

Public finance of pneumococcal vaccine and pneumonia treatment in Ethiopia:

- an extended cost-effectiveness analysis

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Plan

- Burden of pneumococcal disease and pneumonia in Ethiopia
- Health benefits across income groups
- Costs of public finance
- Income equivalent equity weights
- Private expenditures averted
- Financial protection



Objective

- To evaluate the expected financial protection and health gains of two publicly financed child health programs in Ethiopia, pneumonia treatment and pneumococcal vaccination
- Averages will be spread across income groups

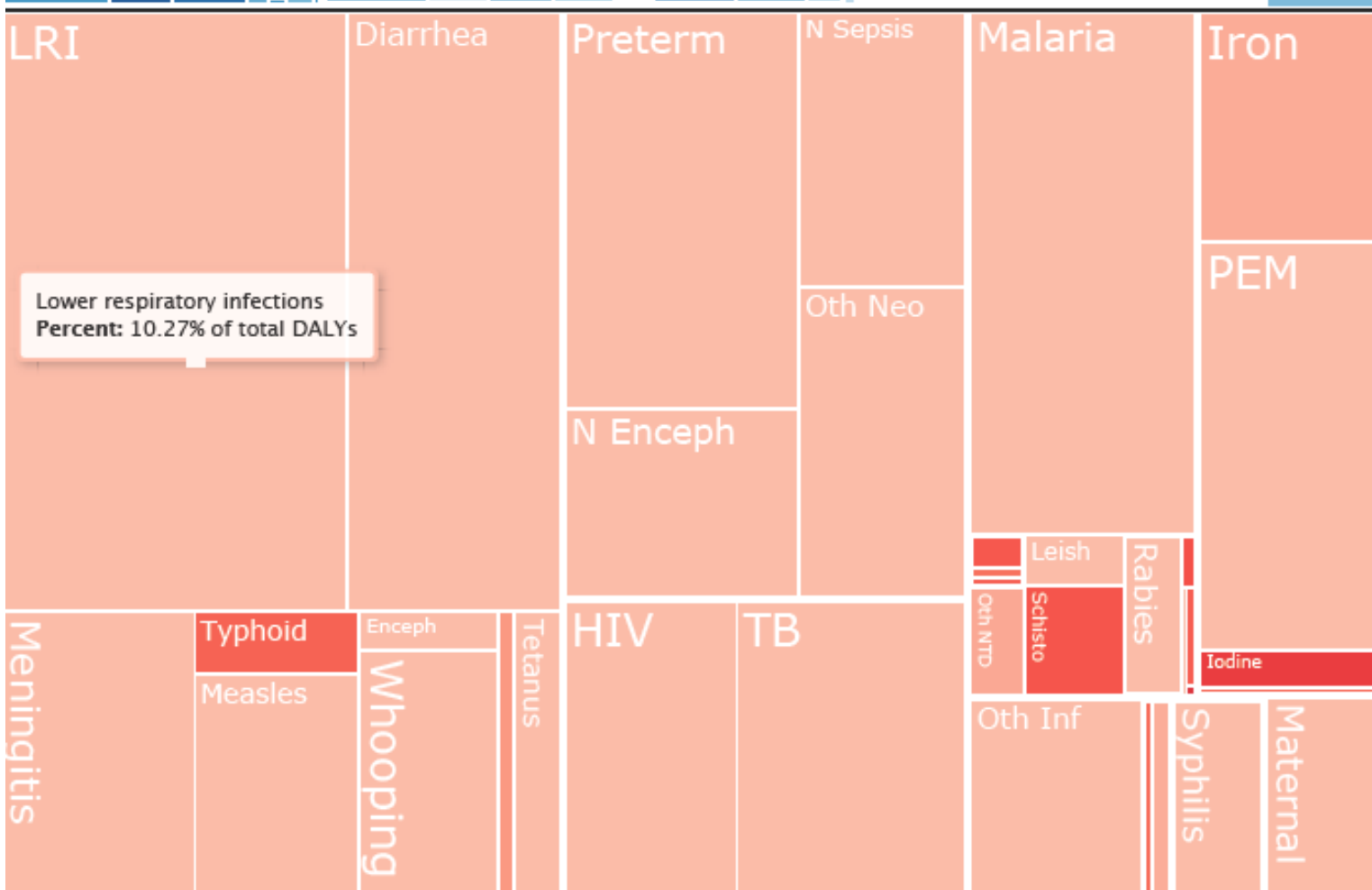
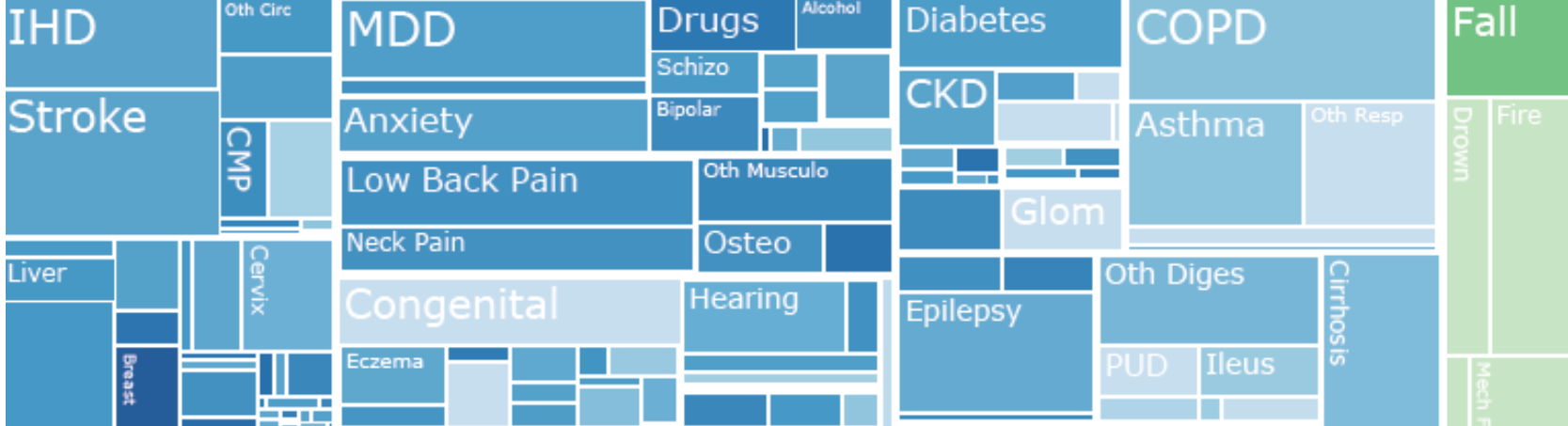




