

Zero-Dose: summary, discussion, takeaways, and next steps

Bali, July 19, 2025



Wifi login details:

Network: IHEACongress

Password: Bali2025!



**IMMUNIZATION
ECONOMICS.ORG**

Managed by
**THINK
WELL**

What have we learned about the economics of reaching Zero-Dose children?

Laura Boonstoppel, Flavia Moi

July 19th 2025

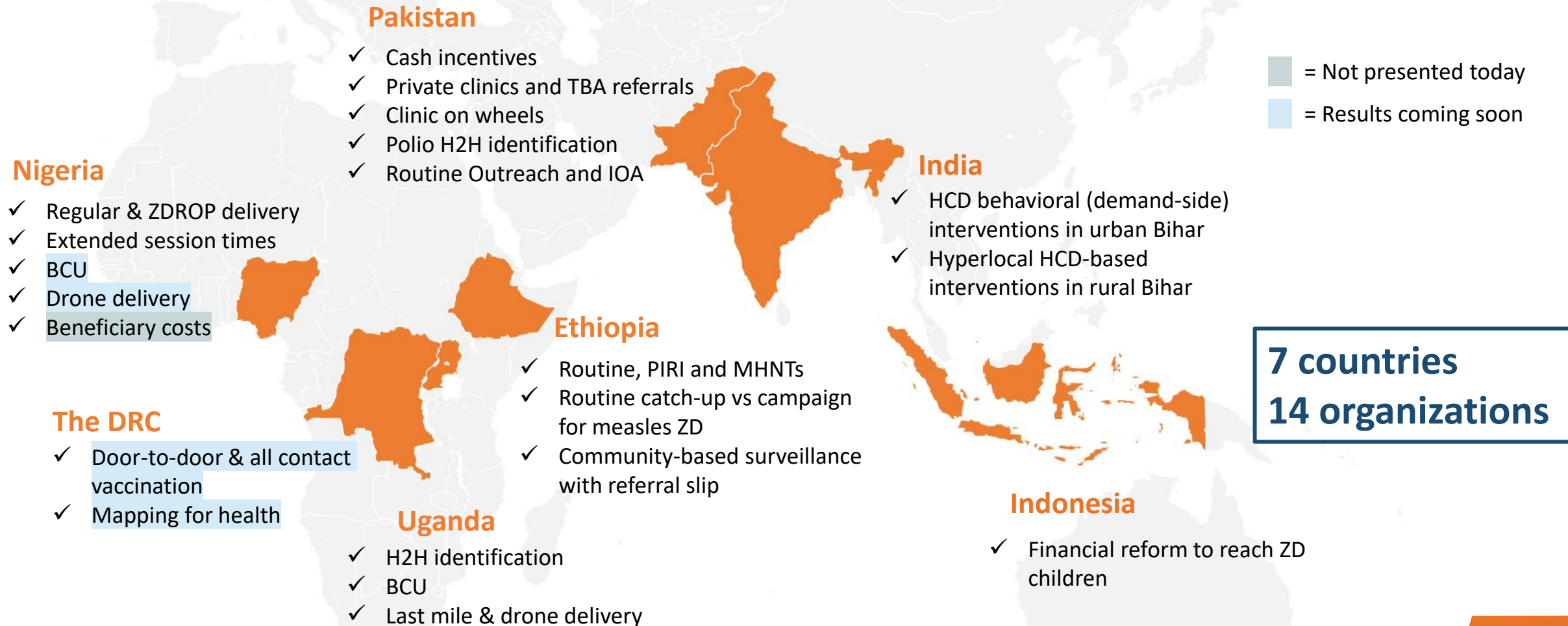
THINK
WELL



IMMUNIZATION
ECONOMICS.ORG

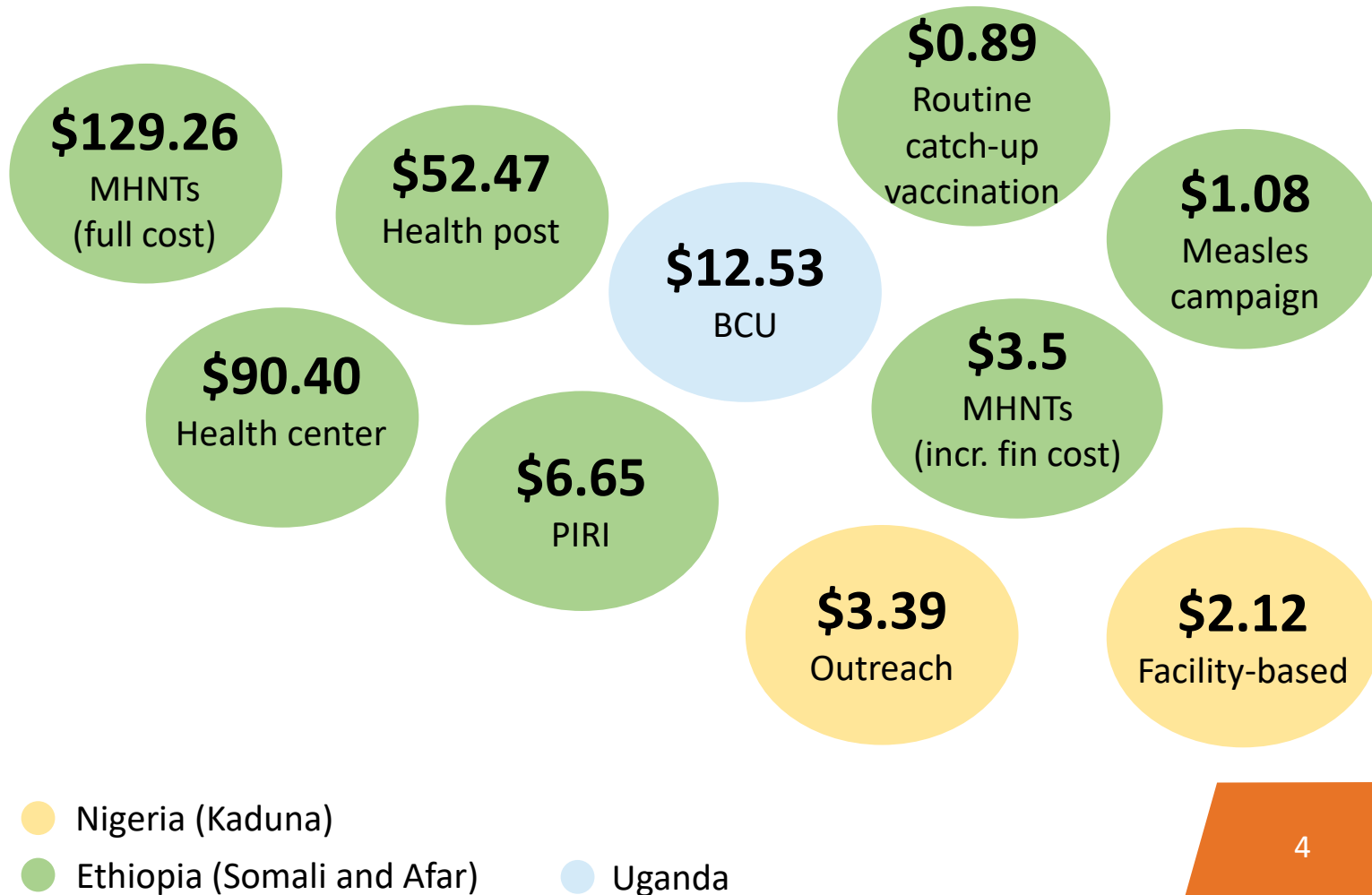
Managed by
THINK
WELL

For what countries do we have evidence?



