

Market advocacy to reduce newborn infections and deaths in Bangladesh

THE BIG PICTURE

Despite improvements in the neonatal mortality rate in Bangladesh, which has fallen by nearly 5 percent annually between 2000 and 2016, 62,000 infants still die each year. About one-fifth of newborn deaths in Bangladesh are attributed to sepsis, meningitis, or tetanus. Since the newly cut umbilical cord can be a pathway for bacteria, optimal umbilical cord care can help avert these deaths. Regional randomized controlled trials have demonstrated that application of 7.1 percent chlorhexidine digluconate (CHX 7.1%) for umbilical cord care led to a 23 percent reduction in all-cause neonatal mortality. Reaching all newborns with this lifesaving medication proves especially difficult in a country where only 1 in 3 births takes place in a facility. Further, the majority of facility-based births occur in private-sector facilities, which is largely unregulated.

With support from PATH, the Bangladesh Paediatric Association (BPA) undertook market advocacy efforts over an eight month period to engage public and private stakeholders to understand the existing and potential market for CHX 7.1%, current procurement constraints, and opportunities to overcome them in order to ensure access to CHX 7.1% at all births.

IDENTIFYING THE POLICY CHALLENGE AND OPPORTUNITY

In July 2013, Bangladesh's National Core Committee for Neonatal Health within the Ministry of Health and Family Welfare (MOHFW) approved the new strategy for cord care—using CHX 7.1%. The new strategy states: “Irrespective of place of birth (home or facility) 7.1% Chlorhexidine aqueous solution should be applied to umbilical cord stump of every newborn immediately after birth, single application of 7.1% Chlorhexidine should be followed by dry cord care.” This represents a shift from previous policies, including the 2009 National Neonatal Strategy Guideline, which call for dry cord care—where nothing is applied to the umbilical cord and the area is kept dry and clean.

In 2015, the government of Bangladesh developed the Bangladesh Every Newborn Action Plan in alignment with the Every Newborn Action Plan endorsed by the World Health Organization, which includes the use of chlorhexidine for umbilical cord care. However, BPA recognized that realizing this cord-care policy



Chlorhexidine 7.1% has proven effective in preventing infection and reducing neonatal mortality. Ensuring its availability at all births in Bangladesh—regardless of location—is critical to saving more lives at birth.

and program agenda would require provider and patient awareness as well as ensuring there is a sufficient supply of CHX 7.1% and it is available at public and private facilities as well as for home-based births.

Following two consultative workshops with key government stakeholders and development partners, BPA identified two advocacy objectives:

1. Incorporate the costed procurement plan of CHX 7.1% into the operational plan for 4th Health Nutrition Population Sector Program, (4th HNPSP) 2017–2020, Ministry of Health & Family Welfare.
2. Increase interest among private-sector stakeholders for manufacturing, distribution, and promotional activities of CHX 7.1% in Bangladesh.

IMPLEMENTING THE STRATEGY

Market advocacy works to influence the policy environment that governs how health markets operate—including all actors within the market—to ensure well functioning markets are realized. This means that products meet the 5A's: that they are available, affordable, of assured quality, appropriately designed, and there is awareness of them among both consumers and healthcare providers. With support from PATH, BPA used market advocacy to ensure the policy, that all newborns in Bangladesh—regardless of place of birth—receive CHX 7.1%, is implemented as intended.

