How to move from data to implementation

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Trends of national coverage of Fully vaccinated children by one year of age

- Pentavalent Introduction 1/2009
- Introduce MR vaccine at 9m and MBC at 15m 9/2012 MR campaign 1/2014
- Introduce PCV and IPV 3/2015

Source: CES
Preparation for RVV introduction

• The country has taken steps towards closing the RV immunization gap and protect all children from the scourge of Rota Virus infection;
• cMYP for the period 2014-2018, RVV was included;
• The National consultation on the introduction of this vaccine in EPI was conducted in August 2015;
• The Scientific & Technical Sub-Committee (STSC) of the NCIP met on August 2016.
Programmatic capacity

• The country has successfully introduced several new vaccines;
• EVMA recommendation in 2014: Expanded the physical infrastructure & increase cold chain capacity for dry goods & vaccines is necessary for RVV introduction;
  ◦ Central level 55 m³ cold room space will be additionally required to accommodate Rota vaccine (6WIC);
  ◦ District level 48 WIC will be installed in 29 districts in phase wise from 2016 – 2018;
  ◦ Upazila Stores will have adequate cold chain space for with the transfer of 400 ILRs from the districts.

Funds for these expansions have been included in Gavi- HSS1 and HSS2
### Improving Central Store: Vaccine and Dry Goods Storage Capacity

**Increased storage capacity required to accommodate IPV and PCV-10 vaccines by 2015 and Rota and HPV vaccine by 2018.**

#### Central Store: Dry Goods Volume (m3)
- **800m3 additional dry store space**
- **1,007** current dry goods volume (2014)
- **201** additional dry goods volume 2015
- **253** additional dry goods volume ROTA+HPV (2018)
- **205** additional dry goods volume ROTA (2018)

#### Central Store: Vaccine Volumes (m3)
- **172.60** capacity central stores
- **142.51** additional vaccine volume ROTA+HPV (2018)
- **55** additional vaccine volume ROTA (2018)
- **29.86** additional vaccine volume 2015
- **100.00** current vaccine volume (2014)

- **18** additional vaccine volume ROTA+HPV (2018)
- **172.60** additional vaccine volume 2015
- **142.51** current vaccine volume (2014)

**6-8 additional cold rooms before 2018**

- **800m3 additional dry store space**
Recommendations from the STSC of the NCIP

• Monovalent Rotarix will be the vaccine of choice:
  ◦ Less cold chain space required
  ◦ Less costly
  ◦ Advantage of administering 2 dose

• Proposed National EPI to prepare Gavi application for RVV introduction and submitted to ICC on 31 August 2016;

• Surveillance for Rotavirus & intussusceptions to be continued in current sentinel surveillance sites.
• Proposed plan for introduction in October 2018;
• Application proposal prepared & shared with ICC members;
• ICC has endorsed the application on August 31\textsuperscript{st} 2016;
• The required mandatory attachments are available;
• The Vaccine Introduction Plan has been prepared;
• Submission through online portal.

Proposal Submission Deadline 9 September 2016
Cost for RVV introduction

- Bangladesh needs to co-finance 26.45 cents per dose in 2018

Total vaccine Cost in 2018: US$13,885,810

- GOB will receive VIG from Gavi: US$ 2,580,406
Conclusions

• Introducing RVV in Bangladesh could prevent an estimated 135,000 hospitalizations yearly and protect thousands of children from sickness, malnutrition, cognitive impairments from serious and repeated illness and 2,723 deaths yearly;

• A single episode of RV costs nearly 85% of the average Bangladeshi family monthly income (84$);

• The total cost of RV hospitalizations to the country is an estimated US$66.8 million each year, resulting in major economic strain. Vaccine introduction averting major economic strain.
Thank you