

#### SCHOOL OF PUBLIC HEALTH

Department of Global Health and Population

## Quantifying Equity & Poverty Reduction Benefits of Vaccines

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### **Outline**

### **Background**

- The post-2015 agenda and the discourse on poverty

### **Extended cost-effectiveness analysis (ECEA)**

- Economic evaluation for health policy assessment
- Seeking "cost-effective" investments in poverty reduction & equity

### **Application of ECEA to vaccines**

- Systematic breakdown of vaccine-preventable disease by income group
- Financial risk protection provided by vaccines

### **Conclusions**

Vaccines & global health priority setting



### **Background**

The post-2015 agenda and the discourse on poverty



### End of poverty by 2030

### **Sustainable Development Goal 1**

"End poverty in all its forms everywhere"

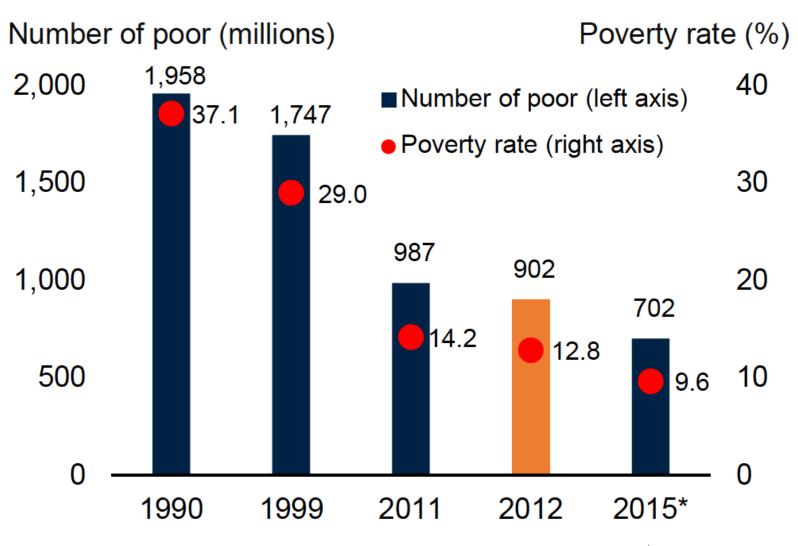
### **World Bank objectives**



- (1) To eradicate extreme poverty (< \$1.90 per day) by 2030
- (2) To boost shared prosperity by raising the incomes of the bottom 40% of populations



### Trends in poverty

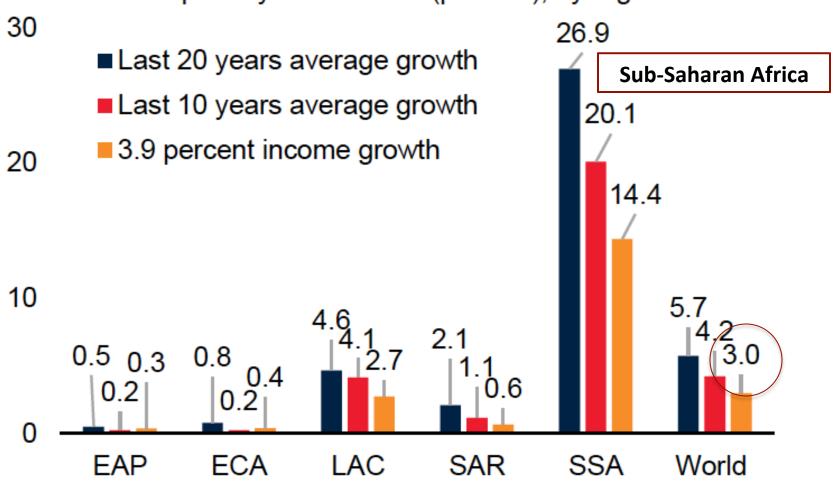


Cruz et al. World Bank 2015



### Aspirational poverty by 2030

Simulations of poverty rate in 2030 (percent), by region and world



### **Sustainable Development Goal 3**

"Achieve universal health coverage, including financial risk protection for all"



## How to achieve the poverty objective by 2030?

### Usual requirements are put forward:

- Sustaining growth: leadership and governance, macroeconomic stability, market orientation
- Investing in human development: education, health
- Insuring against risks: social policies and programs, insurance



### THEY LACK OF SPECIFIC PROPOSITIONS AND QUANTIFICATION OF IMPACT AND COST



## Extended Cost-Effectiveness Analysis (ECEA)

Economic evaluation for health policy assessment Seeking "cost-effective" investments in poverty reduction & equity



## Economic evaluation for Health Policy Assessment

#### From: Traditional Economic Evaluation

 Cost effectiveness of technical interventions targeting specific diseases (e.g. antiretroviral drugs for AIDS)

### To: Priority Setting in Policy

- Resources allocated across different options: delivery platforms, instruments of policy (e.g. public finance, taxation, legislation)
- Multiple criteria: burden, costs, effectiveness, affordability, equity, medical impoverishment