BACKGROUND

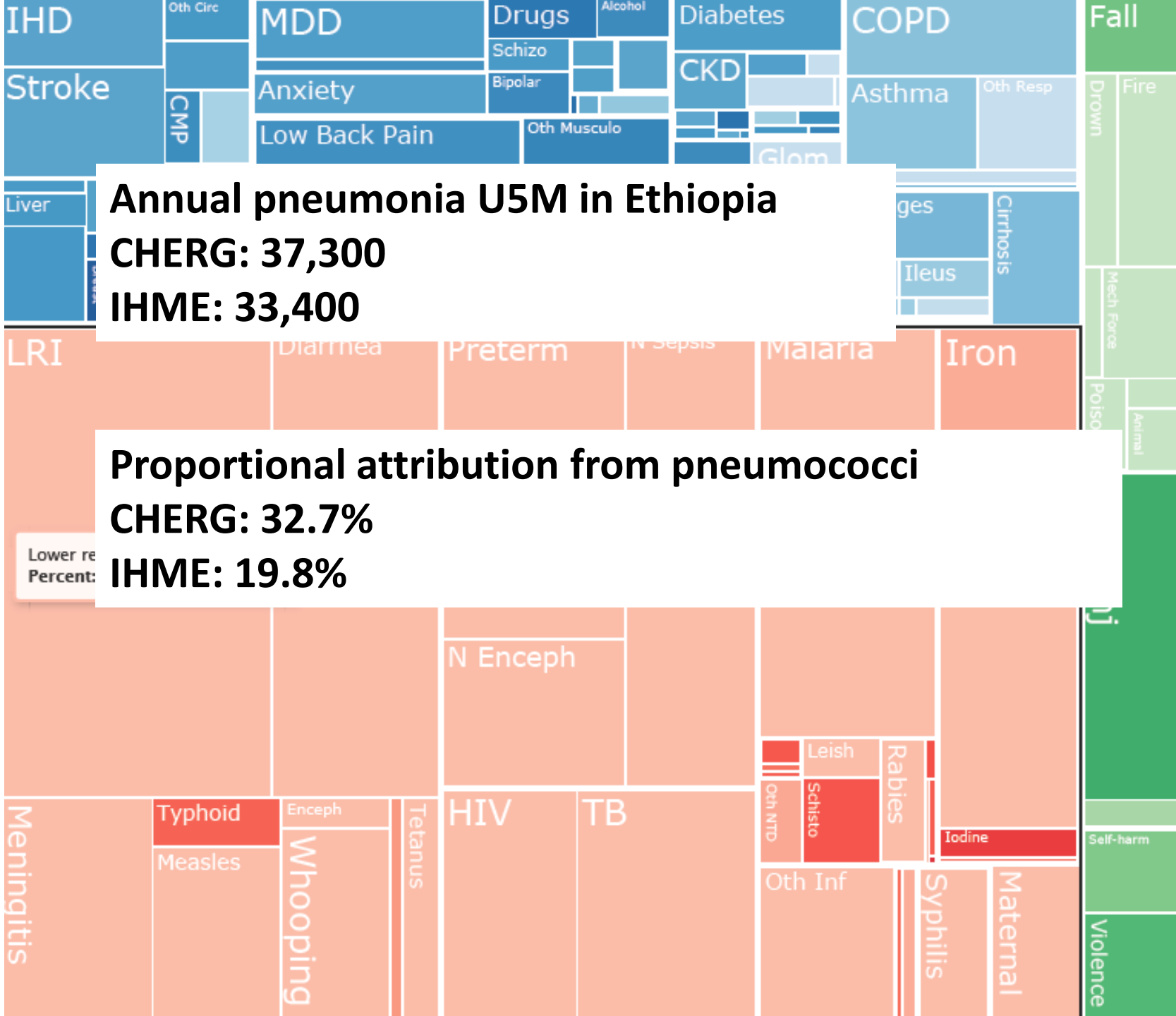
DISEASE BURDEN AND DEMAND





Lower respiratory infections
Percent: 10.27% of total DALYs





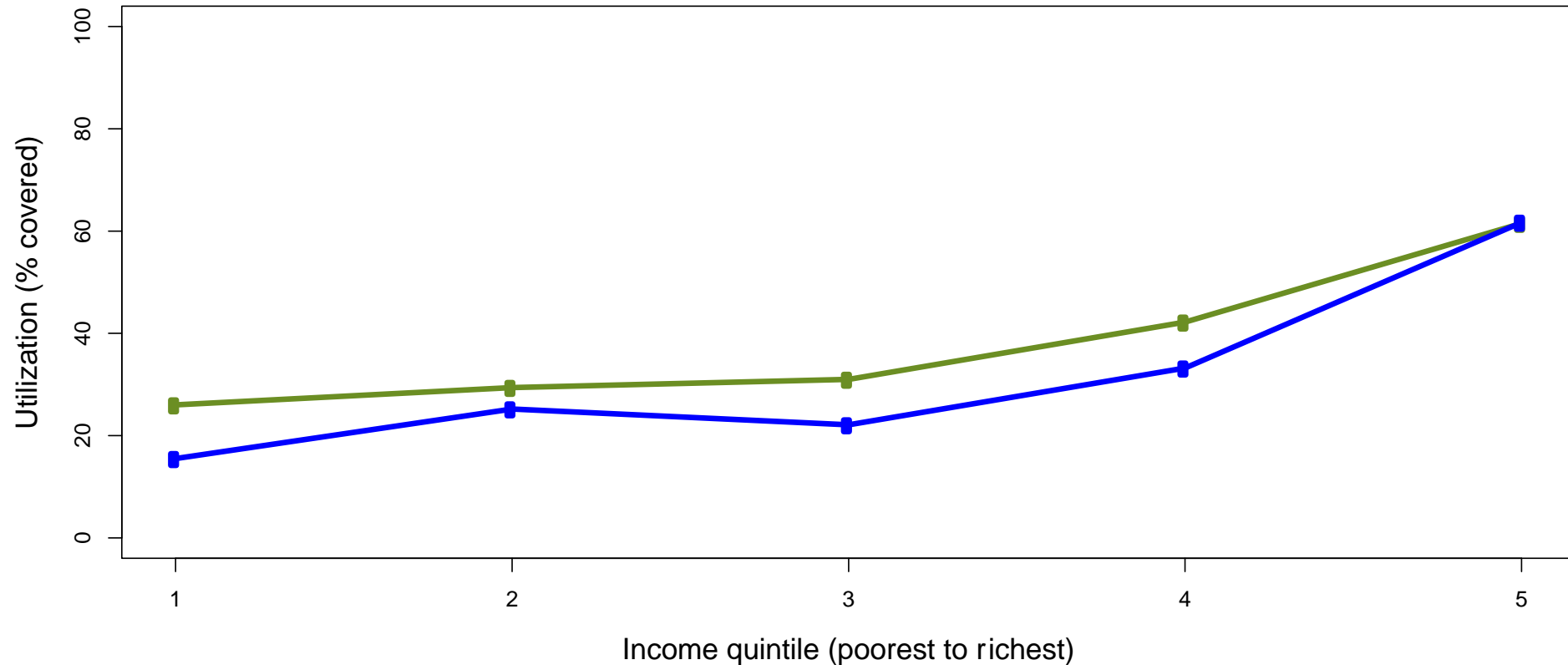
Annual pneumonia U5M in Ethiopia
CHERG: 37,300
IHME: 33,400

Proportional attribution from pneumococci
CHERG: 32.7%
IHME: 19.8%

Lower re
Percent:



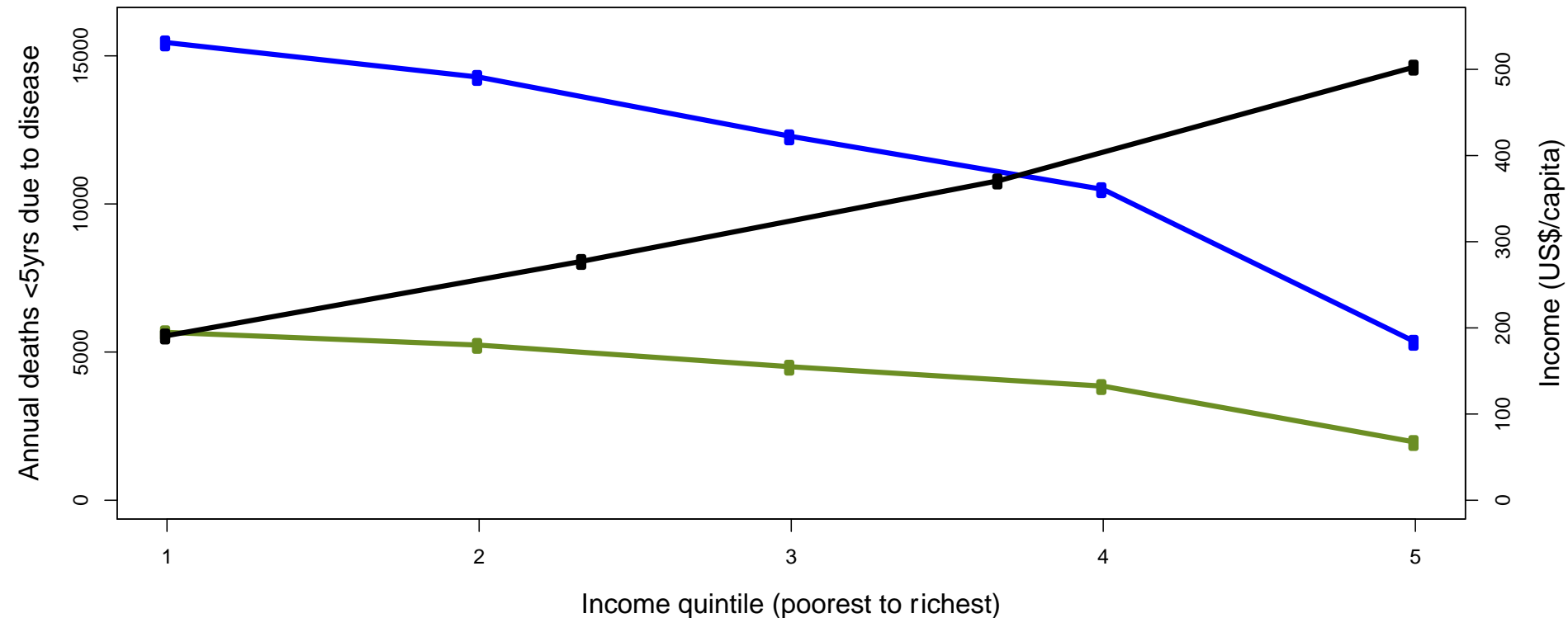
Utilization of health services



- Coverage of pneumococcal vaccine (average is 38%, same as current DTP3)
- Coverage of pneumonia treatment (average is 32% and we increase by 10%)



