

Strengthening national capacity for evidencebased immunization policy: The case of program costing in Honduras

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Tools for evidence-based decisions on new vaccines

Pan American

- ProVac's Goal: strengthen national capacity to make informed, evidence-based decisions regarding vaccine introduction
- Current focus on 4 vaccines:
 - Rotavirus
 - Pneumococcal conjugate
 - HPV
 - Influenza
 - (in the future: dengue, malaria, second generation & others)

Objectives of the ProVac Initiative

Objective 1

Strengthen infrastructure and processes for decision making

- NITAG strengthening
- Legal frameworks
- South-south academic network

Objective 2

Develop tools for EE and provide training to multidisciplinary teams

- Cost-effectiveness models
- Program costing model
- Regional training workshops

Objective 3

Collect data, perform analysis and gather the framework of evidence

- Direct country support
- Methodological guidelines

Objective 4

Advocate for evidence based decisionmaking

- Results presented to authorities
- Technical reports & policy briefs

Objective 5

Support an effective & sustainable NUVI

Costing exercises to inform new vaccine intro





Call to action...

- Institutionalizing evidencebased immunization policy
- Expanding evidence base beyond cost-effectiveness
 - Equity concerns
 - Affordability
- Promoting routine use of evidence in continuum of decisionmaking
 - Management: planning, evaluation
 - Post-introduction strategy changes



Washington, D.C., USA, 30 September-4 October 2013

CD52 R14 (Eng.) ORIGINAL: ENGLISH

RESOLUTION

CD52.R14

EVIDENCE-BASED POLICY-MAKING FOR NATIONAL IMMUNIZATION PROGRAMS

THE 52nd DIRECTING COUNCIL.

Having considered the document Evidence-based Policy-making for National Immunization Programs (Document CD529);

Recognizing the increasing need for governments to have strong evidence bases for their resource allocation decisions in order to ensure positive, equitable, and sustainable health results;

Recalling the commitment of all Member States and stakeholders to bolster national capacities for evidence-based immunization decision-making documented in the Global Vaccine Action Plan endorsed by the Sixty-fifth World Health Assembly;

Aware of ongoing efforts to institutionalize evidence-based decision-making in public health, as stated in Resolution CSP28.R9, and acknowledging the existing capacity in several countries to foster a broader scale-up of these efforts;

Noting the need for Member States to prepare and plan for evaluating the adoption of vaccines in the pipeline that may come at a substantially higher cost than traditional vaccines, while maintaining other achievements in immunization.





Example: Assessing the cost of routine IM in Honduras

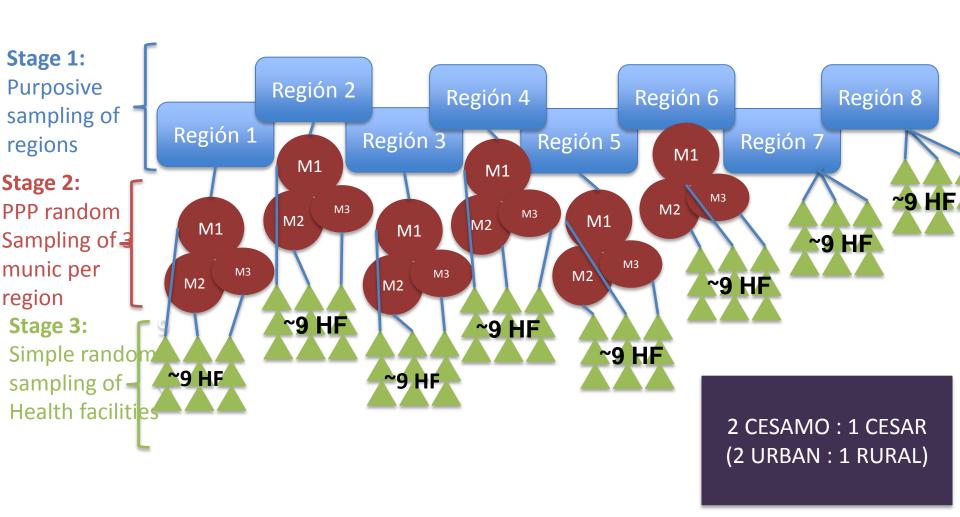
- In context of rising program resource needs,
 Honduras EPI requested support to assess the cost of routine immunization
 - New vaccine introduction in 2009 and 2011
 - Expanding program
 - Challenge meeting coverage targets at sub-national level
 - GAVI-graduating
- Training meetings to conduct study
 - September 2011: study design and available data sources
 - February 2012: data collection and management
 - March 2012: data analysis and interpretation of results
 - April 2013: national dissemination of results





Sample design

Universe: 20 sanitary regions, 298 municipalities, 1458 public sector immunization providers



Data collection

Recurrent and capital costs (annualized @ 3%) collected in Lempira and converted to 2011 US\$





ProVac EPI cost tool paper forms Universidad Nacional de Colombia

Encuesta a las instituciones vacunadoras del PAI de Honduras

(CESAMO líder): R1M1F1-5711

Esta encuesta es usada para identificar información del uso de recursos del Programa Ampliado de Inmunizaciones (PAI) para la administración de la vacunación en Honduras. Por favor complete los datos de forma tan precisa como le sea posible. Le recomendamos que para responder estas preguntas se base en los reportes administrativos y otros "datos oficiales" cuando se encuentren disponibles. Si no cuenta con "datos oficiales" se recomienda reportar el mejor dato o "estimación" posible por parte los expertos de su establecimiento. El Estudio de costeo del PAI se realiza para 2011.

