



VIỆN ĐÀO TẠO Y HỌC DỰ PHÒNG  
VÀ Y TẾ CÔNG CỘNG

INSTITUTE FOR PREVENTIVE MEDICINE AND PUBLIC HEALTH

## VHPB ASIA MEETING

# Lessons learned from a rapid assessment to address low Hepatitis B Birth Dose vaccine uptake in Vietnam

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# CONTENT

1. My profile
2. Health care system in Vietnam
3. Hepatitis B-Birth Dose (HepB-BD) in Vietnam
4. A rapid qualitative assessment of factors associated with low Hepatitis B-BD uptake



# 1. WHO AM I?

- Dentist, HMU, 1996
- Master of Public Health, HMU, 1999
- PhD on Public Health, University of Copenhagen, 2012
- Assoc. Prof. 2018
- Head of Occupational Health department
- Head of Human Resources and Administration
- Head of Vaccination center
- Institute for Preventive Medicine and Public Health, Hanoi Medical University





## 2. HEALTH CARE SYSTEM IN VIETNAM



# Health System and PHC System in VN

**GOVERNMENT**  
(Ministries, sectors)

**Central Level**  
(MOH, hospitals, centers,  
depts, universities)

**PROVINCE**  
(63 provinces)

**Provincial Level**  
Hospitals, centers, colleges, schools

**DISTRICT**  
(697 districts)

**District Level**  
(Hospitals, health centers/depts)

**COMMUNE**  
(11.122 communes)

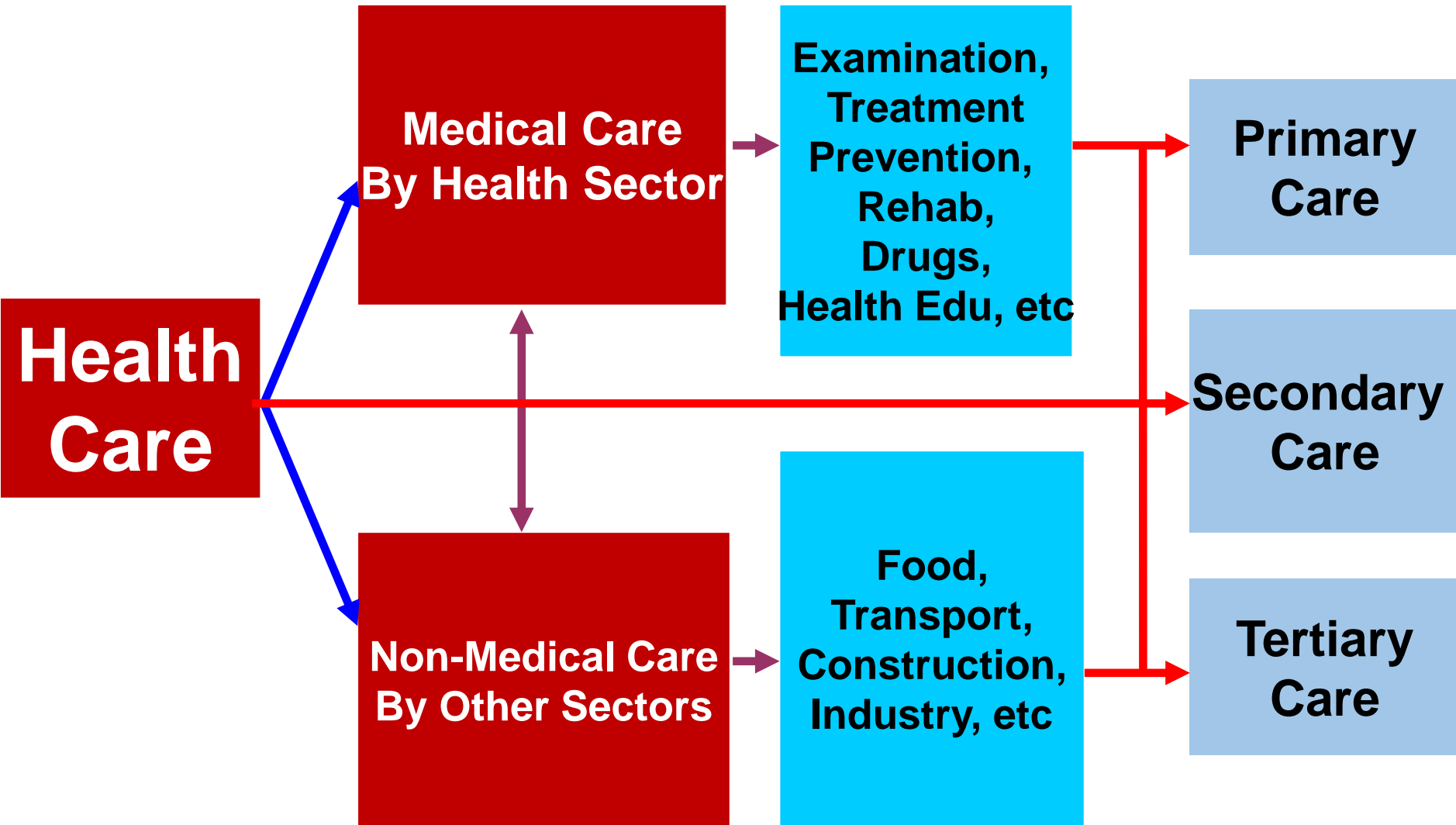
**Commune Level**  
(Commune health stations)