Disease burden and income distribution in Ethiopia



- Deaths due to pneumococcal disease
- Deaths due to pneumonia
- Annual income (US\$/capita)

,total annual deaths = 21,200
,total annual deaths = 57,800
,GDP=357 US\$/capita, GINI index = 0.3





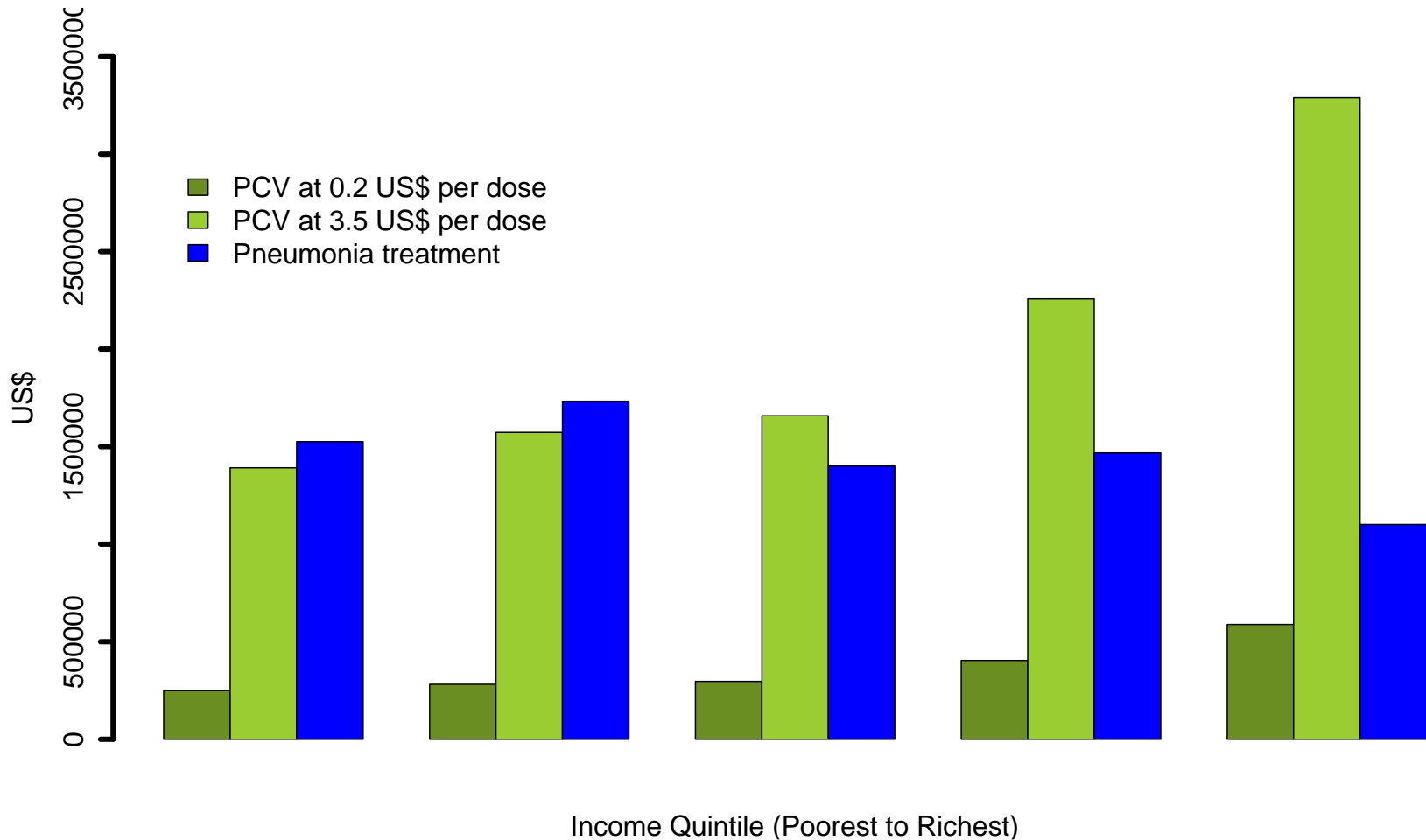
**ADVANCE
MARKET
COMMITMENTS**
for vaccines



**Saving children's lives and protecting
people's health by increasing access
to immunisation in poor countries**



Total costs of public finance of both interventions (close to 40% coverage)



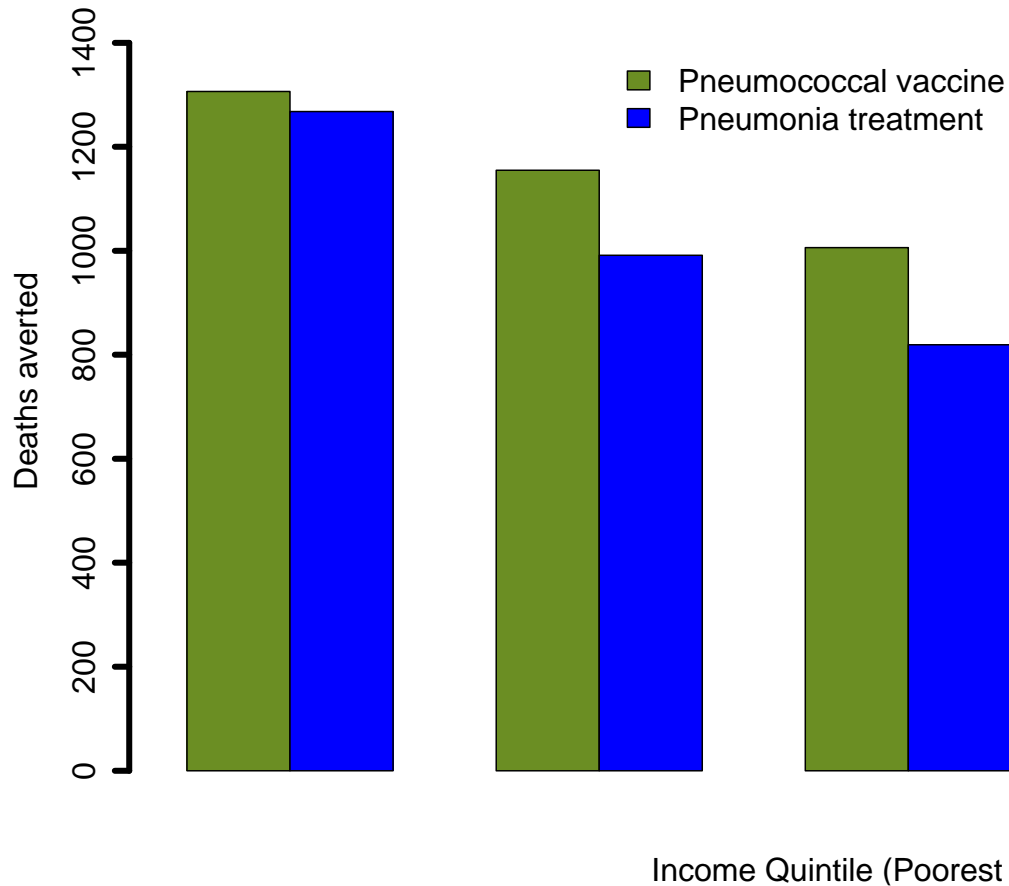
Deaths averted

per 1,000,000 US\$:

