

ThinkWell's work on Zero Dose costing

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Outline

1. Overview
2. ZD costing in Pakistan
3. ZD costing in Ethiopia

ThinkWell's Zero Dose costing work

- » Estimate the cost of reaching Zero-Dose children in **three priority countries**
- » Our approach:
 - Partner with **local institutions** for implementation to strengthen costing capacity
 - Work with **MOH** to select interventions
 - **Full & incremental costing** of select interventions
 - **Qualitative** information to fill data gaps
- » Final results will be ready by June 2025



Focus countries



Ethiopia

Pakistan

Nigeria

ZD children*

1.14 million

431 thousand

2.27 million

Local partner

Fenot Associates

PHC Global

TBD

Status

Conducted a scoping visit at health posts, health centers and MOH; awaiting protocol approval

Completed extensive consultations with MOH and key stakeholders; mapped and scored ZD interventions

Exploring NPHCDA interest

Timeline

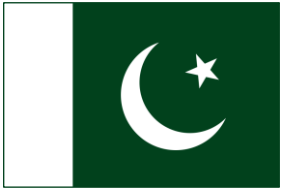
Data collection to start in June

Data collection to start in July

TBD

* WUENIC 2022 data,

ZERO DOSE COSTING IN PAKISTAN



Pakistan

Likely focus on
large urban slum
initiatives





What is being done to reach ZD children in Pakistan?

1. National Electronic Immunization Registry (NEIR)
2. Rapid cluster assessments
3. Vaccinator tracking using GIS mapping
4. 24/7 birth dose initiative
5. Leveraging polio house-to-house campaigns and National Immunization Days to identify ZD kids
6. Integrated service delivery / mobile clinics
7. Enhanced outreach activities



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Likely scope of the study



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- ZD data is collected **during polio H2H** and incorporated into microplans
- Successful “Lahore campaign”



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- **Costly** and mostly **donor-led**
- But deliver multiple services and are **very effective**
- Local **community engagement**



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6. Integrated service delivery / mobile clinics
7. **Enhanced outreach activities**
 - Financial **incentives to travel further out**, with social mobilization component
 - Increased delivery volumes but **not clear how many additional children** or ZD children are reached

