

The cost of immunizing zero-dose children through additional outreach sessions in Lagos, Nigeria

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Objective

This study estimated the **cost** and effectiveness of **outreach strategies** at reaching zero-dose and under-immunized children in Lagos

Methods cont'd

Sampling strategy

Sampling of the **two priority LGAs**, purposive sampling of local council development areas in collaboration with state MOH

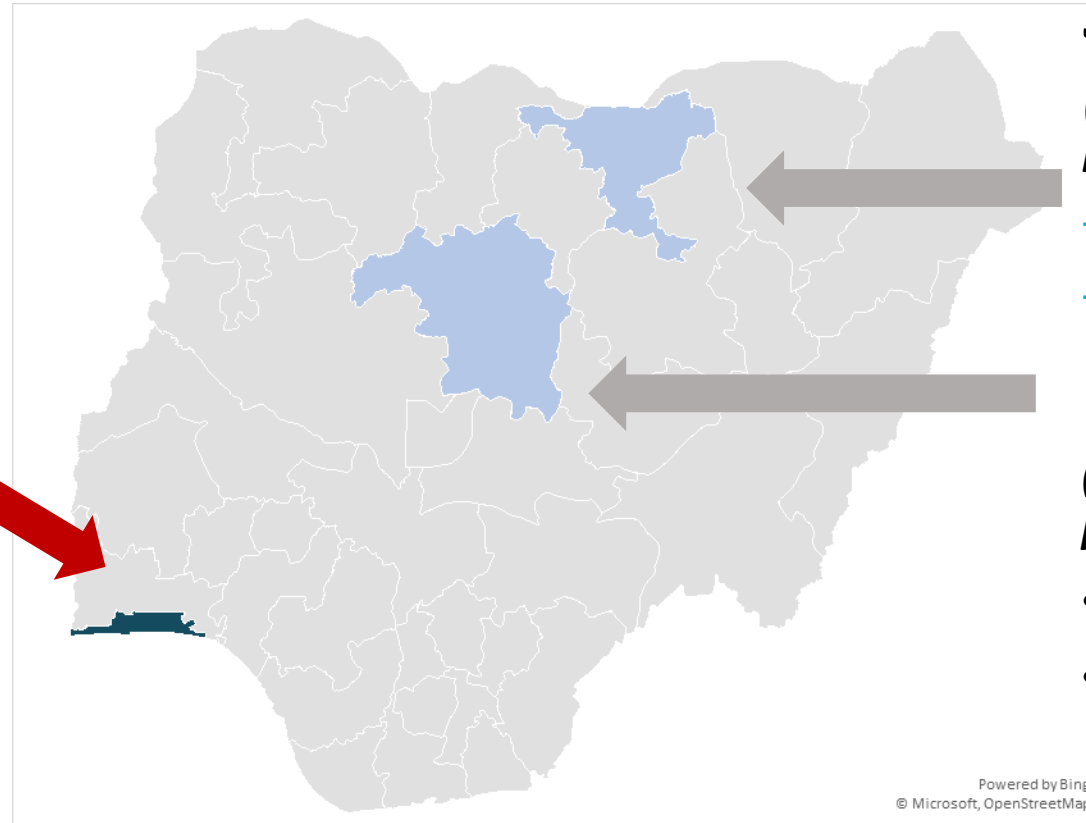
Time horizon

Costs incurred during a typical month at point of data collection (February 2025)

Our study included 15 facilities from 2 LGAs in Lagos

Lagos

- 2 LGAs
- 15 facilities
 - 9 part of ZDROP
 - 9 in urban areas



Jigawa

(not included in this presentation)

