The Rotavirus Accelerated Vaccine Introduction Network (RAVIN) supported Nepal in preparing for the introduction of a rotavirus vaccine (RVV) into the national immunization program in June 2020. The preparation and planning process was an opportunity to strengthen Nepal’s immunization system in a newly decentralized government and train health workers to deliver integrated messages about vaccination and water, sanitation, and hygiene across Nepal.

Deciding to Introduce the Vaccine

Rotavirus is a leading cause of severe diarrhea that can result in death. In Nepal, rotavirus causes one in four of the hospitalizations for diarrhea for children under 5.\(^1\) Through consultations with RAVIN and other health partners, Nepal’s National Immunization Program (NIP) leadership recognized the need to protect children from this serious disease and identified specific resources and inputs needed to introduce the vaccine.

RAVIN worked with Nepal’s NIP to ensure that decision-makers within the Child Health Division of the Ministry of Health had access to global rotavirus experts and were well-coordinated with other global partners as they assessed the local case for investment in a RVV. By mid-2017, Nepal submitted its funding application to Gavi, with targeted support from RAVIN to leverage and synthesize key information to NIP staff for the introduction. Once Gavi funds had been approved to support RVV introduction, RAVIN worked with the NIP to fill a resource gap, adapting RVV training materials and guidance to prepare Nepal for a timely introduction of the vaccine.

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**Nepal’s gross national income was $970 in 2018, one of the lowest in the region\(^2\)**

**Nepal introduced ROTARIX® in June 2020**

**91% coverage of DTP3 (2018)\(^3\)**

25% of diarrheal hospitalizations in children <5 were due to rotavirus (2016)\(^1\)
Responding to Changes in Nepal

Planning for a new vaccine introduction takes significant coordination among all partners and stakeholders involved, made even more complex in this case by Nepal’s recent decentralization. This new context provided a unique opportunity for RAVIN to support the government and other key partners by developing district-level micro-plans adapted to the new government structure. Local RAVIN technical experts conducted field visits to support health workers, using supportive supervision and other tools to support and track progress for introduction preparedness.

While supporting Nepal in its response to local changes, RAVIN worked to strengthen partnerships between government and key local and global stakeholders. RAVIN played a role in facilitating regular, RVV-focused conversations between Gavi and the Ministry of Health to ensure consistent, clear messaging and maintain RVV introduction as a priority. To sustain momentum towards vaccine introduction, RAVIN developed locally tailored communication materials to support demand generation messages and worked with government partners to facilitate trainings of health workers at the federal and provincial levels.

Partnering on Integration

To support comprehensive and sustainable planning for RVV introduction, RAVIN identified partners who shared common goals—like WaterAid, who shared RAVIN’s mission of reducing preventable illness and death due to diarrheal disease. RAVIN provided information and technical briefs to WaterAid for the development of a promotion strategy that integrated RVV with water, sanitation, and hygiene (WASH). This strategy helped WaterAid develop evidence-based, integrated communications and training materials to link the two approaches to diarrheal disease prevention. Nepal’s government used these resources to train health workers on WASH, diarrhea prevention, and routine immunization, as part of integrated preparations for RVV introduction. This approach aims to reduce children’s risk of diarrheal disease from rotavirus and other infections while increasing RVV coverage.

ABOUT RAVIN

RAVIN is a partnership between the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health; John Snow, Inc. (JSI); and the U.S. Centers for Disease Control and Prevention (CDC) that provides strategic technical assistance for rotavirus vaccine decision making and introduction in Afghanistan, Bangladesh, Benin, Cambodia, the Democratic Republic of Congo, Lao PDR, Myanmar, and Nepal. RAVIN’s support complements services and leadership provided by Ministries of Health and Expanded Programme on Immunization (EPI) teams, WHO, UNICEF, Gavi, and other partners to accelerate access to life-saving rotavirus vaccines. For more information, visit https://www.jhsph.edu/ivac/projects/ravin/.

REFERENCES