**VILLAGES**  
(126.927 villages)

**Village Health**  
(Village health workers/collaborators)

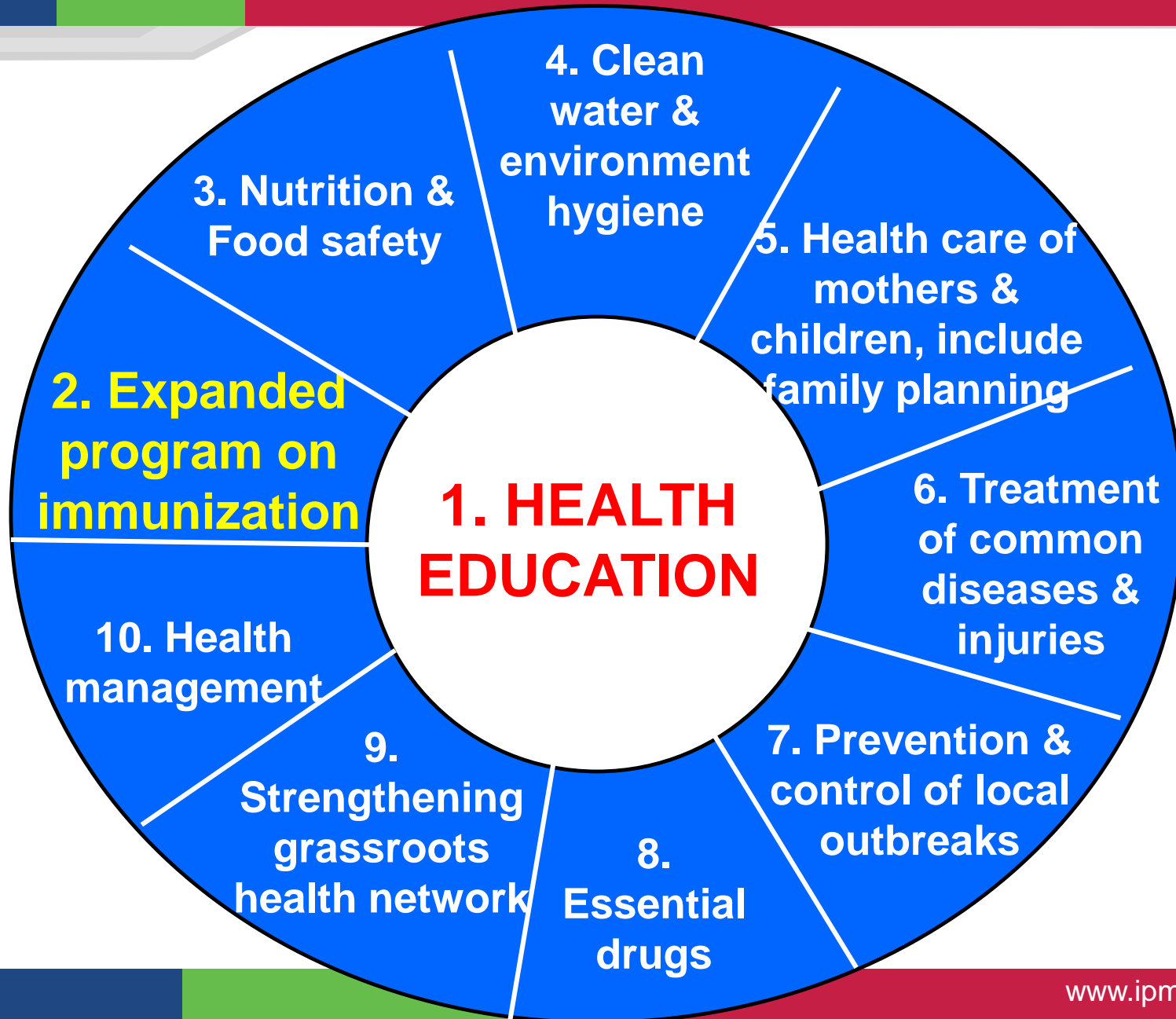


# Comprehensive Health Care





# 10 Essential Contents of PHC in Vietnam

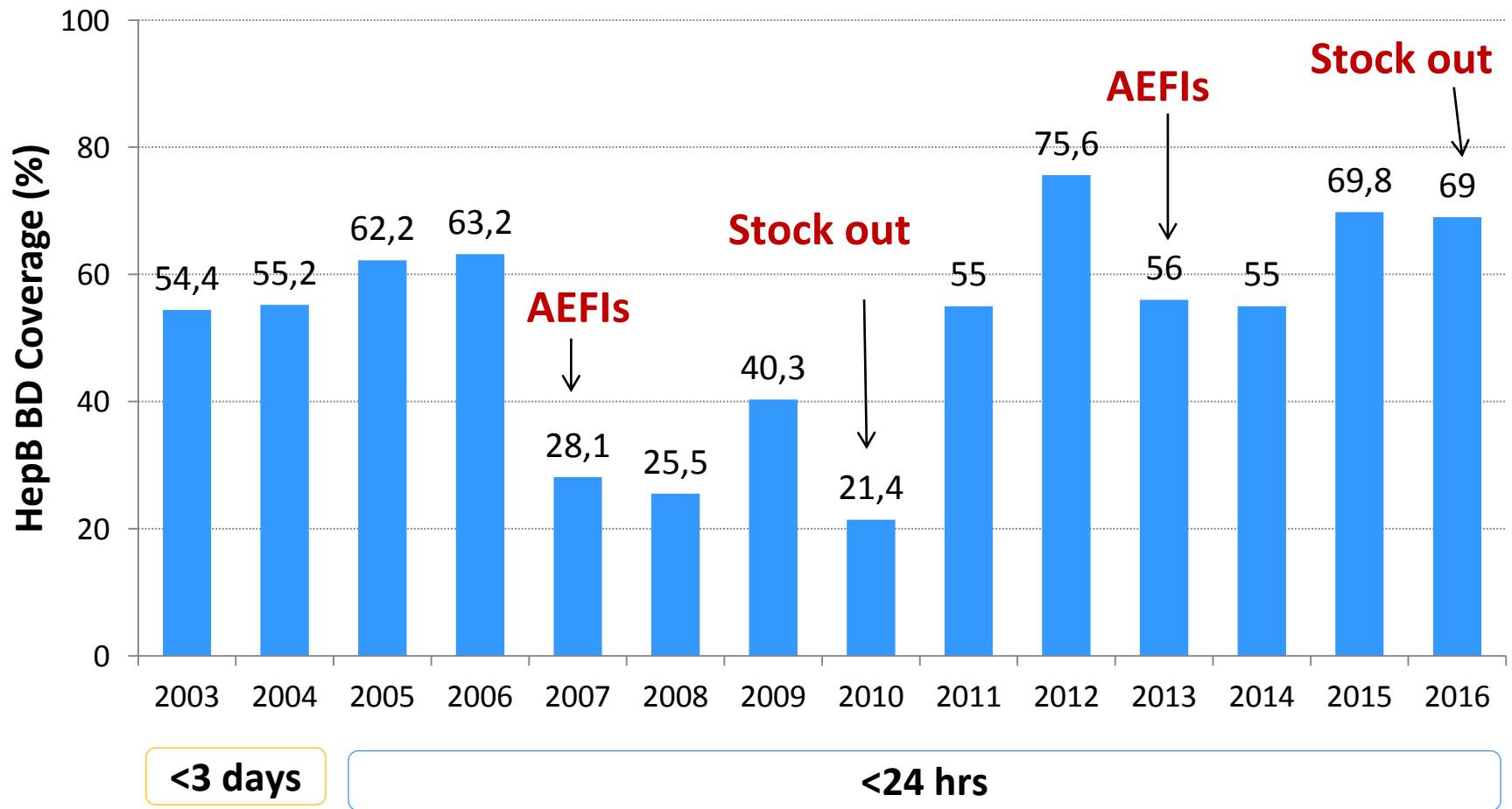




# 3. HEPB-BD VACCINE IN VIETNAM



# Viet Nam HepB Birth Dose Coverage, 2003-2016





# Viet Nam AEFIs

- 3 infant deaths in 2013 were determined after a lengthy investigation to be due to program errors and not the vaccine (the wrong substance was injected).
- Resulting drop in HepB-BD coverage from 76% to 56%
- Estimated impact: 90,000 chronic infections and 17,000 excess deaths
- Behavioral health research in 2017-18 showing evidence of persisting reluctance among HCWs and families to receive HepB-BD



