SCALING UP CHLORHEXIDINE IN NEPAL - RESEARCH TO USE

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Why did Nepal embark on CHX for cord care?

- Prevalent harmful cord care practice
- Strong evidence (23% of neonatal deaths prevented)
- Health system compatibility & scalability
- Simple, safe and acceptable
- Infection - leading cause of neonatal deaths
- Addressing a problem with high population health burden
- High and Stagnant Neonatal Deaths
Use of Chlorhexidine for Cord Care (2002-2018)

Nepal is exiting the Chlorhexidine “university”
Program Challenges

• Leadership changes in high level government and priority changes
• First initiator and no supporting global policy in the initial phase
• Procurement of quality and timely products from government
• Geographic difficulties in reaching every birth
• Distribution of CHX product to the end users
Institutionalization of the CHX Program

• Involvement of the government, professional societies and implementing partners from the initial phase
• Utilization of existing public health delivery system
• Integration with ongoing health programs at both health facility and community
• Integration of CHX in pre-service and in-service curricula
• Availability of quality local product and supply through the existing government system
• Included in multi-year procurement plan, HMIS, essential drug list and BCC programs
THANK YOU.