- 2 LGAs
- 13 facilities

Kaduna

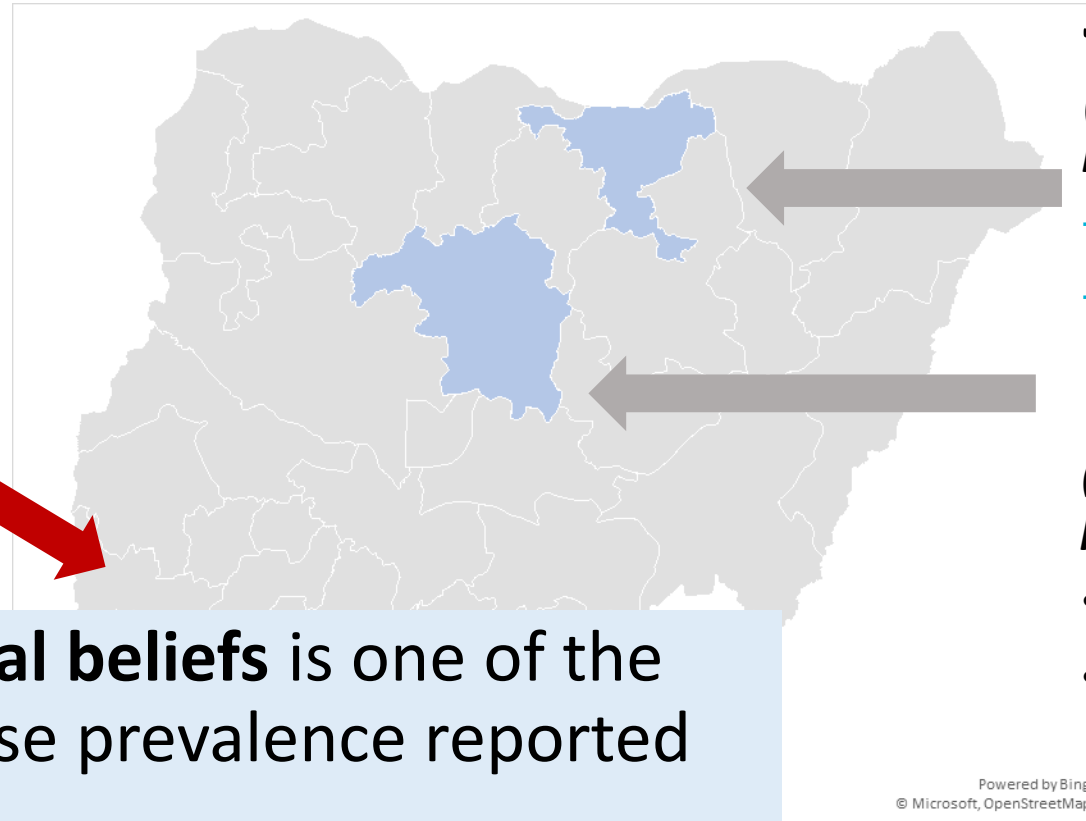
(not included in this presentation)

- 4 LGAs
- 33 facilities

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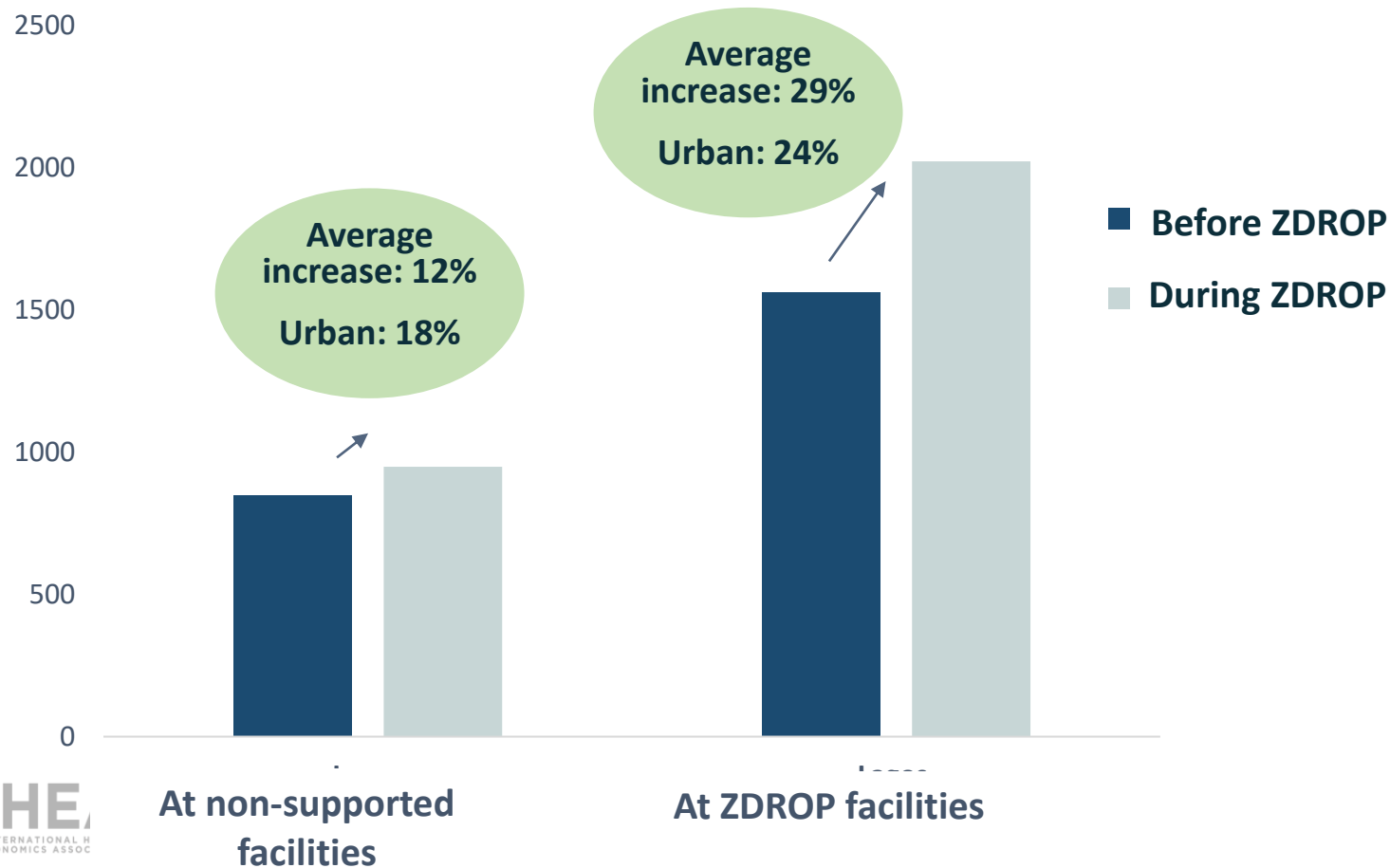
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- 4 LGAs
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Lack of awareness or cultural beliefs is one of the main root causes of zero-dose prevalence reported at all urban facilities