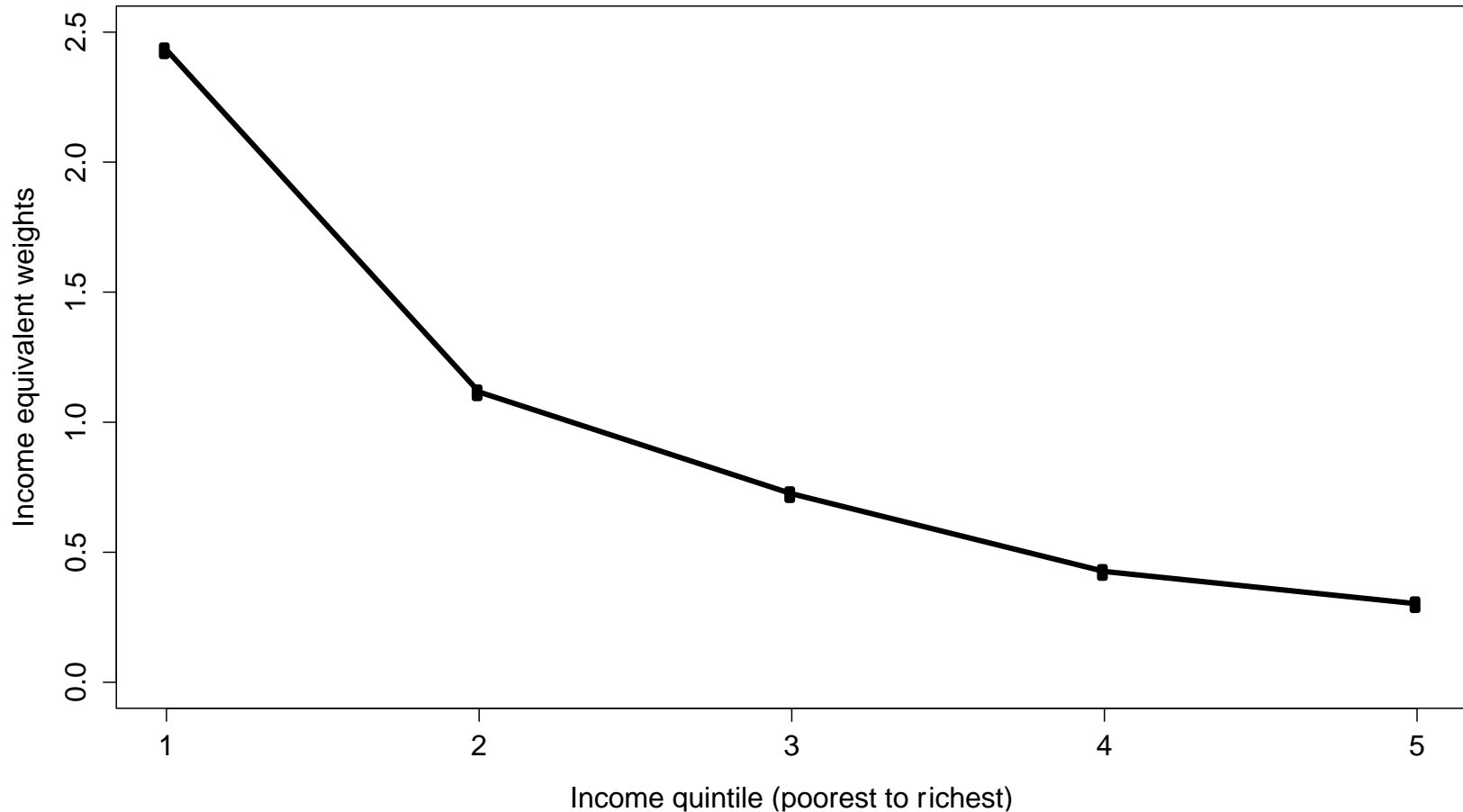
PCV (0.2 US\$): 3010

PCV (3.5 US\$): 540

Antibiotics: 560



Income equivalent health gains - *distributive weights applied*

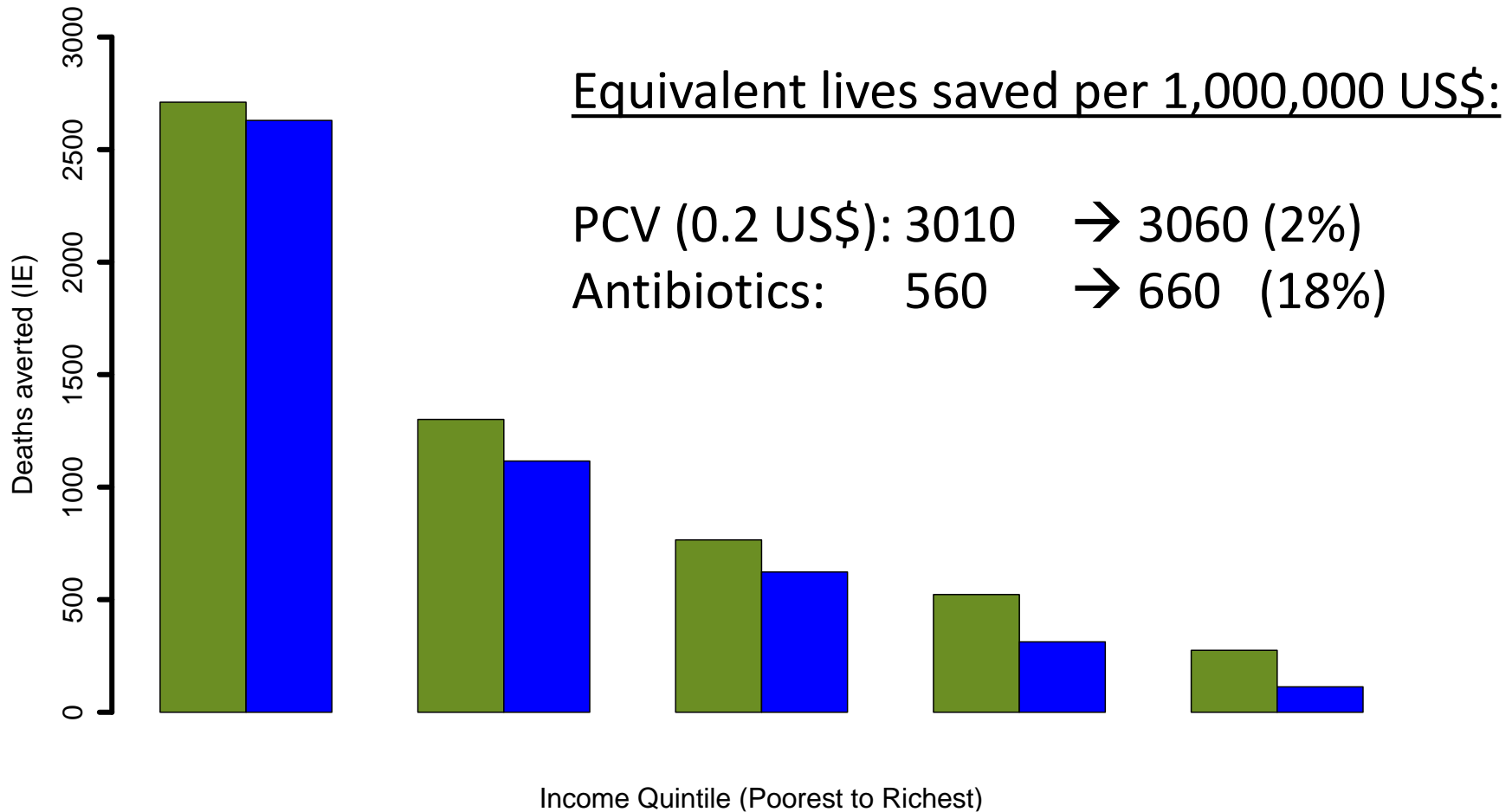


Ref: Fleurbaey M et al. Health Econ. 2012



Fair evaluation of PCV/antibiotics

- *income equivalent weights applied*

