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WEBINAR 1 – OCTOBER 30, 2018

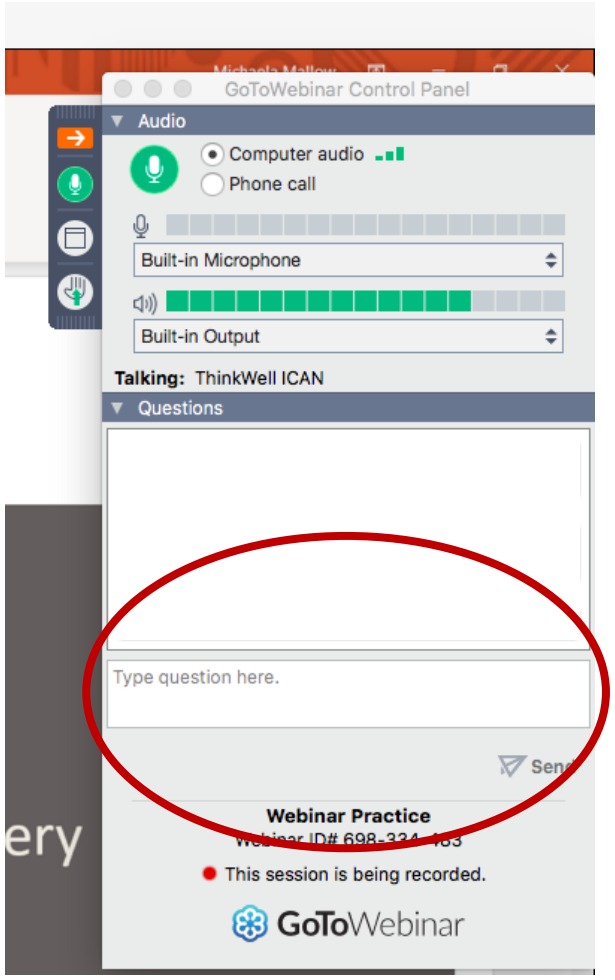
How to Use the Immunization Delivery Cost Catalogue (IDCC): Presentation and Q&A session

PRESENTATION OUTLINE

- **Overview of Immunization Costing Action Network (ICAN)**
- **Immunization Delivery Cost Catalogue (IDCC)**
  - Methods
  - Findings
- **Using the IDCC: Web and Excel Demonstration**
- **Using the IDCC**
  - The Importance of Comparable Data
  - Pooled Immunization Delivery Unit Cost Estimates (Cost Ranges)
  - Main Takeaway Messages
- **Q&A**

GOTOWEBINAR CONTROL PANEL

Desktop version



Mobile version

Poll: Where are you joining from?

The Immunization Costing Action Network (ICAN)

ICAN OBJECTIVES

ThinkWell, JSI, and SDC aim to help planners, immunization managers, and other decision-makers access, understand, and use evidence on the cost of delivering vaccines.

To increase the visibility, availability, understanding, and use of evidence on the cost of delivering immunization services

To build country capacity around generation and use of cost evidence to work towards sustainable and predictable financing for vaccine delivery

- Enhanced resources to facilitate evidence-based planning and decision-making
- Improved understanding of how to influence country-level policy/ planning
- Predictable and sustainable immunization financing
- More efficient, equitable, and higher-performing immunization programs

THINKWELL

JSI

SDC
Strategic Development Consultants

ICAN SCOPE OF WORK

1. Global Research and Analytics

Immunization delivery cost data is globally accessible and easy to interpret

- Systematic review on immunization delivery costs in LMICs
- Unit cost data repository (I.e. IDCC)
- Cost ranges
- Companion interpretive tools and products

2. Country Generation of Cost Evidence

Country research institutions lead immunization delivery costing studies

- Problem definition approach to identify research question(s)
- Research method design
- Data collection and analysis
- Joint interpretation workshops
- Reports, papers, policy briefs

3. Country Translation and Use of Cost Evidence

Country planners and decision makers understand and use delivery cost evidence

- Mapping of decision space, planning cycle timelines, key stakeholders
- Joint interpretation workshops and strategy development for use
- Dissemination of cost evidence at key moments
- Country case studies

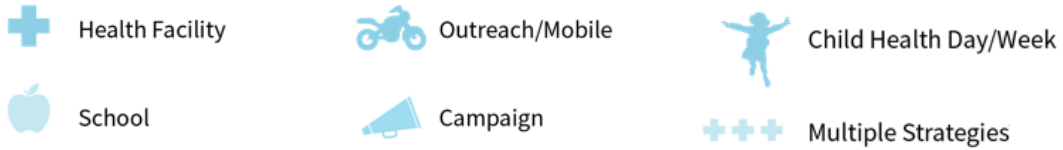
4. Learning and Knowledge

Country capacity is developed for generating, interpreting, and using cost evidence
Country and global findings are widely disseminated
There is greater knowledge about what works in evidence to policy and practice

Immunization Delivery Cost Catalogue (IDCC) – Methods

GLOBAL ANALYTICS: SYSTEMATIC REVIEW AND IMMUNIZATION DELIVERY COST CATALOGUE (IDCC)

- **Systematic review to answer the question:**
  - What are the unit costs of vaccine delivery across different LMICs and through a variety of delivery strategies?