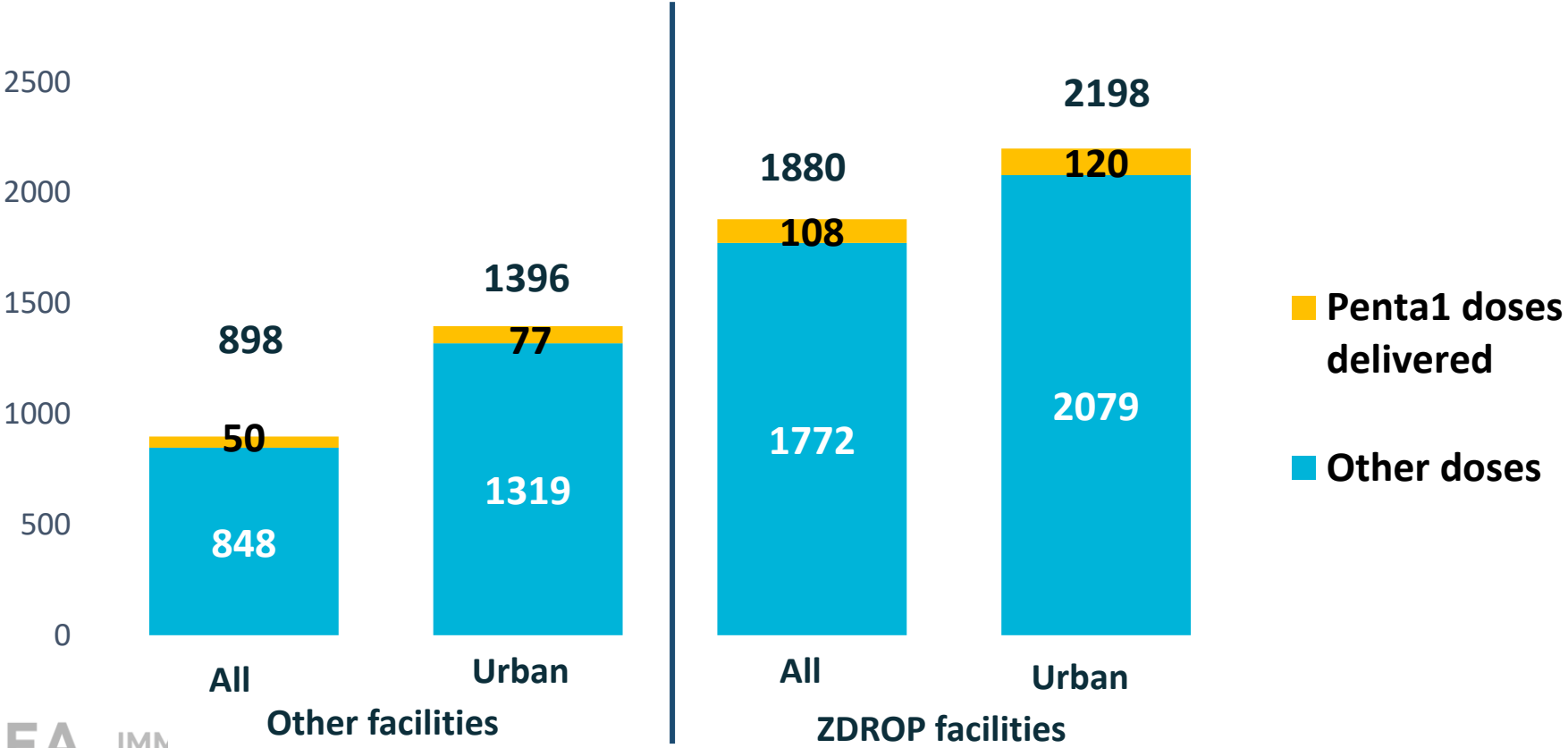
Transport issues reported by several rural facilities

