

Organised by:



Supported by:



Life-course immunisation for older adults in Asia: A health economics case

Submission pack



Important note

- Please use the **Submission Template** provided as the PowerPoint template for your submission.
- All submitted material must be **original** and **created by the participant**. Any previously published content must be properly attributed to the original author in the submission as reference.
- Submissions should only focus on one of the following selected countries: **Indonesia, Malaysia, the Philippines, Singapore, Thailand** and **Vietnam**.
- Only entries in **English** will be considered.
- By submitting an entry to the initiative (i.e., uploading your PowerPoint file to the website), you agree to participate in the initiative, and you also agree to the condition that while you created the entry, **the entry will not be treated as confidential** by the organiser, and may be used by the organiser in any manner including marketing and displaying them on various websites, social media channels or other media platforms as appropriate.
- If you need further assistance, please contact the secretariat via email: apachecon@gcihealth.com.

Key dates for consideration

Item	Dates
Registration for launch webinar	By 25 Sep 2023
Launch webinar <ul style="list-style-type: none">• Introduction and kick-off of initiative• Discussion and Q&A with key stakeholders	26 Sep 2023 10.00-11.30am (SGT)
Registration opens for submission	26 Sep – 17 Nov 2023
Submission deadline (to be uploaded to the website)	17 Nov 2023
Closing webinar <ul style="list-style-type: none">• Announcement and presentation of best submission	05 Dec 2023 Time TBC

Judging criteria

- **Clear qualitative definition** of a focus problem and the quantified size of the problem
- **Proof/evidence of the proposed solution** (e.g., ROI) (Feasibility)
- **Scalability** of the proposed solution
- **Qualitative impact** of the proposed solution (Impact)
- **Overall presentation of results**, including creativity therein

Points to cover in your submission

- **Life-course immunisation landscape**, including:
 - Prevalence
 - Economic burden (in Euros)
 - Access to vaccination programmes, including subsidies available to the elderly
 - Vaccine uptake rates
- **Benefits of life-course immunisation**, including:
 - Direct cost-benefit, such as medical and hospitalisation costs
 - Indirect cost-benefit, such as minimised lost workdays from hospitalisation, increased productivity and reduced caregiver costs
- **Current government/public healthcare expenditure** allocated to life-course immunisation and strategies to sustain funding
- **Innovative ways to obtain economic resources** to fund life-course immunisation programmes
- **Measurement of impact**, including but not limited to:
 - Feasibility and impact of approach to target population
 - Health budget impact
 - Cost-effectiveness of implementation

Are there any points that would better make the case for implementing life-course immunisation in your country?

Global best practices on innovative financing models¹

Trust funds

A governing body oversees the investment strategy, management and operations of a fund. Sources could be from domestic taxes donor funds or contributions from the private sector.

In 2000, after graduation from Gavi, **Bhutan** established the **Bhutan Health Trust Fund** to fund primary healthcare services, including essential drugs and vaccines, with a royal charter and commitment from the Royal Government to match any donor contribution on a one-to-one basis. On vaccines, it initially funded the costs of co-financing requirements from GAVI for pentavalent vaccines, but now covers the full cost and aims to fully finance all vaccines in the national schedule in the future.

Insurance contributions

Collection of premium payments, often through a salary tax imposed upon employees and their employers and pooled with government subsidies under an insurance purchaser.

The **Czech Republic transferred the entire NIP to insurance purchasers**. A procurement agency is contracted to procure all vaccines. This opened up increased resources for immunisation by pooling government allocations with insurance contributions, which expanded the national immunisation schedule as multiple new vaccines have been added.

Performance-based financing

An incentive payment mechanism that funds health providers on the basis of their performance to meet targets or undertake specific actions – also referred to as “pay-for-performance”.

Plan Nacer was initiated in 2004 in **Argentina** to pay an additional US\$5 premium to health facilities for enrollees, targeting poor pregnant women and children. Indicators included the delivery of tetanus vaccine for pregnant women and immunisation coverage for infants. There was improved birth outcomes and decreased neonatal mortality, due to high levels of enrolment in Plan Nacer and improved vaccination for both mother and child.

Impact bond

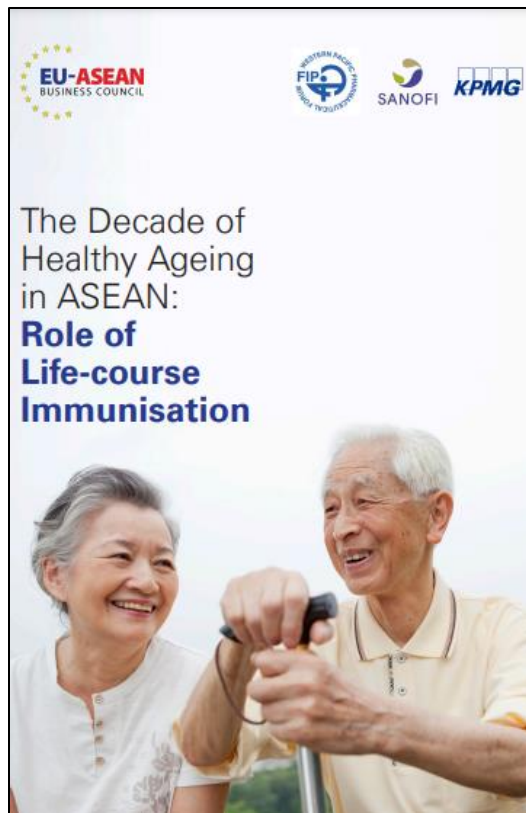
Results-based financing that use private funding from investors to cover upfront capital required for a provider to set up and deliver a service for better social outcome.

The **Ukrisht Impact Bond** was set up in Rajasthan, **India** to tackle high maternal and newborn mortality, by supporting up to 440 small healthcare organisations in meeting new government quality standards and adhering to them over the long-term. While no impact bonds explicitly target immunisation to date, it can provide the up-front capital needed to finance new vaccines to the national immunisation programme.

Are there any financing models we can explore in your country to fund life-course immunisation?

¹ Coe M, Sutkowski A, Silver D & Madan Y. (2018). Innovative financing for immunisation. Washington, DC: ThinkWell. [Online]. Available from: <https://thinkwell.global/wp-content/uploads/2019/06/Innovative-Financing-for-Sustainable-immunisation-a-Resource-Guide.pdf> [Accessed July 2022].

Resources to guide your submission



The Decade of Healthy Ageing in ASEAN: Role of life-course immunization

Click [here](#)



UHC 2.0: Charting a course to sustainable healthcare and finance in the Asia-Pacific

Click [here](#)

Resources to guide your submission



Flu in the Philippines:
Insights into perception
and action on vaccination

Click [here](#)



Flu in Indonesia:
Insights into Perception
and Action on Vaccination

Click [here](#)



Flu in Thailand:
Insights into perception and
action on vaccination

Click [here](#)



Perspectives on
influenza in older
adults in Malaysia –
Insights into action on
vaccination for high-
risk adults

Click [here](#)

Resources to guide your submission



Flu in Indonesia:
Insights into Perception
and Action on
Vaccination

Click [here](#)



Flu in Thailand: Insights
into perception and
action on vaccination

Click [here](#)



Perspectives on
influenza in older
adults in Malaysia –
Insights into action
on vaccination for
high-risk adults

Click [here](#)

Organised by:



Supported by:



Life-course immunisation for older adults in Asia: A health economics case

Submission pack

