

Single Departmental Plan - Results Achieved by Sector in 2015-2017

Number of lives saved by immunising children against killer diseases

1. Results

From the start of 2015 until the end of 2016, DFID support immunised an estimated **28.7 million children**, saving **475,000 lives**.

2. Context

The World Health Organization (WHO) estimates that immunisation averts 2 to 3 million deaths every year and that, if global coverage improved, an additional 1.5 million deaths could be averted. The WHO also estimated that 19.4 million infants lacked routine immunisations in 2015¹.

DFID provides funding to Gavi, the Vaccine Alliance with the intent of increasing immunisations. Gavi is an international organisation with the goal of increasing access to immunisations for children in low-income countries.

All of DFID's results for this indicator come from Gavi results that are apportioned to DFID based on the share of UK funding to Gavi.

3. Methodology summary

Number of unique children immunised

This is calculated for each individual country for each relevant year, and then aggregated across all Gavi supported countries to estimate the total number of unique children immunised.

The calculations follow 3 steps:

- 1. The Gavi-supported vaccine delivered through the routine system² with the highest level of coverage at national level is selected.
- 2. The estimate of coverage is multiplied by the number of surviving infants in that year for that country.
- **3.** This is aggregated across all Gavi-supported countries for each year in the relevant period (2015 2020).

Number of lives saved

The number of lives saved by Gavi-supported vaccinations is estimated using publicly available, peer-reviewed models. The principal methods are described in detail in Lee et al.

¹ http://www.who.int/mediacentre/factsheets/fs378/en/

² Routine vaccinations are distinct from those delivered via campaign. Vaccine campaigns are one off programmes aimed at vaccinating a large number of people in a short amount of time. This is principally to either i) prevent or stem disease outbreaks or ii) to initiate a catch-up in coverage. Routine vaccinations are administered principally to children on an ongoing, systematic basis.

(2013)³, although the exact approach has been refined and updated for Gavi's use. Please see the methodology note for this indicator for more details.

Gavi reports on immunisations and lives saved using the methods above. DFID then calculates its share of these results, based on what proportion of Gavi funding comes from DFID.

4. Data sources

A number of different data sources are used in the calculations.

- Gavi has an internal database of the vaccines provided by country and year. These can be seen by country on the Gavi Country Hub.
- Coverage estimates by vaccine and country are provided by the <u>WHO/UNICEF Estimates</u> of National Immunisation Coverage (WUENIC).
- The number of surviving infants by country is estimated through the <u>UN World Population</u> Prospects (WPP) dataset.

5. Data quality notes

WUENIC and WPP are independent from Gavi and their measures are well-respected sources of data. The models used to generate the numbers of lives saved are peer reviewed and updated and refined as new data becomes available. Since Lee et al. was published, four additional vaccine models covering six antigens have been included in the modelling to support Gavi's results.

³ Lisa A. Lee, Lauren Franzel, Jessica Atwell, S. Deblina Datta, Ingrid K. Friberg, Sue J. Goldie, Susan E. Reef, Nina Schwalbe, Emily Simons, Peter M. Strebel, Steven Sweet, Chutima Suraratdecha, Yvonne Tam, Emilia Vynnycky, Neff Walker, Damian G. Walker, Peter M. Hansen, The estimated mortality impact of vaccinations forecast to be administered during 2011–2020 in 73 countries supported by the GAVI Alliance, Vaccine, Volume 31, 2013, Pages B61-B72, ISSN 0264-410X.