ELSEVIER

Contents lists available at [ScienceDirect](#)

Vaccine

journal homepage: [www.elsevier.com/locate/vaccine](http://www.elsevier.com/locate/vaccine)

## Impact of Adverse Events Following Immunization in Viet Nam in 2013 on chronic hepatitis B infection

Xi Li<sup>a</sup>, Eric Wiesen<sup>b,\*</sup>, Sergey Diorditsa<sup>b</sup>, Kohei Toda<sup>c</sup>, Duong Thi Hong<sup>d</sup>,  
Nguyen Lien Huong<sup>d</sup>, Nguyen Van Cuong<sup>d</sup>, Nguyen Tran Hien<sup>d</sup>



# 3. A RAPID ASSESSMENT ON HEPB-BD AT BIRTH DOSE



# OBJECTIVES

1. Assess access and demand factors associated with low HepB-BD uptake in Vietnam
2. Identify policy and intervention recommendations to improve HepB-BD coverage



# DATA COLLECTION METHODS: LOCATION

Province Name	2016 HepB-BD Coverage	District Name	2016 HepB-BD Coverage
Hai Phong	42.7%	An Lao	30.2%
Gia Lai	46.9%	Chur Pu	24.2%
Son La	35%	Bac Yen	13%

1. Low performing provinces selected for inclusion
2. Lowest performing district in each low performing province selected for inclusion



# DATA COLLECTION METHODS: PARTICIPANTS

Participant Category	Participant Type	Type of Interview*
Administrative	<ul style="list-style-type: none"> <li>Director of Prevention Medical Center (PMC)</li> <li>Director of Provincial Hospital</li> <li>Director of District Hospital</li> <li>Head of Community Health Center (CHC)</li> <li>OB-GYN Lead- Provincial, District Hospital</li> <li>Head of Communicable Disease Control- PMC</li> </ul>	IDI IDI IDI IDI IDI IDI
Healthcare workers	<ul style="list-style-type: none"> <li>Doctors &amp; Nurses- Provincial, District, CHC</li> </ul>	FGD
Caregivers	<ul style="list-style-type: none"> <li>Mothers</li> <li>Fathers</li> <li>Grandparents</li> </ul>	FGD FGD FGD
Key Community Influencers	<ul style="list-style-type: none"> <li>Traditional birth attendants</li> <li>Village health workers</li> </ul>	IDI IDI

\*IDI= in-depth interview; \*FGD= Focus Group Discussions



# Qualitative Results: Factors Associated with Low Uptake of HepB-BD among Caregivers

Barrier	Hai Phong	Son La	Gia Lai
Fear of serious AEFIs	+++++++	+++++	+++
Low knowledge about HepB burden and need for Hep-BD	+++	+++	+++
Belief that newborns are too small to get vaccinated	+++	+++++	++++
High prevalence of home births in mountainous areas		+++++++	+++++++
Influence of anti-vaccine groups	+		



## Qualitative Results: Factors Associated with Low Uptake of HepB-BD among Healthcare Providers

Barrier	Hai Phong	Son La	Gia Lai
Concerns about causing serious AEFIs among newborns	++++++	+++++	+++
Need to follow strict guidelines that restrict administration of HepB-BD	+	+	++++
Low prioritization of HepB-BD	+	+	+
Medical doctors without OB-GYN background uncomfortable with HepB-BD administration		+	
Vaccine supply issues: lack of vaccine, improper storage, lack of electricity	+	+	+





# Proposed solutions to improve HepB-BD coverage

- Recommendations to Improve HepB-BD
  - Revise national guidelines on administration of HepB BD to remove strict exclusion criteria and limitations on who can administer HepB-BD
  - Consider mobile clinics to provide HepB-BD to hard to reach populations
  - Increase awareness of the burden of HepB and the benefits of HepB-BD vaccine, particularly during prenatal counseling at CHCs
  - Provide training on administration of HepB-BD to HCW
  - Facilitate better linkages between health facilities and communities
  - Improve media communications on vaccinations.