Formulario 1. Identificador para la Herramienta de Costeo del PAI

1. Nombre Establecimiento	El Porvenir
2. Dirección Establecimiento	
3. Región Sanitaria	Atlántida
4. Municipio	El Porvenir
5. Persona entrevistada	

6. Contactos claves para el seguimiento. Identifique 2 personas que puedan ser contactadas para seguimiento del

presente estudio.

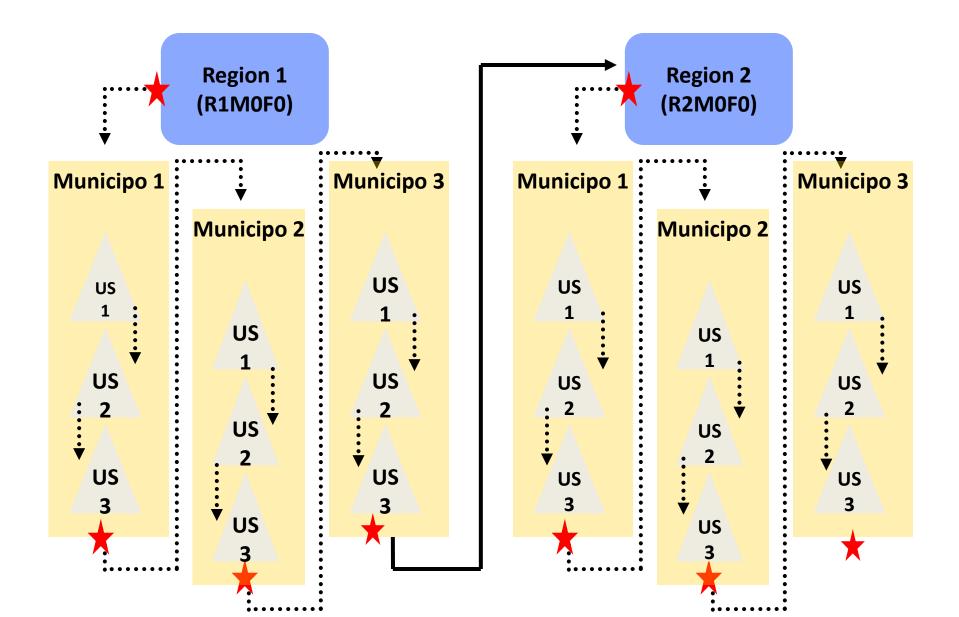
Bottom up

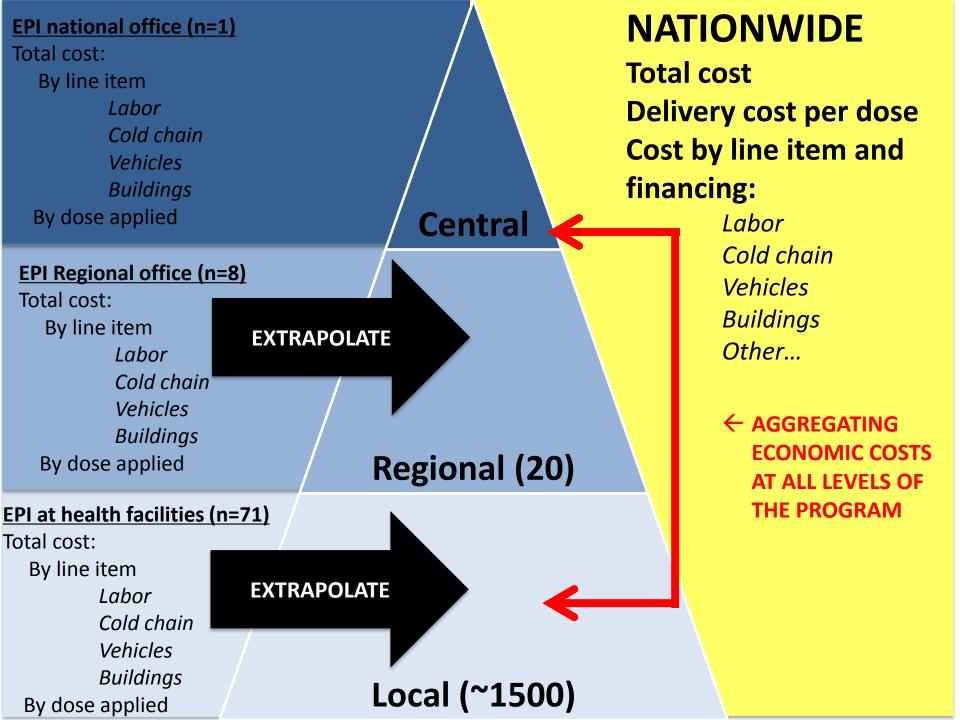
- Vaccines and supplies
- Human resources
- Cold chain
- Buildings
- **Vehicles**

