Improving the Hepatitis B Birth Dose in Indonesia, Vietnam, and Cambodia

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Indonesia
Indonesia

Challenges

• 14,000 islands
• Rural population
• 90% home births
Indonesia
Opportunities

• Trained village midwives in all villages
Indonesia

Approach to HB birth dose

Midwife home visits

Single dose in Uniject

Out of cold chain
## Indonesia

### Overcoming limitations

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Indonesia

Village midwives

• Live in community
• Work closely with traditional birth attendants
• Know when and where births occur
• Can give HB vaccination at newborn’s home
Indonesia

Single-dose vaccine

- No wastage, even when only one child vaccinated
- Prefilled dose is faster, more accurate (Uniject™)
- Safety: Built-in AD feature (Uniject™)
Indonesia

Out-of-cold-chain delivery

- Vaccine kept in midwives’ homes
- VVMs show if excess heat exposure
- Small box used to store and carry vaccine, small safety box inside
Indonesia
Birth dose status

• National implementation: HB-Uniject out of cold chain used for all births—approximately 4.5 million/year

• GAVI support for birth dose (Indonesia purchases doses 2 and 3)

• Birth dose within 7 days of birth: 65%

• HB3 coverage: 80-85%
Indonesia

Remaining challenges to delivering birth dose within 7 days

- Some home births not reported to midwives
- Some private practices do not give HB vaccine
- Some midwives fear injecting newborns, especially low birth weight newborns
Vietnam
Vietnam

- Birth dose in most provinces
- GAVI-supplied single-dose vials with VVMs
- HB vaccine always available in hospitals
- Available in commune health centers if refrigerator exists. If no refrigerator, must wait until monthly immunization day
- PATH-MOH collaboration in model province to test innovative approaches
Vietnam

Supervision and behavior change

• Supportive supervision—collaborative coaching, problem solving, on-the-job training

• Communications—local and national TV and radio—immunization quiz shows
Pilot out-of-cold-chain HB birth dose in 4 districts

- Goal: To make vaccine always available at health center
- Single-dose vials with VVMs collected every 2 weeks and stored out of the cold chain at health centers
- Birth dose within 24 hours increased from 44% to 78%
- Plans to expand to entire province
Steps for expansion of out-of-cold-chain birth dose

• Review results from pilot including safety, immunogenicity, feasibility, coverage
• Review of international guidelines and experience with out-of-cold-chain storage
• MOH approval
Cambodia
Cambodia

Birth dose

• DPT-HB given nationally (GAVI)

• Piloting HB birth dose in one province
  – Single-dose vials
  – Fixed posts
  – No confusion between 2 types of HB vaccine

• Limitations to birth dose
  – 80% home births—difficult to convince to come to health post
  – Not enough health workers to do home visits
  – No out-of-cold-chain strategy—want international guidance
Improving birth dose strategy

• Coverage improvement planning
  – District-national partnership
  – Output-based performance measures

• Communication—national strategy developed
  – Mass media, social mobilization through volunteer networks, local leaders, workplace communications, monitoring tools
Cambodia

Results

• Achieved 50% on-time birth dose coverage within 9 months of introduction

• In 2003 immunization coverage doubled: 44% to 84%
Overall lessons

• Identify existing opportunities for innovation
• Pilot innovations in focus area to refine and demonstrate feasibility
• Bring the vaccine closer to the newborns
• Consider out-of-cold-chain strategy
• Single-dose vials may reduce costs through reduced wastage
Thank you

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