Advocating for New Vaccine Introduction in the Mekong Region: Lessons Learnt From Laos, Cambodia, Myanmar, and Vietnam

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1 Background

2 Advocating for Japanese encephalitis (JE) vaccine introduction in Laos, Cambodia, and Myanmar

3 Advocating for Hepatitis B vaccine introduction and strengthening birth dose vaccination coverage

4 Lessons learned from advocating for new vaccine introduction
Background

- In the Mekong region, PATH provides technical assistance to countries for new vaccine introduction: Hepatitis B, human papillomavirus, JE, rotavirus, and recently, typhoid conjugate vaccine.

- PATH support includes: collecting disease burden data; informing decision-making; demonstrating new vaccine introduction; cost-effectiveness analysis; nationwide introduction and scale-up; post-introduction evaluation; and strengthening routine immunization services.

- This presentation will focus on the advocacy efforts for JE vaccine introduction in Laos, Cambodia, and Myanmar, and Hepatitis B vaccine introduction in Vietnam.
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4 Lessons learned from advocating for new vaccine introduction
Laos JE vaccine introduction

• Began discussions with stakeholders in early 2012 following the JE outbreak in 5 northern provinces in Laos.

• In 2013, supported decision-making for JE vaccine introduction and the first ever JE campaign in 6 priority provinces.

• In 2014, worked with the government to transition to routine JE vaccination, and helped facilitate the decision-making for nationwide introduction.
Laos JE vaccine introduction

• In April 2014, provided support for the Gavi, the Vaccine Alliance application.

• In April 2015, a nationwide JE campaign was conducted to reach ~1.5 million children aged 9 months to 15 years.

• Currently providing support for strengthening routine JE vaccination.
Cambodia JE vaccine introduction

• In 2006, National Immunization Program, US CDC, and PATH established sentinel JE disease surveillance.

• Between 2007 – 2008, conducted cost-effectiveness analysis and disability assessment to provide evidence of disease burden and the importance of the JE vaccination program.

• In 2009, JE vaccine was introduced in 3 provinces.
Cambodia JE vaccine introduction

• In 2013, the JE vaccination program was interrupted due to vaccine supply issues.

• In April 2014, a stakeholder meeting was conducted to facilitate decision-making for national introduction and the application for Gavi support for a national JE vaccination campaign.

• In March 2016, nationwide JE vaccination was conducted.

• Recently, we are focusing support to sustain the routine JE vaccination program.
Myanmar JE vaccine introduction

- December 2014 – initial discussion with stakeholders.
- July 2015 – a positive decision was made to introduce JE vaccine.
- September 2016 – submitted application to Gavi.
- November to December 2017 – introduced JE vaccine nationwide.
- Currently, our support is focused on transitioning to routine immunization.
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Vietnam Hepatitis B vaccine introduction, unfinished agenda

- 1998, 2000 – started data collection on Hepatitis B infection and demonstrated vaccine introduction on a small scale.

- 2003 – decision was made for nationwide introduction.

- 2007 and later – after several AEFI cases, birth dose coverage went down dramatically (66.3% in 2006 down to 26.9% in 2007).

- 2010 to present – continuing advocacy efforts including program evaluation, demonstrations, directions from MOH.

- 2018 – Hepatitis B birth dose coverage was back at 74.4% but is still below the regional target.
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Lessons learned

• Data on disease burden is not always available for advocacy, so we should try to collect data from all different sources (hospitals, labs, research, surveillance data, etc.).

• Demonstration of new vaccine introduction on a small scale is a useful exercise for countries to get experience and evidence. It can also be considered as an advocacy tool to facilitate informed and evidence-based decisions.

• Stakeholder meetings with decision-makers, advisors, influencers, donors, etc. (for example: NITAG, clinicians, lab technicians, epidemiologists, donors, development partners) is a very important forum for sharing evidence and related information on disease burden, vaccines, and other interventions so that an informed decision can be made.
Lessons learned (continued)

• Once a new vaccine is introduced, it is important to quickly address any public concerns regarding AEFI to minimize negative impact on immunization coverage.

• Having joint effort/collective voice between development partners will help/facilitate countries make decisions.

• There is no one size fits all approach, so tailoring advocacy approaches for the specific country is important.

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Thank you for your attention!