When implementing ZDRDP, facilities delivered more vaccine doses

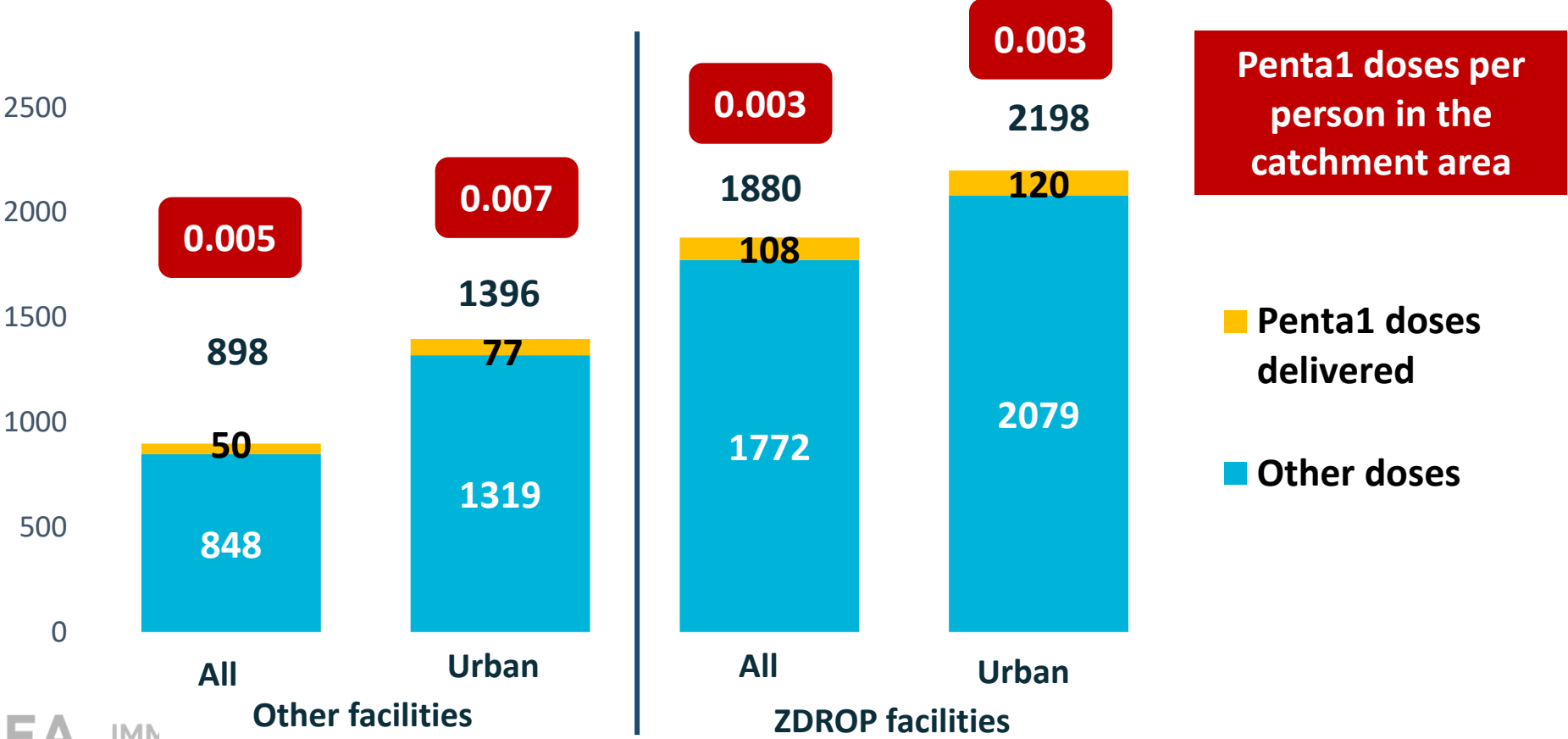


- ZDRDP activities started in Q2 2024, and lasted for 8 months
- General increase in doses delivered was seen, with higher trend at ZDRDP supported facilities