## Policy objective: "cost-effective" investments in poverty reduction, financial risk protection & equity

\$ per Financial Risk Protection provided (e.g. \$ per poverty case

Policy 1

Financial risk
protection
(Poverty cases averted)

Policy 2

Policy 4

Policy 2

Policy 4

Policy 2

Cost (\$)

Verguet, Laxminarayan, Jamison. Health Economics 2015

## ECEA = Health Policy Assessment, with dimensions of equity & medical impoverishment

### **Extended Cost-Effectiveness Analysis (ECEA)**

- (1) Distributional consequences across distinct strata of populations (e.g. socio-economic status, geographical setting, gender)
- (2) Financial risk protection: quantify household medical impoverishment averted by policy



### **ECEA** approach

### **Examine specific health policy** (e.g. public finance for vaccine)

### **Health gains**

(e.g. vaccinepreventable disease related deaths averted)

## Household expenditure averted

(e.g. private vaccinepreventable disease treatment averted)

## Financial risk protection benefits

(e.g. household impoverishment averted)

Poorest

Poor

Middle

Rich

Richest

Verguet, Kim, Jamison. PharmacoEconomics 2016

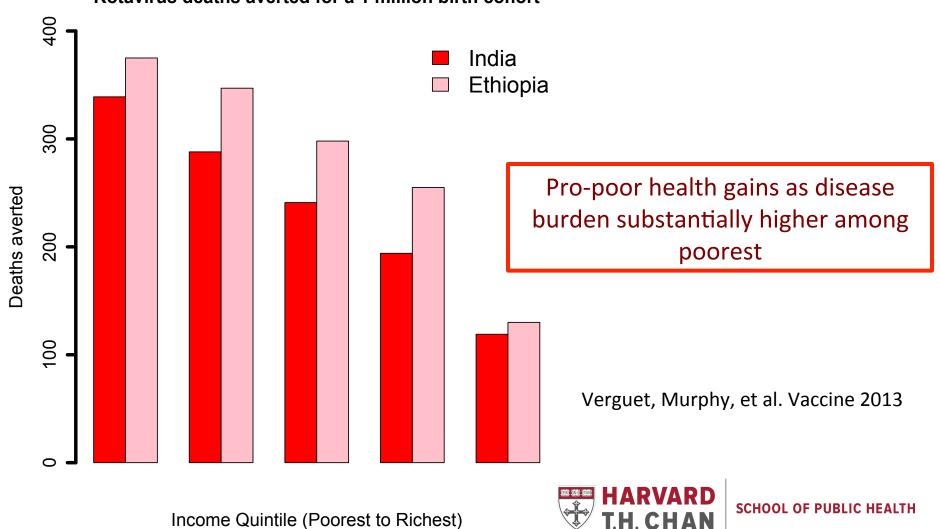


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### 1. Distribution of health gains,

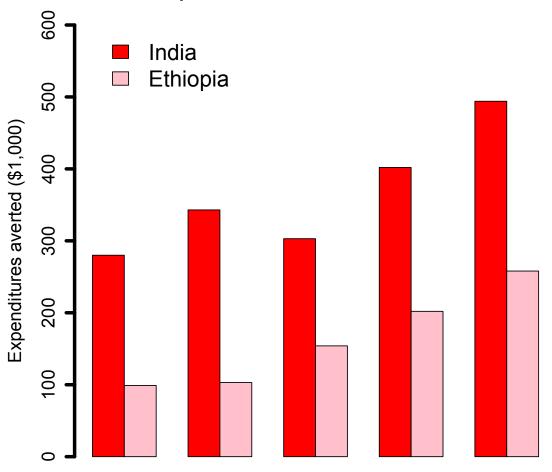
### e.g. rotavirus vaccine

Rotavirus deaths averted for a 1 million birth cohort



## 2. Distribution of out-of-pocket (OOP) costs averted, e.g. rotavirus vaccine

Household expenditures averted for a 1 million birth cohort



OOP averted higher among richer quintiles as healthcare utilization higher among richest

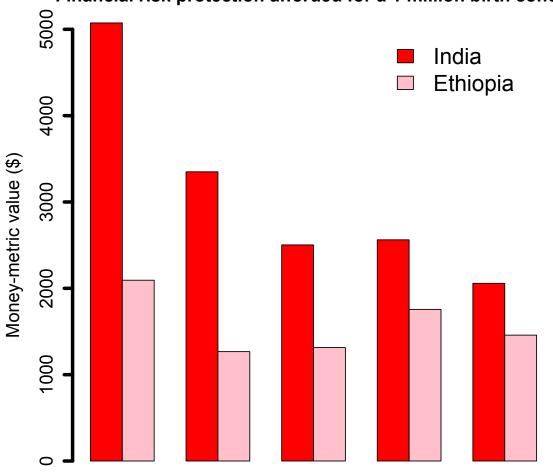
Verguet, Murphy, et al. Vaccine 2013

Income Quintile (Poorest to Richest)



## 3. Distribution of financial risk protection, e.g. rotavirus vaccine





Financial risk protection higher among poorest as they have less disposable income

