

The Cost of Integrated Immunization Campaigns: Findings from Sierra Leone and Nigeria

THANKS

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14 JULY 2021



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This work is supported by the
Bill & Melinda Gates Foundation

OVERVIEW

Two studies to analyze the financial and economic cost of integrated campaigns (Sierra Leone and Nigeria) and to inform the guidance we are developing to help standardize immunization campaign costing methods

 Brief overview of the two campaigns

 Key findings

 Conclusions & remaining challenges

Note: for more details on the background and methods, see our handout on the congress webpage

OVERVIEW OF THE TWO FULLY INTEGRATED CAMPAIGNS

SIERRA LEONE

NIGERIA

Primary objective

Measles Rubella (MR) catch-up campaign targeting children aged 9m-14 years old

Yellow Fever (YF) campaign targeting 9m-44 year olds

Co-delivery

- Oral polio vaccine (OPV, 0-5 yo) integrated nationwide
- Nutrition supplements (6m/1y-5 yo) in half of the country

Meningitis A (MenA, 1-5 yo) vaccine delivery in some states

Delivery strategies

- Temporary fixed sites
- Schools (MR only)
- Mobile teams
- Facility-based delivery

- Temporary fixed sites
- Facility-based delivery

Timing & duration

7 days nationwide in June 2019

Phased by state, 10-day campaigns in 2019 and 2020

Our study sample

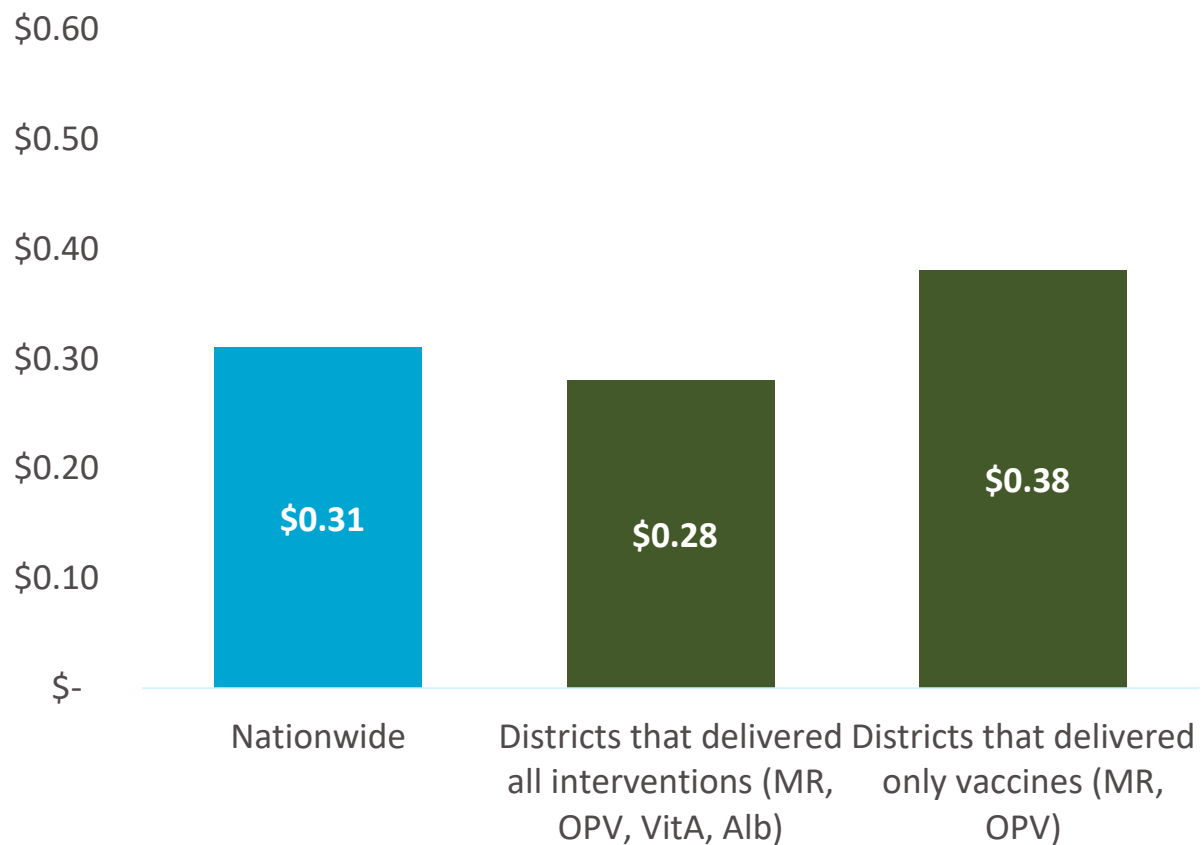
30 facilities in 6 districts (half integrated, half only delivering vaccines)