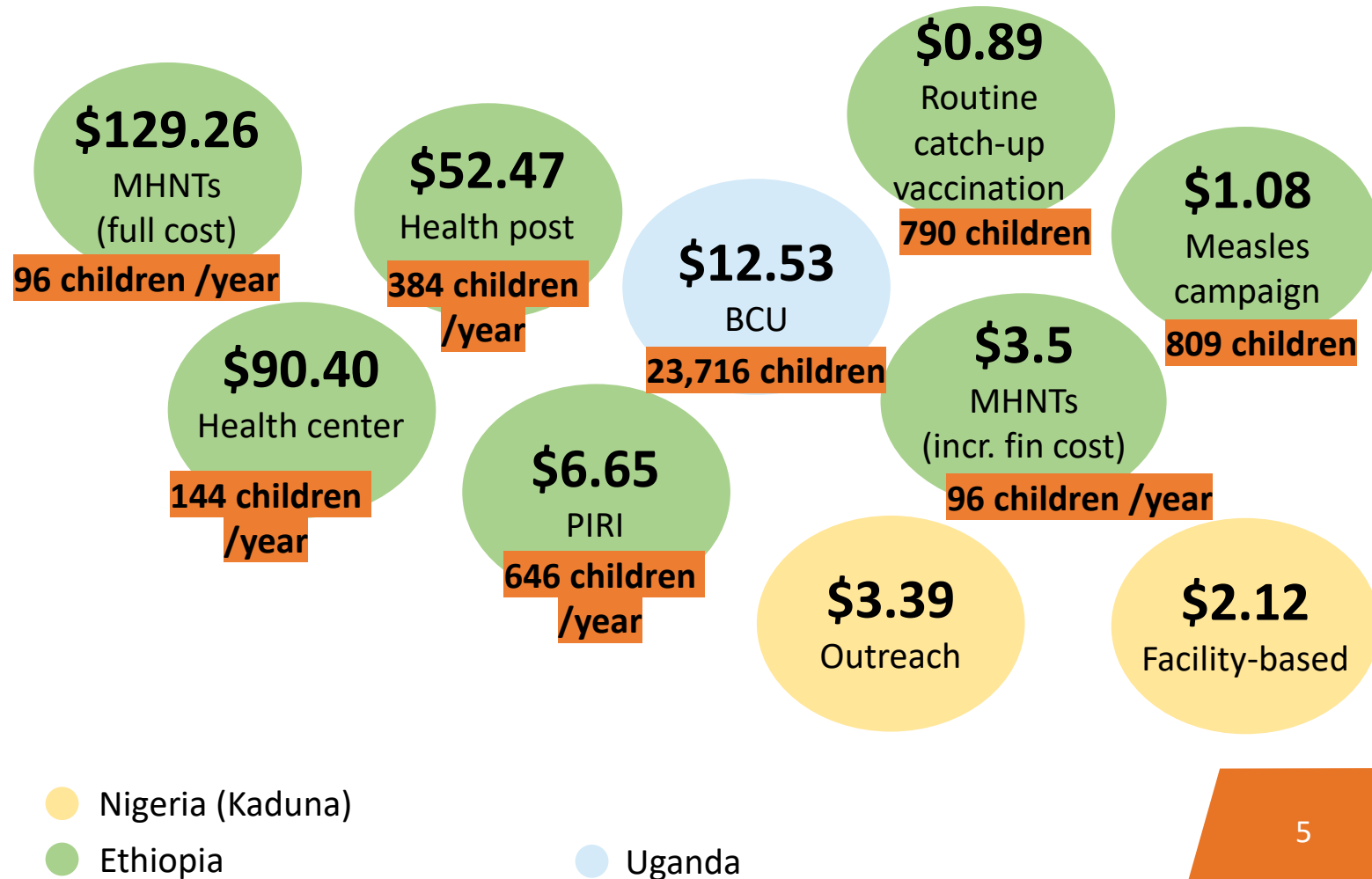


Vaccinating ZD children in rural and hard-to-reach areas





Vaccinating ZD children in rural and hard-to-reach areas



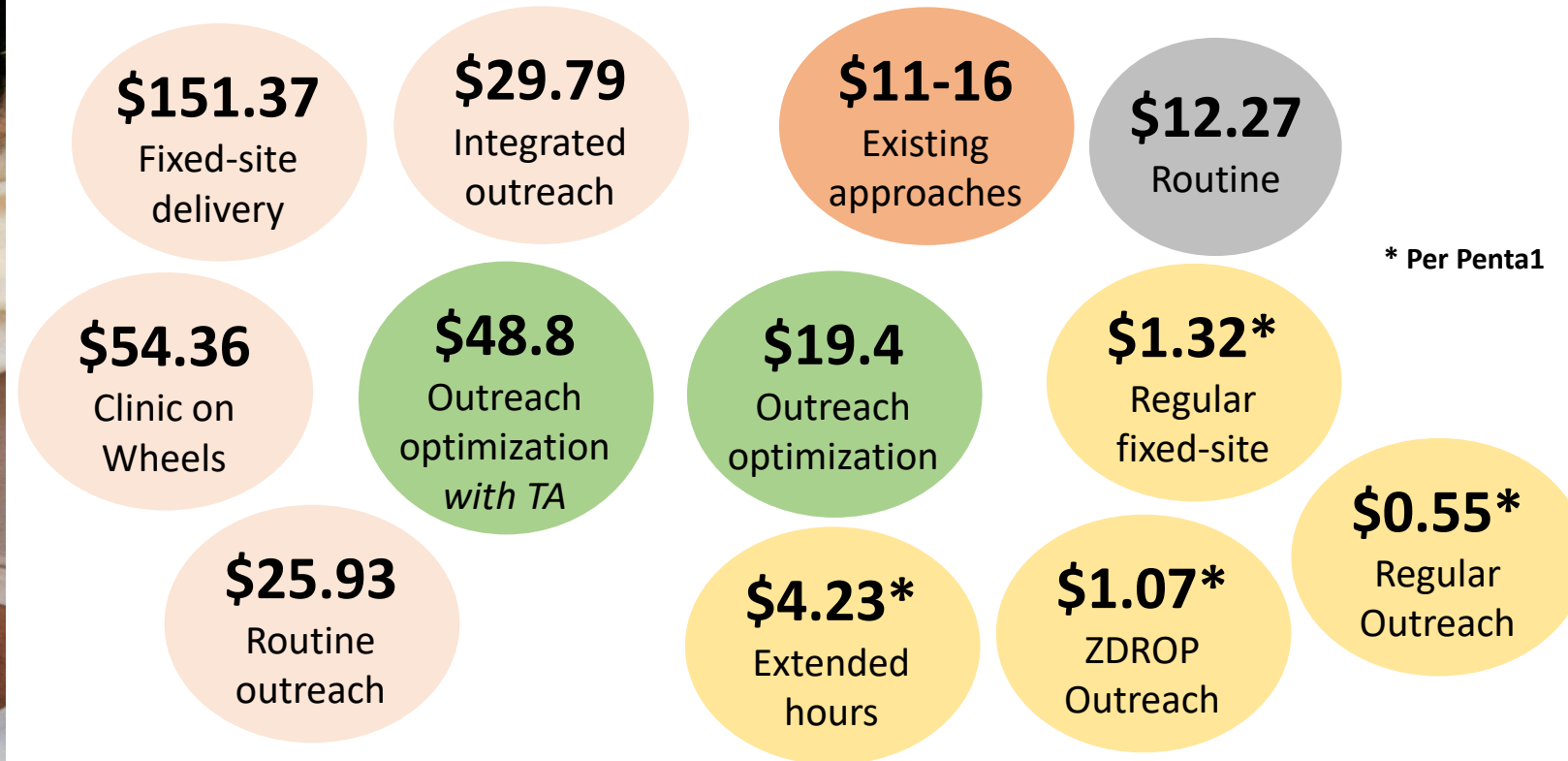


Vaccinating ZD children in rural and hard-to-reach areas

- **Access** key issue in hard-to-reach areas
- Reaching **more children drives affordability**
- **Trade-off between cost** and minimizing time children remain **off schedule**
- **Integrated delivery strategies** (e.g. MHNTs) can provide more services with continuity at low financial incremental cost
- Initial evidence shows **drone delivery** to be cost-effective at the last mile



Reaching ZD children in urban settings



● India (*Urban Bihar*)

● Pakistan (Sindh and Punjab)

