## A.1. Bangladesh

Bangladesh currently implements a single routine opportunity for vaccination for infants 9 months of age with an average coverage rate of $88 \%$, along with follow-up supplemental immunization activities every four years targeting children 9 months up to 59 months of age (though this target age group shows some variation in historical SIAs from 1995 - 2006). A second routine dose is not presently included in the country's vaccination strategy, and the current vaccine formulation is single-antigen (measles) only.

A catch-up campaign was performed in Bangladesh in 2006, followed by a large outbreak in 2007 (based on cases reported by WHO, though not reflected in primary data collection), after which yearly incidence dropped again to lower levels. A regular follow-up campaign was performed in 2009, targeting $99 \%$ of children aged 9 months through 4 years (reported coverage). Due to the sporadic nature of vaccination campaigns and oscillations in recent reported incidence, it is difficult to predict whether Bangladesh will be able to achieve $90 \%$ mortality reduction goals by the target date of 2013 by continuing its current vaccination strategy.

Bangladesh was simulated as consisting of ten districts (aggregated from a country total of 64 districts) based on average MCV1 coverage for 2009 (only year available for district-level coverage data), with values ranging from $76 \%$ to $98 \%$. As defined in the sections above, the transmission model yielded average mortality figures for 2000 of 14,751 (range: $11,569-15,888$ ), which falls within the range of estimated mortality provided by WHO. Comparing model results for simulated district-level incidence of the period from 2004 to 2009 with reported incidence over the same period (based on district-level passive surveillance case reports from Bangladesh) results in an average correlation coefficient of 0.7969 (range: 0.7721 0.8212 ).

Table A.1.1. Vaccination assumptions and simulation outcomes for mortality reduction scenarios, Bangladesh.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinatio on Assumpti ons |  |  |  |  |  |  |  | Target (and post-target) Vaccination Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{aligned} & \text { Ramp } \\ & \text { up } \\ & \text { factor } \end{aligned}$ | Yr change <br> to 12 mo | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 1 | Baseline | 2013 | 88\% | 9 mo | N/A | N/A | 95\% | $\begin{array}{r} \hline 9 \mathrm{mo}- \\ 59 \mathrm{mo} \\ \hline \end{array}$ | 4 yrs | N/A | N/A | N/A | 18 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo} \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 88\% | 9 mo | N/A | N/A | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 59\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | No SIA |  | 88\% | 9 mo | N/A | N/A | 95\% <br> (unti I <br> 2010) | 9 mo59 mo | 4 yrs | N/A | N/A | N/A | 18 mo | N/A | N/A | N/A | N/A | 88\% | 9 mo | N/A | N/A | N/A | N/A | N/A | 48\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 95\% Mortality | 2015 | 88\% | 9 mo | N/A | N/A | 95\% | 9 mo 59 mo | 4 yrs | 1.0 | N/A |  | 18 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 89.2\% | 9 mo | 80.2\% | 18 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 80\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 98\% Mortality Reduction | 2020 | 88\% | 9 mo | N/A | N/A | 95\% | 9 mo 59 mo | 4 yrs | 1.0 | N/A |  | 18 mo | N/A | 95\% | 9 mo 59 mo | 4 yrs | 89.3\% | 9 mo | 80.2\% | 18 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 80\% |

Data were collected in Bangladesh in January/February 2010 on the costs of measles vaccination for routine immunization and SIAs. Because no data were available on the cost of increasing routine coverage, an assumption was made that $5 \%$ of the baseline cost would be needed to increase coverage by $1 \%$. Information on societal costs, the cost of obtaining vaccination, and cost savings from not treating a measles case were taken from published studies.

Table A.1.2. Assumptions for Costs of Measles Vaccination in Bangladesh
$\left.\begin{array}{|c|r|}\hline \text { Parameter } & \text { Value (costs in US\$) } \\ \hline \text { Initial Coverage } & 85 \% \\ \hline \begin{array}{c}\text { Cost per dose of routine } \\ \text { immunization }\end{array} & \$ 1.46 \\ \hline \begin{array}{c}\text { Added Cost per additional } \\ \text { percent of coverage for } \\ \text { routine immunization }\end{array} & \begin{array}{c}\$ 0.07 \text { until } 90 \% ; \\ \$ 0.15 \mathrm{after} 90 \%\end{array} \\ \hline \begin{array}{c}\text { Cost per dose of measles } \\ \text { vaccination given through SIA }\end{array} & \$ 0.52 \\ \hline \begin{array}{c}\text { Cost to Household of Obtaining } \\ \text { Vaccination }\end{array} & \$ 0.50 \\ \hline \text { Cost of Treating Case of } \\ \text { Measles }\end{array} \quad \$ 12.40\right\}$

[^0]Table A.1.3. Transmission and cost results for reduction in mortality scenarios, Bangladesh (all totals discounted by 3\%).

| Bangladesh | $\begin{gathered} \hline \text { Baseline (90\% RM } \\ \text { by } 2013 \text { ) } \\ \hline \end{gathered}$ |  | No SIA |  | 95\% RM by 2015 |  | 98\% RM by 2020 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7721 |  | 0.8059 |  | 0.7999 |  | 0.7999 |
| 2000 Mortality |  | 11,569.32 |  | 14,603.20 |  | 15,559.66 |  | 15,559.66 |
| Target Year Mortality |  | 5,944.76 |  | 6,999.12 |  | 2,979.69 |  | 2,588.98 |
| \% Reduction in Mortality through 2050 |  | 59\% |  | 48\% |  | 80\% |  | 80\% |
| Total Cost 2010-2030 | \$ | 227,892,625.21 | \$ | 149,854,448.88 | \$ | 459,393,952.04 | \$ | 448,066,217.12 |
| Incremental Cost over Baseline, 2010-2030 | \$ |  | \$ | (78,038,176.33) | \$ | 231,501,326.83 | \$ | 220,173,591.91 |
| Total DALYs, 2010-2030 |  | 2,412,591.89 |  | 3,510,404.44 |  | 1,579,828.47 |  | 1,547,006.63 |
| Total Deaths, 2010-2030 |  | 78,029.87 |  | 110,996.24 |  | 48,506.77 |  | 47,520.14 |
| Total Cases, 2010-2030 |  | 11,678,967.05 |  | 16,802,964.29 |  | 6,005,692.38 |  | 5,936,737.20 |
| DALYs Averted over Baseline, 2010-2030 |  |  |  | (1,097,812.55) |  | 832,763.42 |  | 865,585.26 |
| Deaths Averted over Baseline, 2010-2030 |  |  |  | (32,966.37) |  | 29,523.10 |  | 30,509.73 |
| Cases Averted over B aseline, 2010-2030 |  |  |  | (5,123,997.24) |  | 5,673,274.67 |  | 5,742,229.85 |
| Cost per DALY, 2010-2030 | \$ |  | \$ | 71.09 | \$ | 277.99 | \$ | 254.36 |
| Cost per Death, 2010-2030 | \$ |  | \$ | 2,367.21 | \$ | 7,841.36 | \$ | 7,216.50 |
| Cost per Case, 2010-2030 | \$ | - | \$ | 15.23 | \$ | 40.81 | \$ | 38.34 |
| Total Cost 2010-2050 | \$ | 339,617,241.20 | \$ | 228,600,513.67 | \$ | 655,079,084.94 | \$ | 644,770,779.65 |
| Incremental Cost over Baseline, 2010-2050 | \$ | - | \$ | (111,016,727.53) | \$ | 315,461,843.74 | \$ | 305,153,538.45 |
| Total DALYs, 2010-2050 |  | 3,684,549.45 |  | 5,540,973.79 |  | 2,466,201.53 |  | 2,394,268.10 |
| Total Deaths, 2010-2050 |  | 118,287.83 |  | 175,056.26 |  | 75,247.53 |  | 73,122.74 |
| Total Cases, 2010-2050 |  | 17,637,747.29 |  | 27,000,755.31 |  | 9,367,817.21 |  | 9,198,446.91 |
| DALYs Averted over Baseline, 2010-2050 |  |  |  | (1,856,424.34) |  | 1,218,347.92 |  | 1,290,281.35 |
| Deaths Averted over Baseline, 2010-2050 |  |  |  | (56,768.43) |  | 43,040.30 |  | 45,165.09 |
| Cases Averted over B aseline, 2010-2050 |  |  |  | (9,363,008.02) |  | 8,269,930.08 |  | 8,439,300.38 |
| Cost per DALY, 2010-2050 | \$ |  | \$ | 59.80 | \$ | 258.93 | \$ | 236.50 |
| Cost per Death, 2010-2050 | \$ |  | \$ | 1,955.61 | \$ | 7,329.45 | \$ | 6,756.40 |
| Cost per Case, 2010-2050 | \$ | - | \$ | 11.86 | \$ | 38.15 | \$ | 36.16 |

Monthly Measles Incidence per 1,000 Population -Bangladesh Mortality Reduction Scenarios


Figure A.1.1. Country-level monthly incidence for 10-district simulations for Bangladesh, reduction in mortality scenarios.

Table A.1.4. Vaccination assumptions and simulation outcomes for eradication scenarios, Bangladesh.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Post-Goal Vaccinati on Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{array}{\|\|c\|} \hline \text { Ramp } \\ \text { up } \\ \text { factor } \\ \hline \end{array}$ | Yr change to 12 mo | Ramp up rate | Age | Yr intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 5 | Eradication | 2020 | 88\% | 9 mo | N/A | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 1.0 | 2020 |  | 18 mo | 2010 | 95\% | 9 mo59 mo | 4 yrs | 89.3\% | 12 mo | 80.2\% | 18 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 89.3\% | 12 mo | 80.2\% | 18 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 89.3\% | 12 mo | - | - | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Eradication | 2025 | 88\% | 9 mo | N/A | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 1.0 | 2025 |  | 18 mo | 2010 | 95\% | $\begin{array}{r} 9 \mathrm{mo}- \\ 59 \mathrm{mo} \end{array}$ | 4 yrs | 89.5\% | 12 mo | 80.2\% | 72 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \\ & \hline \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 89.6\% | 12 mo | 80.2\% | 72mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 89.6\% | 12 mo | - | - | - | - | - | 100\% |

Table A.1.4. Transmission and cost results for eradication scenarios, Bangladesh (all totals discounted by 3\%).