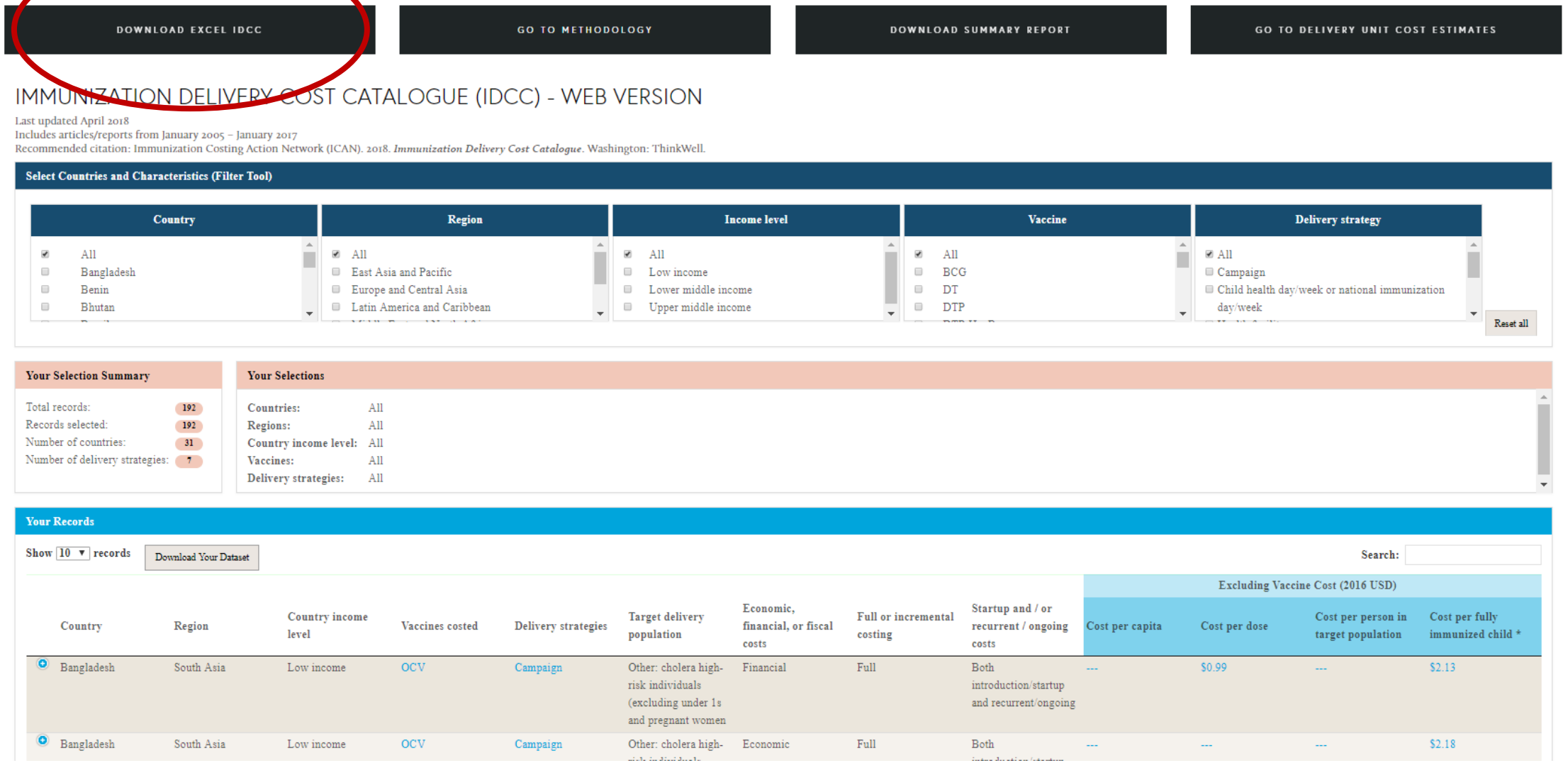
- **ICAN definition of delivery costs:**
  - The costs associated with delivering immunizations to target populations, exclusive of vaccine costs.
  - Delivery costs may include any or all of the following cost categories:

GLOBAL ANALYTICS: SYSTEMATIC REVIEW AND IMMUNIZATION DELIVERY COST CATALOGUE (IDCC)

- **Peer-reviewed articles/reports and grey literature**
  - Published between **January 2005** and **April 2018**
  - **Over 15,000** articles/reports considered
  - **211** data records which include one or more unit costs, extracted from **62** articles/reports
  - **Over 400** immunization delivery unit costs, presented in 2016 USD, such as cost per:
    1) Dose
    2) Capita
    3) Full immunization
       a) Full immunization of a vaccine (e.g., 3 doses HPV)
       b) Fully immunized child (e.g., 1 dose BCG, 3 doses DTaP-IPV-Hib-HepB, 2 doses PCV, 2 doses Rota, 1 dose MR)
    4) Person in the target population
  - **7** pooled immunization delivery unit cost estimates (i.e., cost ranges)

IMMUNIZATION DELIVERY COST CATALOGUE (IDCC)

AVAILABLE AT IMMUNIZATIONECONOMICS.ORG/ICAN



Using the IDCC: Web and Excel demonstration

IMMUNIZATION DELIVERY COST CATALOGUE (IDCC)

EXCEL-BASED DEMONSTRATION

What are the delivery costs of HPV in Sub-Saharan Africa using non-facility-based delivery strategies?