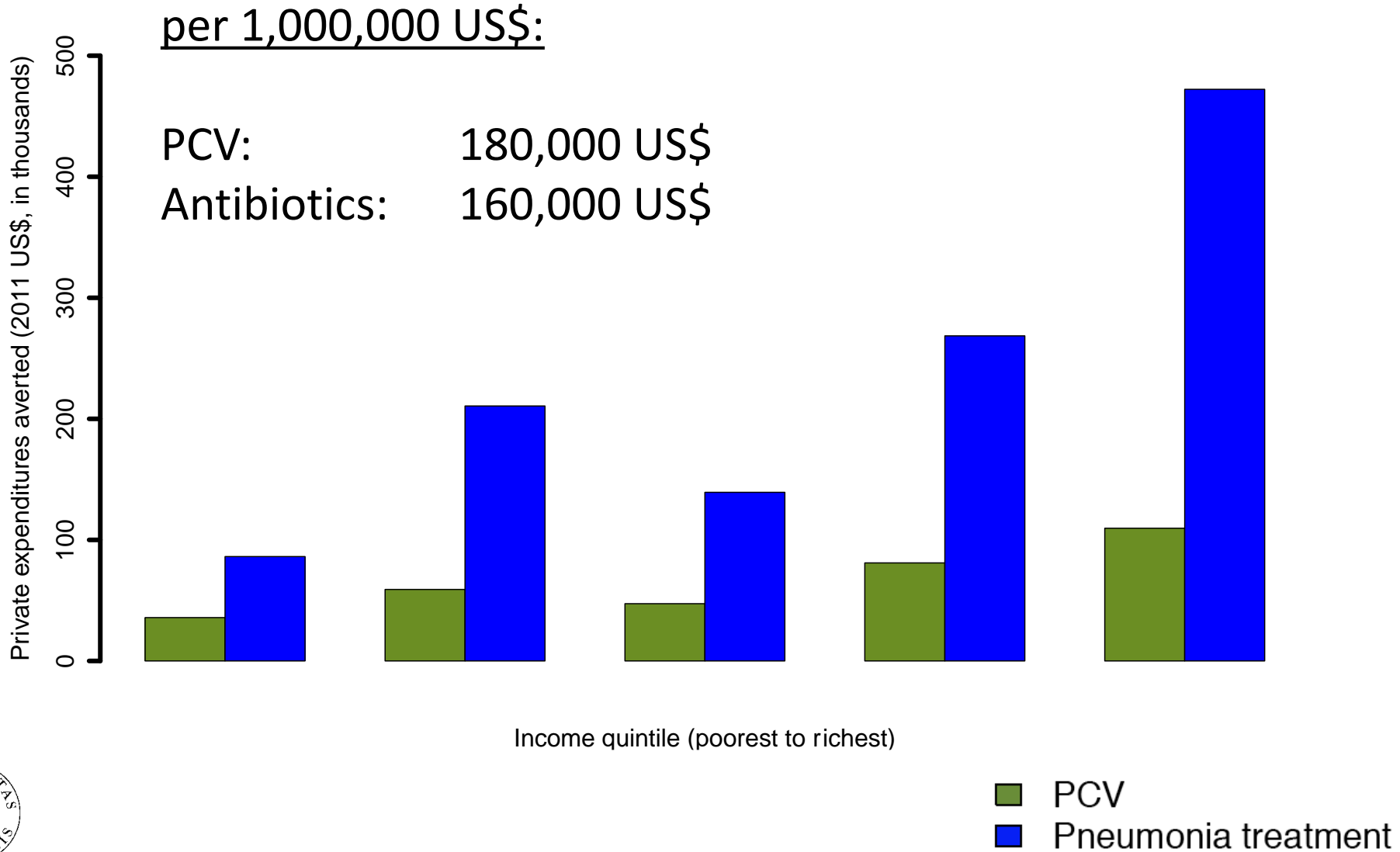


■ PCV
■ Pneumonia treatment

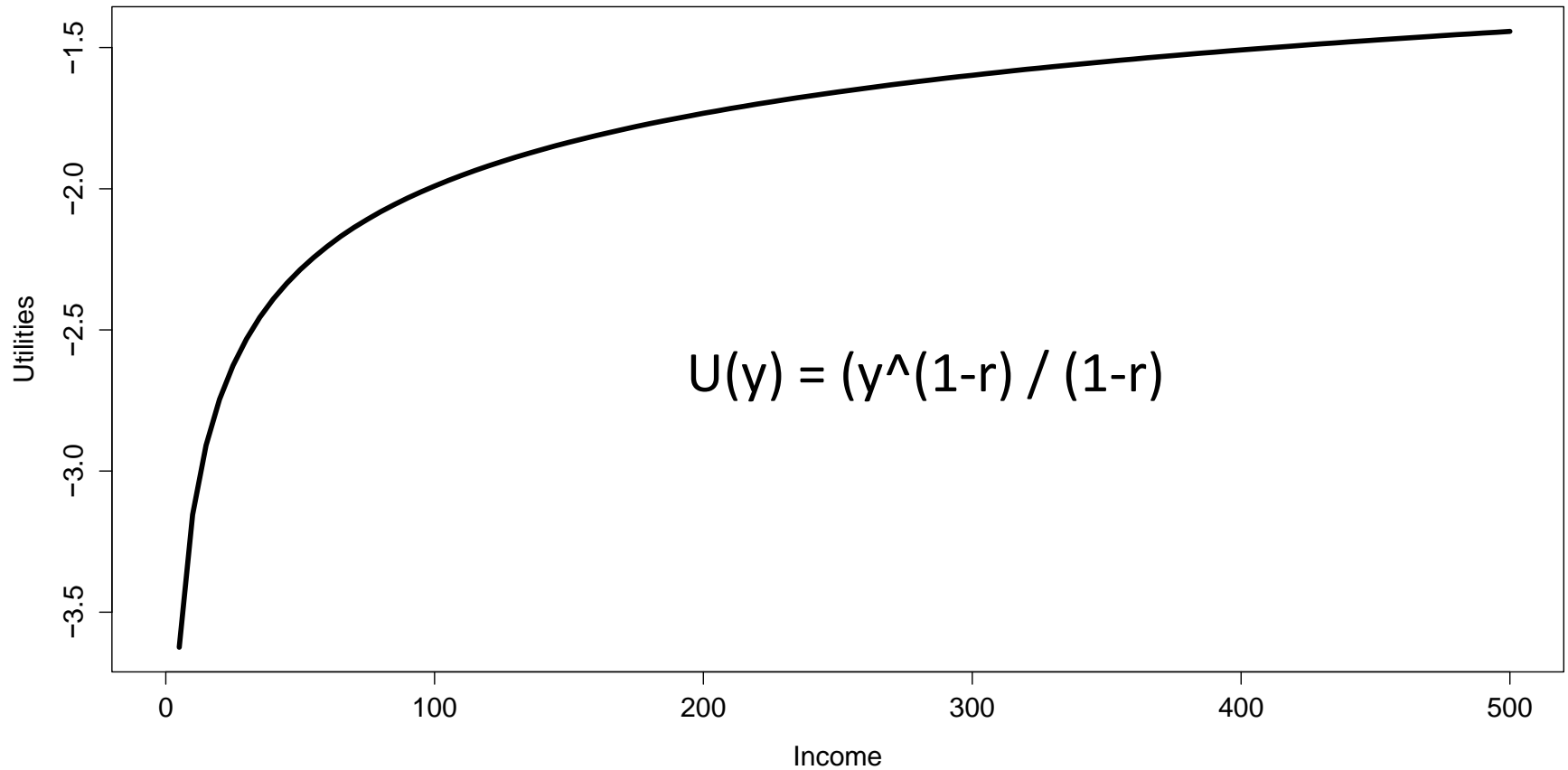
Financial protection



Household expenditures averted



Utility curve for financial protection



Ref. Finkelstein A., McKnight R. Journal of Public Economics. 2008; McClellan M, Skinner J, Journal of Public Economics. 2006;



