



Consensus Statement on the Economics of Reaching Zero-Dose Communities with Immunization and Primary Health Care

August 2021

1. In a statement issued in 2020, the ERG highlighted that a focus on prioritizing communities with high numbers of zero-dose children (i.e., children who do not receive the first dose of a DTP containing vaccine) is more important than ever in the context of COVID-19. Zero-dose can be an important and sensitive marker for communities that are at a disadvantage across a range of primary health care services and beyond.
2. We noted then that COVID-19 has resulted in unforeseen obstacles in implementing the zero-dose agenda, which was already challenging. Related social and economic disruptions will have a dramatic impact on widening inequities. There will be fewer resources and likely greater competition for those that are available.
3. Arriving at the goal of improved coverage in zero-dose communities will require a broad-based approach that includes resources and efforts to address non-financial barriers, such as community demand and trust in the services. This will require differentiated and context-specific approaches for reaching zero-dose communities that ensure that the fundamentals of quality primary health care are in place. It will also be useful to test and cost innovative modes of service delivery to reach communities that have yet to be reached.
4. In this context, there is limited evidence on the costs associated with providing and scaling immunization and broader primary health care services to disadvantaged communities. It is critical to incorporate an assessment of costs at the outset of designing and planning tailored delivery strategies in order to facilitate the implementation of efforts to reach zero-dose communities.
5. There is important work to be done to better estimate the cost of sustainably expanding the regular delivery of immunization services in specific zero-dose settings, particularly remote rural, urban poor and conflict affected communities to support planning of these services. Such costing exercises can highlight existing inefficiencies in service delivery which can then inform more optimal allocation of resources, including with co-delivery of services when addressing multiple deprivations that zero-dose communities face.
6. Reaching zero dose children through proper planning, fundraising, budgeting and scaling of programmes requires substantial investments in primary health care (particularly in the health work force) as well as better evidence on what the related costs are. We support and highly encourage efforts by partners to work jointly to address the dearth of information available about the economics of reaching zero-dose communities with immunization and primary health care.