## Conclusions

- HepB-BD coverage has remained low in Vietnam since a series of AEFIs in 2013
- Among both caregivers and healthcare providers, fear of AEFIs, low awareness of the importance of HepB-BD, and high home births were primary barriers to HepB-BD uptake
- Recommendations to improve HepB-BD include revising national guidelines on HepB-BD administration, provision of mobile BD clinics, increasing population awareness of HepB burden and importance of HepB-BD, and improving media communication about vaccines



- Thank you very much for your attention!
- Q&A



# EXTRA SLIDES

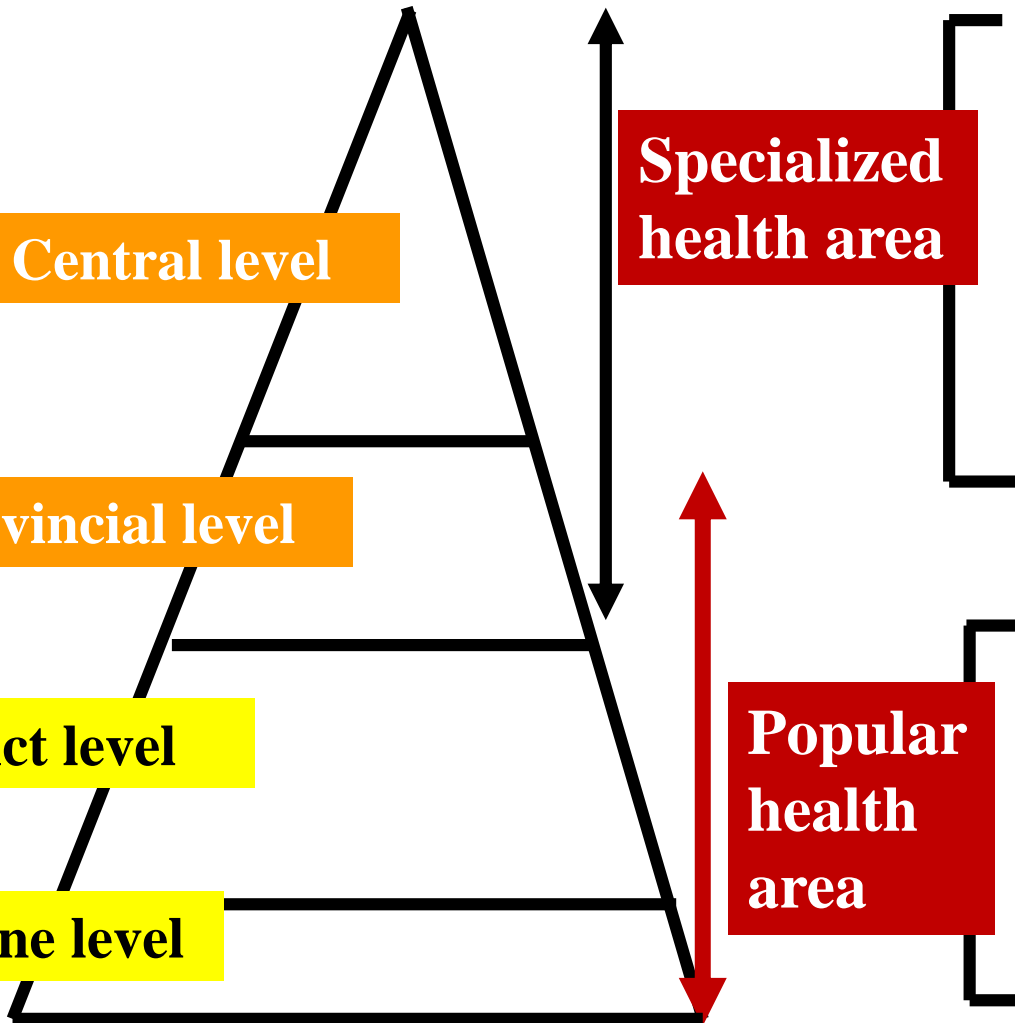


Hepatitis B Control  
Through Immunization:  
A Reference Guide

*Hepatitis B birth dose should be **given after immediate newborn care** (that is, drying baby, checking for breathing, skin-to-skin contact with mother, cord-cutting, initiation of breastfeeding, eye care) **and only when the baby is stable** (that is, baby scores 6 or higher on the Apgar test (if test is done) and is able to breastfeed soon after birth.*



# Health Level Organization by Professions



Central level

Provincial level

District level

Commune level

Specialized  
health area

- Research, guidance, high tech, key areas.
- Technical assistance for lower levels

Popular  
health  
area

- Ensure every health need of people
- Implement PHC and use effective common techniques



# WHO's Blocks of Health System

