of funding limitations on UNICEF's MNTE campaigns.

Overview of UNICEF's Maternal and Neonatal Tetanus Elimination (MNTE) Initiative

Supplemental immunization services

Some pregnant women are reached by routine tetanus immunizations provided at health centers or delivered by health workers, but the health infrastructure is lacking in some regions, so many women do not have access to these programs. Based on national and subnational data, UNICEF and governments identify high-risk regions for tetanus, where many women live beyond the reach of immunization services. The main function of UNICEF's Maternal and Neonatal Tetanus Elimination (MNTE) program is reaching these high-risk women with supplemental immunization services (a/k/a campaigns).

During campaigns, UNICEF and partners (e.g. the Ministry of Health) provide women with at least three doses of tetanus-containing vaccines in specified intervals. It is necessary to wait one month between the first and second doses, and over six months between the second and third doses. A typical campaign requires about 8-9 months in total.

UNICEF's targets for the number of women it plans to reach with tetanus immunizations reflect only its plans for campaigns, rather than women reached by routine services.

Other activities

UNICEF provides technical support for routine tetanus immunization services and assists countries in implementing campaigns in high risk areas. Once activities are completed, the World Health Organization (WHO) supports in conducting validation surveys.

How UNICEF selects countries for campaigns

UNICEF prioritizes countries for tetanus vaccination campaigns that have a relatively weak health infrastructure, that need campaigns, and that are prepared to implement campaigns. Preparedness involves having a strong action plan and the capacity for technical support and monitoring. Most countries that UNICEF considers have developed plans for MNT elimination that include campaigns. Countries that have completed immunization programs and only require validation surveys receive the highest priority for allocations of funds. Other factors can also affect funding decisions. For example, UNICEF tries to avoid implementing campaigns during a country's rainy season.

UNICEF allocates funding for tetanus campaigns at the global level, with input from its national offices. National-level officials can provide specific detail for a country, such as whether the country has enough health workers for a campaign or has other enabling environments.

Impacts of funding limitations

If UNICEF's MNTE program did not receive any funding, tetanus would continue to be a problem in high-risk regions. Tetanus incidence may eventually be reduced in these regions without funding from UNICEF, but it could require 15-20 years, depending on the country's ability to improve its overall health infrastructure and education.

Receiving a large amount of funding at one time is useful for UNICEF because it enables it to simultaneously prepare many countries for campaigns. For example, in 2006-2007 the MNTE Initiative received about \$60 million, which allowed it to provide technical support to over 20 countries simultaneously for activities such as developing action plans and monitoring progress. As programs are delayed, the per capita costs, such as the cost of volunteers, increase.

With the exception of some countries that are suffering from political instability, the MNTE Initiative's budget is the limiting factor in how many women can be reached by tetanus campaigns. The initiative is currently experiencing a financial shortfall.

UNICEF has a list of countries in which it would like to conduct MNTE campaigns and does not yet have the money to do so.

While other limiting factors such as local politics, security, or monsoon rains sometimes prevent some of the countries on that list from being eligible for an MNTE campaign, there have consistently been countries on the list that would have been reached if the MNTE program had had additional funding.

For example, last year, Sudan was the highest priority country because it had good analyses and an action plan but not funding to implement the campaign on their own. UNICEF needed about \$5M to do a campaign there, but only had \$1M and couldn't do a partial

campaign so no campaign was undertaken. If UNICEF's MNTE Initiative had had an additional \$4M, it would have completed the campaign in Sudan.

Also, in the last several years there have been several follow-up vaccination rounds that have been delayed solely due to lack of additional funding. Delaying follow-up vaccination rounds is less cost effective than doing them on an ideal timeline. Thus when deciding which countries will get marginal funding for MNTE, UNICEF prioritizes countries that have had earlier rounds of vaccination and are waiting for their follow-up rounds.

Other countries that have been affected by funding limitations

- UNICEF could have done a campaign in **Angola** with additional funding.
- UNICEF might have been able to do a campaign in **South Sudan** with additional funding, but political instability is also an issue there.
- Like Sudan, **Papua New Guinea** is mostly prepared for a campaign but needs additional funding. However, one issue in the country is that the government is very decentralized, which means that federal recommendations do not always lead to action at the local level.

There have been limited campaigns in Papua New Guinea in the past few years. The first round of campaigns was fully funded by UNICEF and the Papua New Guinean government. The second and third rounds were funded solely by the government because UNICEF did not have enough funding to continue providing support. The government did not achieve good coverage in these rounds, so at least two additional rounds of campaigns are needed. Had UNICEF had sufficient funding, the campaigns would have concluded this year instead of being delayed.

- Almost every woman in **Haiti** is at risk for tetanus. Because UNICEF has not had enough funding to reach all women simultaneously, it has done a multi-phase approach. It is only able to cover a fraction of the population with each campaign. Funding limitations mean that UNICEF is not covering women in Haiti as quickly as it could have otherwise.

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