# NEPAL AS A GLOBAL LEADER IN THE USE AND SCALE UP OF CHLORHEXIDINE

Technical Brief #2
2017

The USAID-funded Chlorhexidine "Navi" Care Program (CNCP), implemented by JSI Research & Training Institute, Inc. (JSI), provides technical assistance to the Government of Nepal to scale up the use of Chlorhexidine gel, an antiseptic applied to the umbilical cord of newborns to prevent infection and neonatal mortality. With the combined efforts of the Ministry of Health, a local pharmaceutical company, and development partners, Nepal's Chlorhexidine program has achieved nationwide coverage. JSI/CNCP has estimated that Chlorhexidine cord care has prevented nearly 9,600 newborn deaths thus far. JSI/CNCP has been guided by the following principles: simplicity, sustainability, integration with existing programs and systems, and government-led/partner-supported. JSI/CNCP's reach extends beyond Nepal to create evidence for global advocacy and provide technical support to other countries introducing and scaling up Chlorhexidine use.

Nepal has been recognized globally for being the first country to introduce the use of Chlorhexidine for cord care in 2011, to achieve nationwide scale up by 2017, and to have in-country production of Chlorhexidine gel tubes. JSI/CNCP's experience in Nepal has been critical to the formulation of global intervention in Nepal, and globally, JSI/CNCP envisioned creating a 'living university' for Chlorhexidine in Nepal. As such, JSI/CNCP focused its efforts on contributing not only to global evidence to support Chlorhexidine use but also determining how programming could work practically on the ground.
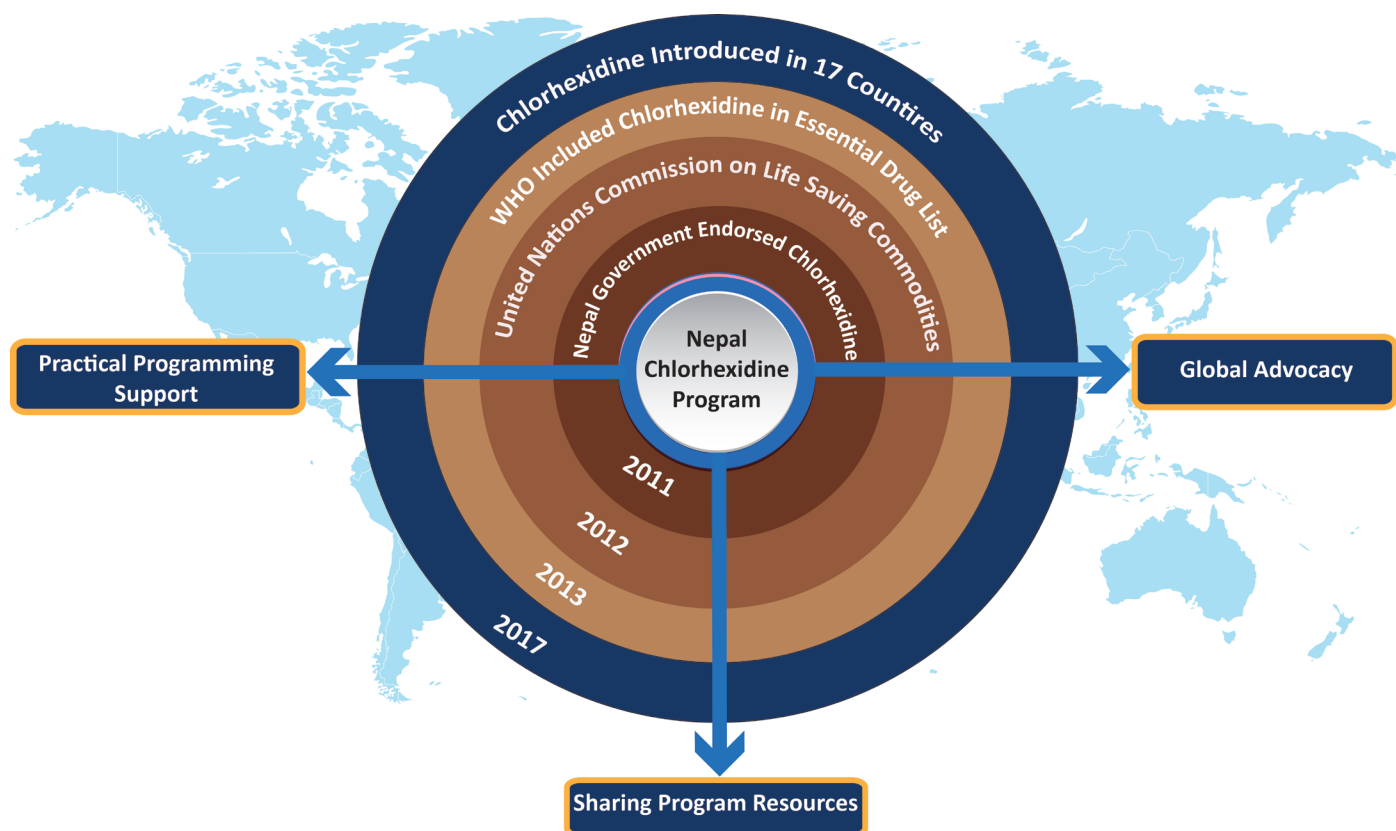
policies related to Chlorhexidine and has served as an example for other countries. That Nepal has emerged as a model for other countries was not an accident, but part of carefully orchestrated efforts initiated from the outset of the JSI/CNCP program.