| Bangladesh |  | $\begin{aligned} & \text { E2020- } \\ & 1+\text { MCV2 + SIA } \\ & \hline \end{aligned}$ |  | $\begin{gathered} \text { E2020- } \\ \text { MCV1 }+ \text { MCV2 } \\ \hline \end{gathered}$ |  | 2020 - MCVI |  | $\begin{aligned} & \hline \text { E2025 - } \\ & 1+\text { MCV }+ \text { SIA } \\ & \hline \end{aligned}$ |  | $\begin{gathered} \text { E2025- } \\ \text { MCVI + MCV2 } \\ \hline \end{gathered}$ | E2025-MCVI |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7999 |  | 0.7852 |  | 0.7999 |  | 0.7919 |  | 0.8212 |  | 0.7933 |
| 2000 Mortality |  | 15,559.66 |  | 14,446.23 |  | 15,559.66 |  | 14,437.14 |  | 14,331.83 |  | 15,888.43 |
| Target Year Mortality |  | 221.52 |  | 130.03 |  | 221.52 |  | 208.94 |  | 166.17 |  | 188.88 |
| \% Reduction in Mortality through 2050 |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |
| Total Cost 2010-2030 | \$ | 327,028,916.35 | \$ | 308,883,967.31 | \$ | 266,753,907.64 | \$ | 382,098,221.40 | \$ | 339,896,747.26 | \$ | 341,179,469.90 |
| Incremental Cost over B aseline, 2010-2030 | \$ | 99,136,291.14 | \$ | 80,991,342.10 | \$ | 38,861,282.43 | \$ | 154,205,596.19 | \$ | 112,004,122.05 | \$ | 113,286,844.69 |
| Total DALYs, 2010-2030 |  | 513,411.79 |  | 558,709.37 |  | 513,411.79 |  | 787,391.79 |  | 743,875.64 |  | 779,691.18 |
| Total Deaths, 2010-2030 |  | 16,214.96 |  | 17,644.75 |  | 16,214.96 |  | 24,627.63 |  | 23,233.13 |  | 24,383.24 |
| Total Cases, 2010-2030 |  | 2,173,072.76 |  | 2,353,312.80 |  | 2,173,072.76 |  | 3,217,773.27 |  | 3,031,847.60 |  | 3,201,783.29 |
| DALYs Averted over Baseline, 2010-2030 |  | 1,899,180.10 |  | 1,853,882.52 |  | 1,899,180.10 |  | 1,625,200.10 |  | 1,668,716.25 |  | 1,632,900.71 |
| Deaths Averted over Baseline, 2010-2030 |  | 61,814.91 |  | 60,385.12 |  | 61,814.91 |  | 53,402.24 |  | 54,796.74 |  | 53,646.63 |
| Cases Averted over B aseline, 2010-2030 |  | 9,505,894.29 |  | 9,325,654.25 |  | 9,505,894.29 |  | 8,461,193.78 |  | 8,647,119.45 |  | 8,477,183.76 |
| Cost per DALY, 2010-2030 | \$ | 52.20 | \$ | 43.69 | \$ | 20.46 | \$ | 94.88 | \$ | 67.12 | \$ | 69.38 |
| Cost per Death, 2010-2030 | \$ | 1,603.76 | \$ | 1,341.25 | \$ | 628.67 | \$ | 2,887.62 | \$ | 2,043.99 | \$ | 2,111.72 |
| Cost per Case, 2010-2030 | \$ | 10.43 | \$ | 8.68 | \$ | 4.09 | \$ | 18.23 | \$ | 12.95 | \$ | 13.36 |
| Total Cost 2010-2050 | \$ | 459,834,337.15 | \$ | 388,423,817.02 | \$ | 299,600,525.23 | \$ | 552,054,443.15 | \$ | 433,772,538.49 | \$ | 395,814,066.48 |
| Incremental Cost over B aseline, 2010-2050 | \$ | 120,217,095.95 | \$ | 48,806,575.82 | \$ | (40,016,715.97) | \$ | 212,437,201.95 | \$ | 94,155,297.29 | \$ | 56,196,825.28 |
| Total DALYs, 2010-2050 |  | 513,411.79 |  | 558,709.37 |  | 513,411.79 |  | 787,391.79 |  | 743,875.64 |  | 779,691.18 |
| Total Deaths, 2010-2050 |  | 16,214.96 |  | 17,644.75 |  | 16,214.96 |  | 24,627.63 |  | 23,233.13 |  | 24,383.24 |
| Total Cases, 2010-2050 |  | 2,173,072.76 |  | 2,353,312.80 |  | 2,173,072.76 |  | 3,217,773.27 |  | 3,031,847.60 |  | 3,201,783.29 |
| DALYs Averted over Baseline, 2010-2050 |  | 3,171,137.66 |  | 3,125,840.08 |  | 3,171,137.66 |  | 2,897,157.66 |  | 2,940,673.81 |  | 2,904,858.27 |
| Deaths Averted over Baseline, 2010-2050 |  | 102,072.87 |  | 100,643.08 |  | 102,072.87 |  | 93,660.20 |  | 95,054.70 |  | 93,904.59 |
| Cases Averted over Baseline, 2010-2050 |  | 15,464,674.53 |  | 15,284,434.49 |  | 15,464,674.53 |  | 14,419,974.02 |  | 14,605,899.69 |  | 14,435,964.00 |
| Cost per DALY, 2010-2050 | \$ | 37.91 | \$ | 15.61 | \$ | (12.62) | \$ | 73.33 | \$ | 32.02 | \$ | 19.35 |
| Cost per Death, 2010-2050 | \$ | 1,177.76 | \$ | 484.95 | \$ | (392.04) | \$ | 2,268.17 | \$ | 990.54 | \$ | 598.45 |
| Cost per Case, 2010-2050 | \$ | 7.77 | \$ | 3.19 | \$ | (2.59) | \$ | 14.73 | \$ | 6.45 | \$ | 3.89 |



Figure A.1.2. Country-level monthly incidence for 10-district simulations for Bangladesh, eradication scenarios.

## A.2. Brazil

Brazil currently implements two routine opportunities for vaccination - MCV1 for infants 12 months of age with an average coverage rate of $94 \%$, and MCV2 for children 4-6 years with an average coverage of $16 \%$ - along with irregular catch-up and follow-up supplemental immunization activities from 1992-2009 targeting a range of age groups. The current vaccine formulation is trivalent (measles-mumps-rubella).

Measles was eliminated locally in Brazil in 2000, and incidence and mortality have been maintained at this level since then with the exception of occasional cases imported from outside the country in 2003, 2005 and 2006.

Brazil was simulated as consisting of ten districts (aggregated from a country total of 27 districts) based on average MCV1 coverage for 1994-2007, with 2007 values ranging from $89 \%$ to $97 \%$. As defined in the sections above, the transmission model yielded average mortality figures for 2000 of no deaths (range: $0-0.09$ ), which corresponds with estimated mortality provided by WHO. Comparing model results for simulated district-level incidence of the period from 1989 to 2003 with reported incidence over the same period (based on district-level data from Brazil) results in an average correlation coefficient of 0.7037 (range: $0.6951-0.7141$ ).

Table A.2.1. Vaccination assumptions and simulation outcomes for mortality reduction scenarios, Brazil.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinatio on Assumpti ons |  |  |  |  |  |  |  | Target (and post-target) Vaccination Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{aligned} & \text { Ramp } \\ & \text { up } \\ & \text { factor } \end{aligned}$ | Yr change to 12 mo | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 1 | $\mathbf{9 0 \%}$ Mortality Reduction | 2013 | 94\% | 12 mo | 16\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 94\% | 12 mo | 16\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 91\% |
| 2 | NoSIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 95\% Mortality Reduction | 2015 | 94\% | 12 mo | 16\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | 2012 | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 94\% | 12 mo | 16\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 93\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 98\% Mortality Reducti on | 2020 | 94\% | 12 mo | 16\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | 2012 | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 94\% | 12 mo | 16\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 86\% |

Data were collected in Brazil in October 2009 on the costs of measles vaccination for routine immunization and SIAs, from one of the municipalities. In addition, national data were collected on the costs of vaccines, syringes and some logistical expenditures.

Table A.2.2. Assumptions for Costs of Measles Vaccination in Brazil
$\left.\begin{array}{|c|r|}\hline \text { Parameter } & \text { Value (costs in US\$) } \\ \hline \text { Initial Coverage } & 94 \% \\ \hline \begin{array}{c}\text { Cost per dose of routine } \\ \text { immunization }\end{array} & \$ 3.91 \\ \hline \begin{array}{c}\text { Added Cost per additional } \\ \text { percent of coverage for } \\ \text { routine immunization }\end{array} & \$ 1.27 \\ \hline \begin{array}{c}\text { Cost per dose of measles } \\ \text { vaccination given through SIA }\end{array} & \mathrm{N} / \mathrm{A} \\ \hline \begin{array}{c}\text { Cost to Household of Obtaining } \\ \text { Vaccination }\end{array} & \$ 1.43 \\ \hline \text { Cost of Treating Case of } \\ \text { Measles }\end{array} \quad \$ 198.50\right\}$

Source: Data collection by Emily Simons; Acharya 2002.

Table A.2.3. Transmission and cost results for reduction in mortality scenarios, Brazil (all totals discounted by 3\%).

| Brazil | $\begin{gathered} \hline \text { Baseline ( } 90 \% \text { RM } \\ \text { by } 2013 \text { ) } \\ \hline \end{gathered}$ |  | No SIA | 95\% RM by 2015 |  | 98\% RM by 2020 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7017 |  |  | 0.7060 |  | 0.6951 |
| 2000 Mortality |  | 0.62 |  |  | 0.55 |  | 0.34 |
| Target Year Mortality |  | - |  |  | 0.03 |  | 0.09 |
| \% Reduction in Mortality through 2050 |  | 91\% |  |  | 93\% |  | 86\% |
| Total Cost 2010-2030 | \$ | 1,051,147,065.26 |  | \$ | 1,021,136,663.29 | \$ | 933,748,545.37 |
| Incremental Cost over Baseline, 2010-2030 | \$ |  |  | \$ | (30,010,401.96) | \$ | $(117,398,519.89)$ |
| Total DALYs, 2010-2030 |  | 37.16 |  |  | 28.86 |  | 26.30 |
| Total Deaths, 2010-2030 |  | 1.15 |  |  | 0.72 |  | 0.72 |
| Total Cases, 2010-2030 |  | 1,143.90 |  |  | 831.20 |  | 800.55 |
| DALYs Averted over Baseline, 2010-2030 |  | - |  |  | 8.30 |  | 10.86 |
| Deaths Averted over Baseline, 2010-2030 |  | - |  |  | 0.43 |  | 0.43 |
| Cases Averted over Baseline, 2010-2030 |  | - |  |  | 312.70 |  | 343.35 |
| Cost per DALY, 2010-2030 | \$ | - |  | \$ | $(3,617,107.51)$ | \$ | (10,813,367.35) |
| Cost per Death, 2010-2030 | \$ | - |  | \$ | (69,925,100.36) | \$ | (273,541,930.41) |
| Cost per Case, 2010-2030 | \$ |  |  | \$ | (95,971.39) | \$ | (341,919.31) |
| Total Cost 2010-2050 | \$ | 1,526,615,403.91 |  | \$ | 1,491,701,167.44 | \$ | 1,399,605,151.39 |
| Incremental Cost over Baseline, 2010-2050 | \$ | - |  | \$ | (34,914,236.47) | \$ | (127,010,252.52) |
| Total DALYs, 2010-2050 |  | 52.18 |  |  | 44.39 |  | 39.63 |
| Total Deaths, 2010-2050 |  | 1.53 |  |  | 1.06 |  | 1.11 |
| Total Cases, 2010-2050 |  | 1,559.44 |  |  | 1,258.10 |  | 1,170.89 |
| DALYs Averted over Baseline, 2010-2050 |  |  |  |  | 7.79 |  | 12.55 |
| Deaths Averted over Baseline, 2010-2050 |  | - |  |  | 0.47 |  | 0.42 |
| Cases Averted over Baseline, 2010-2050 |  | - |  |  | 301.34 |  | 388.55 |
| Cost per DALY, 2010-2050 | \$ |  |  | \$ | (4,481,211.00) | \$ | (10,119,330.72) |
| Cost per Death, 2010-2050 | \$ |  |  | \$ | (73,933,403.86) | \$ | (300,801,805.31) |
| Cost per Case, 2010-2050 | \$ |  |  | \$ | $(115,864.71)$ |  | $(326,885.81)$ |

 Scenarios

Figure A.2.1. Country-level monthly incidence for 10 -district simulations for Brazil, reduction in mortality scenarios.