TIPS FOR USING THE IMMUNIZATION DELIVERY COST CATALOGUE (IDCC)

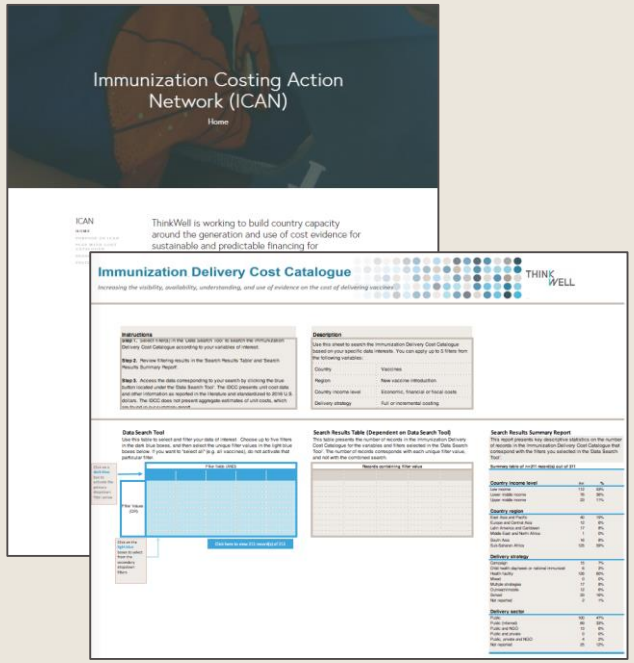
AVAILABLE AT **IMMUNIZATIONECONOMICS.ORG/ICAN**

- There are known performance issues in Internet Explorer, so please use another browser
- If you can't see the entire width of the catalogue (i.e. a scroll bar appears at the bottom of the web catalogue), change your browser's zoom (i.e. zoom out)

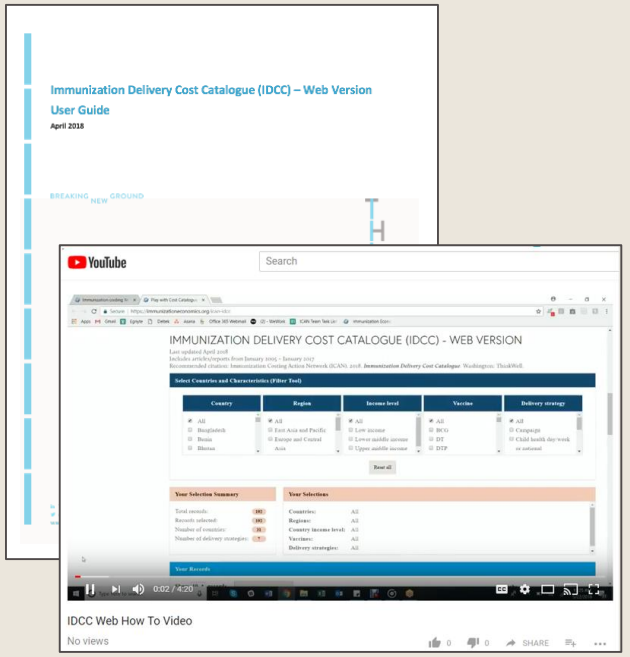
COMPANION PRODUCTS

AVAILABLE AT **IMMUNIZATIONECONOMICS.ORG/ICAN**

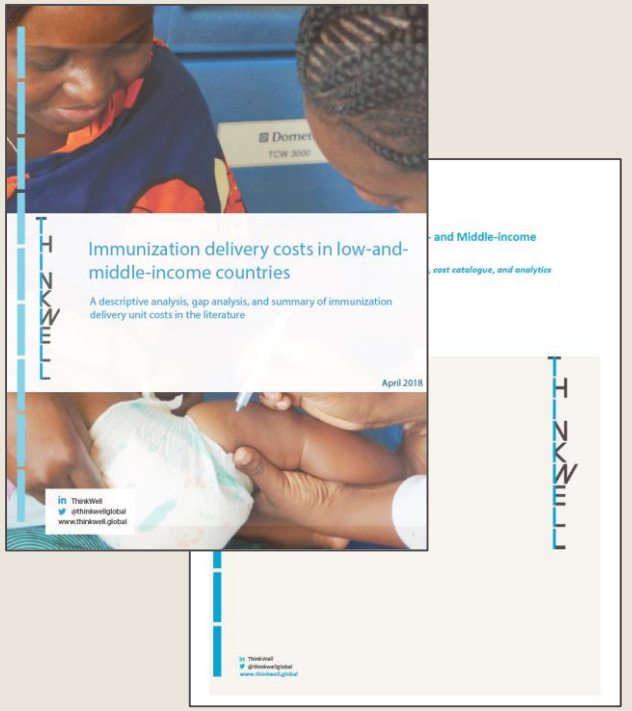
IDCC (web- and Excel-versions)



