

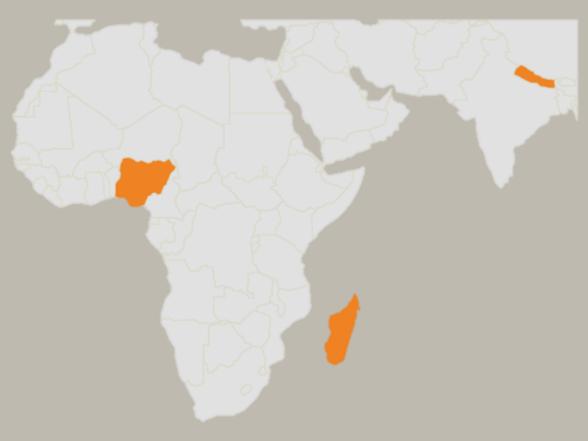
## CHLORHEXIDINE (CHX) FOR UMBILICAL CORD

CARE

JSI's groundbreaking work saving newborn lives

The Center for Maternal, Newborn and Child Health

**July 2015** 



In developing countries, 28% of newborn deaths are due to infection



## The entry point for many of these infections is the umbilical cord



### Traditional practices vary and may be harmful

Country	Traditional Method	Neonatal Mortality Rate/1000 live births
Madagascar	alcohol, oil	22
Nepal	mustard oil, turmeric, ash	33
Nigeria	alcohol, oil, burning with charcoal	39
Norway	n/a	2



Source: UNICEF, 2012 data

# Chlorhexidine is a simple, effective, 23-cent intervention to reduce neonatal mortality \*

Reduces neonatal mortality by

23%

And serious cord infections by

68%



# In Nepal, JSI's pioneering program has prevented at least 5,500 newborn deaths



Project name: Chlorhexidine Navi (Cord) Care Program

Program Start Date: 2011

Principal Donors: USAID, the Government of Norway, Bill & Melinda Gates Foundation, Grand Challenges Canada, DFID

Partners: Ministry of Health and Population, Lomus Pharmaceuticals





### The power of the program came from its scale

8,250 health workers trained



**60** of 75

I, I 00,000 babies treated



districts to date



**Inspired by Nepal's** success, delegations from Asia, Africa, and the **United States** have come to learn



25 countries have learned from Nepal's program

6 of those have implemented programs

3 of those are managed by JSI



In Nigeria, JSI's program launched in two northern states is promoting change around the country



Project name: Targeted States High Impact Project (TSHIP)

Program Start Date: 2013

Principal Donors: USAID, Bill & Melinda Gates Foundation. UNFPA

Partners: Federal Ministry of Health, State governments of Bauchi and Sokoto, UNFPA, Lomus Pharmaceuticals, Drugfield Pharmaceuticals



## Modeled after Nepal, the program in Nigeria quickly scaled up

5,700 volunteer

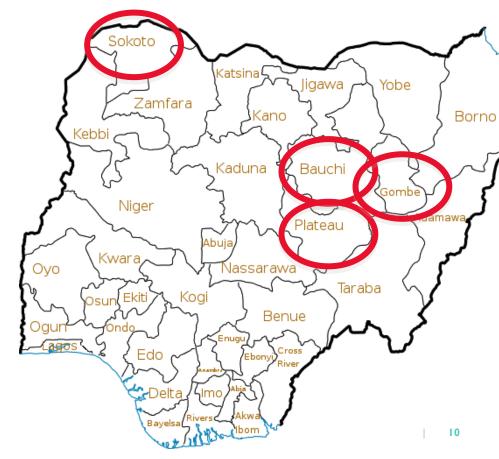
health workers trained

160,000 newborns

treated since 2013

#### **CHX** imported

from Lomus Pharmaceuticals of Nepal





Inspired by results, 31 of 36 states and the Federal Capital Territory have undertaken study tours of Sokoto

State's program (funded by the Bill & Melinda Gates Foundation)



# With the promise of sustainability, Nigerians are owning CHX



#### 9 states

have purchased CHX with their own funds



## Another 5 states

have either set aside funds or taken steps to procure CHX

## A local manufacturer,

Drugfield Pharmaceuticals, is approved to supply to the local market. Two others have provisional registration.



