The average cost of delivering one dose of C19 vaccine in Cote D'Ivoire is $0.67 (financial) and $3.61 (economic).

Integration of vaccination services into existing primary healthcare services may reduce costs where delivery volumes are low.

The Cost of Delivering Covid-19 (C19) Vaccines in Cote D’Ivoire

BACKGROUND
In Cote d’Ivoire, COVID-19 (C19) vaccinations started in March 2021. By May 2022 40% of the country’s target population had been partially or fully vaccinated against C19. The aim of this study was to estimate the cost of delivering C19 vaccines in Cote d’Ivoire and to understand the cost drivers.

METHODS
• Mixed (ingredients-based and top-down), retrospective full financial and economic costing.
• Financial costs: all financial outlays.
• Economic costs: financial outlays plus opportunity cost of volunteer labor and salary costs of staff that were employed prior to the C19 vaccination program.
• Payer perspective: mainly routine government expenditure but also significant donor start-up costs, e.g., cold chain.
• Purposely selected sample of 3 regions, 6 districts and 30 immunization sites. Costs at these levels plus national included.
• Unit costs are volume-weighted averages, calculated for each health system level and aggregated to estimate a total cost per dose.

MAIN FINDINGS AND DISCUSSION
Finding 1: There is a weak negative association between the economic cost per dose delivered and the number of doses delivered, with high variability at similar delivery volumes.

Finding 2: The average cost per dose of delivering C19 vaccines in Cote D’Ivoire is $0.67 (financial) and $3.61 (economic).

Note: excludes two outliers at both extremes.

• We found no association between delivery volumes and geographical location or delivery strategy (facility-based vs. outreach).
• Integration of vaccination services into existing primary healthcare services should be considered to reduce costs where delivery volumes are low.

Note: unit costs includes costs incurred in study period (March - May 2022) and apportioned start-up costs; exclusive of vaccine costs.

• Low financial cost per dose may be the result of a lack of funding: many volunteer allowances were unpaid, expenditure related to meetings, trainings, and other events was minimal and few additional staff were hired.
• Social mobilization costs were largely paid by partners and donors and are likely underestimated in our analysis.