Maternal and neonatal tetanus is deadly. And it’s painful — preventing even the comfort of a mother’s touch.

There’s an additional tragedy: MNT is preventable. The vaccine has been safely used since the 1940s. Other preventive measures, including maternal health education, have had a proven long-term impact.

And yet, millions have died from this terrible disease because of poverty and unsafe birthing practices. Even today, millions of mothers and babies are at risk.

A decade ago, Kiwanis International and UNICEF partnered to protect them. Our goal was for the Kiwanis family to raise millions of dollars — so that some of the world’s poorest and hardest-to-reach people could receive life-saving vaccines and education.

The good news: It’s working. Since 2011, MNT has been eliminated in 27 countries.

Of course, this fight extends beyond The Eliminate Project — and it started long before 2010. The World Health Assembly called for the elimination of neonatal tetanus in 1989, when the disease was killing 800,000 babies every year. In 2018, fewer than 31,000 died from it. That’s a decline of 96%.

Kiwanis International is proud of the part we’ve played. But we’ve reached a crucial moment. That’s why we’re as determined as ever to continue our success — and sustain it for all future generations, all over the world.

The progress against tetanus is bringing other advances. The shot will now include diphtheria vaccine — preventing another illness that plagues under-served populations.
Infant mortality from tetanus has declined 96% since 1989.

Since 1999, 47 countries have eliminated MNT and 154 million women have been vaccinated.

Since 2011 alone, 27 countries have eliminated the disease.
With so much progress behind us, you might think the elimination of MNT will only get easier — like a ball rolling downhill. But that’s not how this fight works.

By the start of 2020, MNT had not yet been eliminated in 12 countries. In most of them, the women at risk are concentrated in specific high-risk areas. In those areas, health care workers and volunteers face the complications of conflict, simultaneously competing health emergencies such as polio, cholera and Ebola, and the inherent challenge of geographically isolated locations.

These are courageous and determined people, confronting MNT in some of the world’s most forbidding areas. In all of them, the need is urgent. Fortunately, we know what progress looks like. And we know what’s required to achieve it.
HERE’S A QUICK RECAP OF WHAT MNT DOES AND WHAT WE CAN DO TO FIGHT IT:

The cause. Tetanus spores are found in soil everywhere. Neonatal infections occur when childbirth takes place without proper hygienic care — for example, on a dirt floor or without sterilized tools.

The symptoms. Days after birth, an apparently healthy newborn will stop nursing and then become progressively more rigid. Before death, the body will arch and convulse.

The prevention. A mother who is properly vaccinated will have immunity through her childbearing years. And her babies will be protected at birth.
Arwein Ahmed (right) lives in an impoverished neighborhood in Aden, Yemen. Despite living amid a humanitarian crisis, her infant son, Abdulrahman, is healthy and happy. That’s because Arwein received the tetanus vaccination at a UNICEF-supported health care center during her pregnancy.

“I was very anxious,” she says. “I know of a woman in my neighborhood who lost her first child during delivery, a child she and her husband had been eagerly waiting for. They lost the baby because the local midwife used contaminated tools during childbirth.”

It was just one of several such stories that Arwein heard. She knew that most of the women who lost babies in childbirth had not been vaccinated against tetanus. Thanks to the partnership between UNICEF and Kiwanis, Arwein was able to avoid that fate.

“I visited the prenatal care center frequently and got my tetanus shots,” she says, looking at her child. “You can see here my healthy little Abdulrahman is alive and kicking.”

Access for Arwein
Kiwanis International believes that someday we will live in a world where MNT has been eliminated. One reason for our confidence: our partnership with UNICEF.

UNICEF is present in more than 190 countries and territories. Thanks to its vast network, the organization helps change lives on a global scale. And that gives UNICEF a unique level of influence.

UNICEF has clout that creates access — from officials at the highest levels of government to the town elders and others who have earned trust locally. On occasion, UNICEF officials have even helped negotiate cease-fires to allow for immunization campaigns and related health interventions.