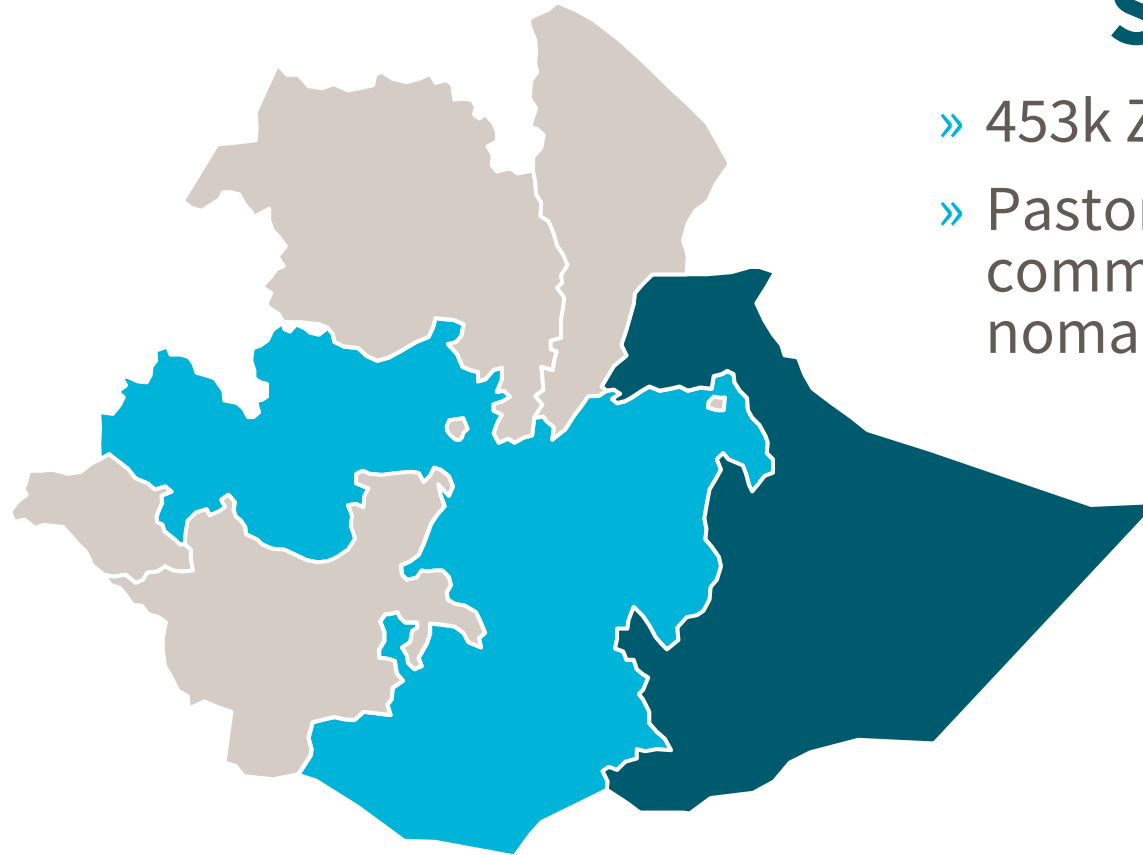
ZERO DOSE COSTING IN ETHIOPIA



Ethiopia

Oromia

- » 1.5M ZD children
- » Urban slums and agrarian woredas



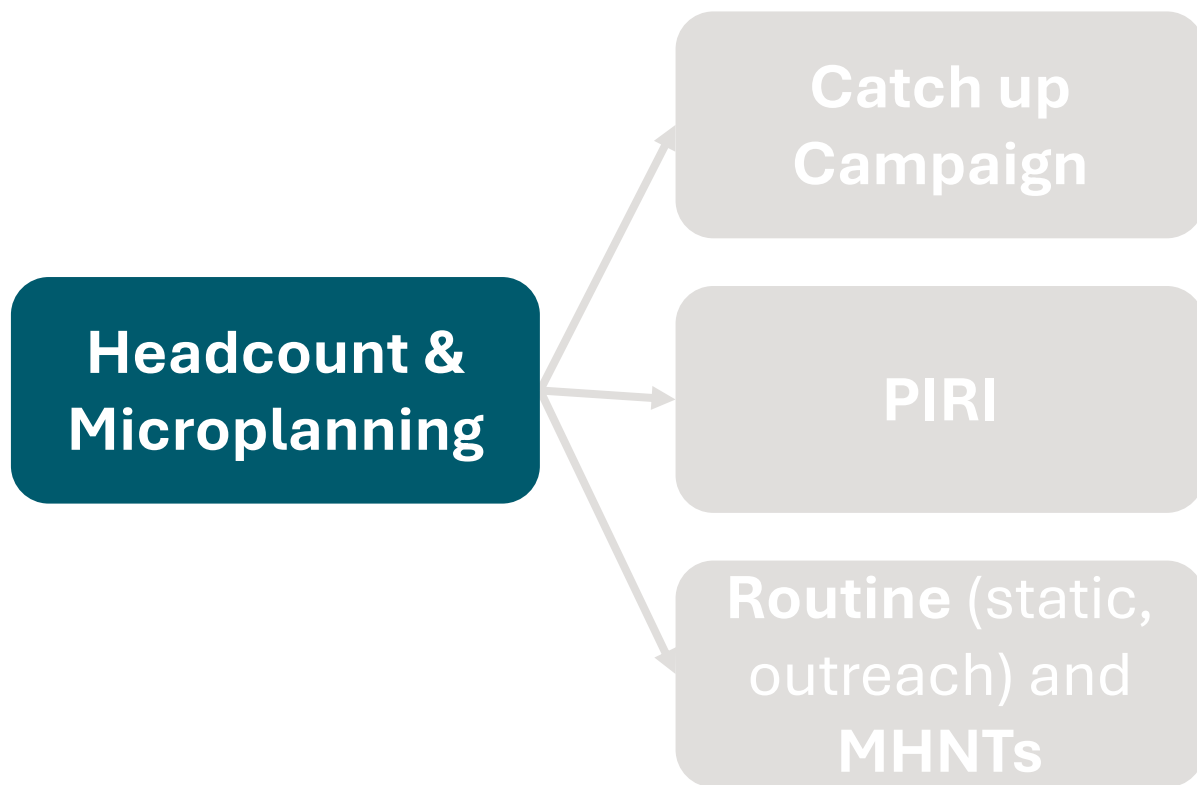
Somali

- » 453k ZD children
- » Pastoralist communities with nomadic lifestyle

In both regions: focus on priority 1 woredas



Interventions

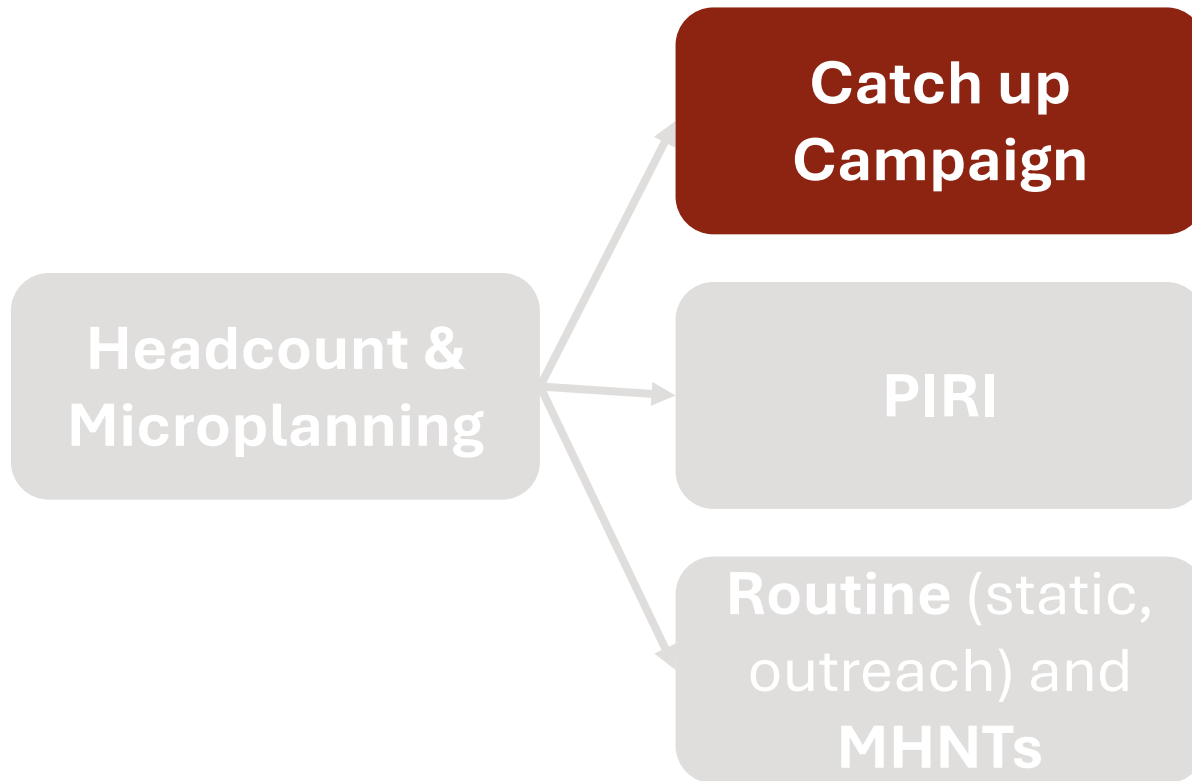


Headcount identifies all eligible children, and they are incorporated into microplans

- Leverage **existing structures** (health extension workers, health development army)
- HEW were already identifying eligible children, now with dedicated **headcount form**
- **No additional funding** for transport or for incentives for HEW—should be part of their regular outreach work