During ZDR0P, facilities reached **more new children** than other facilities, though not relative to catchment population

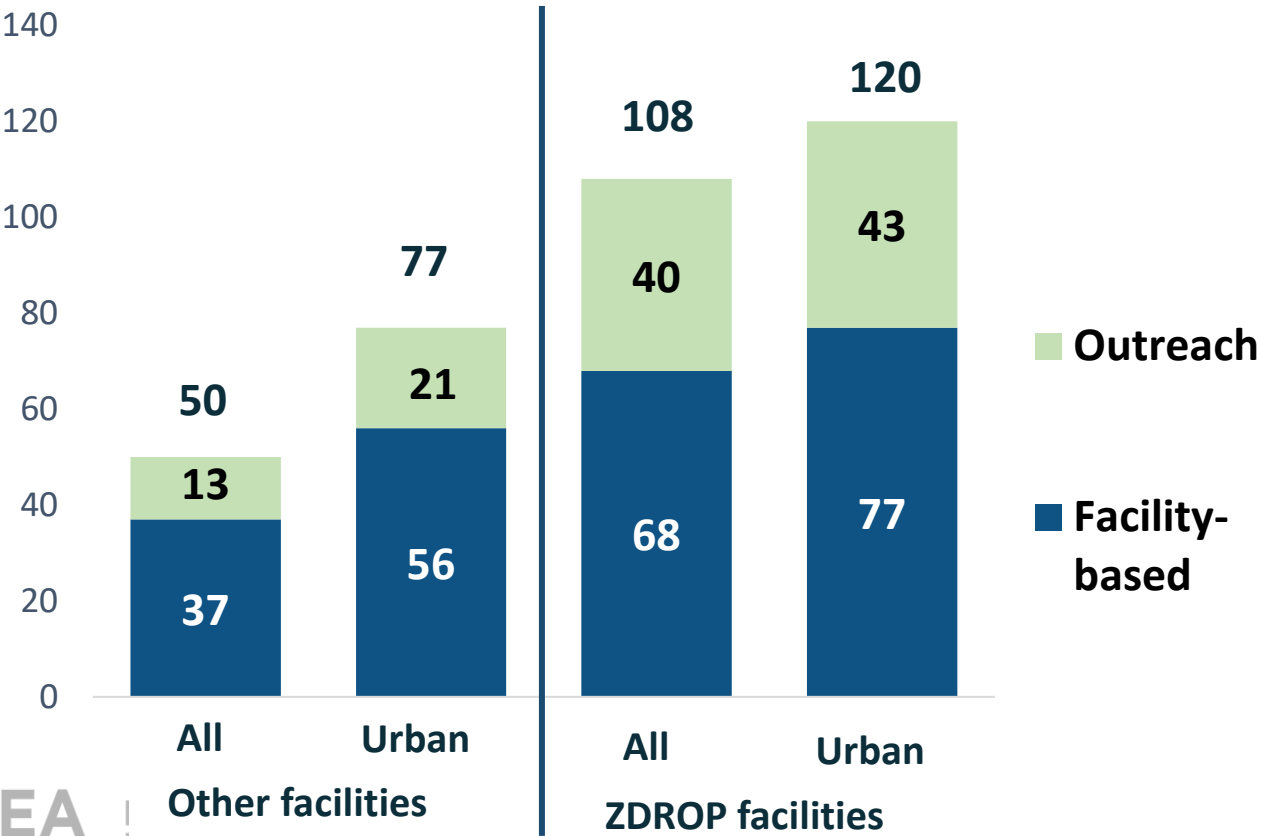


During ZDR0P, facilities reached more new children than other facilities, though **not relative to catchment population**