In parts of the world where myths and misunderstandings about vaccinations are common, such connections are critical for educating communities and establishing safe practices. When the leaders themselves help spread that knowledge, they see its long-term value — and they start to support and even demand immunization campaigns and prenatal health services.

UNICEF succeeds by working with national governments as active partners — uniting its goals with the country’s. In Nigeria, for example, the government is investing nearly US$6 million in vaccine serums and other immunization supplies. That kind of self-sufficiency helps create a culture that invests in ongoing attention to health care.

It also allows UNICEF to direct resources toward other important parts of the immunization campaign — including transportation, stipends for health care workers and more.
IN ZAMBIA, VISITORS FROM KIWANIS AND UNICEF LEARNED FIRSTHAND ABOUT THE COUNTRY’S ASPIRATIONS.

With UNICEF’s programs, the Zambian government has hope for children there to grow up happy, healthy and educated. And that’s a key component in Zambia’s goal of becoming a middle-income country by the year 2030.
Kiwanis International’s first Global Campaign for Children began in 1994. Like our current campaign, it was a partnership with UNICEF. And it, too, would change the world.

The Kiwanis family raised and leveraged US$100 million to eliminate iodine deficiency disorders — the leading preventable cause of mental and developmental disabilities. The campaign has given millions of children a chance to live healthier, happier and more productive lives.

For Kiwanis, it was a great launching pad. We learned how to tackle a global health problem — and how to sustain success. Just as we continue the prevention of IDD today, we’re committed to protecting all future generations from MNT.

And any time we serve the poorest of the poor, we send a loud message: these people matter.

It’s a message more enduring than any one campaign. For Kiwanis, the inspiration behind the fight against IDD also compels us to eliminate MNT. Because we believe all women deserve healthy babies — and all babies deserve a chance to achieve their full potential.
INSPIRING OTHERS

The partnership of Kiwanis and UNICEF is just one example of like-minded organizations inspiring and strengthening each other.

In the fight against MNT, for instance, Kiwanis is part of a global initiative. In turn, Kiwanis’ involvement has motivated others to join the fight. Be proud — because of you, organizations like Latter-day Saint Charities and Physician Moms Group are helping protect mothers and babies.
SUPPORT AND EMPOWERMENT

Funding plays a pivotal role in UNICEF’s ability to reach the world’s most under-served places with vaccines, education and training.

Consider Yemen. By 2010, about 3 million women had been vaccinated against tetanus, and the country was well on its way to MNT elimination. Then came a political crisis and civil war, which continues to this day.

The funding required to continue working in those conditions simply wasn’t there. As a result, millions of women and babies who might have been protected by vaccines went without.

Just as MNT is a preventable disease, tragic setbacks like the one in Yemen are avoidable — even in times of turmoil. But navigating unstable places and circumstances requires the means to do so. Not pledges or promises from well-meaning people, but the ability to operate that comes from available funds. That’s the kind of support that brings true empowerment.

“Pledges will not purchase vaccines. Nor will they enable the training of community volunteers to provide the vaccines and health education to women and families in need. UNICEF requires cash to do all its work.”

CARYL STERN, FORMER UNICEF USA PRESIDENT AND CEO
Speech to the 2018 Kiwanis International Convention
When a country eliminates MNT, it’s a great achievement. The process requires a great deal of work over a period of years, by an enormous number of people. Only then does it culminate in the official validation that the country has eliminated the disease.

**Elimination: when every district of a country has fewer than one case of neonatal tetanus out of 1,000 live births.**

**HERE’S WHAT THE PATH COULD LOOK LIKE:**

1. After years of work, three rounds of supplemental vaccinations have been provided in all high-risk districts of a country.

2. The government’s ministry of health requests a pre-validation assessment.

3. During pre-validation, UNICEF and the ministry of health review data to identify the worst-performing districts. Then they confirm whether women in these districts have received vaccines and whether births were assisted by skilled birth attendants.

