

EU Results Framework Indicator Methodology Note

1. Indicator name
Number of 1-year olds immunised with EU support
2. Associated EU Results Framework statement and primary SDG
SDG 3 - Good health and well-being EU RF statement - Build strong, good-quality and resilient health systems, providing equitable access to health services and universal health coverage
3. Technical Definition
Number of infants who have received three doses of DPT (diphtheria, tetanus, pertussis/whooping cough) or three doses of pentavalent vaccine (= DT + Hepatitis B and Haemophilus influenza type b), by age 1 year with EU support.
4. Rationale (including policy priorities and links to this indicator)
Immunization is an essential component for reducing under-five mortality. It is one of the most cost-effective interventions to reduce under-five mortality. Vaccination coverage estimates are used to monitor coverage of vaccination services and to guide disease eradication and elimination efforts. It is a good indicator of health system performance on the grounds that full immunization with DPT/pentavalent requires at least 3 visits to a health care facility. As such, vaccine coverage can also be considered a measure of utilization of preventive health services. In line with the New Consensus for Development, the indicator is relevant to monitor progress on increasing protection against global health threats, prevent and combat communicable diseases, secure access to affordable essential medicines and vaccines for all. The EU aid provided in support of increasing vaccination coverage is delivered via multilaterals – especially GAVI Vaccine Alliance - and through bilateral health sector support.
5. Level of disaggregation and other reporting requirements
Disaggregate by sex Disaggregate by place of residence (urban/rural), and by wealth quintile when available.
6. Data Sources (including issues on different definitions by source and level of availability of the data)
Household Surveys provide the best data source. Vaccination coverage is generally estimated through collection of information on a nationally representative sample of children aged 12-23 months who received DPT3 (or pentavalent 3). Methods used include "Expanded Programme on Immunization (EPI) 30-cluster survey" (WHO methodology), the "UNICEF Multiple Indicator Cluster Survey" (MICS) and the Demographic and Health Survey (DHS). Health Facility reporting systems: Reports of vaccinations performed by service providers (e.g.

Physician, nurse, vaccination teams) are used to calculate number of vaccinations provided (per type of vaccine) based on service/facility records. Records will include children vaccinated at health facilities as well as vaccinations provided through outreach activities and vaccination campaigns.

WHO and UNICEF are the leading partners in providing data on vaccination at decentralized, national and global levels. They have jointly developed the Joint Reporting Form (JRF), a standard questionnaire to collect vaccination data at the national level. Every year, national immunization programmes complete the JRF and describe various aspects of their programme, including vaccine schedule, coverage achieved for each of the vaccines, reported disease incidence and a variety of other indicators. On an annual basis, WHO and UNICEF jointly calculate and report on the best estimates of coverage from the data obtained from country JRF and other sources.

In most countries annual tracking is done through facility information systems supplemented by periodic estimation through household surveys.

However, it should be noted that coverage data obtained through household surveys are consistently lower than MoH- or WHO/UNICEF-reported JRF data, and are most likely closer to reality than the two latter sources. Main likely reasons for this are that repeated vaccinations of the same child are counted as new vaccinations, the over-reporting due to performance based incentive payments, and inaccurate population data to estimate the denominator (i.e. in case coverage is measured through a survey this would be number of children 12-23 months old, in case coverage is measured through routine service provision this would be the number of children surviving to age one).

For countries receiving support through GAVI, national level data should be used. The same holds for countries not receiving GAVI support and where the EU support is provided through general budget support (if relevant indicator is included in the budget support monitoring framework) or health sector budget support. In the other cases data from EU funded interventions will need to be used. These data can be collated from implementing partners' reports, surveys and evaluations.

7. Data calculation (including any assumptions made)

The number of children under 12 months who received DPT 3 (or pentavalent vaccine 3) with EU support drawing on one of the data sources described above (and where needed appropriate calculations to get to the number of under 1 supported)

Attention must be paid to avoid double counting between figures reported by interventions managed by EUDs and those reported by centrally-managed support to GAVI, the Vaccine Alliance. Correction of this double counting will be done at headquarter level.

8. Worked examples

Afghanistan

1. GAVI is the main funding stream for vaccinations in Afghanistan
2. The 2016 GAVI Annual Progress Report reveals that 65% of the 1,082,647 infants surviving up to 1 year received DPT3 in 2016 (<http://www.gavi.org/progress-report/>). The number of 1-year olds immunised with EU support reported for this example would be 703,720 (= 1,082,647 x 65%).

9. Is it used by another organisation or in the framework of international initiatives, conventions, etc? If so, which?

Related indicators include:

- GAVI currently uses the proportion of boys and girls - who received the last recommended dose of a GAVI-supported vaccine delivered through routine systems (determined on a country by country basis).
- The WHO global reference list of 100 core health indicators includes DPT 3 or pentavalent 3 vaccination coverage by age 1 year but also covers other vaccines.
- The indicator "child full immunisation' is part of a composite SDG indicator - Universal Health Coverage index - measuring coverage of 16 tracer interventions (SDG 3.8.1).

10. Other issues

This indicator measures EU contribution to infant vaccinations through multi-lateral and bilateral aid. It is not possible to measure attribution. GAVI mainly funds the vaccines and not health system costs of delivering the vaccines which are usually borne by the national budget. EU bilateral aid may contribute to the (vaccination) systems strengthening and to the costs of delivering the vaccines.