Table A.2.4. Vaccination assumptions and simulation outcomes for eradication scenarios, Brazil.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Post-Goal Vaccinatio on Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{array}{\|l} \hline \text { Ramp } \\ \text { up } \\ \text { factor } \\ \hline \end{array}$ | change <br> to 12 mo | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 5 | Eradication | 2020 | 94\% | 12 mo | 16.2 | 60 mo | 95\% | 9 mo - <br> 47 mo | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{gathered} 9 \mathrm{mo}- \\ 47 \mathrm{mo} \end{gathered}$ | 4 yrs | 94.4\% | 12 mo | 16.2\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.4\% | 12 mo | 16.2\% | 60 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.4\% | 12 mo | - | - | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Eradication | 2025 | 94\% | 12 mo | 16.2 | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 94.4\% | 12 mo | 16.2\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.4\% | 12 mo | 16.2\% | 60 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.4\% | 12 mo | - | - | - | - | - | 100\% |

Table A.2.5. Transmission and cost results for eradication scenarios, Brazil (all totals discounted by $3 \%$ ).

| Brazil |  | $\begin{aligned} & \text { E2020- } \\ & 1+\text { MCV2 + SIA } \\ & \hline \end{aligned}$ |  | $\begin{gathered} \text { E2020- } \\ \text { MCV1 }+ \text { MCV2 } \\ \hline \end{gathered}$ |  | 2020 - MCV1 |  | $\begin{array}{l\|} \hline \text { E2025 - } \\ 1+\text { MCV2 + SIA } \\ \hline \end{array}$ |  | $\begin{gathered} \text { E2025- } \\ \text { MCVI + MCV2 } \\ \hline \end{gathered}$ | E2025-MCV1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7020 |  | 0.6988 |  | 0.7138 |  | 0.7030 |  | 0.6989 |  | 0.7141 |
| 2000 Mortality |  | 0.41 |  | 0.70 |  | 1.33 |  | 0.95 |  | 0.58 |  | 11 |
| Target Year Mortality |  | 0.00 |  | 0.00 |  | 0.00 |  | 0.00 |  | - |  | 0.00 |
| \% Reduction in Mortality through 2050 |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |
| Total Cost 2010-2030 | \$ | 861,886,040.01 | \$ | 877,780,949.38 | \$ | 746,531,839.35 | \$ | 876,384,714.13 | \$ | 939,961,986.03 | \$ | 855,431,782.92 |
| Incremental Cost over B aseline, 2010-2030 | \$ | (189,261,025.25) | \$ | (173,366,115.88) | \$ | (304,615,225.91) | \$ | (174,762,351.13) | \$ | (111,185,079.23) | \$ | (195,715,282.34) |
| Total DALYs, 2010-2030 |  | 8.30 |  | 15.24 |  | 8.85 |  | 13.53 |  | 19.54 |  | 12.05 |
| Total Deaths, 2010-2030 |  | 0.26 |  | 0.38 |  | 0.21 |  | 0.38 |  | 0.51 |  | 0.38 |
| Total Cases, 2010-2030 |  | 249.75 |  | 471.72 |  | 286.06 |  | 403.92 |  | 600.34 |  | 381.78 |
| DALYs Averted over Baseline, 2010-2030 |  | 28.86 |  | 21.92 |  | 28.31 |  | 23.63 |  | 17.62 |  | 25.11 |
| Deaths Averted over Baseline, 2010-2030 |  | 0.89 |  | 0.77 |  | 0.94 |  | 0.77 |  | 0.64 |  | 0.77 |
| Cases Averted over Baseline, 2010-2030 |  | 894.15 |  | 672.18 |  | 857.84 |  | 739.98 |  | 543.56 |  | 762.12 |
| Cost per DALY, 2010-2030 | \$ | (6,558,629.29) | \$ | $(7,910,194.47)$ | \$ | (10,761,204.82) | \$ | $(7,396,785.99)$ | \$ | (6,311,311.17) | \$ | (7,795,311.07) |
| Cost per Death, 2010-2030 | \$ | (212,849,125.48) | \$ | (225,391,046.90) | \$ | (324,341,947.16) | \$ | (227,206,274.31) | \$ | (173,949,763.92) | \$ | (254,446,909.41) |
| Cost per Case, 2010-2030 | \$ | (211,665.49) | \$ | (257,915.62) | \$ | (355,094.98) | \$ | (236,171.23) | \$ | (204,549.20) | \$ | (256,803.24) |
| Total Cost 2010-2050 | \$ | 1,165,921,600.88 | \$ | 1,107,256,826.12 | \$ | 946,880,633.23 | \$ | 1,181,500,432.28 | \$ | 1,169,437,862.78 | \$ | 1,055,780,576.80 |
| Incremental Cost over B aseline, 2010-2050 | \$ | (360,693,803.03) | \$ | (419,358,577.79) | \$ | (579,734,770.68) | \$ | (345,114,971.62) | \$ | (357,177,541.13) | \$ | $(470,834,827.11)$ |
| Total DALYs, 2010-2050 |  | 8.30 |  | 15.24 |  | 8.85 |  | 13.53 |  | 19.54 |  | 12.05 |
| Total Deaths, 2010-2050 |  | 0.26 |  | 0.38 |  | 0.21 |  | 0.38 |  | 0.51 |  | 0.38 |
| Total Cases, 2010-2050 |  | 249.75 |  | 471.72 |  | 286.06 |  | 403.92 |  | 600.34 |  | 381.78 |
| DALYs Averted over Baseline, 2010-2050 |  | 43.88 |  | 36.94 |  | 43.33 |  | 38.65 |  | 32.64 |  | 40.13 |
| Deaths Averted over Baseline, 2010-2050 |  | 1.27 |  | 1.15 |  | 1.32 |  | 1.15 |  | 1.02 |  | 1.15 |
| Cases Averted over B aseline, 2010-2050 |  | 1,309.69 |  | 1,087.72 |  | 1,273.38 |  | 1,155.52 |  | 959.10 |  | 1,177.66 |
| Cost per DALY, 2010-2050 | \$ | (8,219,770.42) | \$ | (11,352,040.73) | \$ | (13,379, 137.85) | \$ | (8,928,947.17) | \$ | (10,942,520.22) | \$ | (11,732,373.74) |
| Cost per Death, 2010-2050 | \$ | (283,511,041.50) | \$ | (363,951,037.02) | \$ | (438,449,306.12) | \$ | (299,516,829.91) | \$ | (349,407,078.22) | \$ | (408,626,012.84) |
| Cost per Case, 2010-2050 | \$ | $(275,404.74)$ | \$ | (385,540.42) | \$ | $(455,273.75)$ | \$ | (298,667.35) | S | (372,410.53) | \$ | $(399,806.68)$ |



Figure A.2.2. Country-level monthly incidence for 10 -district simulations for Brazil, eradication scenarios.

## A.3. Colombia

Colombia currently implements two routine opportunities for vaccination - MCV1 for infants 12 months of age with an average coverage rate of $95 \%$, and MCV2 for children 5 years with an average coverage of $69 \%$ - along with irregular catch-up and follow-up supplemental immunization activities from 1993-2006 targeting a range of age groups. The current vaccine formulation is trivalent (measles-mumps-rubella).

Measles was eliminated locally in Colombia in 2000, and incidence and mortality have been maintained at this level since then with the exception of occasional cases imported from outside the country in 2002.

Colombia was simulated as consisting of ten districts (aggregated from a country total of 33 districts) based on average MCV1 coverage for 2006 2009 , with 2009 values ranging from $83 \%$ to $99 \%$. As defined in the sections above, the transmission model yielded average mortality figures for 2000 of 0.14 deaths (range: $0.04-0.25$ ), which corresponds with estimated mortality provided by WHO. Comparing model results for simulated district-level incidence of the period from 1990 to 2009 with reported incidence over the same period (based on country-level data from Colombia) results in an average correlation coefficient of 0.9706 (range: $0.9678-0.9745$ ).

Table A.3.1. Vaccination assumptions and simulation outcomes for mortality reduction scenarios, Colombia.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinatio on Assumpti ons |  |  |  |  |  |  |  | Target (and post-target) Vaccination Assumptions |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{aligned} & \text { Ramp } \\ & \text { up } \\ & \text { factor } \end{aligned}$ | Yr change to 12 mo | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 1 | $\mathbf{9 0 \%}$ Mortality Reduction | 2013 | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 63\% |
| 2 | NoSIA |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 95\% Mortality Reduction | 2015 | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 88\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 98\% Mortality Reduction | 2020 | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 74\% |

Data were collected in Colombia in March/April 2010 on the costs of measles vaccination for routine immunization and SIAs, in three districts in the country: Bogota, Cali and Medellin. Information on cost savings from not treating a measles case were taken from published studies.

Table A.3.2. Assumptions for Costs of Measles Vaccination in Colombia

| Parameter | Value (costs in US\$) |
| :---: | ---: |
| Initial Coverage | $95 \%$ |
| Cost per dose of routine <br> immunization | $\$ 7.77$ |
| Added Cost per additional <br> percent of coverage for <br> routine immunization | $\$ 2.87$ |
| Cost per dose of measles <br> vaccination given through SIA | $\mathrm{N} / \mathrm{A}$ |
| Cost to Household of Obtaining |  |
| Vaccination | $\$ 3.80$ |
| Cost of Treating Case of Measles |  |

Source: WHO/Bogota; Salutia Foundation 2000; Acharya 2002.

Table A.3.3. Transmission and cost results for reduction in mortality scenarios, Colombia (all totals discounted by 3\%).



