

## Results achieved by sector – health

Poor health is both a cause and a consequence of poverty, and widens inequalities. Supporting people in developing countries achieve good health lays a foundation for increased economic participation. DFID works in partner countries to strengthen health systems, train health professionals, and improve the availability of essential commodities including vaccines, medicines and contraceptives.

Over the MDG period:

- under-5 mortality declined from 90 deaths per 1,000 live births to 43 deaths per 1,000 live births (1990–2015)
- maternal mortality declined from 380 deaths per 100,000 live births to 210 deaths per 100,000 live births (1990–2013)
- New HIV infections fell from 3.5 million per year to 2.1 million per year (2000–2013)
- Malaria incidence fell by 37% and malaria mortality by 60% (2000–2015)
- Tuberculosis mortality fell by 45% and tuberculosis prevalence by 41% (1990–2013).

[United Nations, Millenium Development Goals Report, New York, 2015.]

### DFID commitment

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DFID has committed to:

- Save the lives of 50,000 women in pregnancy and childbirth (by December 2015)
- Save the lives of 250,000 thousand newborn babies (by December 2015)
- Help halve the number of deaths from malaria in at least 10 high burden countries (by March 2015)
- Support 2 million births with skilled birth attendants (by March 2015)
- Enable an additional 10 million couples to access modern methods of family planning, including 1 million young women aged 15-19 years (by March 2015)
- Help immunise more than 55 million children against preventable diseases (by March 2015)

### Indicators used to measure progress

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- Number of maternal lives saved through DFID support (modelled)
- Number of newborn lives saved through DFID support (modelled)
- Number of malaria deaths per 100,000 persons per year (modelled)
- Number of insecticide treated bed-nets distributed with DFID support
- Number of births delivered with the help of nurses, midwives or doctors through DFID support
- Number of additional women using modern methods of family planning through DFID support
- Number of children immunised against preventable disease through support to GAVI

### Results achieved

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By 2015-16, DFID had achieved the following results:

- 100,000 maternal lives saved
- 180,000 newborn lives saved
- Contribution to a reduction in malaria mortality from 28 malaria attributable deaths per 100,000 at risk worldwide in 2009 to 19 malaria attributable deaths per 100,000 at risk worldwide in 2015 (a 34% reduction).
- 49.7 million long-lasting insecticide-treated bednets distributed
- 5.1 million births attended by a skilled birth attendant
- 9.9 million additional women using modern methods of family planning
- 67.1 million children immunised against preventable diseases

Between 2011 and 2014, DFID saved 100,000 maternal lives and 180,000 newborn lives. These results cannot be measured directly; they are modelled from programmes on reproductive, maternal and newborn health; HIV; malaria; other health; water, sanitation and hygiene (WASH); nutrition; humanitarian assistance; and general and health sector budget support. Maternal lives saved come from bilateral, multilateral and regional sources. Newborn lives saved come from bilateral programmes. There is a time lag of over a year in reporting results on these modelled indicators. DFID has already achieved more than double our target for maternal lives saved; and, is on track for achieving our newborn lives saved target once 2015 calendar year interventions are analysed.

Since 2010, DFID has enabled 9.9 million additional women to use modern methods of family planning. This figure includes an estimated 3.1 million women living in the poorest 40% of households, and 700,000 women aged 15–19 years. There can be a time lag of several years in confirming achieved results on this outcome indicator. We are on track to meet our target when results have been published from household surveys undertaken in 2015.

Since 2010, DFID has enabled 5.1 million births to be attended by a skilled birth attendant – more than double our target. Almost all these results come from bilateral programmes, with a small contribution through civil society programmes.

DFID remains a leading donor supporting the global HIV response. As DFID graduates funding from bilateral partnerships with middle-income countries, it has increasingly worked through global and regional mechanisms, such as UNAIDS and the Global Fund for AIDS, TB and Malaria; and civil society. DFID focuses on key vulnerable populations, and continues to support comprehensive evidence-based prevention, including harm reduction for injecting drug users, and addressing structural barriers, including stigma, discrimination and gender inequality.

