



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

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Istanbul, Turkey
15-17 March 2006

Indonesia

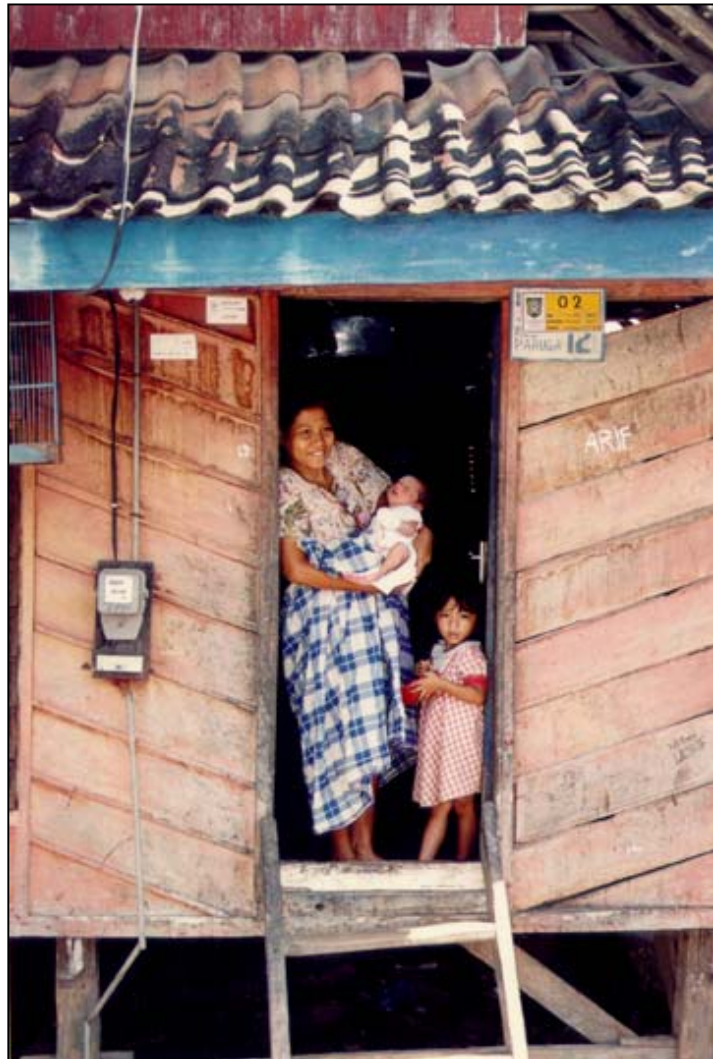




Indonesia

Challenges

- 14,000 islands
- Rural population
- 90% home births





Indonesia

Opportunities

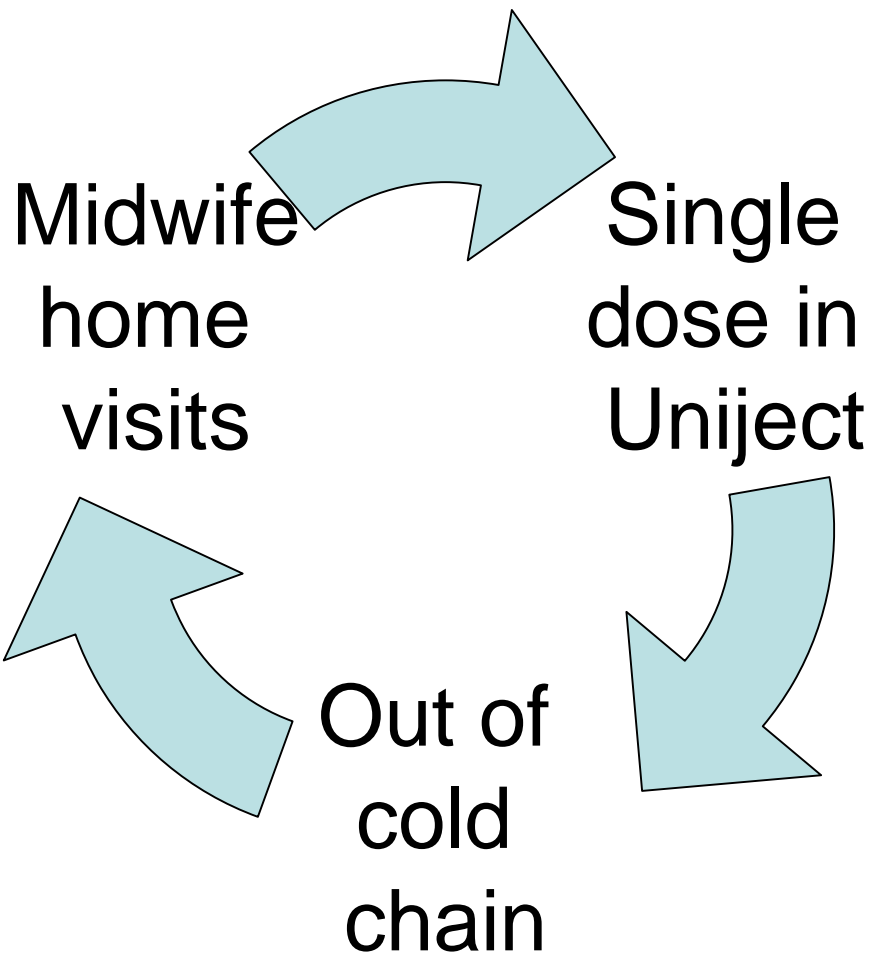
- Trained village midwives in all villages





