



STATEMENT

TIME FOR NEW APPROACH TO PROTECTING CHILDREN AGAINST LEADING THREATS TO THEIR SURVIVAL

20 July 2022

Last week the WHO and UNICEF **sounded the alarm** on a potential explosion in child deaths due to a convergence of the largest backsliding in vaccination in 30 years and rapidly-rising child malnutrition.

The vaccine declines are sobering. In 2021, 25 million infants missed out on one or more doses of the combined diphtheria, tetanus, and pertussis vaccine (DTP); 25 million missed their first measles dose; 6.7 million missed the third dose of polio vaccine; and 3.5 million girls missed the first dose of the human papilloma virus (HPV) vaccine, which protects them against cervical cancer later in life.

According to the two UN agencies, these children missed out due to the rising number living in conflict and fragile settings, vaccine misinformation, COVID-19 service and supply chain disruptions and resource diversion, and pandemic containment measures.

Unfortunately, WHO and UNICEF did not report declines in coverage for two of the most lifesaving vaccines for children - the pneumococcal conjugate vaccine (PCV) and the rotavirus vaccine. These two vaccines target the most severe causes of pneumonia and diarrhea, which together kill more children (and adults) than diphtheria, tetanus, pertussis, measles, polio, and cervical cancer combined.

But Every Breath Counts has calculated vaccine coverage declines for PCV and rotavirus vaccine and the results are alarming.

Sharp declines in pneumonia and diarrhea vaccine coverage

Between 2020 and 2021, PCV coverage dropped in 46 of 195 countries including many with large numbers of child pneumonia deaths (highlighted in red on the attached table). Of special concern are PCV declines in Ethiopia, Burkina Faso, the Democratic Republic of Congo, Afghanistan, the Philippines, Indonesia, Côte d'Ivoire, Cameroon, Myanmar, and Madagascar.

What the table does not show are the 44 countries with no PCV coverage at all. They include many losing large numbers of children to pneumonia - China (14,749), Somalia* (14,168), Chad* (13,750), Guinea* (7,290), Egypt (6,247), South Sudan* (5,373), Viet Nam (2,356), Tajikistan* (1,965), and Iraq (1,017), Venezuela (673), Iran (579), North Korea* (567), Thailand (370), Jordan (304), Malaysia (194), Syria* (270), Timor-Leste (222), Ukraine (173), Comoros* (122), and Sri Lanka (118).

It is unconscionable that 22 years after the availability of PCV, children in these countries remain unprotected. Eight countries have been eligible for Gavi-support for more than a decade.*

The situation for rotavirus vaccine coverage declines is just as bad. Between 2020 and 2021, rotavirus coverage fell in 42 of 195 countries including many with large numbers of child diarrhea deaths (highlighted in yellow on the attached table). Of special concern are declines in Ethiopia, Cameroon, Madagascar, Angola, Burundi, Sudan, Uganda, Mozambique, Afghanistan, and Côte d'Ivoire.

But once again, what the table does not show are the 79 countries with no rotavirus coverage at all. These include many losing large numbers of children to diarrhea - Chad* (25,059), Somalia* (9,531), Indonesia (8,960), Egypt (7,731), Central African Republic* (5,409), South Sudan* (3,452), Philippines (2,925), Guinea* (2,793), Bangladesh* (1,735), China (1,422), Papua New Guinea* (1,377), LaoPDR* (388), Venezuela (361), Cambodia* (324), Algeria (254), Iran (239), Turkey (186), North Korea* (164), and Viet Nam (121). Ten* of these countries are eligible for Gavi support.

Taken together, the 60 countries with declining PCV or rotavirus coverage, and the 79 countries with no coverage of either vaccine, are home to hundreds of millions of children who are more exposed to pneumonia and diarrhea than they were prior to the pandemic.

Acutely malnourished children at greater risk of death

Many of these under-vaccinated children are now at an even higher risk of death due to food shortages. Climate-change induced drought, related migrations, and reduced wheat supplies from Ukraine and Russia have pushed the **global forecast** to a record 230 million people in food crisis. This includes tens of millions of children across 53 countries in Asia, Africa, Latin America, and the Middle East. Just this week, UNICEF Executive Director, **Catherine Russell**, said that more than eight million children may die from severe wasting in the 15 hardest-hit countries alone unless they receive immediate therapeutic care.

In severe food crises more children die from disease than hunger. They become so weak from a lack of food that their immune systems cannot fight off diseases. As child wasting is the **leading risk factor** for both pneumonia and diarrhea deaths, many more children will die from these two vaccine-preventable infections unless urgent action is taken. In 2019, 55% of child pneumonia deaths and 77% of child diarrhea deaths were attributable to wasting.

Children in food-scarce regions are losing the protective power of vaccines at exactly the moment they are at higher risk of death from infectious diseases due to malnutrition.