Nepal as a 'Living University' for Chlorhexidine

Recognizing the potential importance of this

Global Advocacy

As part of its' 'living university' vision, JSI/CNCP carefully documented the processes used for scaling up, identified what worked and what did not, and shared program outcomes. The program disseminated its experiences globally with the intention of supporting the acceleration of adoption and implementation elsewhere. A key component to this effort was generating the evidence needed for the

inclusion of Chlorhexidine on the WHO Essential Medicines List for Children (EMLc), a precursor for many countries' decisions to adopt a new medicine in national programs. Chlorhexidine was included on the EMLc in 2013. JSI/CNCP engaged global policy makers, researchers, and program managers through broad participation in international meetings, either by in-country program experts, leaders from the Government of Nepal, or the Director of the Nepali pharmaceutical company that developed the first Chlorhexidine gel product. JSI/CNCP participated in nearly 20 international meetings and was actively involved in the Global Chlorhexidine Working Group. JSI/CNCP hosted many high-level dignitaries, such as the USAID Administrator, and policy-makers to showcase Nepal's progress. In addition, videos documenting the scale up of Chlorhexidine served as valuable advocacy tools. JSI/CNCP's efforts energized the global movement for Chlorhexidine scale up; to date, Chlorhexidine has been introduced in 17 countries.

Practical Programming Support

Given that Nepal was the only country where Chlorhexidine was being scaled up nationally, it was imperative that those working with the program share their experience with others. This occurred in two ways: study tours and learning visits from international delegates to the JSI/CNCP program in Nepal and technical assistance from those working with JSI/CNCP to other countries. JSI/CNCP hosted study tours and learning visits for international delegates from 20 countries, who wanted to observe Chlorhexidine cord care in practice and better understand the Chlorhexidine program and Nepal's functioning partnership model.

JSI/CNCP provided short-term technical assistance to 10 countries to initiate their own Chlorhexidine program. An important example of this was the technology transfer for Chlorhexidine gel production provided by JSI/CNCP's private sector partner to a pharmaceutical company in Ethiopia, which helped to jump-start the availability of supply of Chlorhexidine in that country.

In addition to in-person meetings, JSI/CNCP provided significant support to colleagues in other countries through virtual interactions, such as online video consultations and extensive email exchanges.

Sharing Program Resources

As part of its efforts to support acceleration of adoption in other countries, JSI/CNCP made all of its of program-related materials (e.g. promotional materials, training manual, monitoring and evaluation tools) broadly available online and through direct communications with those interested. While materials were originally developed in the Nepali language, JSI/CNCP translated all materials into English to make them more accessible. This sharing of resources helped to ease adaptation, reduce costs associated with material production, and accelerate program implementation in other countries.

Conclusion

JSI/CNCP has achieved its vision of Nepal being a 'living university' for Chlorhexidine. In 2013, the program received global recognition through the USAID Global Science and Technology Pioneer Prize. It continues to serve as the primary reference model for Chlorhexidine introduction and scale up and remains one of the sources of quality Chlorhexidine gel product for the global market.