4. If the pre-validation survey reveals positive results, the national government invites the World Health Organization (WHO) to conduct the validation survey. This survey typically takes place six to nine months after a pre-validation assessment.

5. The survey team goes door-to-door in the country’s worst-performing district to determine the vaccination status of all women of child-bearing age — and whether any babies died of tetanus in the preceding year. They also determine whether mothers gave birth in clean environments.

6. With positive results from the validation survey (less than one case of neonatal tetanus for every 1,000 live births in every district of the country for the previous year), the WHO certifies the country as having eliminated MNT.
## Measuring success

### WHERE COUNTRIES STAND IN THE FIGHT AGAINST MNT*

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*As of February 2020
Partial validations

The elimination of MNT can include a mix of advances and setbacks. It requires determination in the face of adversity — and the kind of flexibility that helps reach the ultimate goal.

In some countries, the process is more efficient when regions are validated one by one. These are called “partial validations.”

For example, MNT has been eliminated in Nigeria’s South East and South West Zones, as well as in Pakistan’s Punjab Province. And each of those partial validations were major landmarks — because those areas consist of 12%, 20% and 56% of their nations’ populations respectively.

Another cause for celebration came with the elimination of MNT in Mali’s southern region, where approximately 90% of that nation’s population lives.

In other words, every partial validation is worth a full celebration. With each one, many women and babies are no longer at risk — and momentum builds toward a stronger, sustainable health system.
Day by day, the fight against MNT is carried out locally by volunteers and community mobilizers. In the village of Al Dhale, in the southern part of Yemen, Majida Mahmoud is one such volunteer.

For Majida, it started after she lost her sister Amina to a miscarriage caused by tetanus. Like so many such deaths, it could have prevented. But Amina didn’t accept the tetanus vaccine.

“I can never forget her face as she lay in pain, dying,” says Majida, now 18.

“Amina never took the vaccine. If she did, it could have saved her life and that of her child.”

It was a life-changing tragedy, but it also gave Majida a new purpose. She pledged herself to promoting the importance of the tetanus vaccine for women between 15 and 49.

In doing so, Majida exemplifies the importance of local participation in education and support. She’s popular in her village, and her easygoing manner — along with her hard-won experience — persuades women to listen during her sessions with them.

Thanks to Majida, more of those women are getting their tetanus shots. And more mothers are giving themselves and their babies a future that Amina never had.
For so many women, vaccination is a wonderful experience. It’s the moment they gain a previously unknown level of assurance about their babies’ health.

But long-term health security is more than a moment. It’s a matter of sustainability. And sustainability is both a cause and effect of larger cultural changes.

UNICEF helps prevent MNT recurrence by working closely with governments and medical partners to improve health policies. There’s also the education and training that spreads knowledge — and helps create a society in which women take greater control of their children’s well-being and their own.

Over the years, the elimination of MNT has saved babies and empowered families. In much of the world, life has changed.

And it has stayed that way. Of the 47 nations in which MNT was eliminated, none have returned to the list of countries in which the disease remains a public health threat.

Even better, four of them — Algeria, Djibouti, Cameroon and Timor Leste — have taken the initiative to request revalidation surveys from the World Health Organization. All four have been revalidated for elimination of MNT.

That’s the effect of educated leadership. And it’s what cultural transformation looks like. Beyond the mere hope for improvement or the acceptance of help, it’s the active commitment to bringing and sustaining great change.

**Sustainability shows in several ways.** For example, there’s the transportation that brings women and health workers to each other. And there’s the worldwide availability of skilled birth attendants — which had already risen from 56% in 1990 to 78% by the end of 2016.
WHERE YOUR INVESTMENTS GO

- 21% Vaccines and injection supplies
- 19% Volunteer and health workers’ stipends
- 18% Logistics and transportation
- 12% Planning and training
- 12% Advocacy and social mobilization
- 10% Supervision and monitoring
- 6% Promotion of clean delivery
- 2% Neonatal tetanus surveillance
BEDS AND CARS AND AMBULANCES — THEY’RE EASY TO TAKE FOR GRANTED.