Expected value of income

$$E(y) = (1 - I_0(y))y + I_0(y) (y - C_{\text{treatment}})$$

Expected value of utility

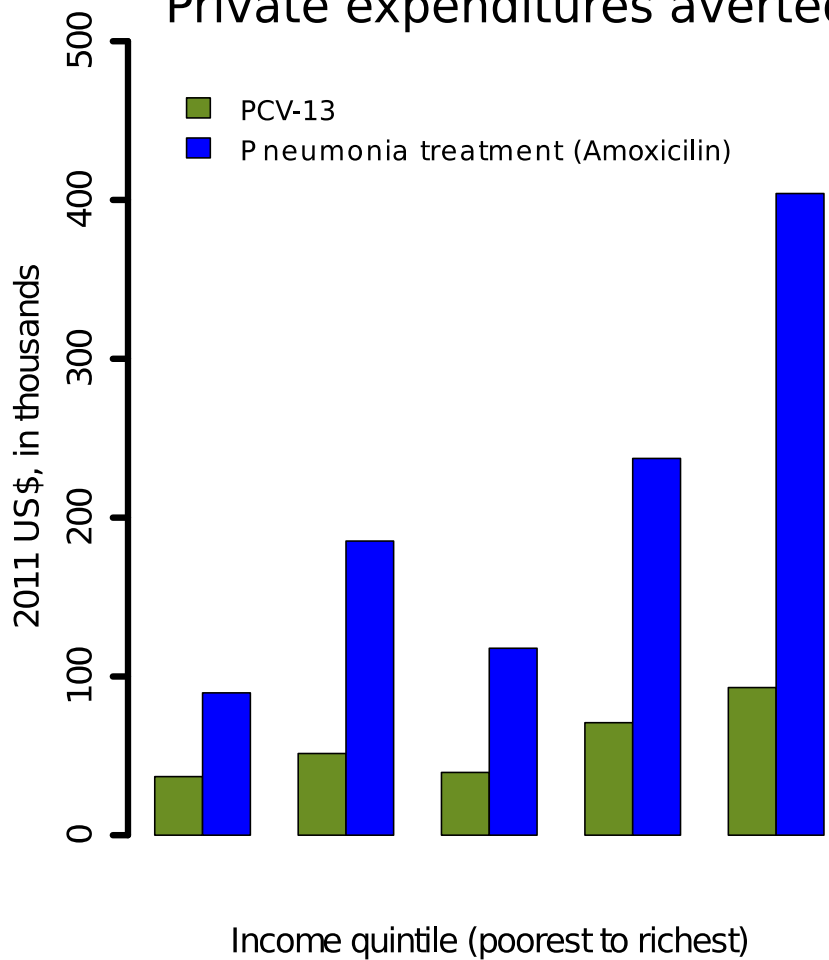
$$E_u(y) = (1 - I_0(y))u(y) + I_0(y) u(y - C_{\text{treatment}})$$