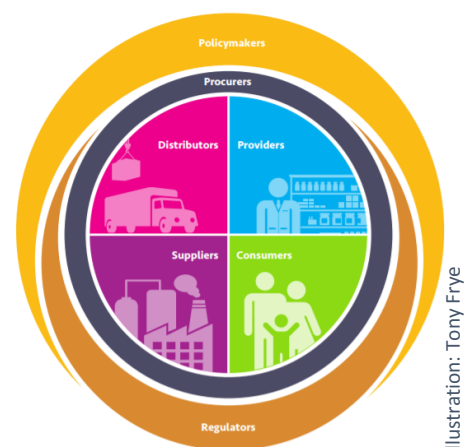
To do so, BPA first sought to understand the various market actors related to CHX 7.1%. Through research and consultation, they identified four major types of market actors that could be catalytic in increasing access to CHX 7.1%:

1. Policymakers—Director General of Health Service (DGHS), Director General of Family Planning (DGFP) and Director General of Drug Administration (DGDA) within the MOHFW;
2. Providers—specifically private practitioners, hospitals, and clinics, as the majority of facility-based births occur in the private sector;
3. Suppliers—namely ACI Limited, the only Bangladesh manufacturer of CHX 7.1% at present; and
4. Market influencers—a range of partners, professional bodies, and organizations working together to increase knowledge and availability of CHX 7.1%.

Once the various market actors were known, BPA engaged them through a series of targeted workshops and interviews to facilitate information sharing among market actors that fostered increased awareness of current CHX 7.1% policy, and encouraged each actor to understand their role in implementation of the cord-care strategy.

Public-sector procurement

The 4th HNPSP is the operational plan that establishes the priorities of the MOHFW for accelerating progress toward health, population, and nutrition goals for 2017–2020. For CHX 7.1% to be prioritized and funded, incorporating a



Each market actor plays an important role in ensuring that products are available when and where they are needed. In this case, that means both the public- and private- sectors working to make CHX 7.1% available at all births, regardless of where they occur.

costed procurement plan in this operational plan is a critical first step. To do this, BPA leveraged their network of partners, including the Bangladesh Neonatal Forum and Saving Newborn Lives/Save the Children, to hold a stakeholder consultation. At the consultation, BPA presented evidence, collected through a document review and series of stakeholder interviews, focused on addressing current procurement challenges, gaps, and opportunities, and highlighting the need for inclusion of the costed procurement plan.

In addition to convening stakeholders, BPA also played a watchdog role, monitoring development of the HNPSP, to ensure the costed provision for CHX 7.1% was included in the final version. In doing so, it became clear that additional public-sector procurement challenges persist.

Within the MOHFW, both DGHS and DGFP provide health services to newborns at all levels of service delivery, with each wing governed by its own policies, systems, structures, facilities, and workforces. Reported challenges with public sector procurement include lack of data to drive procurement decisions, failure to adhere to best practices for product distribution and long order and lead times, which limit the useful life of the product. While both DGHS and DGFP included CHX 7.1% in their current operational plans, neither had executed on procurement during the life of this advocacy project so it proved difficult to identify and address challenges in their procurement processes.

Private-sector engagement in the manufacturing, distribution, and promotion of CHX 7.1%.

BPA used its convening power to engage private-sector stakeholders at various stages of the CHX 7.1% value chain.

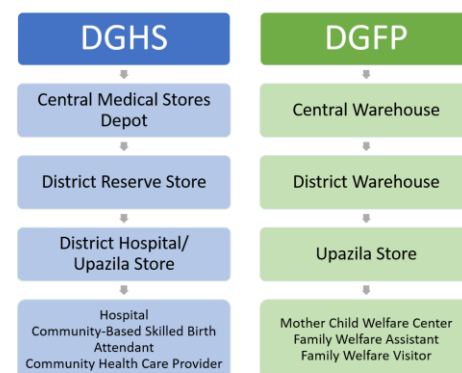
BPA organized a stakeholder consultation with DGDA and manufacturers of other formulations of chlorhexidine to ensure that all clearly understand the current state of production and projected needs across the country. This consultation provided an opportunity to encourage manufacturers to enter the market for CHX 7.1% and gauge their interest to do so. BPA also met with Bangladesh Private Medical Practitioners Association (BPMPA) to push for inclusion of CHX 7.1% in the private sector to ensure successful implementation of existing recommendations.

