

Marklate don cam: Scaling bundled health services in rural Sierra Leone

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Why are Vaccination Rates Lagging?



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COVID-19 vaccine acceptance and hesitancy in lowand middle-income countries

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Covid-19 vaccine acceptance is higher in every LMIC studied (average 80%), compared to USA or Russia



Childhood vaccine acceptance is very high in most low and middle income countries



Healthcare workers are the most trusted source of guidance on vaccine uptake in most LMICs.

In late 2021 in Sierra Leone, it took over 3 hours each way for the average rural person to get to a vaccination center, at a cost of 6.5 USD each trip



We conducted a trial in the most remote communities



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Last-mile delivery increases vaccine uptake in Sierra Leone

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Cluster RCT Results in Nature 627: 612-619, March 2024



- Immunization rates increased by ~26 percentage points within 48-72 h
- Auxiliary populations visited our community vaccination points, which more than doubled the number of inoculations administered

Cluster RCT Results in Nature 627: 612-619, March 2024



Cost per vaccine administered in 2000 USD

- Implementation cost: \$33 per person vaccinated (in 2022 US\$)
- Transportation cost of reaching remote villages was the biggest cost component



Implication

Given the large fixed costs of delivery to remote communities, taking a bundle of useful health interventions on the same trip would lower cost per person treated.

Pilot Data for identifying the <u>Bundle</u> of interventions



Descriptive pilot data collected from 418 households in rural remote communities indicates:

- Poor drinking water quality and very little chlorination. Details
- Routine childhood immunization rates below MoHS targets. Details
- Malaria vaccine and HPV vaccination rates very low. Details

<u>Bundle</u> we intend to distribute in a new trial We formed a coalition to procure a bundle of health services:

- 1. Routine immunizations for children under 5
 - BCG, pneumococcal, rotavirus, IPTi, MCV, yellow fever, Malaria RTs, IPV, pentavalent, OPV
- 2. HPV vaccines for girls aged 10-17
- 3. Health services that protect infants and children
 - Vitamin A drops
 - Deworming pills
 - ORS/Zinc sachets to treat cases of diarrhea
 - Chlorination tablets to treat drinking water

Research Design



Timeline of Activities



- **Cost-effectiveness:** What is the increase in DALYs per dollar spent delivering a bundle of health services to remote, rural communities?
- Individual incentives: do individual incentives (as unconditional cash transfer or travel vouchers) increase visits to health facilities? How does it compare to last-mile-delivery?
- **Re-delivery**: What are the marginal gains from visiting a community a second time?
- Longer-run effects: human capital investments for children, independent procurement of chlorine and ORS/Zinc, and increase trips to health facilities, water habits

Research questions

Secondary questions

- Heterogeneous treatment effects: by community remoteness, gender, age, initial attitudes towards vaccines, and initial attitudes of traditional authorities towards vaccines.
- **HPV:** Effects of in-home delivery of HPV relative to the standard in-school delivery
- **Spillover effects:** potentially through learnings of health facility staff in control communities, crowd-out of resources in health facilities, or visits to treated communities.
- Longer-run effects: on outcomes such as human capital investments for children, perceptions of acceptable taste of water, independent procurement of chlorine and ORS/Zinc, and increase trips to health facilities.

Thank you!







• On average, it takes people 20 mins to get from their house to the water collection point.





Routine child immunization vaccination rates are below target rates





- HPV vax rate very low in Sierra Leone. The target is to reach 95% vaccination
- Furthermore, including HPV in a bundle delivered outside schools targets girls who may be more at risk. This is quite unique in the literature