Most of the additional children reached by ZDRDP facilities were reached through outreach

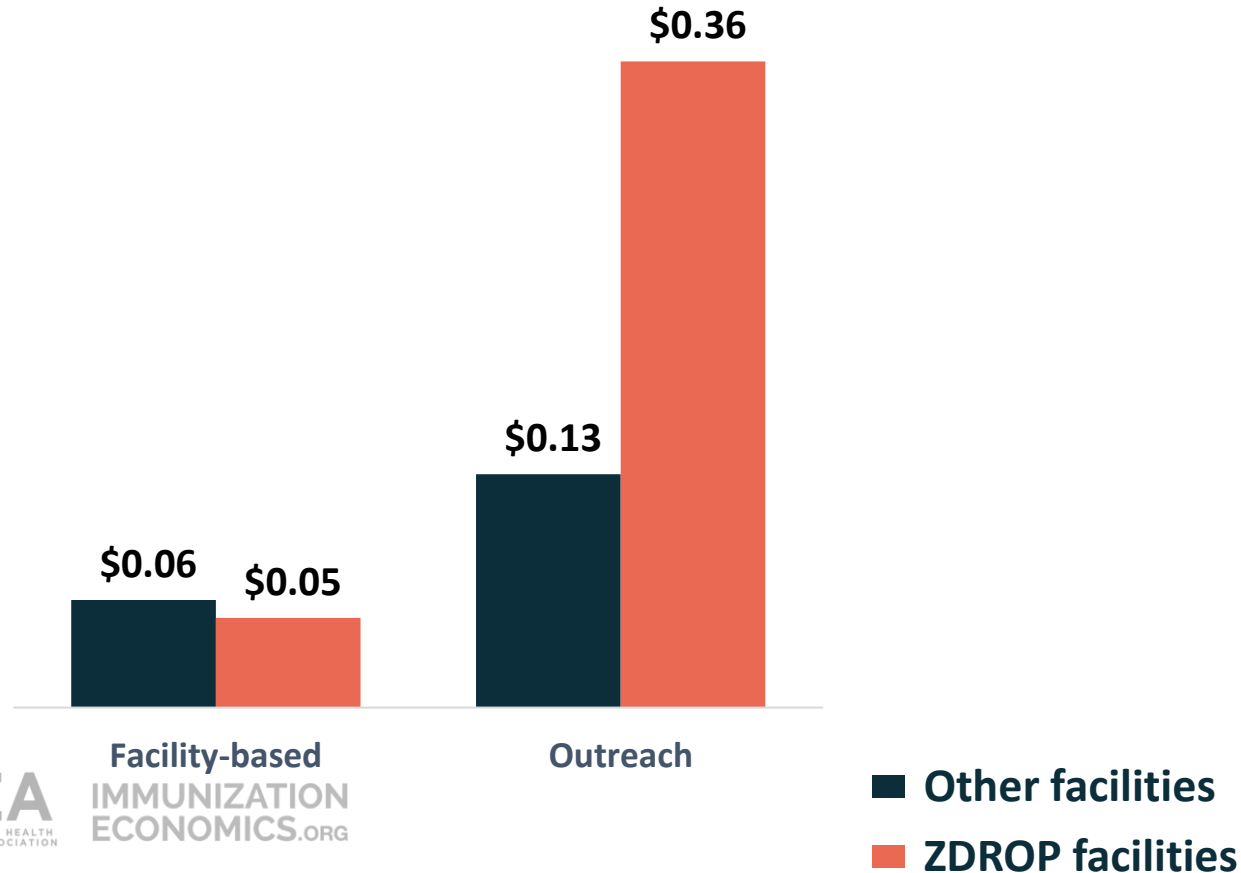
Average number of Penta1 delivered per month



- ZDRDP facilities reached **more new children** overall, and **more through each strategy**
- Urban facilities delivered a slightly lower proportion of Penta1 doses through outreach compared to rural

The cost of delivery was **higher for outreach** than for facility-based delivery