User guides and how-to videos

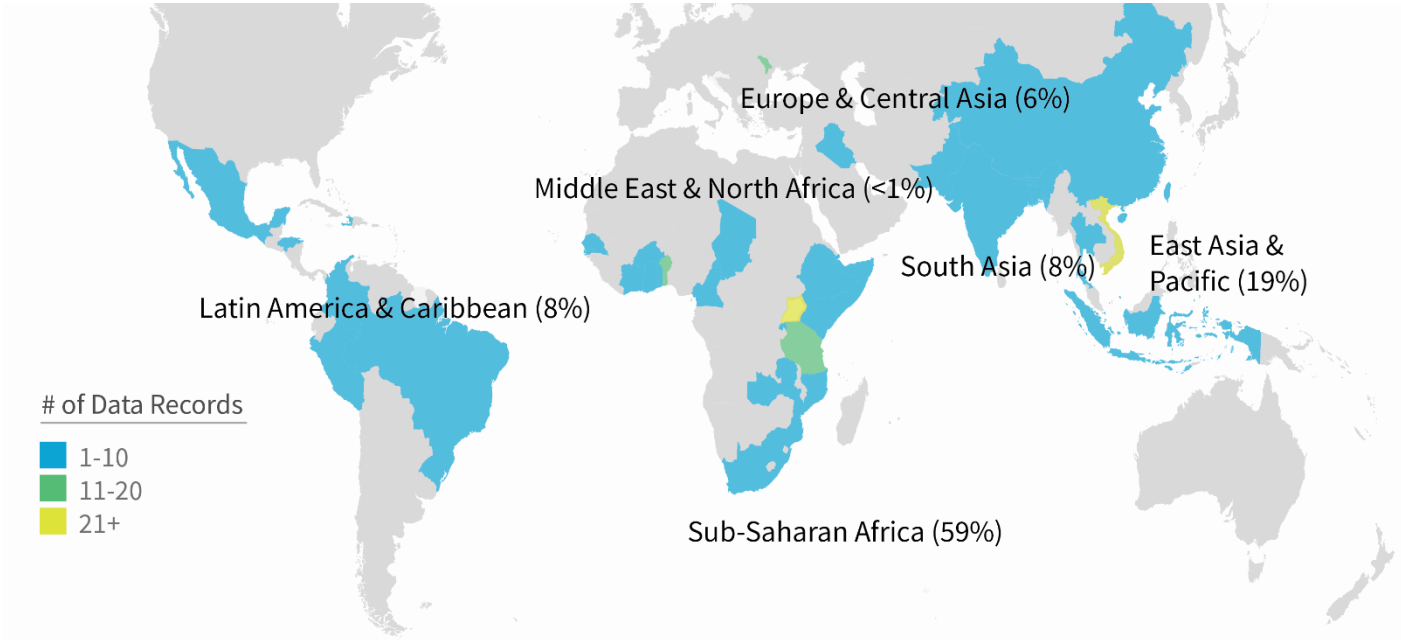


Summary report and methodology note



Immunization Delivery Cost Catalogue (IDCC) – Findings

1. Geographic scope of data

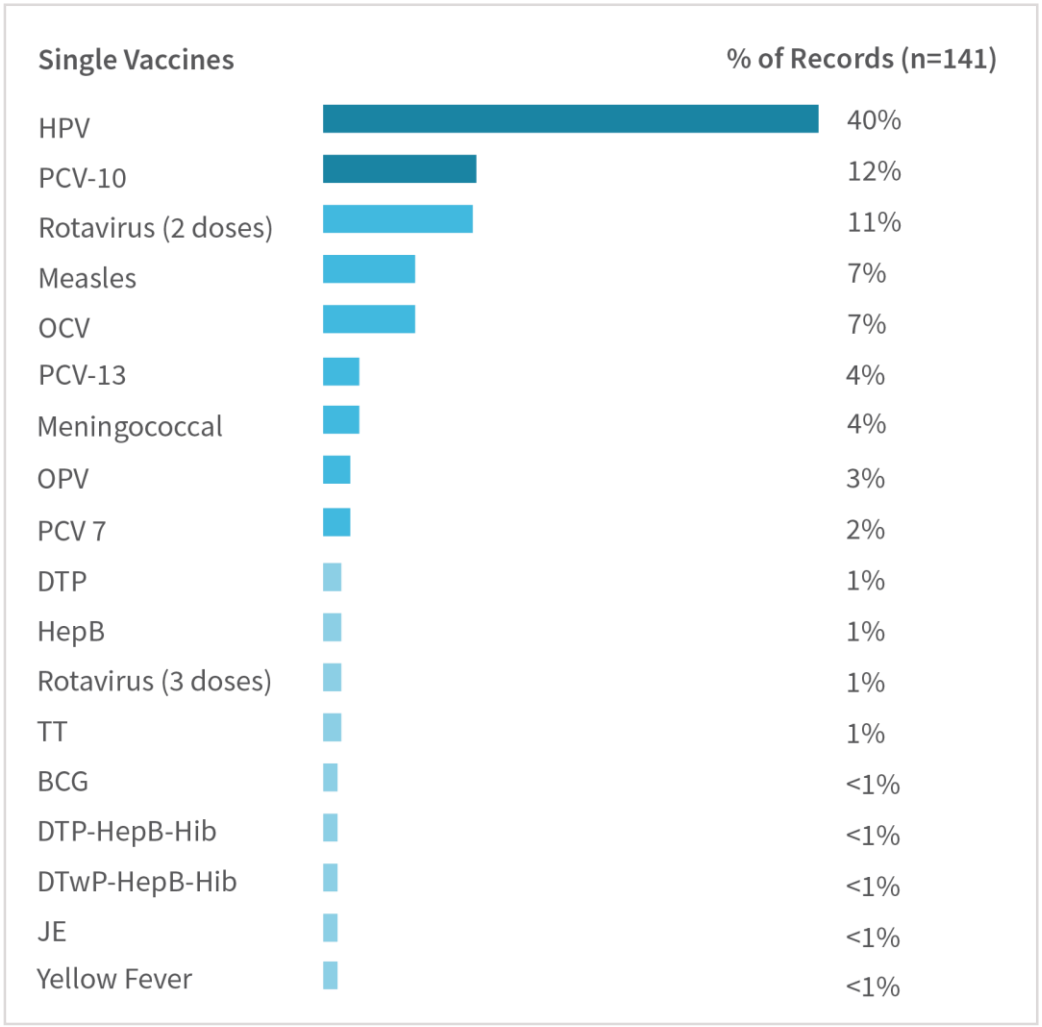


Distribution by Country Income Level

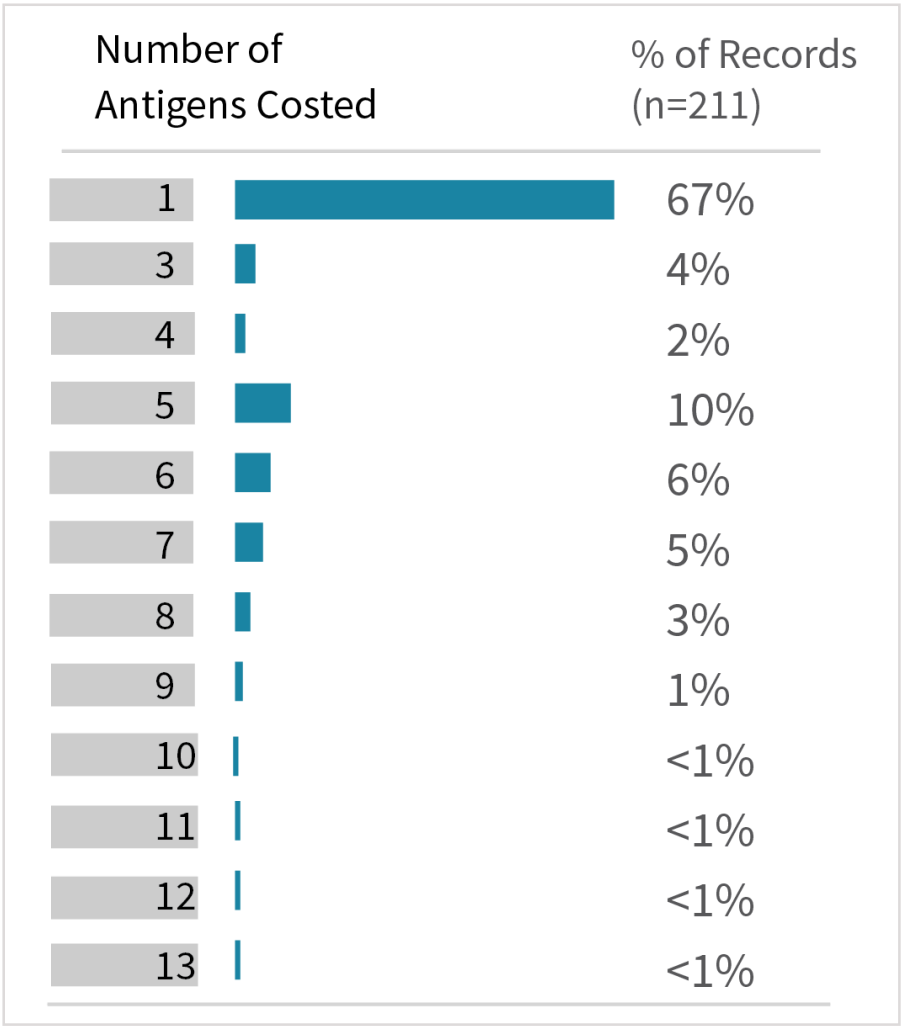
Low income (52%) | Lower middle income (38%) | Upper middle income (10%)

Country	Records	Country	Records
Vietnam	32	Somalia	4
Uganda	23	Ghana	3
Tanzania	19	Haiti	3
Benin	15	Honduras	3
Moldova	12	Kenya	3
Ethiopia	10	Peru	3
India	9	Bangladesh	2
Zambia	9	Chad	2
Mozambique	7	China	2
Cote d'Ivoire	6	Indonesia	2
Rwanda	6	Mexico	2
South Africa	6	Togo	2
Brazil	5	Burkina Faso	1
Bhutan	4	Colombia	1
Cameroon	4	Iraq	1
The Gambia	4	Pakistan	1
Thailand	4	Senegal	1