Figure A.3.1. Country-level monthly incidence for 10 -district simulations for Colombia, reduction in mortality scenarios.
Table A.3.4. Vaccination assumptions and simulation outcomes for eradication scenarios, Colombia.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Post-Goal Vaccinati on Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reduction |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{aligned} & \text { Ramp } \\ & \text { up } \\ & \text { factor } \end{aligned}$ | $\begin{array}{\|c\|} \hline \mathrm{Yr} \\ \text { change } \\ \text { to } 12 \mathrm{mo} \end{array}$ | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 5 | Eradication | 2020 | 95\% | 12 mo | 69\% | 60 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}- \\ 47 \mathrm{mo} \end{gathered}$ | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo} \text { - } \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 94.5\% | 12 mo | 68.9\% | 60 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.6\% | 12 mo | 68.9\% | 60 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.6\% | 12 mo | - | - | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Eradication | 2025 | 95\% | 12 mo | 69\% | 60 mo | 95\% | 9 mo - <br> 47 mo | 4 yrs | N/A | N/A | N/A | 60 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 4 yrs | 94.5\% | 12 mo | 68.9\% | 60 mo | 95\% | $\begin{array}{r} 9 \mathrm{mo}- \\ 47 \mathrm{mo} \end{array}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.6\% | 12 mo | 68.9\% | 60 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.6\% | 12 mo | - | - | - | - | - | 100\% |

Table A.3.5. Transmission and cost results for eradication scenarios, Colombia (all totals discounted by $3 \%$ ).

| Colombia |  | $\begin{aligned} & \text { E2020- } \\ & 1+\text { MCV2 + SIA } \\ & \hline \end{aligned}$ |  | $\begin{gathered} \mathrm{E} 2020- \\ \mathrm{MCV} 1+\mathrm{MCV} 2 \\ \hline \end{gathered}$ |  | 020 - MCV1 |  | $\begin{array}{l\|} \hline \mathrm{E} 2025- \\ 1+\mathrm{MCV} 2+\mathrm{SIA} \\ \hline \end{array}$ |  | $\begin{gathered} \text { E2025 - } \\ \text { MCV1 + MCV2 } \\ \hline \end{gathered}$ | E2025-MCV1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.9745 |  | 0.9715 |  | 0.9688 |  | 0.9695 |  | 0.9715 |  | 0.9681 |
| 2000 Mortality |  | 0.04 |  | 0.10 |  | 0.18 |  | 0.21 |  | 0.10 |  | . 16 |
| Target Year Mortality |  |  |  | 0.00 |  | 0.00 |  | - |  | - |  |  |
| \% Reduction in Mortality through 2050 |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |
| Total Cost 2010-2030 | \$ | 604,630,795.09 | \$ | 575,700,560.03 | \$ | 514,673,735.56 | \$ | 606,905,231.72 | \$ | 592,879,627.24 | \$ | 569,747,481.38 |
| Incremental Cost over Baseline, 2010-2030 | \$ | $(3,937,682.36)$ | \$ | (32,867,917.42) | \$ | (93,894,741.89) | \$ | $(1,663,245.73)$ | \$ | (15,688,850.21) | \$ | (38,820,996.07) |
| Total DALYs, 2010-2030 |  | 5.53 |  | 9.66 |  | 9.6 |  | 8.38 |  | 12.85 |  | 11.24 |
| Total Deaths, 2010-2030 |  | 0.09 |  | 0.17 |  | 0.17 |  | 0.13 |  | 0.26 |  | 0.17 |
| Total Cases, 2010-2030 |  | 491.64 |  | 864.06 |  | 864.06 |  | 770.38 |  | 1,162.46 |  | 1,019.62 |
| DALYs Averted over Baseline, 2010-2030 |  | 22.18 |  | 18.05 |  | 18.05 |  | 19.33 |  | 14.86 |  | 16.47 |
| Deaths Averted over Baseline, 2010-2030 |  | 0.51 |  | 0.43 |  | 0.43 |  | 0.47 |  | 0.34 |  | 0.43 |
| Cases Averted over Baseline, 2010-2030 |  | 2,029.79 |  | 1,657.37 |  | 1,657.37 |  | 1,751.05 |  | 1,358.97 |  | 1,501.81 |
| Cost per DALY, 2010-2030 | \$ | (177,533.02) | \$ | $(1,820,937.25)$ | \$ | (5,201,924.76) | \$ | $(86,044.79)$ | \$ | (1,055,777.27) | \$ | $(2,357,073.23)$ |
| Cost per Death, 2010-2030 | \$ | (7,720,945.80) | \$ | (76,437,017.26) | \$ | (218,359,864.86) | \$ | $(3,538,820.70)$ | \$ | $(46,143,677.09)$ | \$ | (90,281,386.21) |
| Cost per Case, 2010-2030 | \$ | (1,939.95) | \$ | $(19,831.37)$ | \$ | $(56,652.85)$ | \$ | (949.86) | \$ | $(11,544.66)$ | \$ | (25,849.47) |
| Total Cost 2010-2050 | \$ | 917,454,022.03 | \$ | 832,876,319.80 | \$ | 669,305,589.91 | \$ | 919,639,758.49 | \$ | 850,055,387.01 | \$ | 726,146,810.22 |
| Incremental Cost over B aseline, 2010-2050 | \$ | $(7,838,611.57)$ | \$ | (92,416,313.80) | \$ | (255,987,043.69) | \$ | $(5,652,875.11)$ | \$ | (75,237,246.59) | \$ | (199,145,823.38) |
| Total DALYs, 2010-2050 |  | 5.53 |  | 9.66 |  | 9.66 |  | 8.38 |  | 12.85 |  | 11.24 |
| Total Deaths, 2010-2050 |  | 0.09 |  | 0.17 |  | 0.17 |  | 0.13 |  | 0.26 |  | 0.17 |
| Total Cases, 2010-2050 |  | 491.64 |  | 864.06 |  | 864.06 |  | 770.38 |  | 1,162.46 |  | 1,019.62 |
| DALYs Averted over Baseline, 2010-2050 |  | 43.20 |  | 39.07 |  | 39.07 |  | 40.35 |  | 35.88 |  | 37.49 |
| Deaths Averted over Baseline, 2010-2050 |  | 0.76 |  | 0.68 |  | 0.68 |  | 0.72 |  | 0.59 |  | 0.68 |
| Cases Averted over Baseline, 2010-2050 |  | 3,968.15 |  | 3,595.73 |  | 3,595.73 |  | 3,689.41 |  | 3,297.33 |  | 3,440.17 |
| Cost per DALY, 2010-2050 | \$ | (181,449.34) | \$ | ( $2,365,403.48)$ | \$ | (6,552,010.33) | \$ | $(140,096.04)$ | \$ | $(2,096,913.23)$ | \$ | $(5,311,971.82)$ |
| Cost per Death, 2010-2050 | \$ | (10,313,962.59) | \$ | (135,906,343.82) | \$ | (376,451,534.84) | \$ | (7,851,215.43) | \$ | (127,520,756.93) | \$ | (292,861,504.97) |
| Cost per Case, 2010-2050 |  | $(1,975.38)$ |  | $(25,701.68)$ | \$ | (71,191.95) |  | $(1,532.19)$ |  | $(22,817.63)$ | \$ | $(57,888.37)$ |



Figure A.3.2. Country-level monthly incidence for 10 -district simulations for Colombia, eradication scenarios.

## A.4. Ethiopia

Ethiopia currently implements a single routine opportunity for vaccination for infants 9 months of age with an average coverage rate of $74 \%$, along with catch-up and follow-up supplemental immunization activities every year from 1998-2009 at national and sub-national levels targeting children 9 months up to 47 months of age (though this target age group shows some variation in historical SIAs). A second routine dose is not presently included in the country's vaccination strategy, and the current vaccine formulation is single-antigen only.

Since the most recent catch-up campaign performed in Ethiopia in 2006 and 2008 measles incidence appears to have declined, though the variable numbers of reported cases over recent years make it difficult to determine the likelihood that the country will be able to achieve $90 \%$ mortality reduction goals by the target date of 2013 by continuing its current vaccination strategy.

Ethiopia was simulated as consisting of ten districts (aggregated from a country total of 11 districts) based on average MCV1 coverage over the period $2008-2009$, with values ranging from $40 \%$ to $98 \%$. As defined in the sections above, the transmission model yielded average mortality figures for 2000 of 35,510 (range: $33,297-38,993$ ), which falls somewhat above the range of estimated mortality provided by WHO. Comparing model results for simulated district-level incidence over the period from 2000 to 2008 with reported incidence over the same period (based on country-level case reports from Ethiopia) results in an average correlation coefficient of 0.7185 (range: $0.6752-0.7311$ ).

Table A.4.1. Vaccination assumptions and simulation outcomes for mortality reduction scenarios, Ethiopia.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinatio on Assumpti ons |  |  |  |  |  |  |  | Target (and post-target) Vaccinatio on Assumptions |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | Ramp up factor | $\begin{array}{\|c\|} \hline \mathrm{Yr} \\ \text { change } \\ \text { to } 12 \mathrm{mo} \end{array}$ | Ramp up rate | Age | Yr intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 1 | 90\% Mortality Reducti on | 2013 | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | N/A | N/A | N/A | N/A | N/A | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 3 yrs | 90\% |
| 2 | No SIA |  | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{array}{r} 9 \mathrm{mo}- \\ 47 \mathrm{mo} \\ \hline \end{array}$ | 3 yrs | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 72\% | 9 mo | N/A | N/A | N/A | N/A | N/A | 86\% |
| 3 | 95\% Mortality Reduction | 2015 | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 2 | 2013 | N/A | 18 mo | 2013 | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 88.7\% | 12 mo | 68\% | N/A | 95\% | $\begin{gathered} 9 \mathrm{mo}-47 \\ \mathrm{mo} \end{gathered}$ | 3 yrs | 94\% |
| 4 | 98\% Mortality Reduction | 2020 | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{gathered} 9 \mathrm{mo}- \\ 47 \mathrm{mo} \end{gathered}$ | 3 yrs | 2 | 2013 | N/A | 18 mo | 2013 | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 2 yrs | 90.1\% | 12 mo | 81\% | 18 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 3 yrs | 97\% |

Data were collected in Ethiopia in March 2010 on the costs of measles vaccination for routine immunization and SIAs. Information on societal costs, the cost of obtaining vaccination, was taken from published studies.