DFID's bilateral and multilateral malaria investments contributed to a further reduction in malaria attributable deaths. In 2015, there were an estimated 214 million cases and 438,000 deaths. WHO estimate that in 2015, there were 19 malaria attributable deaths per 100,000 at risk worldwide, down from 28 in 2009 (a 34% reduction). The bulk of these deaths occurred in Africa. In Africa there were an estimated 52 malaria attributable deaths per 100,000 at risk in 2015 down from 83 in 2009 (a 38% reduction<sup>1</sup>).

WHO estimates that malaria deaths were halved in six high burden countries, with at least a 42% reduction in another five countries. [Source: WHO]

Since 2010, DFID has distributed 49.7 million long-lasting insecticide-treated bednets through its bilateral support. This contributed to successfully increasing the number of people at risk of malaria sleeping under an insecticide-treated bednet to 55% in 2015, compared with 2% in 2004.

Through support to Gavi, the Vaccine Alliance, 67.1 million children have been immunised against preventable diseases.

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<sup>1</sup> Source: World Malaria Report 2015 <http://www.who.int/malaria/publications/world-malaria-report-2015/report/en/>

## Progress towards DFID results commitments

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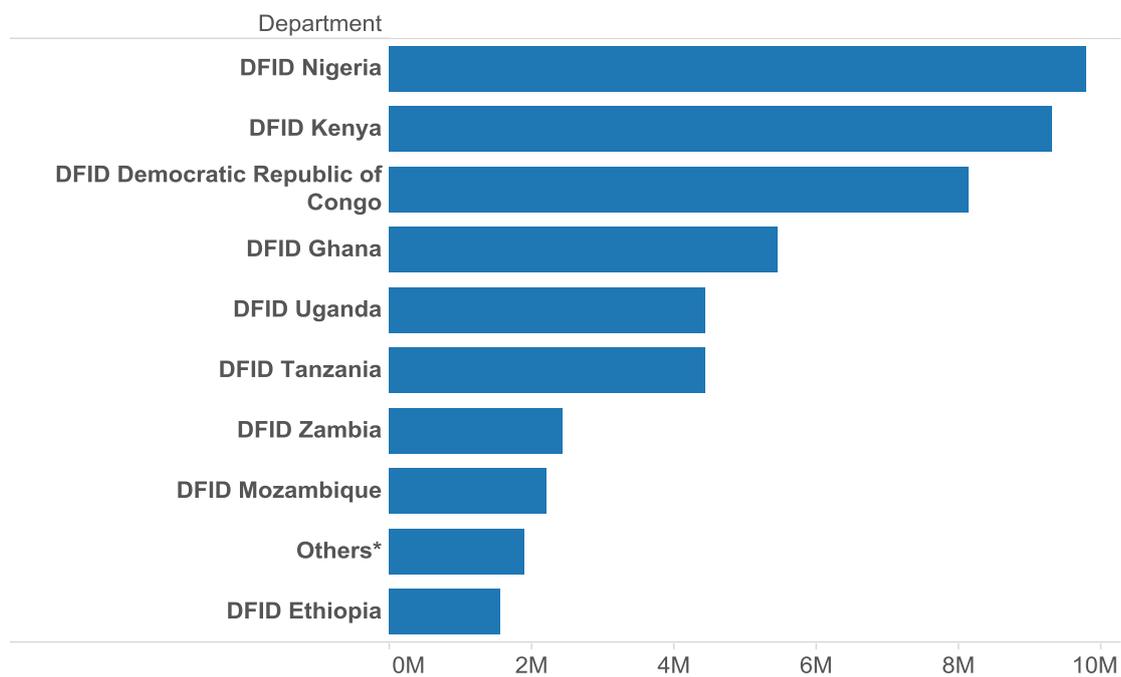
Indicator	Indicator type	Results Commitment	Results achieved up to 2014-15 inclusive*			
			Male	Female	Not identified	Total
Number of maternal lives saved through DFID support	Modelled	50,000	N/A	103,000	N/A	<b>103,000</b>
Number of newborn lives saved through DFID support	Modelled	250,000	N/A	N/A	187,000	<b>187,000</b>
Number of malaria deaths (per 100,000 persons per year)	Modelled	Halve deaths in 10 countries	N/A	N/A	19 (worldwide)	19 (worldwide)
Number of insecticide treated bed-nets distributed with DFID support	Cumulative	No specific target	N/A	N/A	N/A	<b>49,780,000</b>
Number of births delivered with the help of nurses, midwives or doctors through DFID support	Cumulative	2,000,000	N/A	N/A	N/A	<b>5,620,000</b>
Number of additional women using modern methods of family planning through DFID support	Cumulative	10,000,000	N/A	9,930,000	N/A	<b>9,930,000</b>
Number of children immunised against preventable disease through support to GAVI	Cumulative	55,000,000	N/A	N/A	N/A	<b>67,100,000</b>