78 facilities in 28 wards in 10 LGAs in 3 states out of which 1 state co-delivered

IN SIERRA LEONE FINANCIAL COST PER DOSE DELIVERED WAS LOWER IN DISTRICTS THAT CO-DELIVERED NUTRITION INTERVENTIONS

Sierra Leone: financial cost per dose delivered of any intervention

(at all levels, excluding vaccines and supplements)

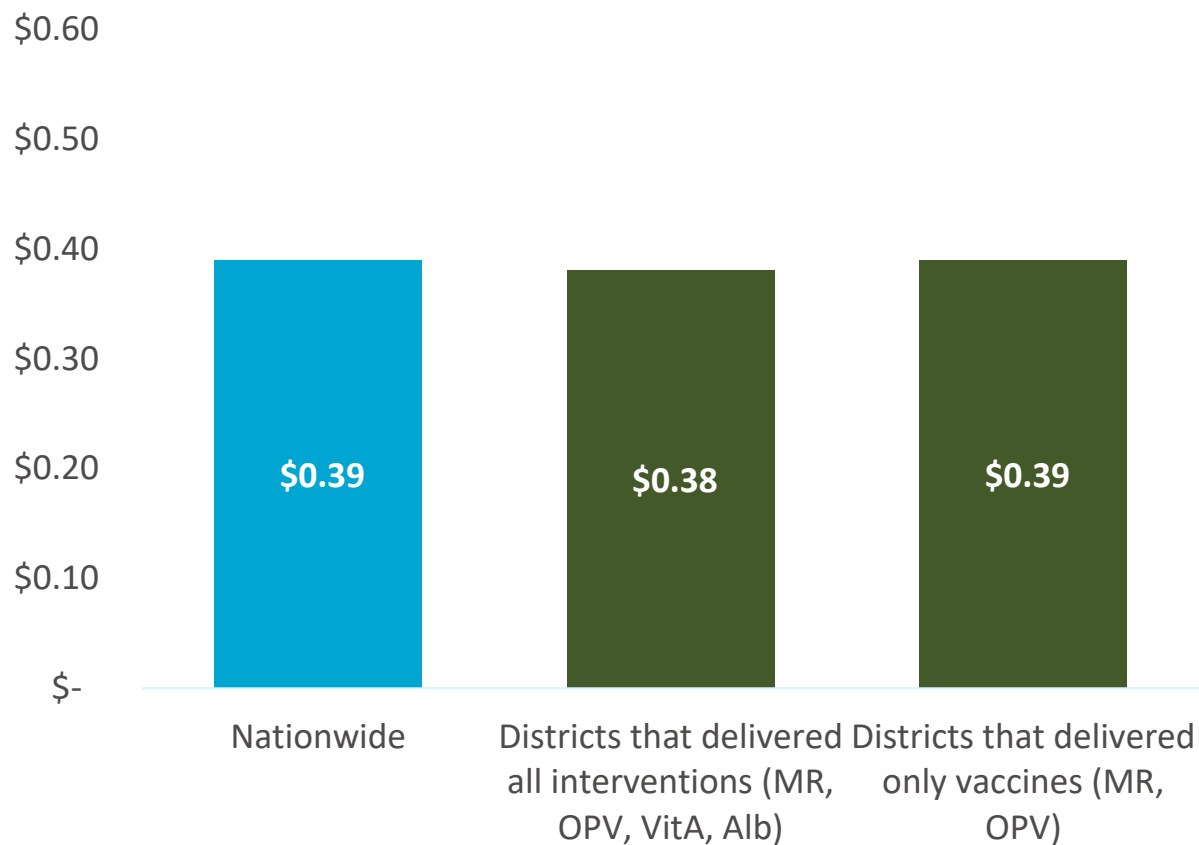


- Financial costs are mainly driven by expenses that are **shared across the campaign** (e.g. per diems, transport/fuel, etc.)