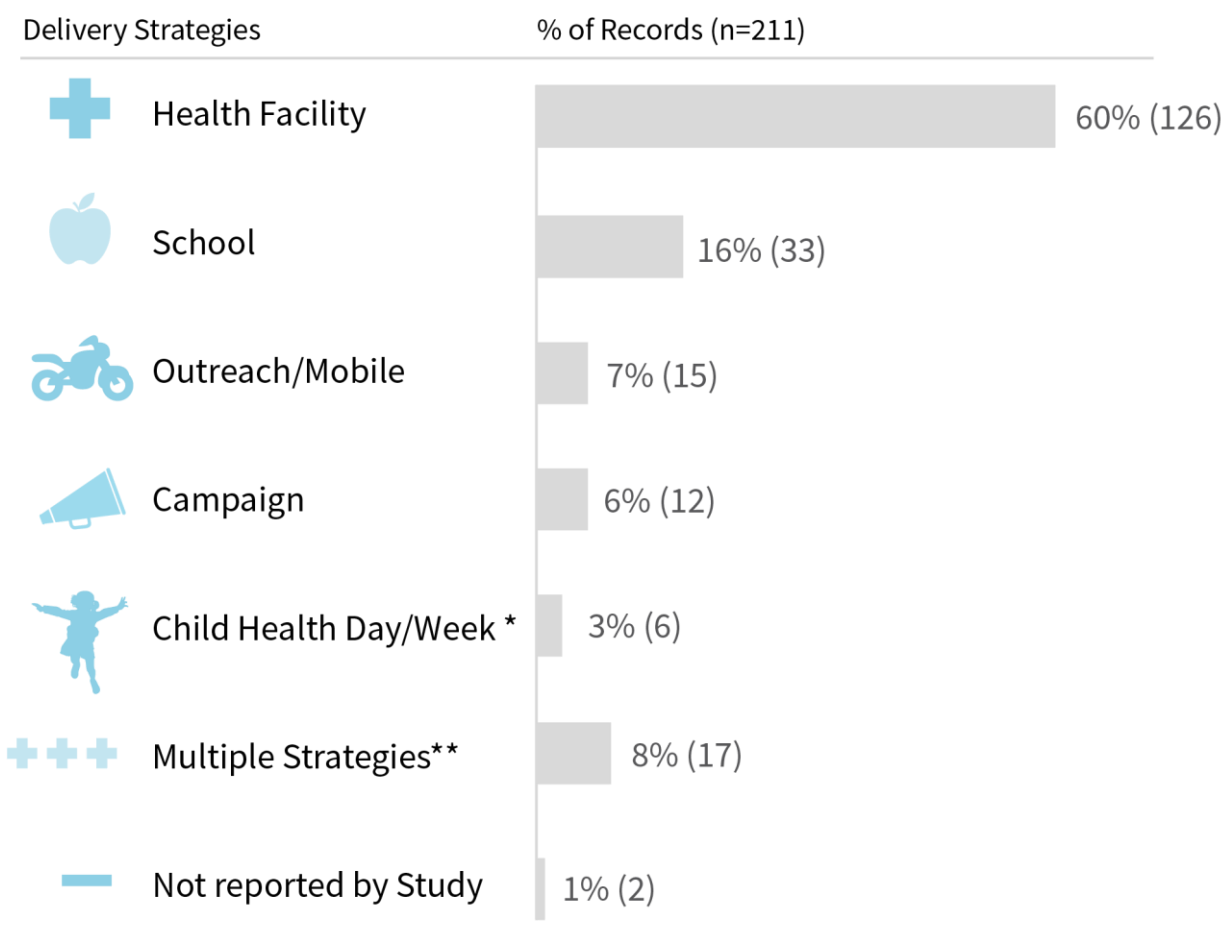
2. Vaccines represented



3. Multiple vaccines and vaccine schedules

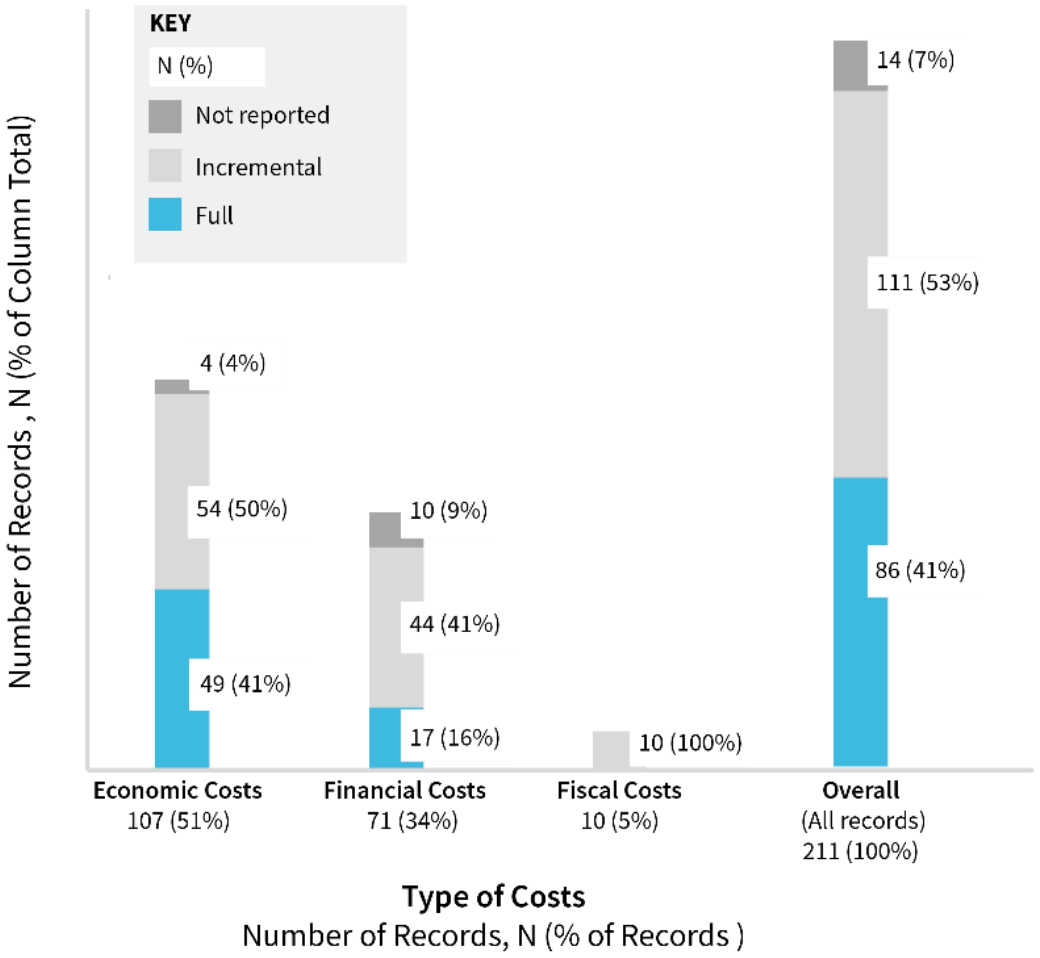


4. Delivery strategies costed

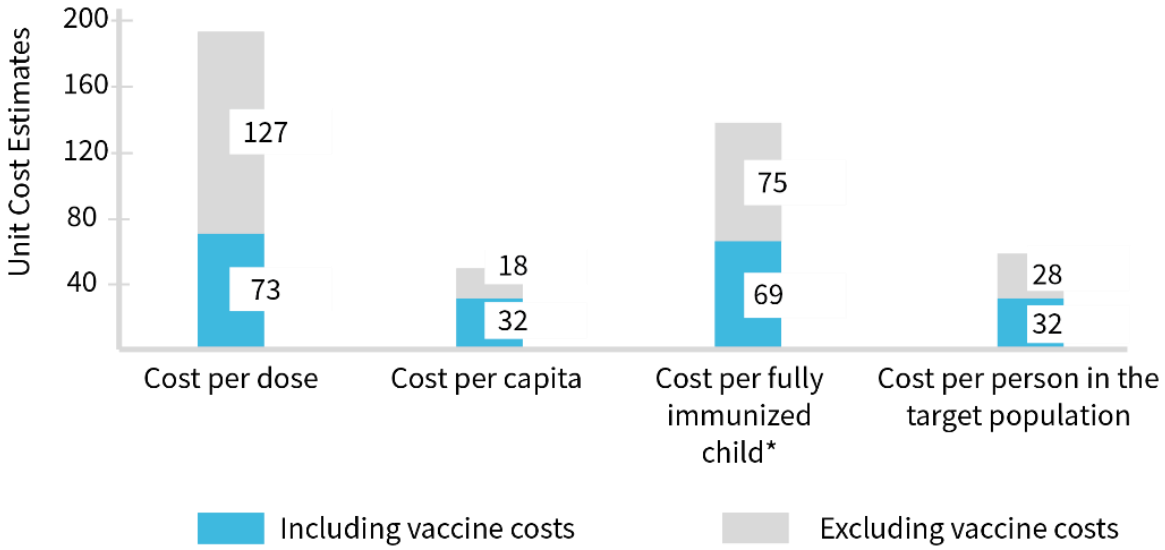


* Includes child health days/weeks or national immunization days/weeks
** Refers to a combination of two or more delivery strategies

5. Immunization delivery costs represented



6. Type of costs included



Poll: What other types of summary information would you like to see?

Using the IDCC: The Importance of Comparable Data Points

THE IMPORTANCE OF COMPARABLE DATA POINTS

- **Data are highly heterogeneous**
  - Vaccines
  - Delivery strategies
  - Costs estimated using different methods
- **Impossible to compare different types of data**
  - Economic, incremental cost per dose for school-based delivery
  - Financial, full cost per fully immunized child for health-facility based delivery

THE IMPORTANCE OF COMPARABLE DATA POINTS

Key criteria for determining comparability

Level	Variable
Must-have	• Economic, financial, or fiscal costs • Full or incremental costing • Startup and/or recurrent/ongoing costs • Routine vs. SIA • Supply chain only
Probably important to have	• Scale (pilot/project or full) • Highest level of costs included