\* Numbers may not sum to total due to rounding

## Results achieved by country/department

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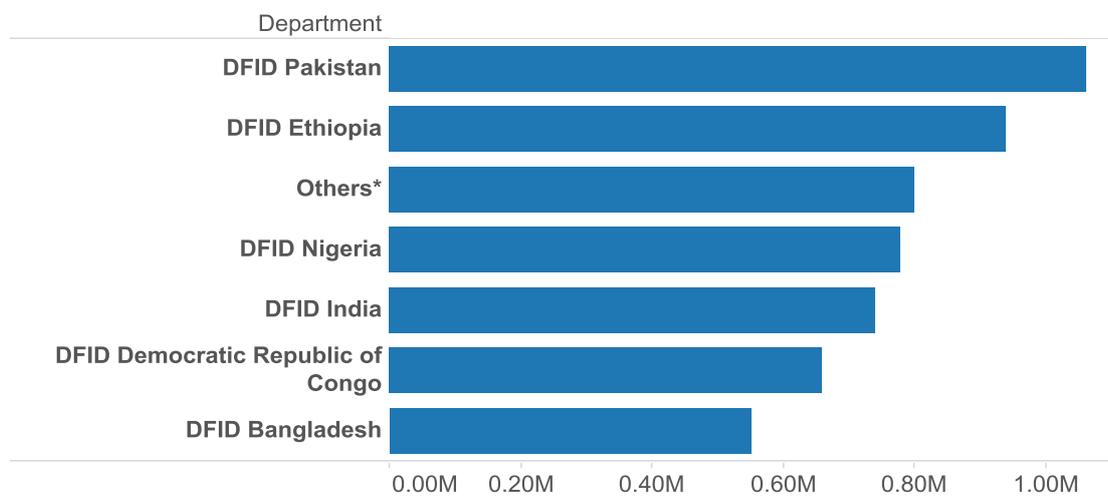
Number of insecticide treated bed-nets distributed with DFID support by department (Baseline to 2015)



\*Other departments contribute 3% or less of the results each, and include:

DFID Rwanda, DFID Sierra Leone, DFID South Sudan, DFID Burma, and DFID India.