Verguet, Murphy, et al. Vaccine 2013

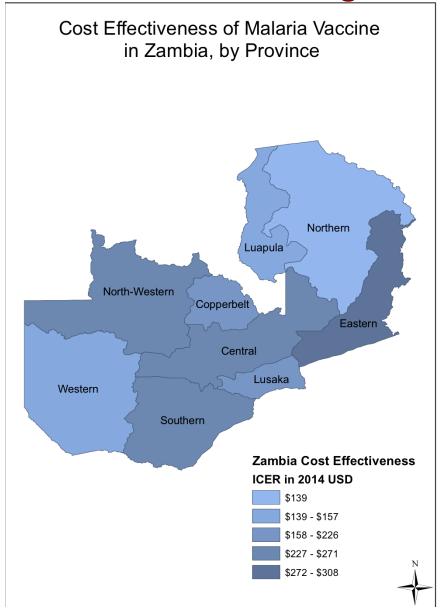
Income Quintile (Poorest to Richest)

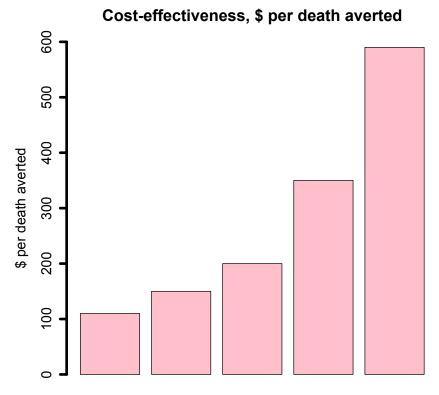


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### 4. Disaggregated cost-effectiveness,

e.g. malaria vaccine





Income quintile (poorest to richest)

Most cost-effective among poorest

Lingrui, Fink, et al. In preparation



### **Conclusions**

Vaccines & Global Health Priority setting



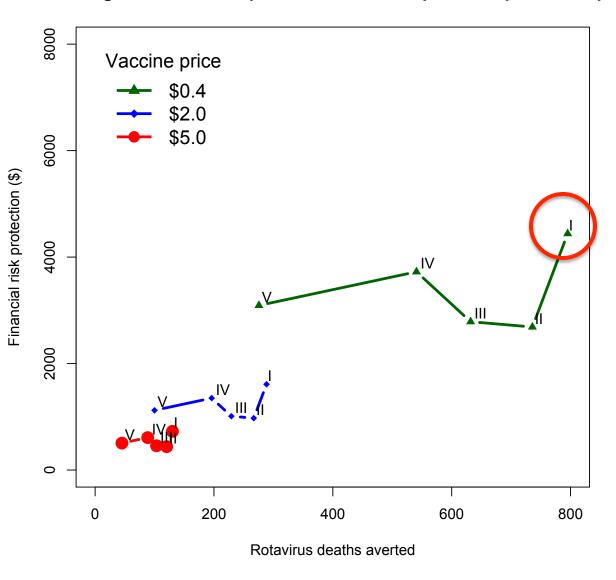
#### Health gains & financial protection afforded, per \$1M spent, Ethiopia

## ECEA: progressive prioritization

Public finance for rotavirus vaccine

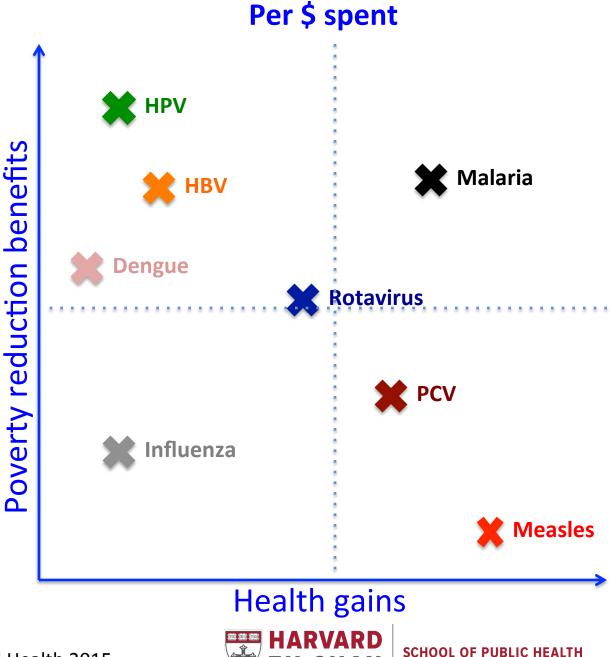
I = Poorest

V = Richest





# ECEA: Design of basic vaccine & health benefits package



## ECEA: priority setting beyond the health sector

Estimate efficient purchase of poverty reduction benefits by vaccines i.e. poverty cases averted per 1\$M invested

Health
Policy:
Poverty
averted
per \$1M
invested

Policy:
Poverty
averted per
\$1M invested

Policy:
Poverty
averted per
\$1M invested

Poverty
averted per
\$1M invested

Intersectoral comparison by Ministry of Finance & Development



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