Table A.4.2. Assumptions for Costs of Measles Vaccination in Ethiopia
$\left.\begin{array}{|c|rr|}\hline \text { Parameter } & \text { Value (costs in US\$) } \\ \hline \text { Initial Coverage } & 63 \% \\ \hline \begin{array}{c}\text { Cost per dose of routine } \\ \text { immunization }\end{array} & \$ 1.35 \\ \hline \begin{array}{c}\text { Added Cost per } \\ \text { additional percent of } \\ \text { coverage for routine } \\ \text { immunization }\end{array} & \$ 0.64 \\ \hline \begin{array}{c}\text { Cost per dose of measles } \\ \text { vaccination given through } \\ \text { SIA }\end{array} & \begin{array}{l}\text { \$0.055 until } 80 \% ; \\ \$ 0.118 \text { after } 80 \%\end{array} \\ \hline \begin{array}{c}\text { Cost to Household of } \\ \text { Obtaining Vaccination }\end{array} & \$ 0.25^{*} \\ \hline \text { Cost of Treating Case of } \\ \text { Measles }\end{array} \quad \$ 12.34\right\}$

Source: Data Collection in Ethiopia

Table A.4.3. Transmission and cost results for reduction in mortality scenarios, Ethiopia (all totals discounted by 3\%).

| Ethiopia | Baseline (90\% RM by 2013 ) |  | No SIA |  | 95\% RM by 2015 |  | 98\% RM by 2020 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.6752 |  | 0.6752 |  | 0.7164 |  | 0.7311 |
| 2000 Mortality |  | 38,992.68 |  | 38,993.02 |  | 33,297.44 |  | 34,830.40 |
| Target Year Mortality |  | 719.65 |  | 940.67 |  | 1,935.34 |  | 1,772.06 |
| \% Reduction in Mortality through 2050 |  | 90\% |  | 86\% |  | 94\% |  | 97\% |
| Total Cost 2010-2030 | \$ | 163,190,735.77 | \$ | 86,768,505.88 | \$ | 264,972,282.57 | \$ | 397,479,299.10 |
| Incremental Cost over Baseline, 2010-2030 | \$ | - | \$ | (76,422,229.89) | \$ | 101,781,546.80 | \$ | 234,288,563.33 |
| Total DALYs, 2010-2030 |  | 1,449,344.87 |  | 1,967,606.28 |  | 1,082,052.33 |  | 556,113.21 |
| Total Deaths, 2010-2030 |  | 47,656.55 |  | 63,859.68 |  | 34,588.89 |  | 18,068.38 |
| Total Cases, 2010-2030 |  | 3,677,901.24 |  | 5,155,858.75 |  | 2,399,399.78 |  | 1,260,505.77 |
| DALYs Averted over Baseline, 2010-2030 |  |  |  | $(518,261.41)$ |  | 367,292.54 |  | 893,231.66 |
| Deaths Averted over Baseline, 2010-2030 |  |  |  | $(16,203.13)$ |  | 13,067.66 |  | 29,588.17 |
| Cases Averted over Baseline, 2010-2030 |  |  |  | (1,477,957.51) |  | 1,278,501.46 |  | 2,417,395.47 |
| Cost per DALY, 2010-2030 | \$ | - | \$ | 147.46 | \$ | 277.11 | \$ | 262.29 |
| Cost per Death, 2010-2030 | \$ | - | \$ | 4,716.51 | \$ | 7,788.81 | \$ | 7,918.32 |
| Cost per Case, 2010-2030 | \$ | - | \$ | 51.71 | \$ | 79.61 | \$ | 96.92 |
| Total Cost 2010-2050 | \$ | 253,881,583.40 | \$ | 126,127,748.53 | \$ | 404,882,480.23 | \$ | 645,064,647.51 |
| Incremental Cost over B aseline, 2010-2050 | \$ | - | \$ | $(127,753,834.87)$ | \$ | 151,000,896.83 | \$ | 391,183,064.11 |
| Total DALYs, 2010-2050 |  | 2,396,529.26 |  | 3,339,679.52 |  | 1,602,619.84 |  | 829,133.21 |
| Total Deaths, 2010-2050 |  | 79,267.11 |  | 109,922.95 |  | 50,666.80 |  | 26,634.02 |
| Total Cases, 2010-2050 |  | 6,389,957.15 |  | 9,400,370.94 |  | 3,490,625.15 |  | 1,850,073.84 |
| DALYs Averted over Baseline, 2010-2050 |  | - |  | $(943,150.26)$ |  | 793,909.42 |  | 1,567,396.05 |
| Deaths Averted over Baseline, 2010-2050 |  |  |  | $(30,655.84)$ |  | 28,600.31 |  | 52,633.09 |
| Cases Averted over B aseline, 2010-2050 |  |  |  | $(3,010,413.79)$ |  | 2,899,332.00 |  | 4,539,883.31 |
| Cost per DALY, 2010-2050 | \$ | - | \$ | 135.45 | \$ | 190.20 | \$ | 249.58 |
| Cost per Death, 2010-2050 | \$ |  | \$ | 4,167.36 | \$ | 5,279.69 | \$ | 7,432.26 |
| Cost per Case, 2010-2050 | \$ | - | \$ | 42.44 | \$ | 52.08 | \$ | 86.17 |



Figure A.4.1. Country-level monthly incidence for 10 -district simulations for Ethiopia, reduction in mortality scenarios.
Table A.4.4. Vaccination assumptions and simulation outcomes for eradication scenarios, Ethiopia.

| Scenario | Goal | $\begin{aligned} & \text { Target } \\ & \text { Year } \end{aligned}$ | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Post-Goal Vaccinati on Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{array}{\|l} \hline \text { Ramp } \\ \text { up } \\ \text { factor } \end{array}$ | Yr change to 12 mo | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 5 | Eradication | 2020 | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 2.0 | 2013 | N/A | 18 mo | 2013 | 95\% | 9 mo 59 mo | 2 yrs | 90.1\% | 12 mo | 81.1\% | 18 mo | 95\% | $\begin{array}{r} 9 \mathrm{mo}- \\ 59 \mathrm{mo} \end{array}$ | 3 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 90.1\% | 12 mo | 81.1\% | 18 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 90.1\% | 12 mo | - | - | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Eradication | 2025 | 72\% | 9 mo | N/A | N/A | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 2.0 | 2013 | N/A | 18 mo | 2013 | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 2 yrs | 90.8\% | 12 mo | 81.7\% | 18 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 3 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 90.8\% | 12 mo | 81.7\% | 18 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 90.8\% | 12 mo | - | - | - | - | - | 100\% |

Table A.4.5. Transmission and cost results for eradication scenarios, Ethiopia (all totals discounted by $3 \%$ ).

| Ethiopia | $\begin{array}{\|c\|} \hline \text { E2020 - } \\ \text { MCV1 }+ \text { MCV2 }+ \text { SIA } \\ \hline \end{array}$ |  | $\begin{gathered} \mathrm{E} 2020- \\ \mathrm{MCV1}+\mathrm{MCV} 2 \\ \hline \end{gathered}$ |  | E2020-MCV1 |  | $\begin{array}{\|c\|} \hline \text { E2025 - } \\ \text { MCV1 }+ \text { MCV2 }+ \text { SIA } \\ \hline \end{array}$ |  | $\begin{gathered} \text { E2025- } \\ \text { MCV1 + MCV2 } \\ \hline \end{gathered}$ |  | E2025-MCVI |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7311 |  | 0.7311 |  | 0.7311 |  | 0.7311 |  | 0.7311 |  | 0.7311 |
| 2000 Mortality |  | 34,830.40 |  | 34,830.40 |  | 34,830.40 |  | 34,830.40 |  | 34,830.40 |  | 34,830.40 |
| Target Year Mortality |  | 93.03 |  | 93.03 |  | 93.03 |  | 128.68 |  | 128.68 |  | 128.68 |
| \% Reduction in Mortality through 2050 |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |
| Total Cost 2010-2030 | \$ | 387,055,310.40 | \$ | 373,965,235.68 | \$ | 338,659,726.79 | \$ | 444,615,094.36 | \$ | 438,328,075.24 | \$ | 422,517,146.15 |
| Incremental Cost over Baseline, 2010-2030 | \$ | 223,864,574.63 | \$ | 210,774,499.91 | \$ | 175,468,991.02 | \$ | 281,424,358.59 | \$ | 275,137,339.47 | \$ | 259,326,410.38 |
| Total DALYs, 2010-2030 |  | 312,528.28 |  | 312,528.28 |  | 312,528.28 |  | 434,698.97 |  | 434,698.97 |  | 434,698.97 |
| Total Deaths, 2010-2030 |  | 10,356.40 |  | 10,356.40 |  | 10,356.40 |  | 14,276.00 |  | 14,276.00 |  | 14,276.00 |
| Total Cases, 2010-2030 |  | 750,751.91 |  | 750,751.91 |  | 750,751.91 |  | 999,529.64 |  | 999,529.64 |  | 999,529.64 |
| DALYs Averted over Baseline, 2010-2030 |  | 1,136,816.59 |  | 1,136,816.59 |  | 1,136,816.59 |  | 1,014,645.90 |  | 1,014,645.90 |  | 1,014,645.90 |
| Deaths Averted over Baseline, 2010-2030 |  | 37,300.15 |  | 37,300.15 |  | 37,300.15 |  | 33,380.55 |  | 33,380.55 |  | 33,380.55 |
| Cases Averted over B aseline, 2010-2030 |  | 2,927,149.33 |  | 2,927,149.33 |  | 2,927,149.33 |  | 2,678,371.60 |  | 2,678,371.60 |  | 2,678,371.60 |
| Cost per DALY, 2010-2030 | \$ | 196.92 | \$ | 185.41 | \$ | 154.35 | \$ | 277.36 | \$ | 271.17 | \$ | 255.58 |
| Cost per Death, 2010-2030 | \$ | 6,001.71 | \$ | 5,650.77 | \$ | 4,704.24 | \$ | 8,430.79 | \$ | 8,242.44 | \$ | 7,768.79 |
| Cost per Case, 2010-2030 | \$ | 76.48 | \$ | 72.01 | \$ | 59.95 | \$ | 105.07 | \$ | 102.73 | \$ | 96.82 |
| Total Cost 2010-2050 | \$ | 577,774,318.98 | \$ | 533,409,758.32 | \$ | 439,461,622.25 | \$ | 654,809,243.78 | \$ | 617,247,814.64 | \$ | 526,227,267.78 |
| Incremental Cost over Baseline, 2010-2050 | \$ | 323,892,735.58 | \$ | 279,528,174.92 | \$ | 185,580,038.85 | \$ | 400,927,660.38 | \$ | 363,366,231.24 | \$ | 272,345,684.38 |
| Total DALYs, 2010-2050 |  | 312,528.28 |  | 312,528.28 |  | 312,528.28 |  | 434,698.97 |  | 434,698.97 |  | 434,698.97 |
| Total Deaths, 2010-2050 |  | 10,356.40 |  | 10,356.40 |  | 10,356.40 |  | 14,276.00 |  | 14,276.00 |  | 14,276.00 |
| Total Cases, 2010-2050 |  | 750,751.91 |  | 750,751.91 |  | 750,751.91 |  | 999,529.64 |  | 999,529.64 |  | 999,529.64 |
| DALYs Averted over Baseline, 2010-2050 |  | 2,084,000.98 |  | 2,084,000.98 |  | 2,084,000.98 |  | 1,961,830.29 |  | 1,961,830.29 |  | 1,961,830.29 |
| Deaths Averted over Baseline, 2010-2050 |  | 68,910.71 |  | 68,910.71 |  | 68,910.71 |  | 64,991.11 |  | 64,991.11 |  | 64,991.11 |
| Cases Averted over Baseline, 2010-2050 |  | 5,639,205.24 |  | 5,639,205.24 |  | 5,639,205.24 |  | 5,390,427.51 |  | 5,390,427.51 |  | 5,390,427.51 |
| Cost per DALY, 2010-2050 | \$ | 155.42 | \$ | 134.13 | \$ | 89.05 | \$ | 204.36 | \$ | 185.22 | \$ | 138.82 |
| Cost per Death, 2010-2050 | \$ | 4,700.18 | \$ | 4,056.38 | \$ | 2,693.05 | \$ | 6,168.96 | \$ | 5,591.01 | \$ | 4,190.51 |
| Cost per Case, 2010-2050 | \$ | 57.44 | 5 | 49.57 | \$ | 32.91 | \$ | 74.38 | \$ | 67.41 | \$ | 50.52 |



Figure A.4.2. Country-level monthly incidence for 10 -district simulations for Ethiopia, eradication scenarios.