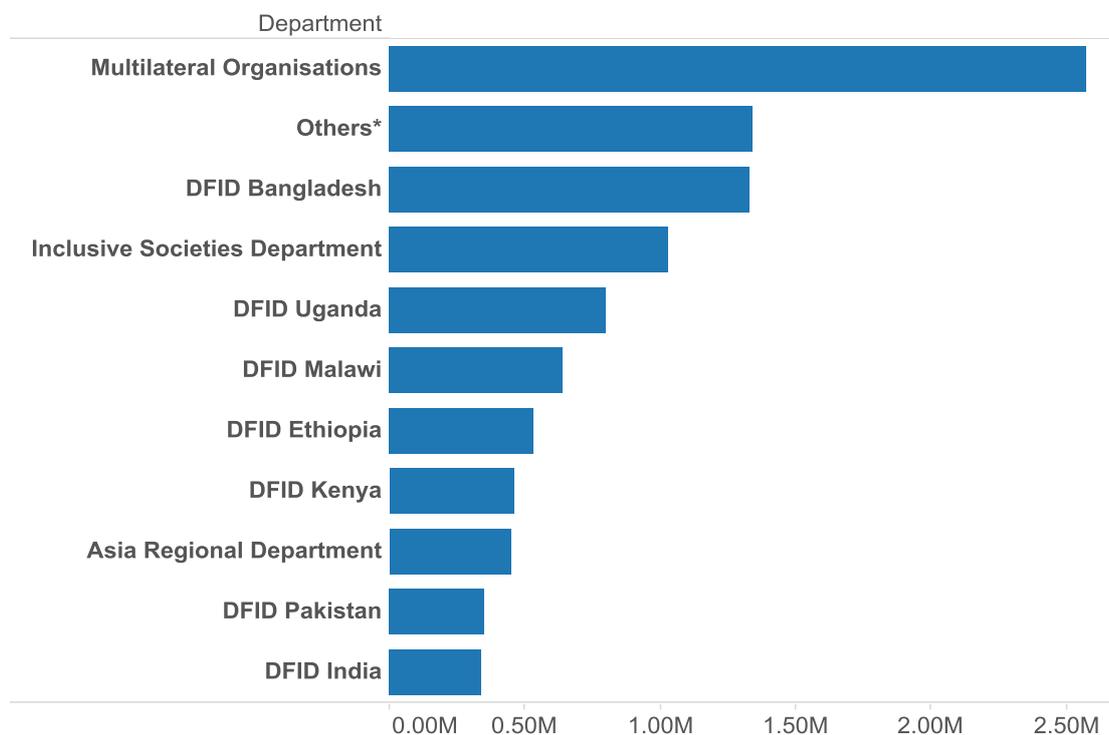
Number of births delivered with the help of nurses, midwives or doctors through DFID support by department (Baseline to 2015)



\*Other departments contribute 3% or less of the results each, and include:

DFID Ghana, DFID Kenya, DFID Liberia, DFID Malawi, DFID Mozambique, DFID Rwanda, DFID Sierra Leone, DFID South Sudan, DFID Tanzania, DFID Uganda, DFID Zambia, DFID Zimbabwe, DFID Nepal, and Inclusive Societies Department.

Number of additional women using modern methods of family planning through DFID support by department (Baseline to 2015)



\*Other departments contribute 3% or less of the results each, and include:

Africa Regional Department, DFID Democratic Republic of Congo, DFID Ghana, DFID Mozambique, DFID Nigeria, DFID Sierra Leone, DFID South Sudan, DFID Tanzania, DFID Zambia, and DFID Zimbabwe.

## Results achieved by multilateral organisations

The following results are delivered by multilateral organisations, and fall broadly within the health sector. These indicators were included in the multilateral section of DFID's Results Framework. The results presented here are based on all funding that the multilateral receives, not just funding from DFID or the UK. These results are presented alongside DFID's share of core funding to the multilateral organisations, in order to illustrate that DFID contributes a share of those results. Multilateral abbreviations and results sources can be found in the results technical notes.

Indicator	Multilateral	Latest Results	Reporting period	DFID's contribution as a % of total core funding <sup>1</sup>
Number of children immunised against preventable disease	GAVI	67,100,000	2014	30
Number of HIV positive women provided with treatment to prevent transmission to their babies	TGF <sup>2</sup>	320,000	2014	10
Number of insecticide treated bednets distributed	TGF <sup>2</sup>	87,000,000	2014	10
Additional number of people provided with treatment for AIDS	TGF <sup>2</sup>	1,200,000	2014	10
Number of tuberculosis cases detected and treated	TGF <sup>2</sup>	1,100,000	2014	10
Number of children immunised	IDA	136,200,000	2013-15	13
Number of people who have received essential health, nutrition and population (HNP) services	IDA	338,700,000	2013-15	13
Number of female condoms procured	UNFPA	14,700,000	2015	7
Percentage of children aged 6-59 months covered with two annual doses of vitamin A supplements in vitamin A-priority countries	UNICEF	69%	2015	11
Number of children on HIV/ AIDS medicines	UNITAID	63,000	2014	25

<sup>1</sup>The DFID burden share presented here are not suitable to calculate a DFID results attribution of multilateral results. The results presented in this table are achieved through all funding streams that the multilateral receive, not just limited to core funding.

<sup>2</sup>TGF does not engage in direct procurement activities; instead these are managed under the full responsibility of grant recipients. However, GFATM provides mechanisms to promote and cost-effective procurement of health products.