



Improving the availability of immunization economics data for further use

Kelsey Vaughan
ThinkWell

Inge van der Putten
Maastricht University

Allison Portnoy
Harvard University

Bryan Patenaude
Johns Hopkins Bloomberg School of
Public Health

Availability of immunization economics data for further use

- Immunization economics data strengthens immunization programs
 - Delivery cost data can inform planning and budgeting
 - Economic impact data can help decision makers decide on new vaccine introduction, convince stakeholders of the importance of vaccination
 - Both types of data can help strengthen resource mobilization efforts



- Three major issues:
 - Do we have the *right* data to address specific policy or programmatic issues?
 - Is that data *available to* and *understood* by decision makers and other key stakeholders?
 - Is the data *used* by those same audiences?

About the panelists



Inge van der Putten

Assistant Professor,
Maastricht University



Allison Portnoy

Doctoral student, Harvard
University



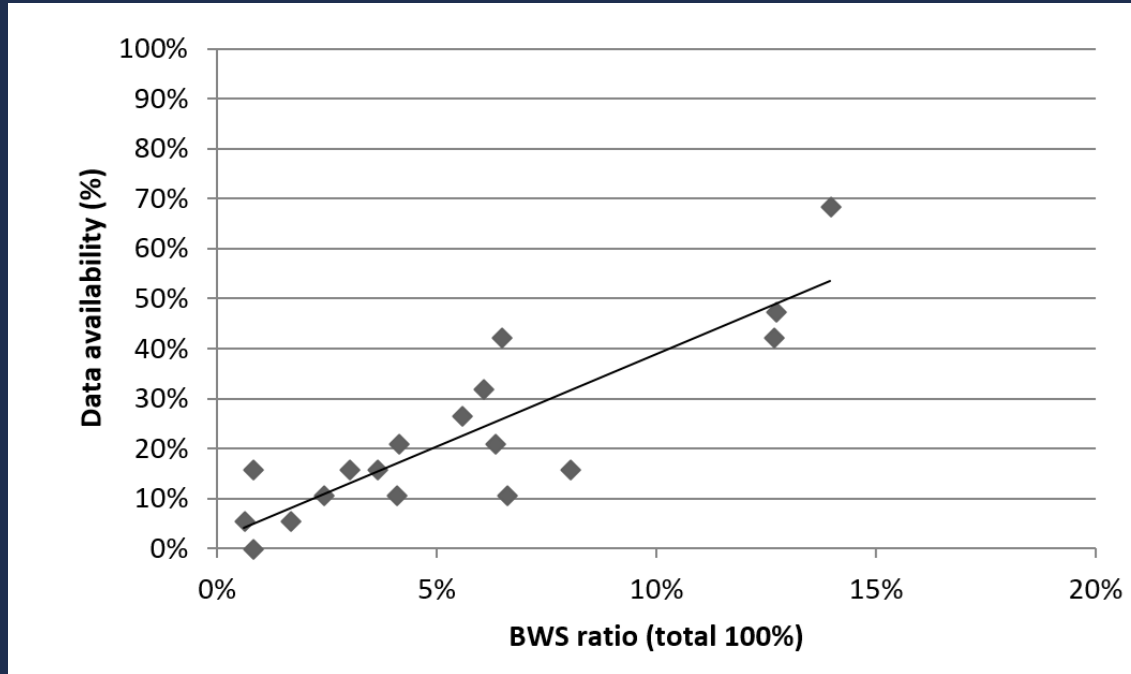
Bryan Patenaude

Assistant Professor, Johns
Hopkins University

Do we have the right data?

- Taking broader perspective into account is still not common in economic evaluations
- Based on 2 small scale surveys with stakeholders the importance of taking a broader perspective by including the broader economic impact of vaccines is still mixed
 - In many situations taking into account mortality, morbidity and healthcare costs is sufficient
 - For some situations broader impacts can be important