Through consultation with ACI—currently the only manufacturer of CHX 7.1% in Bangladesh—BPA was able to understand current capacity and challenges it is facing. While ACI has sufficient procurement capacity to meet the expected needs (3.2 million units annually), it has yet to receive good manufacturing practices (GMP) certification, which would allow the manufacturer to sell to partners other than the government of Bangladesh, i.e. nongovernmental organizations and UNICEF. Since ACI is currently the sole producer of CHX 7.1%, stakeholders are concerned about the long-term affordability of the product and would like to see other manufacturers enter the market.

TOWARD ACHIEVING THE POLICY GOAL

BPA achieved one of its advocacy objectives, with the inclusion of a costed procurement plan for CHX 7.1% in the operational plan for 4th HNPSP. In addition to this policy win, BPA identified a number of ongoing challenges, and its

Flow of products in the two MOHFW systems.



Misalignment in public-sector procurement policies through existing Ministry of Health and Family Welfare service delivery channels is one of several challenges impeding full access to CHX 7.1%.

advocacy around addressing the 5A's of CHX 7.1% has already produced results from across various constituencies:

- **Availability:** To increase use in the private sector, BPA secured a commitment from BPMPA to introduce CHX 7.1% in its facilities, and if necessary will issue a letter to all private facilities regarding use.
- **Appropriate design:** DGDA has assured BPA that it will specifically include the 7.1 percent formulation of chlorhexidine in its essential medicines list as soon as possible. This addition will encourage manufacturers of other chlorhexidine formulations to produce CHX 7.1%.
- **Affordability:** In order to increase the number of manufacturers producing CHX 7.1% at an affordable price, BPA engaged representatives from these manufacturers who are now evaluating the market size and condition, and considering production of CHX 7.1%.
- **Assured quality:** Through BPA's relationship with both ACI and DGDA, it has secured the commitment of DGDA to assist ACI, if needed, in completing GMP certification, ensuring that quality CHX 7.1% is available.
- **Awareness:** ACI as well as development partners—USAID, United Nations Population Fund, and Save the Children—plan to increase their promotional, social, and behavior change communications (SBCC) activities to increase awareness among health care providers.

LESSONS LEARNED

By seeking to understand the full market for CHX 7.1% from production to use, BPA has been able to identify key gaps between the policy and full product availability and target its advocacy approach to address these gaps:

- **Understand the policy environment.** Key informant interviews and consultative landscaping of current practices and challenges helped lay bare the complexities of the public and private sector markets for CHX 7.1%.
- **Foster increased coordination.** BPA focused its advocacy on collective effort and served as a coordinator among various stakeholders to achieve advocacy goals, in this case helping a range of market actors better understand the role each plays in delivering CHX 7.1%.

LOOKING FORWARD

While strides have been made over the short duration of this advocacy project, there is more work to be done to realize the chlorhexidine policy and ensure that it is available for all births. Ideally, further in-roads will be made in the private sector to increase use among these disparate providers, and that the government's intentions to ensure access to CHX 7.1% at all births will signal to additional private-sector manufacturers that they should enter the market. There may also be opportunities in the future to leverage government funds for SBCC campaigns related to newborn health and the UNICEF national newborn health campaign to increase awareness of lifesaving potential of CHX 7.1%.



PATH's 10-Part Approach to Advocacy Impact

Successful policy advocacy is guided by systematic analysis and pragmatic processes. PATH's ten-part framework, outlined below, is a methodical approach to policy change that has helped over 600 individuals in more than 100 organizations in countries around the world achieve health policy change.

- Identify the advocacy issue
- State the policy goal
- Identify decision-makers and influencers
- Identify the interests of the decision-makers and influencers
- Clarify opposition and potential obstacles facing your issue
- Define your advocacy assets and gaps
- Identify key partners
- State the tactics you need to reach your goal
- Define your most powerful messages
- Determine how you will measure success

For more information and resources, and to find out how we can help, visit <http://sites.path.org/advocacyandpolicy>.



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