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Save the Children

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## A VITAL ROLE FOR MULTILATERAL AND REGIONAL DEVELOPMENT BANKS IN HELPING FRAGILE AFRICAN STATES FINANCE LIFESAVING VACCINES FOR CHILDREN

Colleagues,

As leading multilateral and regional development banks with a strong footprint across Africa, we are writing to urge you to help the small group of countries yet to introduce the most lifesaving vaccines for children, especially the pneumococcal conjugate vaccine (PCV).

The PCV is a highly effective vaccine that targets the leading bacterial cause of pneumonia. Following introduction, the vaccine's impacts are felt quickly. For example, studies have shown that following PCV introduction in Kenya in 2011, vaccine-type pneumococcal cases dropped by 92%<sup>1</sup> and pneumonia hospitalizations by 27%.<sup>2</sup> The PCV has contributed to the impressive 40% decline in childhood pneumonia deaths across Kenya in the last decade.<sup>3</sup>

But despite the power of the PCV, too many of the continent's most vulnerable children are not protected because they live in fragile countries including Somalia, Guinea, South Sudan, and Chad. Although eligible for financial support from Gavi, the Vaccine Alliance, their governments cannot afford the co-financing required to introduce the vaccine.

By introducing the PCV, these four countries could prevent the deaths of more than 92,000 children over the next decade and take a major leap forward to achieving the child survival Sustainable Development Goal. Currently, all four countries are off-track to meet this goal.

In the last twelve months, Health Ministers and leading officials in all four countries have made it clear they want to introduce the PCV but will need external financing support to meet the Gavi co-financing requirement.

Most recently at the World Health Assembly (WHA) event, **Protecting all children with the Pneumococcal Conjugate Vaccine**, the Undersecretary for Health from South Sudan, Dr Victoria Anil Majur, said that South Sudan is still seeking financial support from Gavi and other donors to be able to meet the co-financing obligation, which she described as one of the "stumbling blocks" to PCV introduction.

The four countries each need to source between \$US173,000 and \$US375,000 per year to introduce the PCV, according to estimates published in the Every Breath Counts report, **Introducing the Pneumococcal Conjugate Vaccine (PCV) in Somalia, Guinea, South Sudan, and Chad**.

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<sup>1</sup>Hammit, L.L. et al., 2019. Effect of ten-valent pneumococcal conjugate vaccine on invasive pneumococcal disease and nasopharyngeal carriage in Kenya: a longitudinal surveillance study. *The Lancet*, 393(10186), pp.2146–2154. Available at: [http://dx.doi.org/10.1016/s0140-6736\(18\)33005-8](http://dx.doi.org/10.1016/s0140-6736(18)33005-8).

<sup>2</sup>Silaba, M. et al., 2019. Effect of 10-valent pneumococcal conjugate vaccine on the incidence of radiologically-confirmed pneumonia and clinically-defined pneumonia in Kenyan children: an interrupted time-series analysis. *The Lancet Global Health*, 7(3), pp.e337–e346. Available at: [http://dx.doi.org/10.1016/s2214-109x\(18\)30491-1](http://dx.doi.org/10.1016/s2214-109x(18)30491-1).

<sup>3</sup>IHME, 2019. Global Burden of Disease (GBD). Available at: <http://vizhub.healthdata.org/gbd-compare>.

***It is a tragedy that currently all that is standing in the way of protecting the estimated 10 million children under five in these four countries is \$1 million per year in Gavi co-financing.***

Development banks are pioneering innovative models of PCV co-financing outside of Africa. For example in 2018, the Asian Development Bank (ADB) partnered with four Pacific Island countries - Tonga, Samoa, Vanuatu, Tuvalu - to co-finance three vaccines at once including PCV, rotavirus, and Human papillomavirus (HPV).

The ADB helped the four governments finance the introduction of these three vaccines by covering 100% of the costs in the first year and scaling back each year to 80%, 60%, 40%, and so on, until the government took over the costs. Other examples of creative solutions to PCV co-financing involving development banks are included in the Every Breath Counts report, **Co-financing the Pneumococcal Conjugate Vaccine (PCV): Country Case Studies**.

If these solutions are possible for the children of Tonga, Samoa, Vanuatu, Tuvalu and other countries, why not the children of Somalia, Guinea, South Sudan, and Chad? Why do Africa's most vulnerable children continue to miss out on lifesaving vaccines?

We urge the development banks to work more closely with African governments and Gavi to help Somalia, Guinea, South Sudan, and Chad introduce the PCV in the next 12 months. And not just the PCV. If fragile countries can also introduce the rotavirus vaccine it could double the number of child deaths prevented. This was highlighted at the WHA **Child Survival Action Roundtable** by Dr Ubah Farah Ahmed, Director of Family Health at the Somali Ministry of Health, when she argued that Somalia needed to introduce both the pneumococcal and rotavirus vaccines as, "more than 25% of our child deaths are due to pneumonia and diarrhea."

The challenges and urgency of vaccinating children in fragile settings across Africa are not going away. The economic costs of the pandemic, the impact of the war in Ukraine on food supplies, and the ongoing effects of climate change are simultaneously increasing the number of children at risk of vaccine-preventable death and reducing the ability of their governments to respond.

As multilateral and regional development banks enter these headwinds, they should be prepared to play a stronger role in vaccinating vulnerable populations and especially children. Removing the \$US 1 million "stumbling block" that is preventing the children of Somalia, Guinea, South Sudan, and Chad from being protected against pneumonia is a critical first step that development banks could take in the next 12 months.

We encourage you to reach out to the health ministries in the four countries and Gavi colleagues to continue this conversation. We will be happy to connect you with the appropriate official(s) in the respective health ministries to discuss specific steps forward. Together we can make progress towards a more equitable world for children.

Sincerely

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