Insurance value / certainty equivalent

$$V(y) = E(y) - u^{-1}[E_u(y)]$$

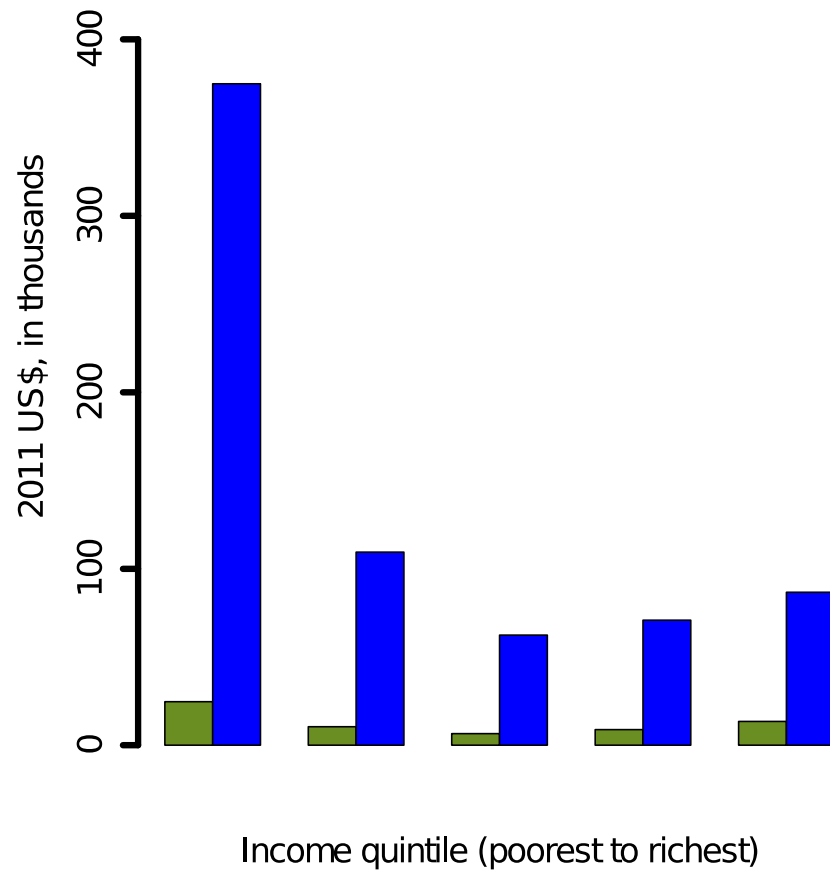


Private expenditures averted

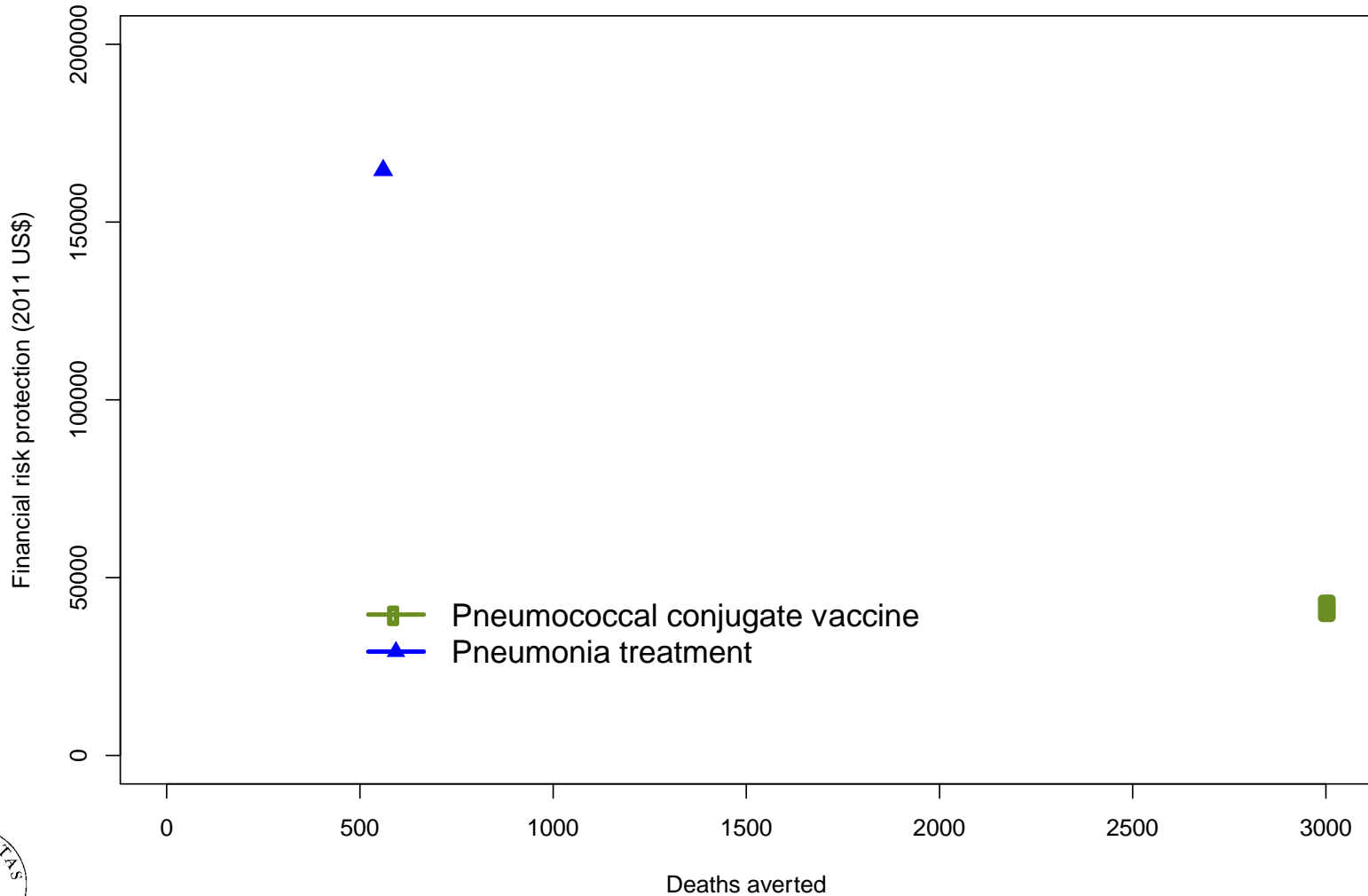


Financial protection

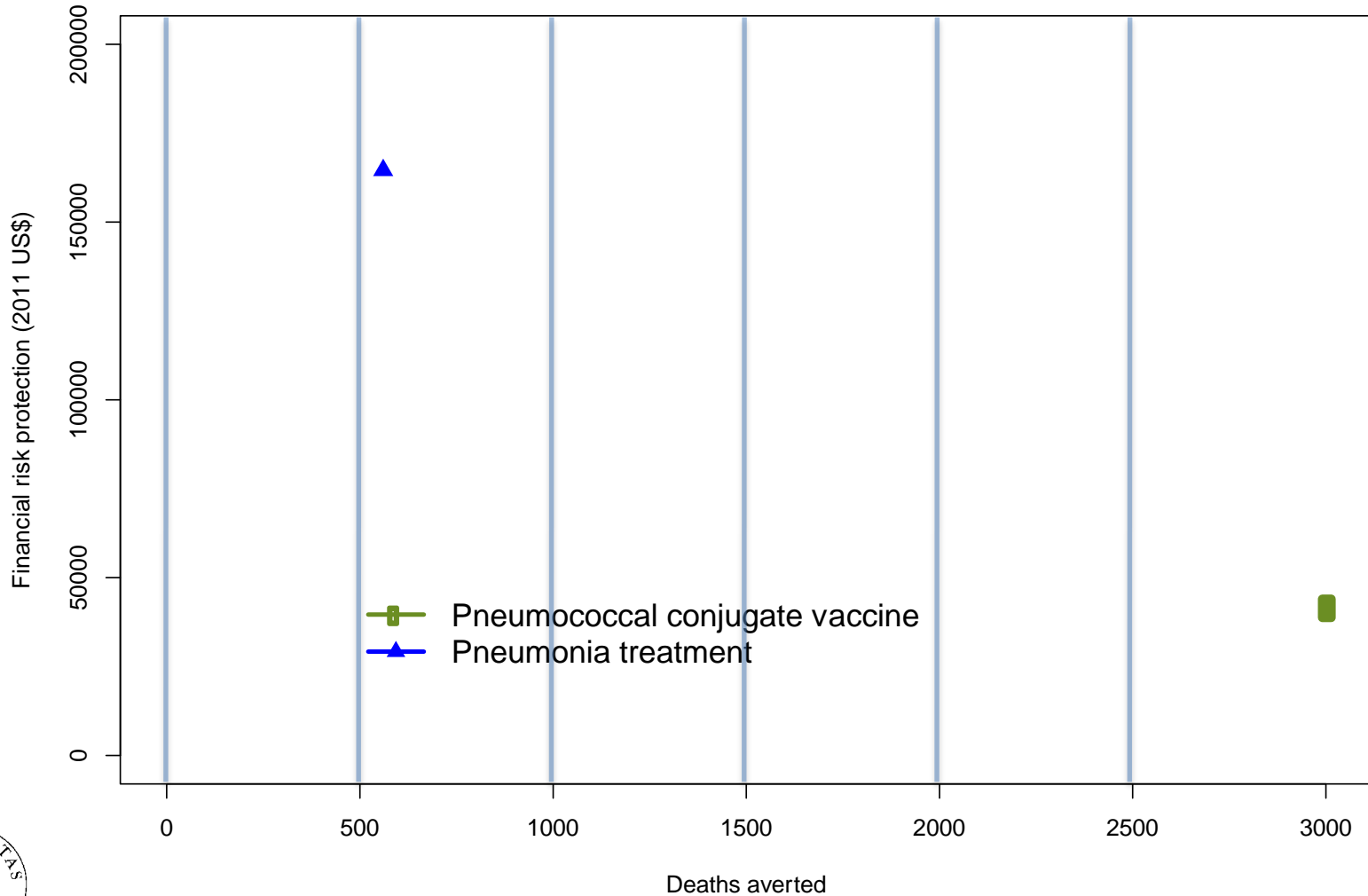
- money metric value of insurance



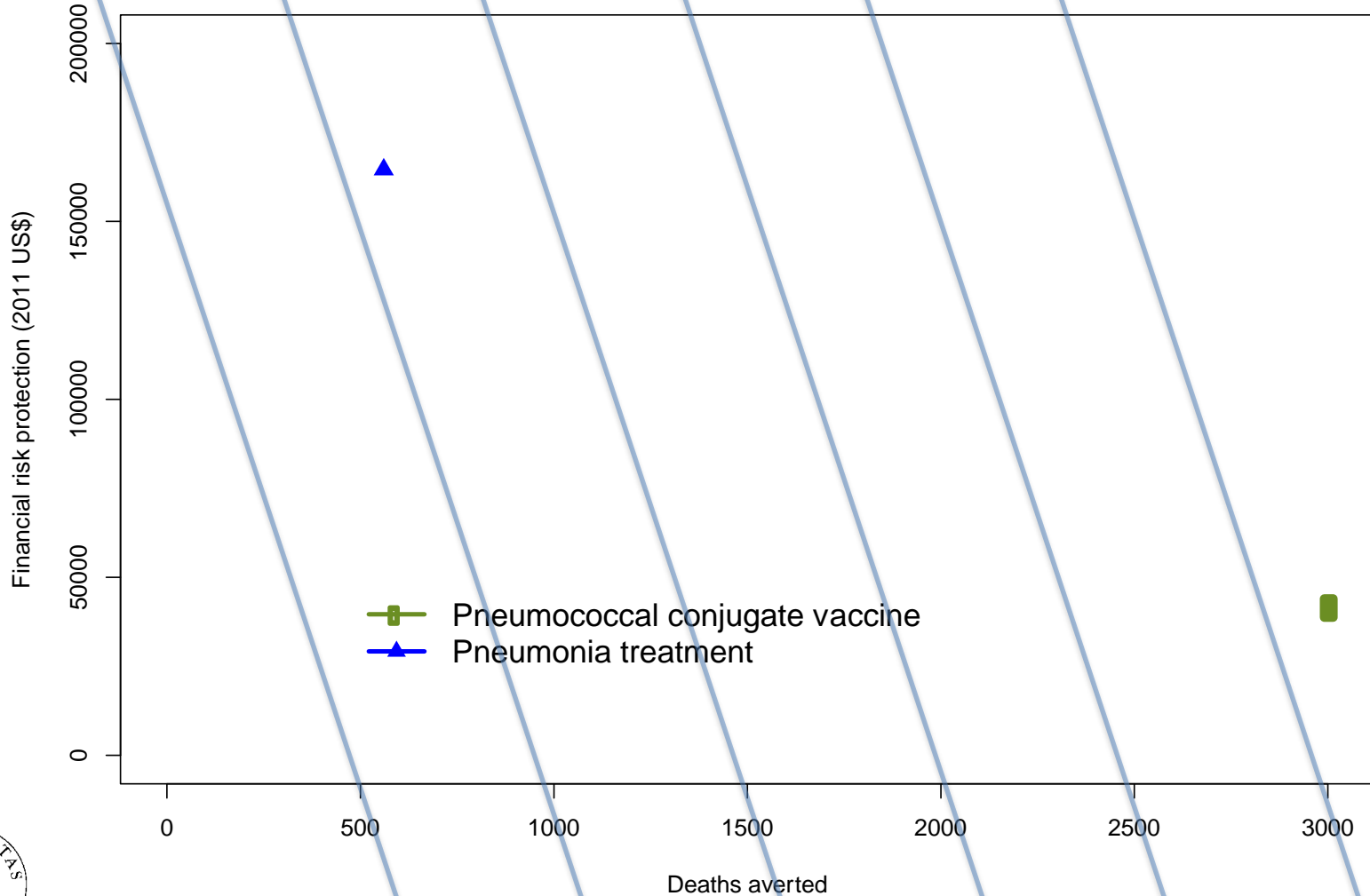
Health gains & FRP - *per \$1M spent*



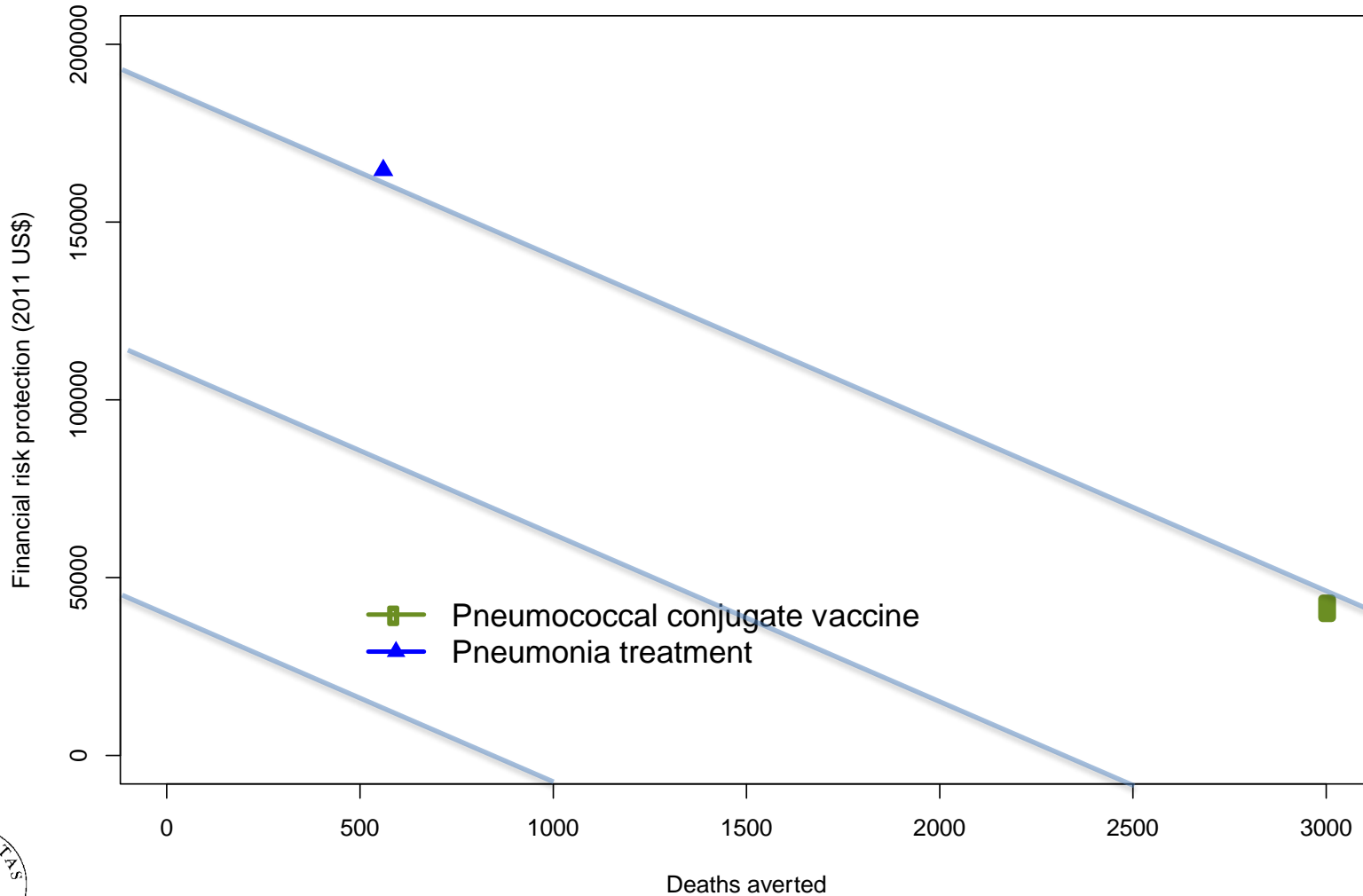
Health gains & financial protection - *per \$1M*



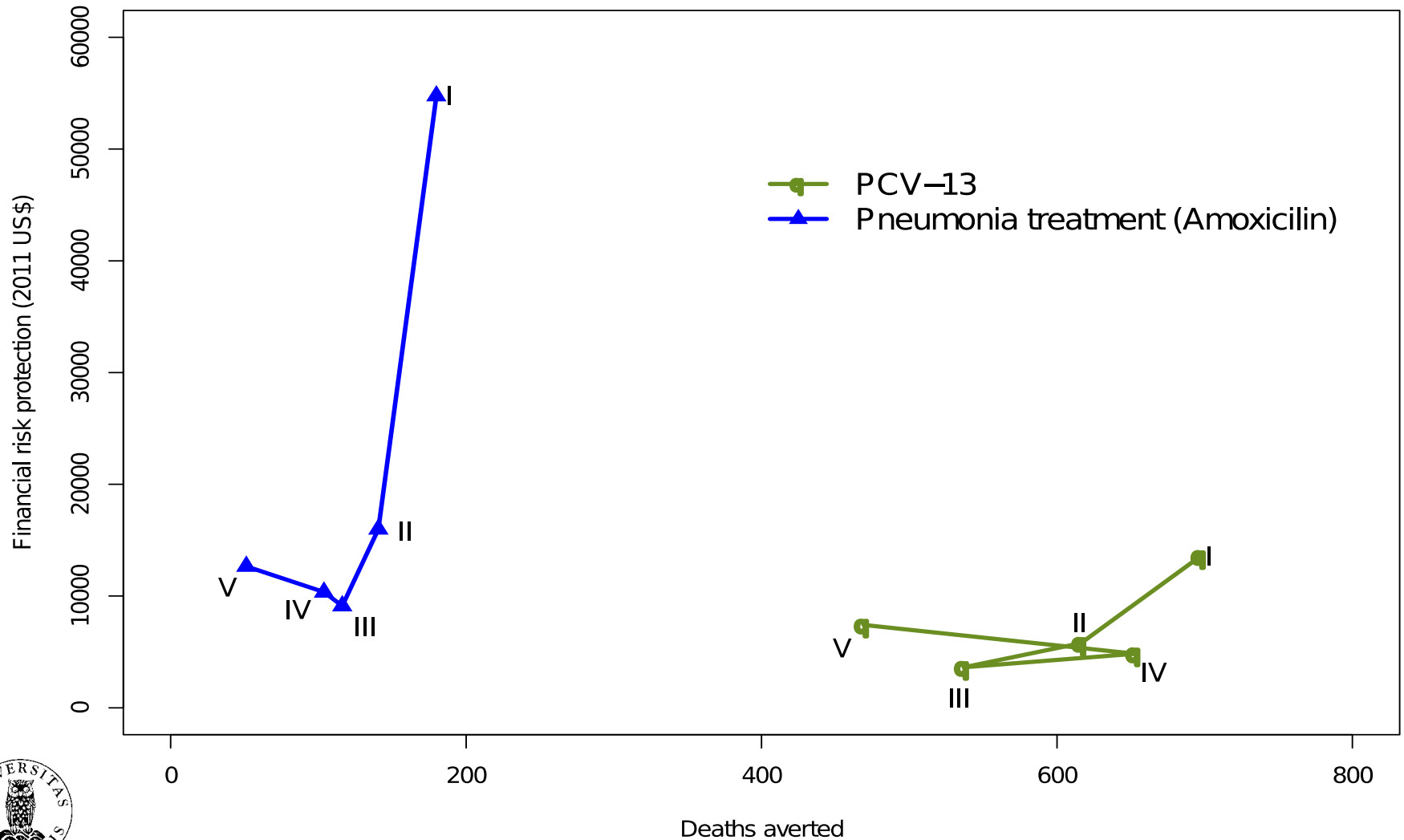
Health gains & financial protection - *per \$1M*



Health gains & financial protection - *per \$1M*



Expected distribution of health gains & FRP (per \$1M spent)



Summary

- Health distribution

PCV saves most lives. Equivalent health gains improves the expected utilities the most for pneumonia treatment by giving more weight to health benefits to the poor

- Financial protection

Pneumonia treatment improves financial protection the most, especially for the poor

- Normative problem

Save the most lives (PCV) vs. improving financial protection the most (pneumonia treatment)