Interventions

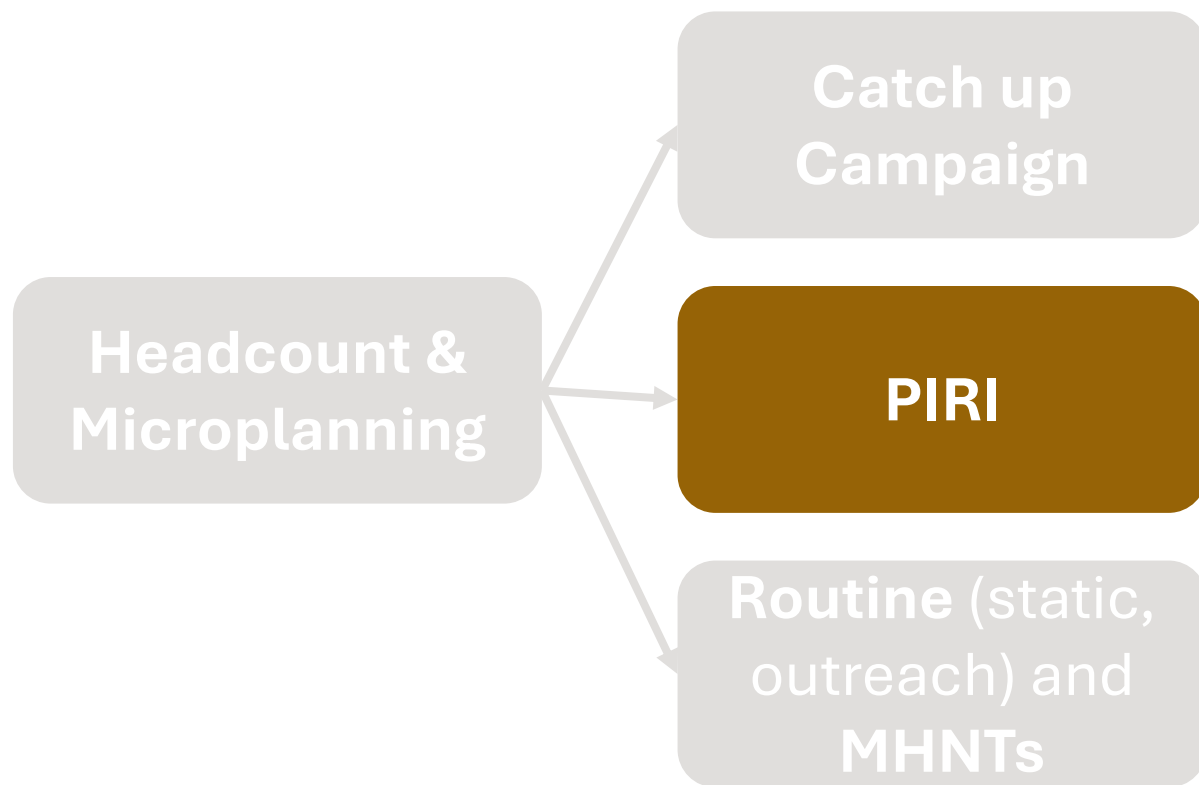


Campaign targeting ZD children and under immunized children to catch-up on routine backslide

- 7-to-10-day **nationwide** campaign
- Ideally microplans based on headcount results, though not likely
- **Vaccine availability** current bottleneck