# The program is having impact well beyond neonatal health

- Public health: Task shifting for health extension workers; training curriculum for midwives now competency based
- Maternal and newborn health: CHX is integrated with misoprostol to reduce maternal bleeding; national community midwife cadre adopted; CHX included in the delivery "Mama" kit
- Private sector: CHX and miso locally produced; amoxicillin DT expected soon
- Malaria: Statewide distribution of LLIN; community-based distribution of SP for IPTp
- Health policy: Birth/death registration and cause of death; legislation for making maternal deaths notifiable



#### In Madagascar, JSI's new program inspired by Nepal and Nigeria has begun



Project name: Community-based Integrated Health Program (MAHEFA)

Program Start Date: 2013

Principal Donor: USAID, JSI

Partners: Ministry of Health, MCHIP, UNICEF, UNFPA, PSI, Lomus Pharmaceuticals



## The pilot program has shown promising early results

284 health volunteers trained in the pilot district of Mahabo



### A second district

(Vohemar) joined the program, training 271 health volunteers



#### 96% of babies

born at health facilities received treatment



With sanctions lifted, the program is now able to partner fully with the Ministry of **Health** 



Health
Monitoring
Information
System
(HMIS)

will collect data on the distribution of CHX by Community Health Workers



distribution are now included in the services provided at the community level, along with family planning and diarrhea, pneumonia, and malaria treatment

misoprostol



# CHX is easy to integrate with other maternal and newborn health programs

#### Post-partum care

CHX has been integrated into JSI's programs in Madagascar, Nepal and Nigeria targeted to the mother - newborn dyad, such as use of misoprostol to prevent postpartum hemorrhage at home birth

#### Neonatal care

CHX information has been included in training and BCC materials related to birth preparedness and neonatal care programs.

#### ICCM programs

CHX use can be included in broader community-based newborn care packages and integrated community case management programs.



#### By partnering with the private sector, two local suppliers now export to other countries

Lomus
Pharmaceuticals
(Nepal)

exports to

- Ethiopia
- Liberia
- Madagascar
- Malawi
- Nigeria
- Pakistan

Drugfield
Pharmaceuticals
(Nigeria)
exports to

- Haiti
- Kenya

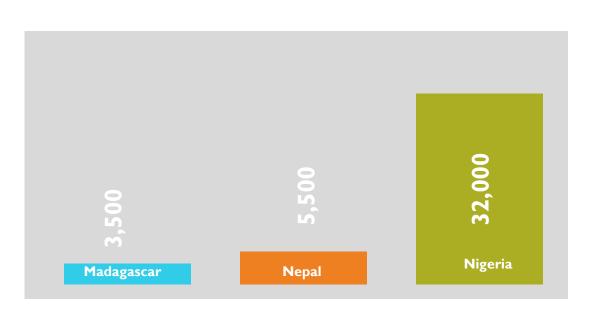
# Based on our experience with three successful programs, we recommend



- Ensure local involvement from the beginning
- Join existing networks
- Advocate to add CHX to the Essential Medicine List
- Plan integration with otherMinistry of Health programs
- Leverage resources from other countries and programs
- Ensure funding commitments



# Please join with us to reduce by 23% neonatal deaths in targeted countries



- Integrate CHX into all maternal and newborn health programs
- Roll out nationally in Madagascar, Nepal, and Nigeria
- Expand to other countries with high neonatal mortality rates JSI plans to support CHX program in Ethiopia in 2015



Lives saved estimated by JSI

#### JSI's model for CHX scale up

#### Plan

- Analyze existing environment
- Determine needs and priorities
- Advocate to ensure buy-in
- Engage stakeholders
- Prepare "roadmap"
- Establish metrics and M&E
- Get policy approval
- Amend the essential drug list

#### Introduce

- Coordinate implementation
- Establish governance platform
- Develop plan to ensure adherence
- Increase public awareness

#### Scale up

- Explore feasibility for scale-up
- Decentralize decision making
- Share experiences and proven strategies
- Plan for national/subnational reviews
- Facilitate study exchanges

#### Design supply chain system

- Identify supplier base
- Identify customer needs
- Develop specifications, quantify, and procure

- Strengthen supply chain system
- Strengthen local supplier base
- · Quantify & share projected demand
- Procure and manage products

- Revise supply chain system
- Link local and external suppliers with new programs
- Quantify, procure, and manage products

#### Design service delivery system

- Train service providers
- Mobilize beneficiaries/community representatives
- Strengthen service delivery system
- Generate provider/client demand
- Assess client satisfaction

- Revise service delivery system
- Integrate chlorhexidine into existing work plans and programs (i.e., MNCH)
- Monitor program coverage

#### **Advocate**

#### Thank you

#### **Questions?**





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