Indonesia

Approach to HB birth dose





Indonesia

Overcoming limitations

Conventional System	Weakness	Indonesia's Solution
Immunization post	Newborns do not leave house	Midwives make home visits
Multidose vial	High wastage on home visits	Single-dose Uniject™
Cold chain	Births far from health center	Out-of-cold-chain storage in midwives' homes



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™)

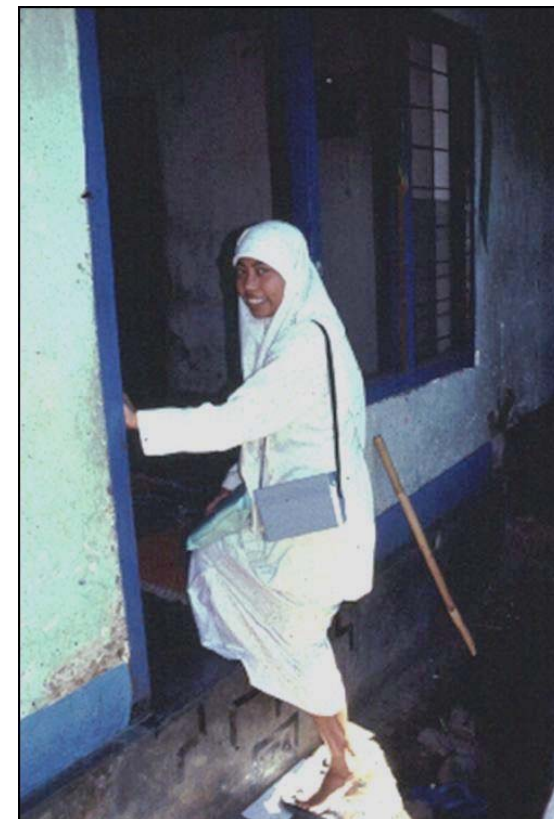
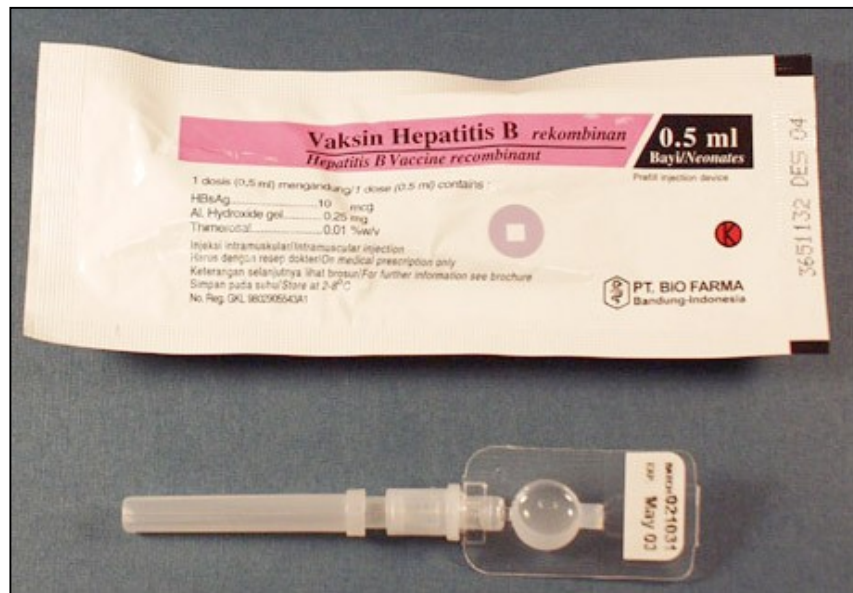




Indonesia

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%



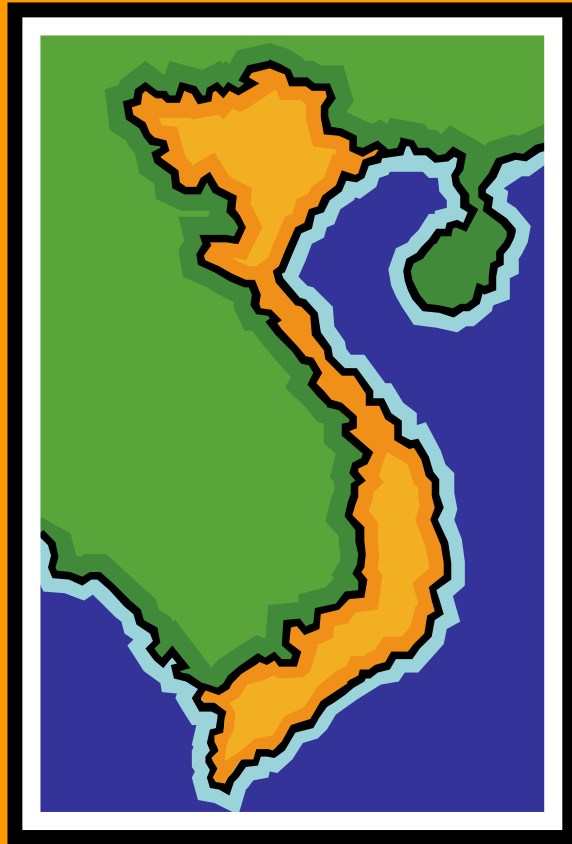
Indonesia

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





Vietnam

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



Vietnam

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



Cambodia

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

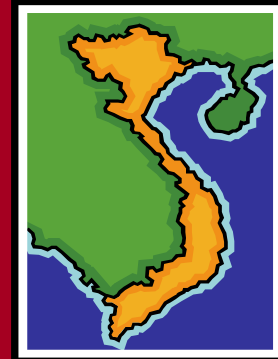


Cambodia

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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