The connection between data availability and the perceived importance



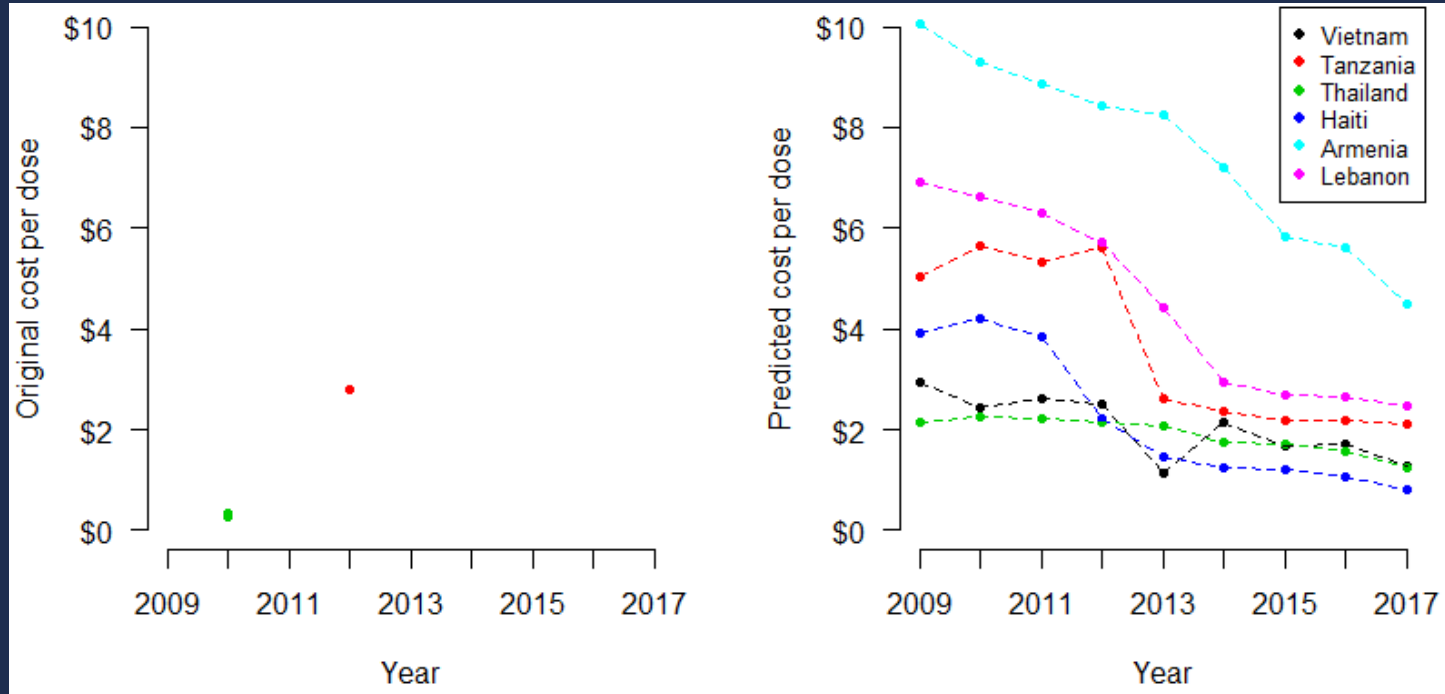
- Inform decision makers on possibilities
- Make sure data collected is closely connected to the information needs of decision makers

Do we have the right data available?

- Many low- and middle-income countries (LMICs) do not have immunization delivery unit cost estimates available, or have estimates that are uncertain, unreliable, or old
- While there have been recent efforts to improve the production and collation of immunization costing data, these efforts will not supply all countries with up-to-date and high-quality cost estimates
- We aim to produce estimates of immunization delivery unit costs at the country level relying on a Bayesian meta-regression modeling approach