## A.5. Tajikistan

Tajikistan currently implements two routine opportunities for vaccination - MCV1 for infants 12 months of age with an average coverage rate of $86 \%$, and MCV2 for children 6 years with an average coverage of $83 \%$ - along with two supplemental immunization activities in 2004 and 2009 targeting children 1-14 years and 1-5 years, respectively. The current vaccine formulation is bivalent (measles-mumps).

Tajikistan has been near elimination of measles since 2004, and incidence and mortality have been maintained at very low levels since then, indicating a possibility that the country may achieve elimination in the near future by continuing its current vaccination strategy.

Tajikistan was simulated as consisting of five districts (representing all 5 districts in the country), with all districts maintaining recent MCV1 levels at approximately the country average of $86 \%$. As defined in the sections above, the transmission model yielded average mortality figures for 2000 of 25 deaths (range: $17-33$ ), which corresponds with estimated mortality provided by WHO. Comparing model results for simulated district-level incidence of the period from 1990 to 2009 with reported incidence over the same period (based on country-level data from Tajikistan) results in an average correlation coefficient of 0.8229 (range: $0.8055-0.8525$ ).

Table A.5.1. Vaccination assumptions and simulation outcomes for mortality reduction scenarios, Tajikistan.

| Scenario | Goal | Target Year | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Target (and post-target) Vaccination Assumptions |  |  |  |  |  |  | Average \% Mortality Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | Ramp up factor | $\begin{array}{\|c\|} \hline \mathrm{Yr} \\ \text { change } \\ \text { to 12 } \mathrm{mo} \end{array}$ | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 1 | $\mathbf{9 0} \%$ Mortality Reduction | 2013 | 86\% | 12 mo | 83\% | 72 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 72 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 86\% | 12 mo | 83\% | 72 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 50\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | No SIA |  | 86\% | 12 mo | 83\% | 72 mo | $\begin{aligned} & \hline 95 \% \\ & \text { (unti I } \\ & 2010 \text { ) } \\ & \hline \end{aligned}$ | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | N/A | N/A | N/A | 72 mo | N/A | N/A | N/A | N/A | 86\% | 12 mo | 83\% | 72 mo | N/A | N/A | N/A | 38\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 95\% Mortality | 2015 | 86\% | 12 mo | 83\% | 72 mo | 95\% | 9 mo 59 mo | 4 yrs | 0.5 | N/A |  | 72 mo | N/A | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 90.5\% | 12 mo | 90.0\% | 72 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 82\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 98\% Mortality Reduction | 2020 | 86\% | 12 mo | 83\% | 72 mo | 95\% | 9 mo 59 mo | 4 yrs | 0.5 | N/A |  | 72 mo | N/A | 95\% | 9 mo 59 mo | 4 yrs | 92.0\% | 12 mo | 90.0\% | 72 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 4 yrs | 83\% |

Data were collected in Tajikistan in April 2010 on the costs of measles vaccination for routine immunization and SIAs. During the visit, three districts in the country were visited to collect data on epidemiologic and operational costs. The three districts were Faizabad, Yavon, and Varzob. Information on societal costs, the cost of obtaining vaccination, was taken from published studies.

Table A.5.2. Assumptions for Costs of Measles Vaccination in Tajikistan

| Parameter | Value (costs in US\$) |
| :---: | ---: |
| Initial Coverage | $86 \%$ |
| Cost per dose of routine <br> immunization | $\$ 1.68$ |
| Added Cost per additional <br> percent of coverage for <br> routine immunization | $\$ 0.62$ |
| Cost per dose of measles <br> vaccination given through SIA | $\$ 0.75$ until $90 \% ;$ <br> $\$ 0.15 \mathrm{after} 90 \%$ |
| Cost to Household of Obtaining |  |
| Vaccination | $\$ 0.72$ |
| Cost of Treating Case of Measles | $\$ 12.95$ |

Source: Data Collection in Tajikistan

Table A.5.3. Transmission and cost results for reduction in mortality scenarios, Tajikistan (all totals discounted by 3\%).

| Tajikistan | Baseline $(90 \%$ RM by 2013) |  | No SIA |  | 95\% RM by 2015 |  | 98\% RM by 2020 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.8055 |  | 0.8193 |  | 0.8096 |  | 0.8316 |
| 2000 Mortality |  | 24.13 |  | 28.81 |  | 29.65 |  | 32.51 |
| Target Year Mortality |  | 13.76 |  | 22.56 |  | 7.66 |  | 3.99 |
| \% Reduction in Mortality through 2050 |  | 50\% |  | 38\% |  | 82\% |  | 83\% |
| Total Cost 2010-2030 | \$ | 19,849,988.25 | \$ | 14,976,635.17 | \$ | 42,033,448.05 | \$ | 41,368,462.37 |
| Incremental Cost over Baseline, 2010-2030 | \$ | - | \$ | $(4,873,353.08)$ | \$ | 22,183,459.80 | \$ | 21,518,474.12 |
| Total DALYs, 2010-2030 |  | 5,727.68 |  | 8,905.97 |  | 3,231.45 |  | 2,745.18 |
| Total Deaths, 2010-2030 |  | 187.19 |  | 284.57 |  | 99.13 |  | 84.10 |
| Total Cases, 2010-2030 |  | 45,624.93 |  | 69,805.23 |  | 19,068.42 |  | 15,920.09 |
| DALYs Averted over Baseline, 2010-2030 |  |  |  | $(3,178.29)$ |  | 2,496.23 |  | 2,982.50 |
| Deaths Averted over Baseline, 2010-2030 |  |  |  | (97.38) |  | 88.06 |  | 103.09 |
| Cases Averted over Baseline, 2010-2030 |  |  |  | (24,180.30) |  | 26,556.51 |  | 29,704.84 |
| Cost per DALY, 2010-2030 | \$ | - | \$ | 1,533.33 | \$ | 8,886.79 | \$ | 7,214.91 |
| Cost per Death, 2010-2030 | \$ | - | \$ | 50,044.70 | \$ | 251,913.01 | \$ | 208,734.83 |
| Cost per Case, 2010-2030 | \$ | - | \$ | 201.54 | \$ | 835.33 | \$ | 724.41 |
| Total Cost 2010-2050 | \$ | 30,133,327.80 | \$ | 23,023,491.95 | \$ | 60,730,926.90 | \$ | 60,450,676.90 |
| Incremental Cost over Baseline, 2010-2050 | \$ | - | \$ | $(7,109,835.85)$ | \$ | 30,597,599.10 | \$ | 30,317,349.10 |
| Total DALYs, 2010-2050 |  | 8,843.02 |  | 13,345.46 |  | 4,662.18 |  | 4,276.31 |
| Total Deaths, 2010-2050 |  | 286.61 |  | 425.79 |  | 141.86 |  | 126.69 |
| Total Cases, 2010-2050 |  | 69,278.82 |  | 105,781.57 |  | 26,419.80 |  | 23,823.29 |
| DALYs Averted over Baseline, 2010-2050 |  | - |  | $(4,502.44)$ |  | 4,180.84 |  | 4,566.71 |
| Deaths Averted over Baseline, 2010-2050 |  |  |  | (139.18) |  | 144.75 |  | 159.92 |
| Cases Averted over Baseline, 2010-2050 |  |  |  | $(36,502.75)$ |  | 42,859.02 |  | 45,455.53 |
| Cost per DALY, 2010-2050 | \$ |  | \$ | 1,579.11 | \$ | 7,318.53 | \$ | 6,638.77 |
| Cost per Death, 2010-2050 | \$ |  | \$ | 51,083.75 | \$ | 211,382.38 | \$ | 189,578.22 |
| Cost per Case, 2010-2050 | \$ | - | \$ | 194.78 | \$ | 713.91 | \$ | 666.97 |



## Scenarios

Figure A.5.1. Country-level monthly incidence for 5-district simulations for Uganda, reduction in mortality scenarios.
Table A.5.4. Vaccination assumptions and simulation outcomes for eradication scenarios, Tajikistan.

| Scenario | Goal | $\begin{aligned} & \text { Target } \\ & \text { Year } \end{aligned}$ | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Post-Goal Vaccinati on Assumpti ons |  |  |  |  |  |  | Average \% <br> Mortality <br> Reduction |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | Mcv1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{aligned} & \text { Ramp } \\ & \text { up } \\ & \text { factor } \end{aligned}$ | $\begin{array}{\|c\|} \hline \mathrm{Yr} \\ \text { change } \\ \text { to } 12 \mathrm{mogo} \end{array}$ | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 5 | Eradication | 2020 | 86\% | 12 mo | 83 | 72 mo | 95\% | 9 mo 59 mo | 4 yrs | 0.5 | N/A |  | 72 mo | N/A | 95\% | $\begin{array}{r} 9 \mathrm{mo}- \\ 59 \mathrm{mo} \end{array}$ | 4 yrs | 92.0\% | 12 mo | 90.0\% | 72 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 92.0\% | 12 mo | 90.0\% | 72mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 92.0\% | 12 mo | - | - | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Eradication | 2025 | 86\% | 12 mo | 83 | 72 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 0.5 | N/A |  | 72 mo | N/A | 95\% | 9 mo 59 mo | 4 yrs | 94.0\% | 12 mo | 90.0\% | 72 mo | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 4 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.0\% | 12 mo | 90.0\% | 72mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 94.0\% | 12 mo | - | - | - | - | - | 100\% |

Table A.5.5. Transmission and cost results for eradication scenarios, Tajikistan (all totals discounted by 3\%).