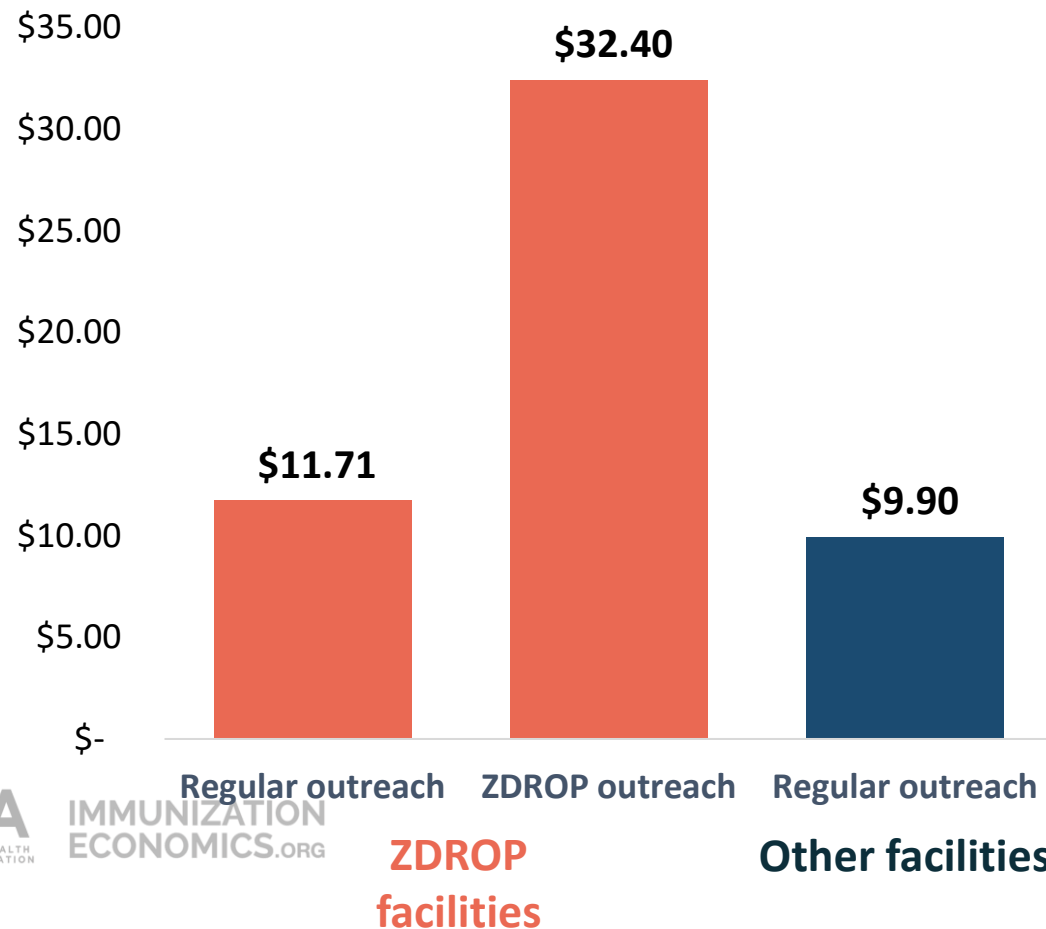
Financial cost per vaccine dose delivered



The higher cost of outreach is primarily driven by **incentives for staff**, and **transport costs**