Top down

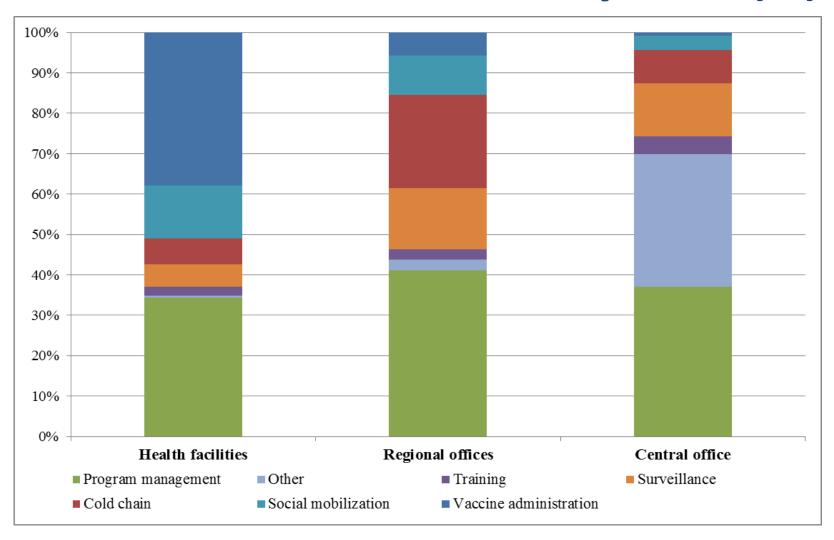
- Meetings
- Office materials
- Per diems, travel allowances







Key results: share of total labor costs, by level (%)



Key results: total costs EPI Honduras, 2011 US\$ in thousands

Category	Facility	Regional	Central	TOTAL
Vaccine	\$0	\$0	\$7,320	\$7,320 (23%)
Labor	\$15,404	\$1,800	\$449	\$17,653 (55%)
Volunteers	\$713	\$0	\$0	\$713 (2%)
Cold chain	\$981	\$246	\$42	\$1,269 (4%)
Vehicles	\$113	\$115	\$86	\$314 (1%)
Buildings	\$833	\$104	\$23	\$961 (3%)
Other	\$1,049	\$1,055	\$1,484	\$3,589 (11%)
TOTAL	\$19,094	\$3,321	\$9,404	\$31,819 (100%)

^{*}Vaccine costs are derived from traditional vaccines (BCG, MMR, OPV, DPT+Hib+HepB, etc.) prices from PAHO Revolving Fund and new vaccine prices from country GAVI copayment; also supplies are considered in this row.

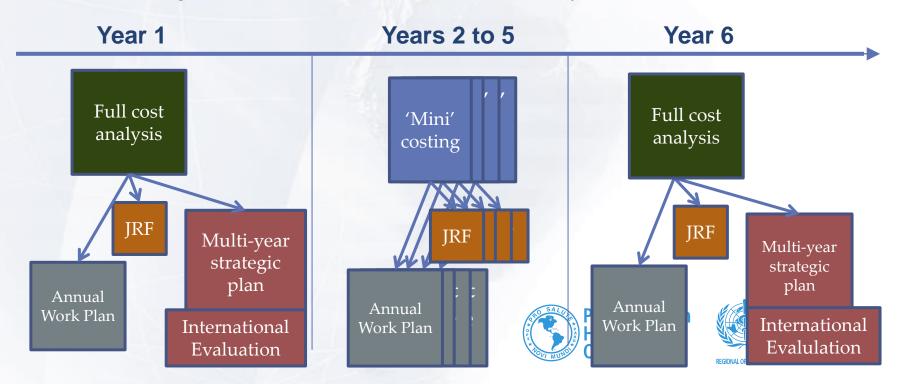
Delivery costs at health facilities (US\$, 2011)

- Cost per dose delivered ranges widely
- Average (total costs/total doses): \$6.40
- Lower limit in sample: \$1.18
- Upper limit in sample: \$33.40

Facility type	OBS.	MEAN	SE	95CI LB	95CI UB
		\$	\$		
CESAMO	37	4.56	0.60	\$ 3.34	\$ 5.77
		\$	\$		
CESAR	31	7.68	1.75	\$ 4.16	\$ 11.21
		\$	\$		
HOSPITAL	3	1.58	0.17	\$ 1.23	\$ 1.92

Strengthening routine use of costing assessments for program planning

- <u>Every 5 years</u>: comprehensive analysis of costs and financing to inform strategic multi-year planning (with national sample)
- Annually: mini-analysis of costs and financing to inform annual work plan, budget and reporting (without sampling; only updating prices and reflecting other changes to resource use and/or investment)



Concluding remarks

- ProVac is the opposite to "consultants parachuting in": it is all about capacity building at the country level
- User-friendly, adaptable tools are critical for generating data for real-time use
- New PAHO Resolution will provide guidance for the future of ProVac





