

Methods and practical experiences from multi-country immunization costing studies: Learning from HPV and RTS,S vaccine costing studies

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Objective and structure of the session

Session objective: To share lessons learned from two PATH-led multi-country costing studies evaluating costs of human papillomavirus (HPV) and malaria vaccine delivery programs.

Session structure:

1. Brief presentations to set the stage and provide context for the studies.
2. Panel discussion to cover lessons from selected study stages:
 - Pre-data collection.
 - Data collection.
 - Post-data collection.
3. Q&A session:
 - Questions from the audience to the panel.
 - Open discussion with audience to share any research experiences not yet covered or to augment what has been shared.

Out of scope: Presentation of study results

- Results for the RTS,S malaria vaccine costing study are published.



[Vaccine](#), 2023 Feb 17; 41(8): 1496–1502.
doi: [10.1016/j.vaccine.2023.01.043](https://doi.org/10.1016/j.vaccine.2023.01.043)

PMCID: [PMC9946791](#)
PMID: [36710234](#)

Cost of introducing and delivering RTS,S/AS01 malaria vaccine within the malaria vaccine implementation program

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- Results for the HPV vaccine cost of delivery study will be shared during the main congress:

Organized session title: How Does Program Context and Vaccination Schedule Influence Costs in Routinized National-Level Immunization Programs? Key Lessons from Human Papillomavirus (HPV) Vaccine Delivery in Six Low- and Middle-Income Countries.

Date and location: Tuesday, July 11 at 3:30 - 5:00 PM in Room 1.62

Overview of HPV vaccine cost of delivery in six national immunization programs

Mercy Mvundura, PhD
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Background, objective, and methods

Context: Most prior economic studies were done to evaluate costs of HPV vaccine delivery at introduction or in pilot phases. These studies show relatively high delivery costs.

Objective: To estimate the ongoing annual financial and economic costs to deliver HPV vaccines in national immunization programs that are beyond introduction years.

Countries included: Ethiopia, Guyana, Rwanda, Senegal, Sri Lanka, and Uganda.

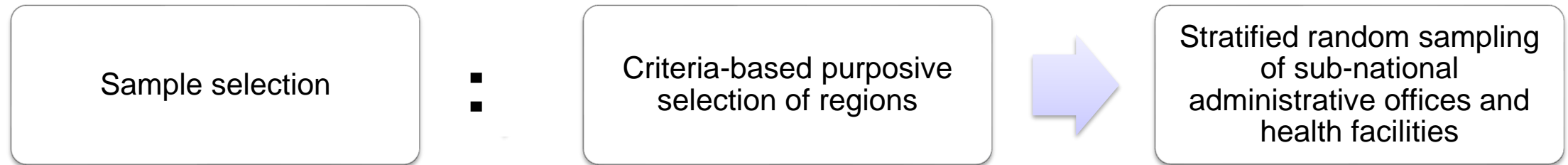
Methods: Ingredients-based micro-costing combined with operations research methods.

Time horizon for the costing: 1 year (2019 as reference period).

Data collection tools: Structured electronic questionnaires programmed in ODK.

Data analysis: Stata software.

Sample selection and sample sizes



	Ethiopia	Guyana	Rwanda	Senegal	Sri Lanka	Uganda
Sample sizes:						
Health facilities	60	43	42	56	30	66
Sub-national administrative offices	29	4	11	21	10	22
National administrative office	1	1	1	1	1	1

Malaria vaccine introduction and delivery costing studies

Ranju Baral, PhD, MPH



Malaria Vaccine Implementation Program

Context:

In 2016, the World Health Organization (WHO) recommended phased or pilot implementation of the RTS,S malaria vaccine in selected areas of sub-Saharan Africa, following the joint advice of its Strategic Advisory Group of Experts on Immunization and Malaria Policy Advisory Group.

Ghana, Kenya, and Malawi were selected to participate in the Malaria Vaccine Implementation Program (MVIP), and sub-national vaccination began in 2019.

Objectives

To assess safety and impact of the vaccine, and to determine the operational feasibility of implementation within the routine immunization program.

Malaria vaccine introduction and delivery costing studies

- Two separate cost analyses were done to assess affordability and economic feasibility of the vaccination program.
 1. Prospective costing.
 2. Retrospective costing.
- The analyses consider incremental cost of introducing and delivering the vaccine through the routine immunization program from government's perspective.
- Both studies follow ingredients-based activity-based costing approach.

Panel discussion: Lessons from selected study stages

- Pre-data collection.
- Data collection.
- Post-data collection.



Q&A session

- Questions from the audience to the panel.
- Open discussion with audience.



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