| Tajikistan |  | $\begin{aligned} & \text { E2020 - } \\ & 1+\text { MCV2 }+ \text { SIA } \\ & \hline \end{aligned}$ |  | $\begin{array}{r} \mathrm{E} 2020- \\ \mathrm{MCV} 1+\mathrm{MCV} 2 \\ \hline \end{array}$ |  | 2020 - MCV 1 |  | $\begin{aligned} & \text { E2025 - } \\ & 1+\text { MCV2 + SIA } \end{aligned}$ |  | $\begin{gathered} \text { E2025- } \\ \text { MCV1 }+ \text { MCV2 } \\ \hline \end{gathered}$ |  | 25 - MCV |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.8218 |  | 0.8150 |  | 0.8237 |  | 0.8525 |  | 0.8377 |  | 0.8120 |
| 2000 Mortality |  | 28.77 |  | 17.33 |  | 27.50 |  | 21.89 |  | 18.93 |  | 19.37 |
| Target Year Mortality |  | 0.31 |  | 0.30 |  | 0.45 |  | 0.39 |  | 0.59 |  | 0.57 |
| \% Reduction in Mortality through 2050 |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |
| Total Cost 2010-2030 | \$ | 31,325,552.19 | \$ | 31,261,047.48 | \$ | 28,372,341.05 | \$ | 34,308,530.39 | \$ | 34,156,901.43 | \$ | 34,151,385.96 |
| Incremental Cost over Baseline, 2010-2030 | \$ | 11,475,563.94 | \$ | 11,411,059.23 | \$ | 8,522,352.80 | \$ | 14,458,542.14 | \$ | 14,306,913.18 | \$ | 14,301,397.71 |
| Total DALYs, 2010-2030 |  | 1,220.68 |  | 1,174.08 |  | 1,188.00 |  | 1,909.77 |  | 1,871.12 |  | 1,791.91 |
| Total Deaths, 2010-2030 |  | 38.43 |  | 36.99 |  | 37.62 |  | 59.97 |  | 58.44 |  | 56.01 |
| Total Cases, 2010-2030 |  | 8,083.67 |  | 7,843.06 |  | 8,063.96 |  | 12,557.85 |  | 12,134.44 |  | 11,522.31 |
| DALYs Averted over Baseline, 2010-2030 |  | 4,507.00 |  | 4,553.60 |  | 4,539.68 |  | 3,817.91 |  | 3,856.56 |  | 3,935.77 |
| Deaths Averted over B aseline, 2010-2030 |  | 148.76 |  | 150.20 |  | 149.57 |  | 127.22 |  | 128.75 |  | 131.18 |
| Cases Averted over B aseline, 2010-2030 |  | 37,541.26 |  | 37,781.87 |  | 37,560.97 |  | 33,067.08 |  | 33,490.49 |  | 34,102.62 |
| Cost per DALY, 2010-2030 | \$ | 2,546.16 | \$ | 2,505.94 | \$ | 1,877.30 | \$ | 3,787.03 | \$ | 3,709.76 | \$ | 3,633.70 |
| Cost per Death, 2010-2030 | \$ | 77,141.46 | \$ | 75,972.43 | \$ | 56,979.03 | \$ | 113,649.91 | \$ | 111,121.66 | \$ | 109,021.17 |
| Cost per Case, 2010-2030 | \$ | 305.68 | \$ | 302.02 | \$ | 226.89 | \$ | 437.25 | \$ | 427.19 | \$ | 419.36 |
| Total Cost 2010-2050 | \$ | 42,808,641.85 | \$ | 40,525,203.87 | \$ | 34,003,417.85 | \$ | 45,959,779.19 | \$ | 43,636,126.37 | \$ | 39,898,496.75 |
| Incremental Cost over Baseline, 2010-2050 | \$ | 12,675,314.05 | \$ | 10,391,876.07 | \$ | 3,870,090.05 | \$ | 15,826,451.39 | \$ | 13,502,798.57 | \$ | 9,765,168.95 |
| Total DALYs, 2010-2050 |  | 1,220.68 |  | 1,174.08 |  | 1,188.00 |  | 1,909.77 |  | 1,871.12 |  | 1,791.91 |
| Total Deaths, 2010-2050 |  | 38.43 |  | 36.99 |  | 37.62 |  | 59.97 |  | 58.44 |  | 56.01 |
| Total Cases, 2010-2050 |  | 8,083.67 |  | 7,843.06 |  | 8,063.96 |  | 12,557.85 |  | 12,134.44 |  | 11,522.31 |
| DALYs Averted over Baseline, 2010-2050 |  | 7,622.34 |  | 7,668.94 |  | 7,655.02 |  | 6,933.25 |  | 6,971.90 |  | 7,051.11 |
| Deaths Averted over Baseline, 2010-2050 |  | 248.18 |  | 249.62 |  | 248.99 |  | 226.64 |  | 228.17 |  | 230.60 |
| Cases Averted over Baseline, 2010-2050 |  | 61,195.15 |  | 61,435.76 |  | 61,214.86 |  | 56,720.97 |  | 57,144.38 |  | 57,756.51 |
| Cost per DALY, 2010-2050 | \$ | 1,662.92 | \$ | 1,355.06 | \$ | 505.56 | \$ | 2,282.69 | \$ | 1,936.75 | \$ | 1,384.91 |
| Cost per Death, 2010-2050 | \$ | 51,073.07 | \$ | 41,630.78 | \$ | 15,543.15 | \$ | 69,830.80 | \$ | 59,178.68 | \$ | 42,346.79 |
| Cost per Case, 2010-2050 | \$ | 207.13 | 5 | 169.15 | \$ | 63.22 | \$ | 279.02 | \$ | 236.29 | \$ | 169.07 |



Figure A.5.2. Country-level monthly incidence for 5-district simulations for Tajikistan, eradication scenarios.

## A.6. Uganda

Uganda currently implements a single routine opportunity for vaccination for infants 9 months of age with an average coverage rate of $68 \%$, along with follow-up supplemental immunization activities every three years targeting children 9 months up to 47 months of age (though this target age group shows some variation in historical SIAs). A second routine dose is not presently included in the country's vaccination strategy, and the current vaccine formulation is single-antigen only.

Since the catch-up campaign performed in Uganda in 2003 measles incidence has dropped off dramatically, and has remained at significantly lower levels than previously, indicating a high likelihood that the country will be able to achieve $90 \%$ mortality reduction goals by the target date of 2013 by continuing its current vaccination strategy.

Uganda was simulated as consisting of ten districts (aggregated from a country total of 80 districts) based on average MCV1 coverage over the period $2001-2008$, with values ranging from $32 \%$ to $95 \%$. As defined in the sections above, the transmission model yielded average mortality figures for 2000 of 5,472 (range: 4,962-5,839), which falls within the range of estimated mortality provided by WHO. Comparing model results for simulated district-level incidence over the period from 2000 to 2008 with reported incidence over the same period (based on district-level case reports from Uganda) results in an average correlation coefficient of 0.7693 (range: $0.7513-0.7970$ ).

Table A.6.1. Vaccination assumptions and simulation outcomes for mortality reduction scenarios, Uganda.

| Scenario | Goal | $\begin{array}{\|c} \text { Target } \\ \text { Year } \end{array}$ | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Target (and post-target) Vaccination Assumpti ons |  |  |  |  |  |  | Average \% <br> Mortality <br> Reducti on |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{aligned} & \text { Ramp } \\ & \text { up } \\ & \text { factor } \end{aligned}$ | $\begin{array}{\|c\|} \hline \mathrm{Yr} \\ \text { change } \\ \text { to } 12 \mathrm{mog} \end{array}$ | Ramp up rate | Age | Yr intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 1 | $\mathbf{9 0 \%}$ Mortality Reduction | 2013 | 68\% | 9 mo | - | - | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | N/A | N/A | N/A | - | N/A | 90\% | $\begin{gathered} 9 \mathrm{mo}-3 \\ \mathrm{yr} \end{gathered}$ | 3 yrs | 68\% | 9 mo | - | - | 90\% | $\begin{gathered} 9 \mathrm{mo}-3 \\ \mathrm{yr} \end{gathered}$ | 3 yrs | 91\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | No SIA |  | 68\% | 9 mo | - | - | 90\% <br> (unti I <br> 2010) | 9 mo - <br> 47 mo | 3 yrs | N/A | N/A | N/A | - | N/A | N/A | N/A | N/A | 68\% | 9 mo | - | - | N/A | N/A | N/A | -3\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | 95\% Mortality Reducti on | 2015 | 68\% | 9 mo | - | - | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 1.5 | 2012 |  | 18 mo | 2013 | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 3 yrs | 82.8\% | 12 mo | 69.7\% | 18 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 3 yrs | 94\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | 98\% Mortality Reducti on | 2020 | 68\% | 9 mo | - | - | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 1.5 | 2012 |  | 18 mo | 2013 | 95\% | 9 mo - <br> 59 mo | 3 yrs | 84.7\% | 12 mo | 76.3\% | 18 mo | 95\% | $\begin{gathered} 9 \mathrm{mo}-59 \\ \mathrm{mo} \end{gathered}$ | 3 yrs | 97\% |

Data were collected in Uganda in September 2009 on the costs of measles vaccination for routine immunization and SIAs. Four districts were visited in the country: Kalangala, Lira, Mubende, and Mbarara. Interviews were conducted with caretakers in each district on the cost of traveling to health facilities and waiting time. The $\mathrm{WHO} / \mathrm{Kampala}$ provided data on expenditures on three measles campaigns that took place in the country. The cost of measles treatment was taken from a published study.

Table A.6.2. Assumptions for Costs of Measles Vaccination in Uganda

| Parameter | Value (costs in US\$) |
| :---: | ---: |
| Initial Coverage | $68 \%$ |
| Cost per dose of routine <br> immunization | $\$ 2.35$ |
| Added Cost per additional <br> percent of coverage for <br> routine immunization | $\$ 1.24$ |
| Cost per dose of measles <br> vaccination given through SIA | $+\$ 0.04$ until 80\%; $\$ 0.08$ |
| Cost to Household of Obtaining |  |
| Vaccination |  |

Source: Data Collection in Uganda; WHO/Kampala; Dayan 2004

Table A.6.3. Transmission and cost results for reduction in mortality scenarios, Uganda (all totals discounted by 3\%).