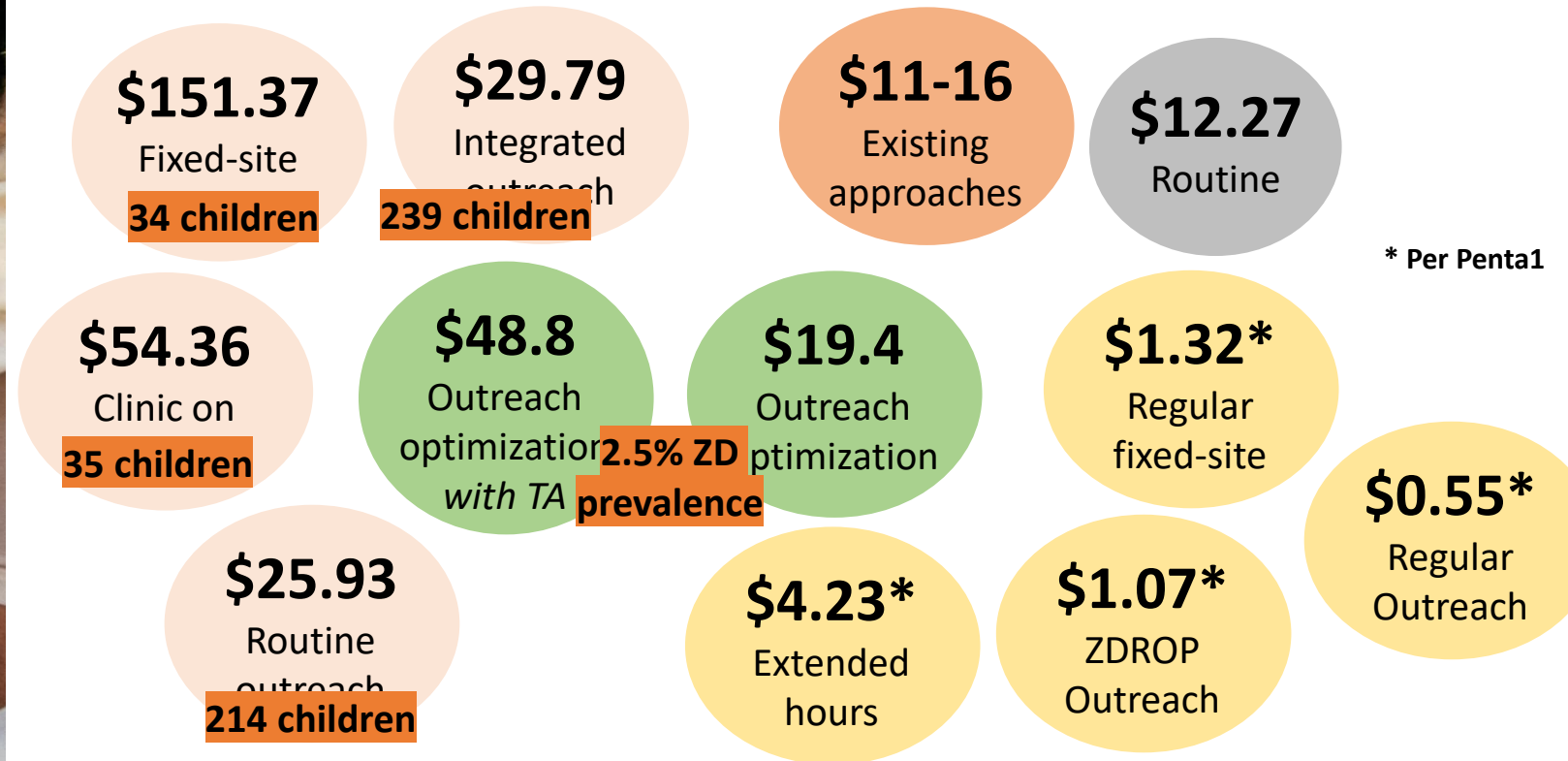
● Super high-risk UCs in Pakistan (Karachi)

● Nigeria (Lagos)

● Ethiopia (Addis Abeba)



Reaching ZD children in urban settings



● India (*Urban Bihar*)

● Pakistan (*Sindh and Punjab*)

● Super high-risk UCs in Pakistan (*Karachi*)

● Nigeria (*Lagos*)

● Ethiopia (*Addis Abeba*)



Reaching ZD children in urban settings

- **Wider range of barriers** in urban areas require context-specific interventions
- When **access** is a key barrier, supply side interventions like **extended hours** can be cost-efficient
- Increased (supply-side) resources may not translate to better reach when barriers are mostly demand-side
- This requires tailored **community engagement** and context-specific **behavioral interventions**