FINANCIAL COST PER VACCINE DOSE IS SIMILAR ACROSS DISTRICTS

Sierra Leone: financial cost per vaccine dose delivered

(at all levels, excluding vaccines and supplements)

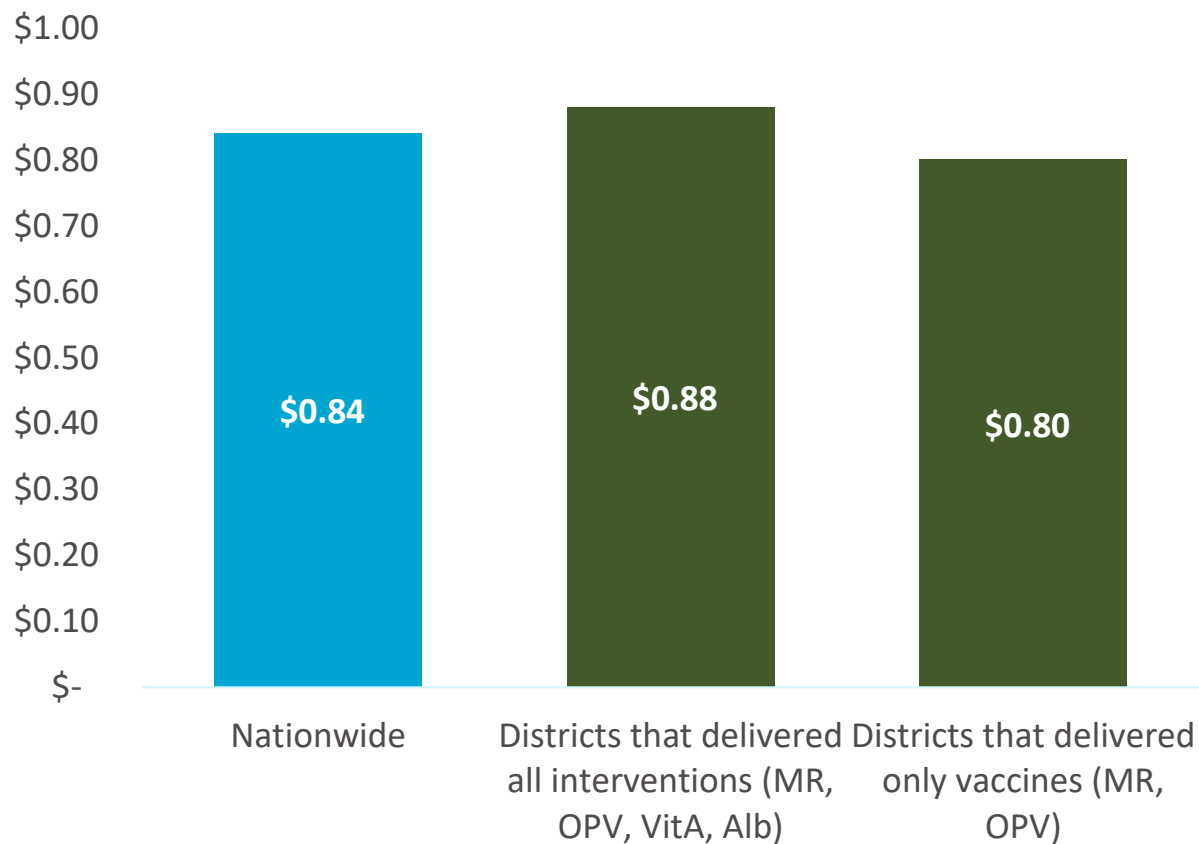


- Financial costs are mainly driven by expenses that are shared across the campaign (e.g. per diems, transport/fuel, etc.)
- When using a common denominator for all districts (MR and OPV were delivered in the entire country) the financial cost per dose delivered is similar
- Demonstrates that **financial cost efficiencies can be achieved through this form of integration**

OPPORTUNITY COST OF LABOR IS HIGHER IN DISTRICTS THAT DELIVERED MORE INTERVENTIONS

Sierra Leone: economic cost per vaccine dose delivered

(at all levels, excluding vaccines and supplements)

