Wrap-Up Day 1
Zero Dose Costing Meeting

April 29, 2024
Opening Sessions

• EAF
  • >50% of proposed activities focus on health systems support
  • Wide range in the cost per additional ZD (DTP1) child vaccinated
  • Inconsistencies in the proposals (i.e. numbers for target population reached)
  • Suggested additional guidance to the IRC for evaluating sustainability

• Limited specific evidence on the cost of reaching zero-dose children – data desert
  • Important to shine more of a light on this for policy and programming
  • Evidence on the cost of scaling up coverage
    • Higher incremental unit costs than routine services
    • Contexts with higher initial coverage have much greater incremental costs
    • India IMI study estimated $87/incremental ZD child vaccinated
ZD Costing

• Ensure an agreement around what it means to cost ZD
  • Complete (or full cost estimates) to account for value of all inputs
  • Focus on incremental costs
  • Economic and financial

• Approaches to evaluating incremental costs: (probability, plausibility, and process designs)
  • RCTs (gold standard) or some type of quasi-experimental design
  • Before/after – with possible matching
  • Stand-alone incremental cost estimating

• Opportunity to evaluate the catalytic or displacement effects of ZD interventions
• Ensure robust cost estimates as possible
• Sample sizes could be more convenience-related particularly because of small areas where interventions are being implemented
Costing, cont’d

• Timing: ideal to assess unit costs at a point in time when intervention is operating more routinely – think about phases of the intervention/evaluation

• We do not need to evaluate the separate contribution of multiple ZD implemented simultaneously. Evaluate the costs and effects of the bundle.

• Important to consider evaluating the cost savings to households.

• Meta-analyses yield similar results
  • $112 - $197 per incremental child (Clarke-Deelder)
  • $221 per incremental child vaccinated with DTP3 (Portnoy)
• We may know how many ZD have been identified, but not whether, when and through which strategy they were vaccinated.

• We might know how many children were reached, but not whether they were ZD

• Age cohort flexibilities: 18 wks – 11months; 12-23 months
  • Bring more of an operational definition to the estimation

• We need to utilize what is readily available at country level

• Best to triangulate

• “Make up a number”: coverage survey errors persist, census data outdated, routine HMIS has missing and lower quality data

• Consider estimating incremental DTP1, DTP2, DTP3 for the analysis (positive knock-on effects)

• Time trends with a counterfactual

• Go with a range of plausible scenarios
Should we utilize some different terms to classify ZD costs: start-up costs, start-up period?
Do we need additional guidance on incremental costs?

Innovations in analysis: pairing incremental costs with projected average costs
Innovations in data collection: time motion studies

Intervention effectiveness
- Big gaps here
- Convene an Expert Panel
- Make some recommendations to IA2030 working group

Report with completeness!!
- Contextualize the findings: comparisons with routine costs, settings for the interventions, government resources and financing, specify denominator measures and sources
THANK YOU