Community-based interventions to increase demand

\$501

Bundle of hyper-local HCD interventions – *with TA*

\$379

Bundle of hyper-local HCD interventions – *without TA*

\$17.5-\$26.5

Referral from Private Clinics

\$70.63-\$173.7

Community volunteer with referral slip

\$68.70

Flyer and chequebook – *with design*

\$11.80

Flyer and chequebook – *without design*

\$10.7

Referral from TBAs

● Ethiopia (pastoralist areas)

● India (*Urban Bihar*)

● Super high-risk UCs in Pakistan (Karachi)

● India (*Rural Bihar*)



Community-based interventions to increase demand

\$501

Bundle of hyper-local HCD interventions – *with TA*

50 children vaccinated

\$379

Bundle of hyper-local HCD interventions – *without TA*

\$17.5-\$26.5

Referral from Private Clinics

\$11.80

Flyer and chequebook – *without design*

\$68.70

Flyer and chequebook – *with design*

382 ZD children vaccinated

\$10.7

Referral from TBAs

\$70.63-\$173.7

Community volunteer with referral slip

12-31% reduction in ZD prevalence

● Ethiopia (pastoralist areas)

● Super high-risk UCs in Pakistan (Karachi)

● India (*Urban Bihar*)

● India (*Rural Bihar*)



Community-based interventions to increase demand

- Can be effective at **tackling deep-rooted demand-side barriers**
- Very high design costs
- Cost per ZD child ***could* go down as more children are reached** and design costs are amortized
- **Re-design likely needed to scale** behavioral interventions as addressing deep-rooted hesitancy requires context-specific solutions

Tackling financial barriers

\$0.78/visit
(~21% of monthly income)
Nigeria (Kano)

- **Financial burden** on caregivers can be significant
- **Effectiveness** of cash incentives **varies**
- Most promising: **targeted**, immunization-specific incentives in **high ZD burden areas**
- Design, delivery method and amount given impact effectiveness: **context-specific design is needed**



House-to-house identification of ZD children

\$17.21

H2H identification
during polio
campaigns

\$3.07

H2H identification
and registration
ahead of BCU

● Pakistan (Sindh & Punjab) ● Uganda

- Labor intensive, but low/no financial cost
- House-to-house identification **only effective if coupled with good data** system
- Ultimately, children will only be reached if the underlying service delivery offering is effective



Preliminary takeaways

- Reaching more children drives affordability
- In hard-to-reach areas, **trade off between cost** vs. minimizing time children are **off schedule**
- In urban areas, **suitability** of the intervention given the diverse underlying causes of ZD drives number of kids reached and cost
- **Co-delivery strategies** are effective at reaching ZD children and can run at low cost *per service delivered*
- **High design costs** may go down over time, but likely won't decrease with scale as different contexts require re-design
- Targeted **CCT schemes in high ZD burden areas** could be effective at reducing financial barriers
- **High variation of costs** across districts/facilities, underscoring that what is cost-efficient in one location may not be in another one



Thank you



**IMMUNIZATION
ECONOMICS.ORG**

Panel discussion

What are the policy implications from the ZD economics work? How can the zero-dose agenda fit into a funding-constrained future?

Todi Mengistu (*Gave, MEL team*)

Carol Kanya (*IDRC, Uganda*)

Ali Turab (*PHC Global, Pakistan*)

Logan Brenzel (*Consultant for the Gates Foundation*)

Bali, July 19, 2025



IMMUNIZATION
ECONOMICS.ORG

Managed by
THINK
WELL

See you tomorrow at 8:30

1

The economics of
reaching zero-dose
children

2a

Financing,
sustainability & donor
transitions

2b

Vaccine portfolio
optimization &
prioritization

TOMORROW

Immunization Economics Pre-Congress Meeting

Bali, July 19-20th, 2025

Scan to see
the agenda



Wifi login details:

Network: IHEACongress

Password: Bali2025!



**IMMUNIZATION
ECONOMICS.ORG**

Managed by
**THINK
WELL**