







Effects and cost-effectiveness of Measles vaccination campaigns

Evidence from Bandim Health Project

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MINISTRY OF FOREIGN AFFAIRS OF DENMARK



INTERNATIONAL DEVELOPMENT COOPERATION

Measles vaccination campaigns



From smallpox eradication campaigns in West Africa in the 1960s

Targets for measles elimination



Disease eradication - reaching all

\rightarrow Evaluation: Coverage

Measles vaccination campaigns

- Measles vaccination campaigns in LMIC (>1 billion doses of MV)
- Guinea-Bissau: measles campaigns every 3 years since 2006



First studies of the effect of MV campaigns

 2006 campaign in rural Guinea-Bissau
 2012 campaign in Bissau city (urban)
 (Best data available)

Bandim Health Project

A platform for testing real-life effects of health interventions









Measles vaccine (MV) campaign 2006 - Rural



Survival during follow-up



Mortality by routine measles vaccination status



Measles vaccination campaign 2012 - Urban

Campaign Dec. 2012



End of follow- up Dec. 2013

<u>Participants</u>: information during campaign or after campaign <u>Non-Participants</u>: information after campaign No information



Mortality during follow-up





Boosting with measles vaccine





- Lower mortality after Measles vaccination campaigns
- Especially among previously vaccinated although one dose of measles vaccine is considered full protective against measles infection
- Preliminary analyses of data from 1996-2015 from Navrongo also indicate beneficial effects of measles vaccination campaigns – 26% (11-38%) lower mortality after four campaigns.

Cost-effectiveness (CE) of measles campaigns All children 9-59 months of age in Guinea-Bissau in 2012 (n=247,786) Societal perspective



Results

• Total costs of 2012 campaign: USD 272,441

Effect estimate	Deaths averted	Life Years gained	CE-ratio (Life years gained)	CE-ratio (deaths averted)
72% mortality reduction (2012 campaign)	7,279	192,141	USD 1.33/Life year gained	USD 35.2/Death averted



In comparison, introducing HPV costed <u>USD 20-470/Life year saved</u> in Kenya, Uganda, Mozambique and Tanzania (Campos et al, Int J Cancer, 2012)

Conclusions and recommendations

Conclusions;

- Beneficial to receive more than one dose of measles vaccine
- May have contributed importantly to lowering overall child mortality
- Campaigns are highly cost-effective Recommendations;
- Continue campaigns
- Evaluate the overall effects of campaigns
- Take NSE into account when conducting costeffectiveness analyses of vaccines



Costs

Health system related costs

Operational costs (WHO)



- Measles vaccine, syringes and boxes (Measles&Rubella initiative)
- Health worker salary (micro-costing study)
- Hospital admissions averted <u>Household related costs</u>

🐼 🎎 USD per hospital bed day averted

Hospital admissions

- Maternally reported hospital admission rates from the trimonthly HDSS visits (2011-2012)
- Median duration of admission
- USD 15 pr. hospital bed day (micro-costing study)
- Assumption: 30% lower hospit admission among participants (Martins, JID, 2014)