But in Zambia, a vehicle as simple as a motorbike makes a big difference. On the inconsistent roads around Kafue Mission Health Centre — about an hour’s drive south of Lusaka — it can even be an advantage. Women used to walk as many as 25 miles to the clinic. Now they call or text for pick-up, and a motorbike ride gets them to the clinic. And to its six beds. When the clinic only had two, mothers stayed for about six hours after giving birth. Working with UNICEF, the Zambian government invested more money in neonatal health. As a result, the clinic added four beds — and skilled birthing attendants. These days, new moms can stay for 48 hours after giving birth in sanitary conditions.
Crucial moments in history can be the most exciting. In the realm of public health, technology and innovation are expanding the possibilities.

UNICEF is an integral part of this era. In December 2018, one-month-old Joy Nowai became the world’s first child to receive a vaccine delivered commercially by drone. It happened in the South Pacific country of Vanuatu — one of four nations currently working with UNICEF to launch a network of corridors for the development and testing of drones for aerial imagery and transportation.

It’s sure to be an important development in the fight against MNT as well. Aerial imaging will help map infrastructure and transportation, improving delivery of medical supplies and perishable goods.

Down on the ground, another innovation is literally — and crucially — smaller. It’s an injection device called Uniject. Each is prefilled with one dose of tetanus toxoid, and it’s simple enough to be used by laypeople, including community volunteers with proper training.

That can be a key to overcoming cultural fears and taboos. A home visit from a local volunteer can reduce suspicion about the process, particularly in a part of the population that doesn’t otherwise accept immunization from an “outside” group such as health care workers from the capital city.

Uniject also simplifies transport and storage. In the tetanus-vaccine “cold chain” (the temperature-sensitive supply chain that includes production, storage and distribution), vials must be kept between 36 to 45 degrees Fahrenheit. But the heat stability of Uniject devices allows vaccines to be safely transported outside the cold chain for longer periods, reducing the chances of the vaccine spoiling in the heat.

These simplified logistics provide a vital advantage in remote locations — and in countries subjected to armed conflict.
“It’s extremely hard to carry ice boxes to keep the vaccines cool while walking across rivers, mountains, through the rain, across rocky ledges … As the journey is often long and difficult, I can only go there once a month to vaccinate children. But now, with these drones, we can hope to reach many more children in the remotest areas of the island.”

NURSE MIRIAM NAMPIL, who injected the world’s first drone-delivered vaccine
THE FUTURE OF THE FIGHT

No child should die from a preventable disease. For all the progress we’ve made and the promise we see, that’s still the conviction that drives Kiwanis International.

Because kids need Kiwanis. And kids are the same around the world. They’re curious, and they’re playful. They’re mischievous and silly and sweet. Every one of them deserves to grow and thrive.

But a difficult fact remains: some children simply have less protection against threats to their health and happiness.

Now and far into the future, we’ll be fighting for those kids and their mothers.

IN A WORLD WHERE THE ELIMINATION OF MNT IS SUSTAINED, HERE’S WHAT THE FUTURE LOOKS LIKE:

• Routine immunizations of all children, with 3 primary doses and 3 booster shots.
• 8 prenatal healthcare visits for all pregnant women.
• Increased access to skilled attendants at birth.
• Best practices for clean delivery and cord care.
• Follow-up surveys.

The progress we’ve seen so far proves that the fight against MNT is worthwhile. And worth sustaining. It’s not just a matter of providing vaccines. It’s a fight to help create systems that provide lifesaving access everywhere in the world, as routinely as they do where we live.

We face a critical moment. This is our chance to reach the women who need us now — and to protect all future generations of mothers and babies from a painful and deadly disease.