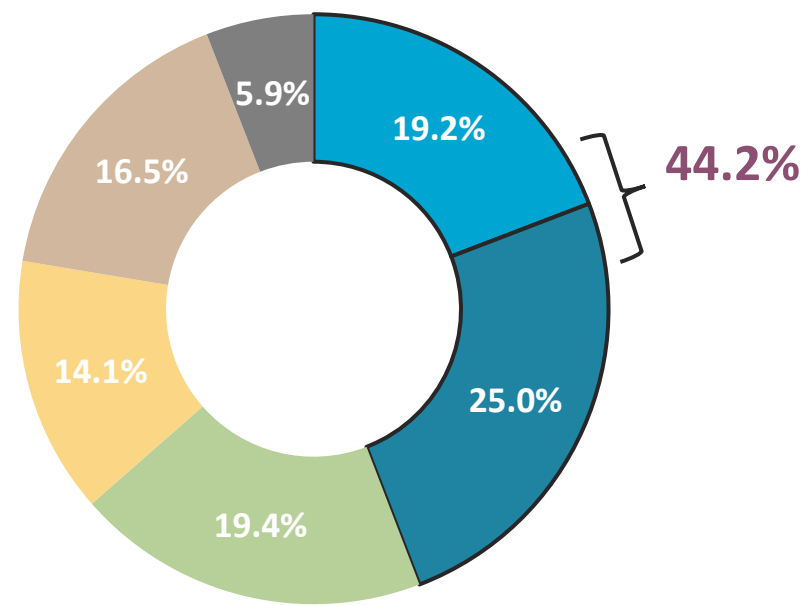


- Financial costs are mainly driven by expenses that are shared across the campaign (e.g. per diems, transport/fuel, etc.)
- When using a common denominator for all districts (MR and OPV were delivered in the entire country) the financial cost per dose delivered is similar
- Demonstrates that financial cost efficiencies can be achieved through this form of integration
- However, **labor costs were greater in areas that delivered more interventions**

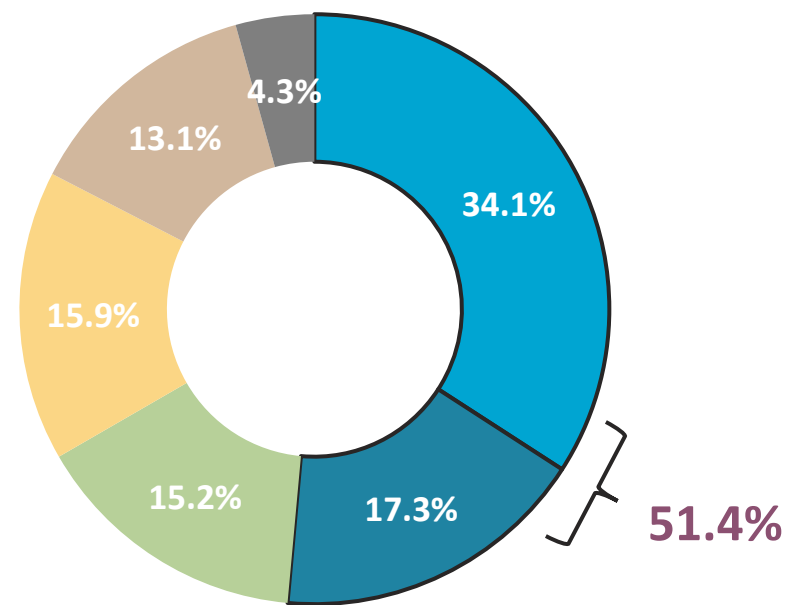
NIGERIA RESULTS CONFIRM GREATER USE OF LABOR IN WARDS THAT DELIVERED TWO VACCINES INSTEAD OF ONE

Economic cost breakdown
(at ward/facility level, excluding vaccines and supplements)

KATSINA
delivered **yellow fever only**



ANAMBRA
delivered **YF and MenA**



- Volunteer labor
- Paid labor
- Vaccine injection and safety supplies
- Per diem and travel allowances
- Transport and fuel
- Other

CONCLUSIONS & REMAINING CHALLENGES

- 🪡 Results show that financial cost efficiencies can be achieved through fully integrated delivery models
- 🪡 Existing resources are not infinite: greater labor costs in areas that delivered more interventions signal an increased burden on the health system
- 🪡 Cost differences must be evaluated against the quality of the campaign
- 🪡 However, drawing firm conclusions about quality/efficiency trade-offs is challenging as integration is not randomized and geographic areas differ in many other ways



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JULY 2021

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