Interventions

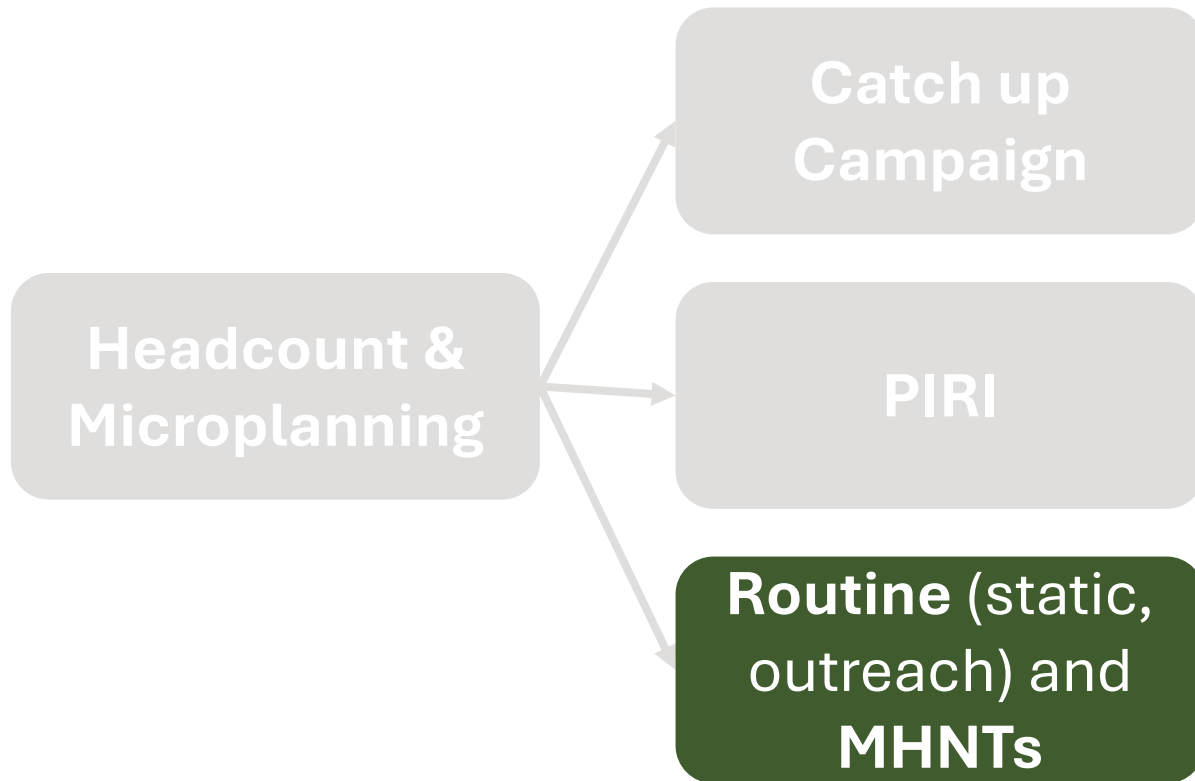


Periodic intensification of routine immunization targeting ZD or under-immunized populations

- Once a month for **3 consecutive months** to offer three-dose vaccine series
- May also deliver **other MCH services**
- Not a new intervention, but now microplans for PIRI should be based on headcount results
- Only in **selected geographies**
- **Resource intensive**



Interventions



ZD children may be vaccinated through other delivery strategies

Children identified through headcount may be referred to health facilities, regular outreach, or vaccinated by Mobile Health and Nutrition Teams (MHNTs)



Reporting

- » **Headcount form** identifies children, what vaccines/doses they have received so far and causes for missing vaccinations
- » Headcount output **aggregated** and **digitalized** at woreda level
- » However, **no dedicated ZD register** for service delivery
- » De facto, **no ZD status** on tally sheets or monthly reporting

Right now, ZD status is lost at vaccination



To sum up...

» Mostly **nothing new**

- Challenge for incremental costing
- But we have solid campaign costing methods

» **Reporting** limitations

- Accuracy vs. data collection cost
- Influence gov reporting

» Interventions are **interconnected** and timeline of implementation matters

- Low-cost campaign → high cost PIRI
- Costing a bundle of interventions or a **sequence of interventions?**