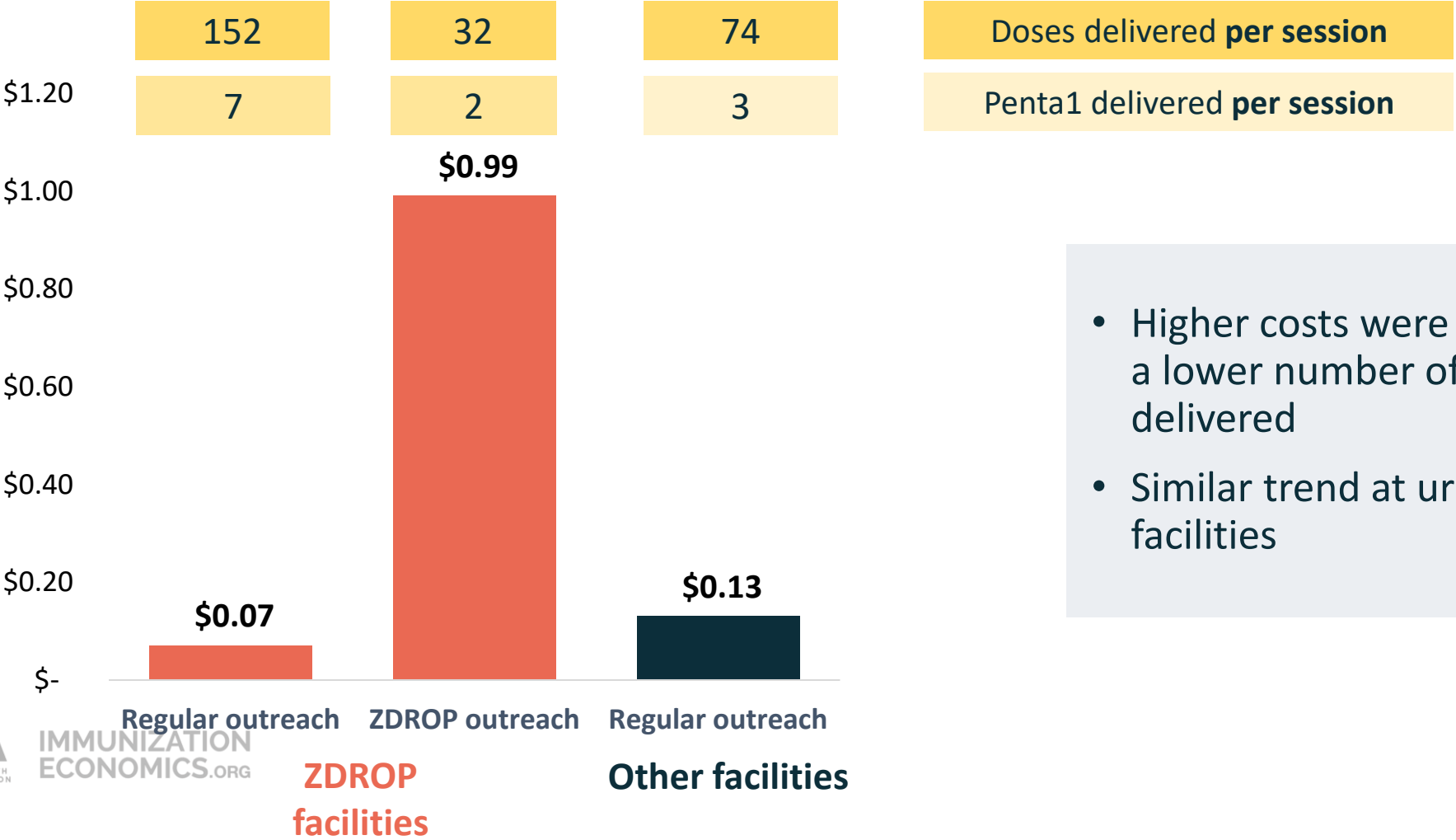
Outreach unit costs tended to be **lower at urban facilities** than overall

ZDROP sessions in Lagos cost **more than three times** that of regular outreach



- Facilities generally operated 1 regular outreach session and 2 additional ZDROP sessions per week, sometimes on weekend days
- Additional ZDROP sessions incurred higher costs driven by incentives
- ZDROP session costs and regular outreach at other facilities slightly lower in urban facilities

Due to lower delivery volumes at ZDROP sessions, they were **substantially more costly per-dose delivered**

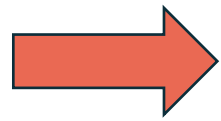


- Higher costs were spread over a lower number of doses delivered
- Similar trend at urban only facilities

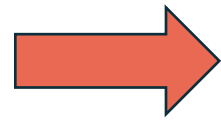
Key takeaways



ZDROP support increased the number of vaccines doses delivered, as well as the number of **additional children reached with Penta1**



Tripling the number of outreach sessions resulted in lower delivery volumes and led to a higher unit cost of delivery



Dedicated ZDROP sessions in Lagos **reached very few children with Penta1** compared to regular outreach **but at a much higher cost** per dose, questioning the suitability of the intervention to address the root cause of zero dose prevalence in these areas, largely cultural beliefs

Thank you

Acknowledgements

Dr Muyi Aina and **Dr Garba Ahmed Rufai**, National Primary Health Care Development Agency, Nigeria. **Dr Hamza Ibrahim**, Kaduna State Primary Health Care Board, **Dr Bolanle S. Adelokun**, Lagos State Primary Health Care Board, **Dr Shehu Ibrahim**, Jigawa State Primary Health Care Development Agency



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