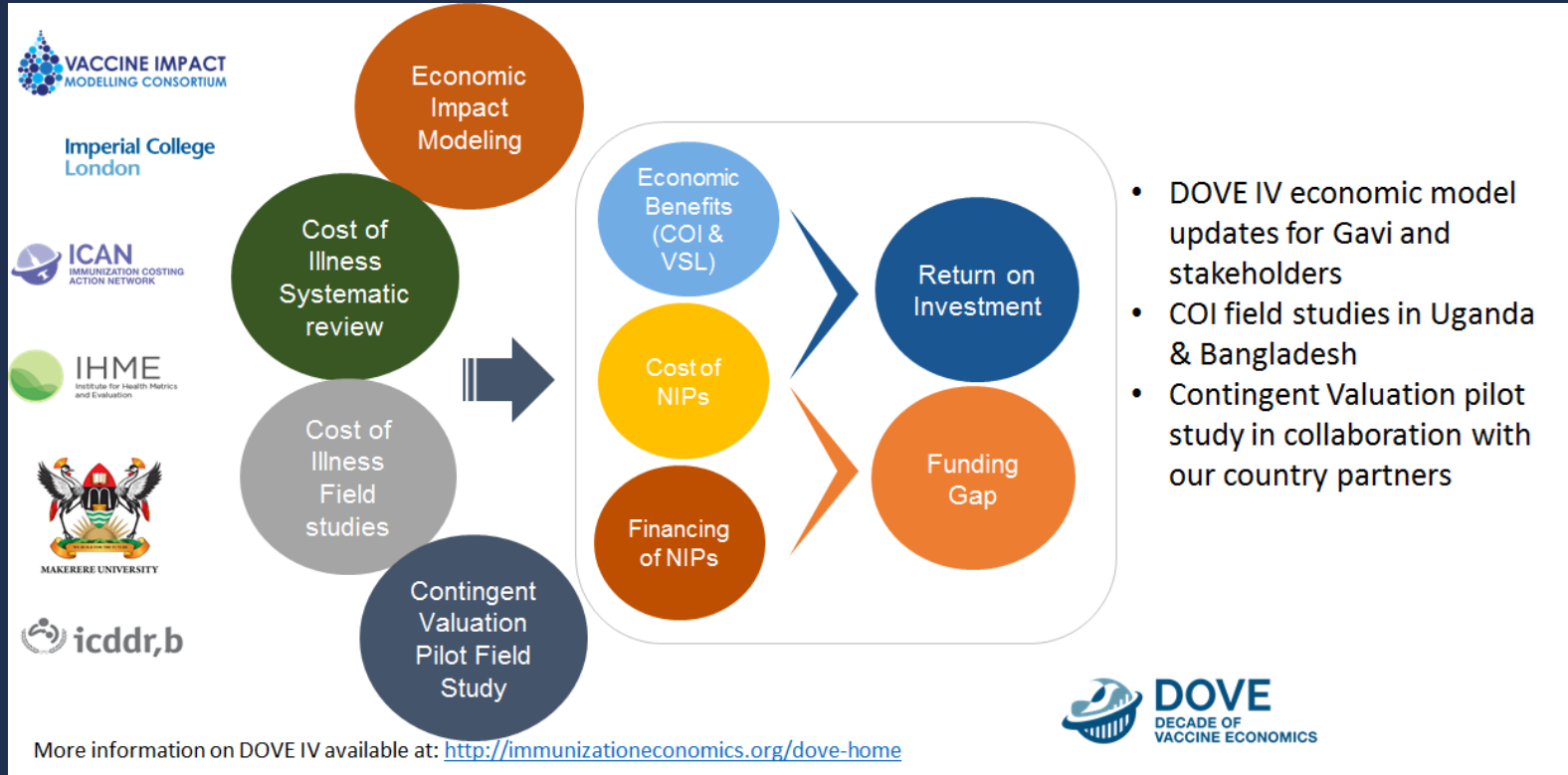
Expanding the evidence base of available estimates

Adding 4,860 estimates to the Immunization Delivery Cost Catalogue (IDCC)



*Original costs per dose vary in costs included, whereas predicted costs per dose are estimated for labor, supply chain, service delivery, and capital costs all included

Role of decision makers and other key stakeholders



Stakeholder Challenges & Solutions in DOVE's Primary Data Collection

Challenges

- Private facilities & pharmacies were worried the study was a hidden audit
- Healthcare staff did not see the relevance of an economic evaluation
- Healthcare authorities were wary that once the data collected, they would not be able to access it for program management.

Solutions

- Research team was formally introduced and given official IDs.
- Team developed open-access learning modules to show how data was aggregated and used.
- Team explained that the results would be available in open access and asked DHO/MOH staff for ideas on how to best present the evidence.

Discussion

- Do we have the *right* data to address specific policy or programmatic issues?
 - Where are the main gaps? Are there methods issues around generating data?
- Is that data *available to and understood* by decision makers and other key stakeholders?
 - Are we involving stakeholders in the right ways? What can we do to improve access and comprehension?
- Is the data *used* by those same audiences?
 - What are best practices to ensuring data is used?