| Uganda | $\qquad$ |  | No SIA |  | 95\% RM by 2015 |  | 98\% RM by 2020 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7961 |  | 0.7663 |  | 0.7518 |  | 0.7657 |
| 2000 Mortality |  | 5,604.82 |  | 5,552.34 |  | 4,961.77 |  | 5,668.11 |
| Target Year Mortality |  | 519.98 |  | 856.48 |  | 361.84 |  | 90.47 |
| \% Reduction in Mortality through 2050 |  | 91\% |  | -3\% |  | 94\% |  | 97\% |
| Total Cost 2010-2030 | \$ | 134,111,220.41 | \$ | 77,946,791.33 | \$ | 325,958,785.40 | \$ | 454,257,788.31 |
| Incremental Cost over Baseline, 2010-2030 | \$ | - | \$ | (56,164,429.08) | \$ | 191,847,564.99 | \$ | 320,146,567.90 |
| Total DALYs, 2010-2030 |  | 184,425.61 |  | 1,062,197.50 |  | 130,949.10 |  | 73,443.24 |
| Total Deaths, 2010-2030 |  | 6,020.04 |  | 33,431.87 |  | 4,325.94 |  | 2,337.26 |
| Total Cases, 2010-2030 |  | 230,428.27 |  | 1,325,609.33 |  | 156,828.02 |  | 70,657.84 |
| DALYs Averted over Baseline, 2010-2030 |  |  |  | (877,771.89) |  | 53,476.51 |  | 110,982.37 |
| Deaths Averted over Baseline, 2010-2030 |  |  |  | $(27,411.83)$ |  | 1,694.10 |  | 3,682.78 |
| Cases Averted over Baseline, 2010-2030 |  |  |  | $(1,095,181.06)$ |  | 73,600.25 |  | 159,770.43 |
| Cost per DALY, 2010-2030 | \$ |  | \$ | 63.99 | \$ | 3,587.51 | \$ | 2,884.66 |
| Cost per Death, 2010-2030 | \$ | - | \$ | 2,048.91 | \$ | 113,244.53 | \$ | 86,930.68 |
| Cost per Case, 2010-2030 | \$ | - | \$ | 51.28 | \$ | 2,606.62 | \$ | 2,003.79 |
| Total Cost 2010-2050 | \$ | 228,702,222.89 | \$ | 130,439,939.60 | \$ | 577,918,530.63 | \$ | 774,117,819.30 |
| Incremental Cost over Baseline, 2010-2050 | \$ | - | \$ | (98,262,283.29) | \$ | 349,216,307.74 | \$ | 545,415,596.41 |
| Total DALYs, 2010-2050 |  | 523,234.88 |  | 2,973,520.95 |  | 206,415.96 |  | 124,775.92 |
| Total Deaths, 2010-2050 |  | 10,531.59 |  | 93,085.40 |  | 6,747.04 |  | 3,922.11 |
| Total Cases, 2010-2050 |  | 413,112.15 |  | 3,832,251.97 |  | 244,168.12 |  | 118,243.86 |
| DALYs Averted over Baseline, 2010-2050 |  | - |  | $(2,450,286.07)$ |  | 316,818.92 |  | 398,458.96 |
| Deaths Averted over Baseline, 2010-2050 |  | - |  | $(82,553.81)$ |  | 3,784.55 |  | 6,609.48 |
| Cases Averted over Baseline, 2010-2050 |  |  |  | (3,419,139.82) |  | 168,944.03 |  | 294,868.29 |
| Cost per DALY, 2010-2050 | \$ |  | \$ | 40.10 | \$ | 1,102.26 | \$ | 1,368.81 |
| Cost per Death, 2010-2050 | \$ | - | \$ | 1,190.28 | \$ | 92,274.20 | \$ | 82,520.20 |
| Cost per Case, 2010-2050 | \$ |  | \$ | 28.74 | \$ | 2,067.05 | \$ | 1,849.69 |



Figure A.6.1. Country-level monthly incidence for 10-district simulations for Uganda, reduction in mortality scenarios.

Table A.6.4. Vaccination assumptions and simulation outcomes for eradication scenarios, Uganda.

| Scenario | Goal | $\begin{aligned} & \text { Target } \\ & \text { Year } \end{aligned}$ | Initi al Vaccinati on Assumpti ons |  |  |  |  |  |  | Ramp-Up Vaccinati on Assumpti ons |  |  |  |  |  |  |  | Post-Goal Vaccinati on Assumpti ons |  |  |  |  |  |  | Average \% Mortality Reduction |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | MCV1 |  | MCV2 |  | SIA |  |  | MCV1 |  | MCV2 |  |  | SIA |  |  | MCV1 |  | MCV2 |  | SIA |  |  |  |
|  |  |  | Covg | Age | Covg | Age | Covg | Age | Freq | $\begin{array}{\|l} \text { Ramp } \\ \text { up } \\ \text { factor } \end{array}$ | Yr change to 12 mo | Ramp up rate | Age | Yr Intro | Covg | Age | Freq | Covg | Age | Covg | Age | Covg | Age | Freq |  |
| 5 | Eradication | 2020 | 68\% | 9 mo | - | - | 90\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 47 \mathrm{mo} \end{aligned}$ | 3 yrs | 1.5 | 2012 |  | 18 mo | 2013 | 95\% | $\begin{gathered} 9 \mathrm{mo}- \\ 59 \mathrm{mo} \end{gathered}$ | 3 yrs | 84.7\% | 12 mo | 76.3\% | 18 mo | 95\% | $\begin{array}{r} 9 \mathrm{mo} \\ 59 \mathrm{mo} \end{array}$ | 3 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 84.7\% | 12 mo | 76.3\% | 18 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 84.7\% | 12 mo | - | - | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | Eradication | 2025 | 68\% | 9 mo | - | - | 90\% | $\begin{array}{\|c\|} 9 \mathrm{mo}- \\ 47 \mathrm{mo} \end{array}$ | 3 yrs | 1.5 | 2012 |  | 18 mo | 2013 | 95\% | $\begin{aligned} & 9 \mathrm{mo}- \\ & 59 \mathrm{mo} \end{aligned}$ | 3 yrs | 85.3\% | 12 mo | 76.8\% | 18 mo | 95\% | $9 \mathrm{mo}$ | 3 yrs | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 85.3\% | 12 mo | 76.8\% | 18 mo | - | - | - | 100\% |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 85.3\% | 12 mo | - | - | - | - | - | 100\% |

Table A.6.5. Transmission and cost results for eradication scenarios, Uganda (all totals discounted by 3\%).

| Uganda |  | $\begin{array}{l\|} \hline \mathrm{E} 2020 \text { - } \\ 1+\mathrm{MCV} 2+\text { SIA } \\ \hline \end{array}$ |  | $\begin{gathered} \mathrm{E} 2020- \\ \mathrm{MCV} 1+\mathrm{MCV} 2 \\ \hline \end{gathered}$ |  | 2020 - MCVI |  | $\begin{aligned} & \text { E2025 - } \\ & 1+\text { MCV }+ \text { SIA } \end{aligned}$ |  | $\begin{gathered} \text { E2025 - } \\ \text { MCV1 + MCV2 } \\ \hline \end{gathered}$ | E2025-MCV1 |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Correlati on Coeffi cient |  | 0.7778 |  | 0.7586 |  | 0.7579 |  | 0.7513 |  | 0.7707 |  | 0.7970 |
| 2000 Mortality |  | 5,394.01 |  | 5,553.03 |  | 5,839.90 |  | 5,140.25 |  | 5,410.25 |  | 5,600.01 |
| Target Year Mortality |  | . 35 |  | 7.39 |  | 7.66 |  | 12.55 |  | 12.28 |  | 13.06 |
| \% Reduction in Mortality through 2050 |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |  | 100\% |
| Total Cost 2010-2030 | \$ | 399,843,176.01 | \$ | 385,094,242.87 | \$ | 331,790,449.70 | \$ | 408,687,060.73 | \$ | 400,993,954.61 | \$ | 379,446,431.80 |
| Incremental Cost over Baseline, 2010-2030 | \$ | 265,731,955.60 | \$ | 250,983,022.46 | \$ | 197,679,229.29 | \$ | 274,575,840.32 | \$ | 266,882,734.20 | \$ | 245,335,211.39 |
| Total DALYs, 2010-2030 |  | 24,460.37 |  | 24,619.08 |  | 25,370.81 |  | 36,097.21 |  | 33,847.71 |  | 35,560.80 |
| Total Deaths, 2010-2030 |  | 799.23 |  | 805.70 |  | 832.98 |  | 1,176.12 |  | 1,097.85 |  | 1,157.86 |
| Total Cases, 2010-2030 |  | 26,200.14 |  | 26,595.63 |  | 27,733.48 |  | 38,368.46 |  | 35,287.25 |  | 37,729.60 |
| DALYs Averted over Baseline, 2010-2030 |  | 159,965.24 |  | 159,806.53 |  | 159,054.80 |  | 148,328.40 |  | 150,577.90 |  | 148,864.81 |
| Deaths Averted over Baseline, 2010-2030 |  | 5,220.81 |  | 5,214.34 |  | 5,187.06 |  | 4,843.92 |  | 4,922.19 |  | 4,862.18 |
| Cases Averted over Baseline, 2010-2030 |  | 204,228.13 |  | 203,832.64 |  | 202,694.79 |  | 192,059.81 |  | 195,141.02 |  | 192,698.67 |
| Cost per DALY, 2010-2030 | \$ | 1,661.19 | \$ | 1,570.54 | \$ | 1,242.84 | \$ | 1,851.13 | \$ | 1,772.39 | \$ | 1,648.04 |
| Cost per Death, 2010-2030 | \$ | 50,898.61 | \$ | 48,133.23 | \$ | 38,110.07 | \$ | 56,684.64 | \$ | 54,220.32 | \$ | 50,457.86 |
| Cost per Case, 2010-2030 | \$ | 1,301.15 | \$ | 1,231.32 | \$ | 975.26 | \$ | 1,429.64 | \$ | 1,367.64 | \$ | 1,273.15 |
| Total Cost 2010-2050 | \$ | 692,813,800.90 | \$ | 629,688,565.72 | \$ | 471,966,252.64 | \$ | 705,467,173.50 | \$ | 650,433,859.18 | \$ | 523,688,959.76 |
| Incremental Cost over Baseline, 2010-2050 | \$ | 464,111,578.01 | \$ | 400,986,342.83 | \$ | 243,264,029.75 | \$ | 476,764,950.61 | \$ | 421,731,636.29 | \$ | 294,986,736.87 |
| Total DALYs, 2010-2050 |  | 24,460.37 |  | 24,619.08 |  | 25,370.81 |  | 36,097.21 |  | 33,847.71 |  | 35,560.80 |
| Total Deaths, 2010-2050 |  | 799.23 |  | 805.70 |  | 832.98 |  | 1,176.12 |  | 1,097.85 |  | 1,157.86 |
| Total Cases, 2010-2050 |  | 26,200.14 |  | 26,595.63 |  | 27,733.48 |  | 38,368.46 |  | 35,287.25 |  | 37,729.60 |
| DALYs Averted over Baseline, 2010-2050 |  | 498,774.51 |  | 498,615.80 |  | 497,864.07 |  | 487,137.67 |  | 489,387.17 |  | 487,674.08 |
| Deaths Averted over Baseline, 2010-2050 |  | 9,732.36 |  | 9,725.89 |  | 9,698.61 |  | 9,355.47 |  | 9,433.74 |  | 9,373.73 |
| Cases Averted over B aseline, 2010-2050 |  | 386,912.01 |  | 386,516.52 |  | 385,378.67 |  | 374,743.69 |  | 377,824.90 |  | 375,382.55 |
| Cost per DALY, 2010-2050 | \$ | 930.50 | \$ | 804.20 | \$ | 488.62 | \$ | 978.71 | \$ | 861.75 | \$ | 604.89 |
| Cost per Death, 2010-2050 | \$ | 47,687.47 | \$ | 41,228.76 | \$ | 25,082.36 | \$ | 50,961.09 | \$ | 44,704.61 | \$ | 31,469.52 |
| Cost per Case, 2010-2050 | \$ | 1,199.53 | \$ | 1,037.44 | \$ | 631.23 | \$ | 1,272.24 | S | 1,116.21 | \$ | 785.83 |



Figure A.6.2. Country-level monthly incidence for 10-district simulations for Uganda, eradication scenarios.


[^0]:    Source: Bangladesh cMYP, WHO/Dhaka; Maskery et al. 2009