Level	Variable
Might be important to have	• Number of included cost categories (of 15 total) • Paid human resources included • Cold chain equipment and their overheads (installation, energy, maintenance, repairs) included • Vehicles, transport and fuel included • Training and capacity building included
Depends	• Vaccine • Country income level • Vaccine delivery strategy • Other criteria

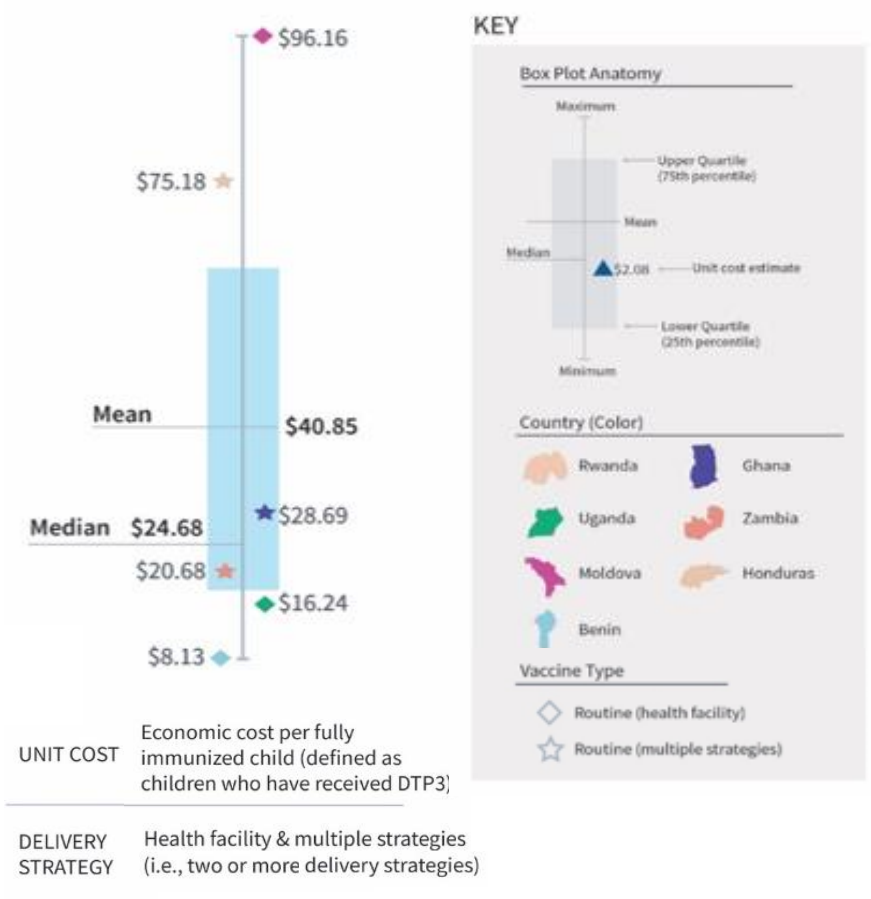
Some decisions you will have to make yourself as the user

- Would data from other Sub-Saharan African countries be applicable to Tanzania?
- Can I look at data from all low income countries to get an idea of the cost ranges for school-based delivery of HPV, given that I am interested in producing a cost estimate for my low income country?

POOLED ESTIMATES

Full delivery costs estimates for delivering a schedule of vaccines, excluding vaccine cost (2016 USD)

Includes both introduction/startup costs and recurrent/ongoing costs



Countries	Vaccines costed	Delivery strategy (platform), sector, and scale	Other notes for interpretation	Quality score of cost estimates	No. of cost categories (of 15)	Delivery unit cost (excluding vaccine cost)	Individual immunization delivery unit costs	Cost Range (2016 USD)	Descriptive statistics (2016 USD)
Benin, Ghana, Honduras, Moldova, Uganda, Zambia	Schedules of 4-8 antigens for under 1 year olds	Health facility (fixed site) & multiple strategies (two or more delivery strategies) (routine, not SIA delivery) Public sector National scale	Only facility level costs are included (i.e., above facility costs excluded) The immunization delivery unit cost estimates are for different schedules, representing different numbers of antigens, doses, and contacts with the health system	2.5-2.8	11-13 (all major cost categories included)	Economic cost per fully immunized child (defined as children who have received DTP3)	$8.13 (Benin, health facility) $16.24 (Uganda, health facility) $20.68 (Zambia, multiple strategies) $28.69 (Ghana, multiple strategies) $75.18 (Honduras, multiple strategies) $96.16 (Moldova, health facility)	$8.13 - $96.16	Mean: $40.85 25th percentile: $17.35 Median: $24.68 75th percentile: $63.56

MAIN TAKEAWAY MESSAGES

- **Facility-based delivery is less expensive than the following delivery strategies:**
  - School-based
  - Outreach/mobile
  - Campaigns
  - Child health day/week or national immunization day/week
- **There is huge variability in the data, even in comparable settings**
  - Wide cost ranges
- **We also see variability by country income level**
  - Higher income countries have higher delivery costs

Poll: How do you plan to use the IDCC in your work?

Q&A period

Thank you!

ICAN@thinkwell.global

Visit http://immunizationeconomics.org/ican to view the IDCC and companion products