Thank You

Salamat

Obrigado

Merci

Asante

শন্যবাদ

Terima kasih





Ideal denominators

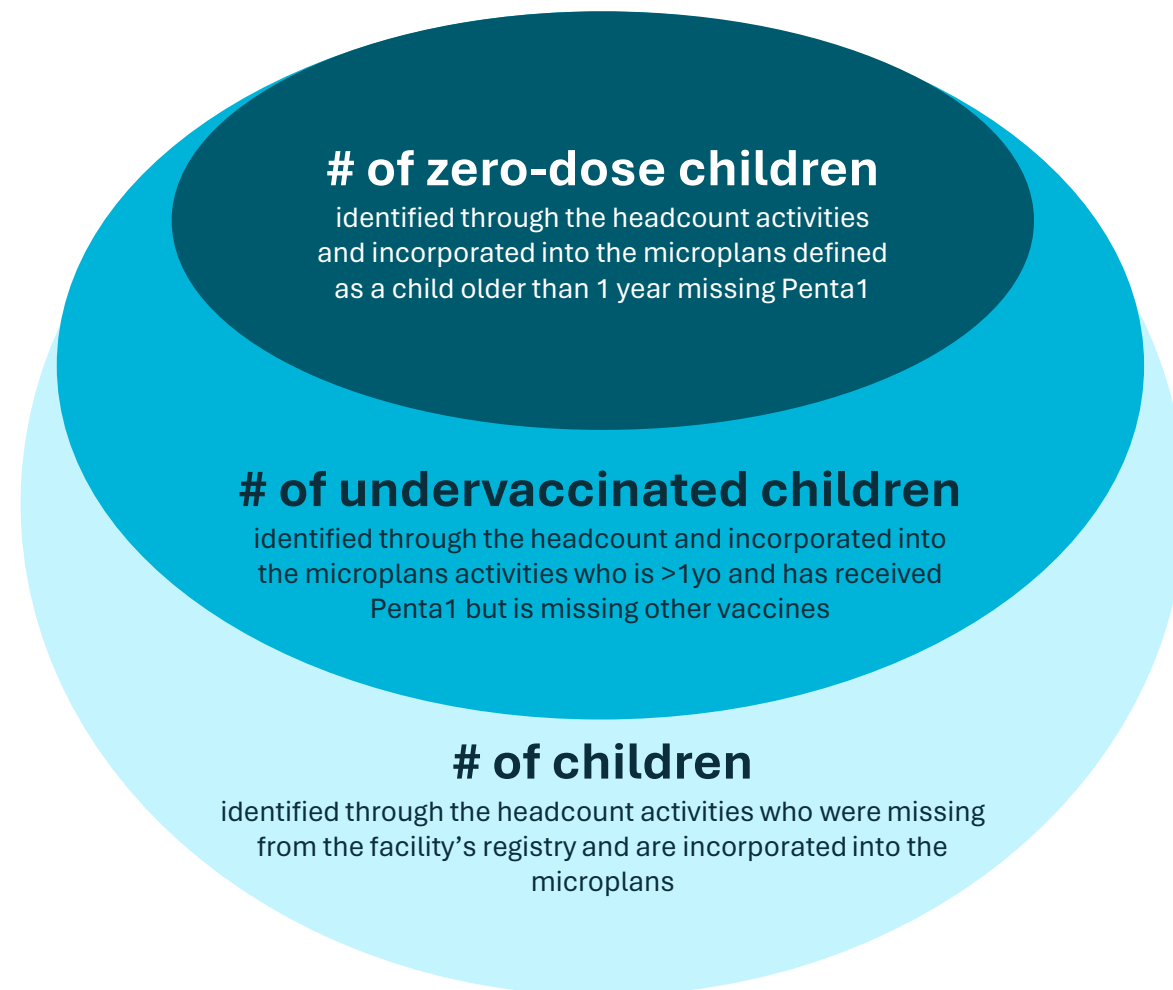
» For **Microplanning and Headcount**

1. Children **identified**

- Cost per child identified
- Cost per undervaccinated child identified
- Cost per ZD child identified

2. Children **identified and reached**

1. Cost per child identified and vaccinated
2. Cost per undervaccinated child identified and vaccinated
3. Cost per ZD child identified and vaccinated





Ideal denominators

» For the **campaign, PIRI, MHNTs**, regular **outreach** and **facility-based** vaccination

1. Cost per zero-dose child vaccinated (penta1)
2. Cost per undervaccinated child vaccinated
3. Cost per child vaccinated
4. Cost per vaccine dose delivered
5. Cost per intervention