Time to supercharge integrated child survival campaigns

In the past week, Dr **Tedros Adhanom Ghebreyesus**, WHO Director-General, said that tackling COVID-19 should go hand-in-hand with vaccinating for killer diseases like measles, pneumonia, and diarrhea. Catherine Russell, UNICEF Executive Director, called for immunization catch-ups for the missing millions or *“we will inevitably witness more outbreaks, more sick children, and greater pressure on already strained health systems.”*

It was USAID Administrator, **Samantha Power**, who turned these words into action by announcing that USAID would fund mobile health and nutrition teams to rapidly expand access to pneumonia, diarrhea, cholera, and measles vaccines and treat severely-ill children and families in the affected regions. The teams will also provide clean water and sanitation.

Administrator Power is right. Success in protecting these children will require implementing the interventions with the greatest capacity to protect them from the leading threats to their survival - pneumonia, diarrhea, and malnutrition, and in a subset of countries - malaria.

Every Breath Counts calls for integrated child survival campaigns in the three regions where **millions are in food crisis** and vaccination rates are backsliding or not happening at all, including Africa, central Asia, and central America. A massive, targeted, and coordinated effort is needed to reach children (and vulnerable adults) in their homes and communities with a basket of the most lifesaving interventions, including:

1. pneumonia and diarrhea vaccines (pentavalent (Hib), PCV, COVID-19, measles, rotavirus)
2. diarrhea treatment (ORS/zinc Co-packs)
3. water and food supplements (Ready-to-Use Therapeutic Food, food vouchers)
4. livelihood support (livestock, seeds, cash)
5. malaria bed nets and chemoprevention (for populations exposed to malaria)

Teams could host child survival campaigns in communities and go door-to-door (polio vaccine-style) to deliver this package of support. Adults could also be vaccinated with COVID-19 at the same time, and mothers could be counseled for contraception. There are models of success with these approaches. They can be highly cost-effective. **Muso**, for example, has been delivering this type of support in Mali for many years with very strong results.

Who will pay?

For unvaccinated and malnourished children living in middle-income countries, governments need to invest more in their health. This means bringing forward plans to introduce the PCV and rotavirus vaccines, or increasing coverage if they are low, and integrating vaccine delivery with the prevention, diagnosis, and treatment of wasting.

But for the many millions of children living in fragile and conflict settings, international financial support for child survival campaigns will be vital. USAID has already **announced new funding** and has been joined by private philanthropies including the ELMA Philanthropies, the Eleanor Crook Foundation, the CRI Foundation, and the Children's Investment Fund Foundation (CIFF).

Other donors (the European Commission, the UK, Canada, France, Germany, etc.) and agencies will need to throw their weight behind this effort – including Gavi, The Global Fund, and the multilateral and regional development banks. Gavi has just announced **\$US100 million** to World Vision and the International Rescue Committee to reach zero-dose children; while the Bill & Melinda Gates Foundation has a major role to play in any new child survival effort targeting the most vulnerable children.

These are the very organizations who have championed the dramatic decline in child deaths from 12 to 6 million in the last 20 years as proof that international development works. Now is the time for the entire global child survival movement to join forces to prevent what we fear most - a dramatic increase in the number of children dying as we emerge from the pandemic.

Declines in coverage of the pneumococcal conjugate vaccine (PCV), 2020-21

Countries (*eligible for Gavi support)	2021	2020	% PCV Decline	Child Pneumonia Deaths (2019)
Indonesia	1	4	75%	9,016
Myanmar*	40	86	53%	6,606
Angola	34	53	36%	5,577
Burkina Faso*	66	91	27%	16,513
Eswatini	63	83	24%	237
Paraguay	62	82	24%	143
Philippines	51	66	23%	9,617
Papua New Guinea*	32	39	18%	4,798
Ecuador	62	76	18%	634
Madagascar*	54	64	16%	5,732
Djibouti*	59	70	16%	243
Guatemala	72	86	16%	2,401
Brazil	69	79	13%	4,885
Micronesia	70	79	11%	4
Cote d'Ivoire*	57	64	11%	8,922
Guinea-Bissau*	67	74	9%	298
Democratic Republic of Congo*	63	69	9%	14,046
Ethiopia*	61	67	9%	19,592
Solomon Islands*	86	93	8%	92
Mauritania*	65	70	7%	467
Senegal*	86	92	7%	2,359
Gambia*	78	83	6%	289
Colombia	84	89	6%	986
Sudan	85	90	6%	2,912
Lebanon	70	74	5%	40
Nicaragua*	87	92	5%	329
LaoPDR*	74	77	4%	1,516
Afghanistan*	65	68	4%	13,770
Honduras	77	80	4%	239
Cameroon*	67	69	3%	7,792
Albania	89	92	3%	65
Rwanda*	88	91	3%	2,076
Palestine	95	98	3%	50
Costa Rica	92	94	2%	28
Sierra Leone*	90	91	1%	4,200
Not included Albania, Andorra, Argentina, Australia, Bahamas, Barbados, Lithuania, Spain, and Slovenia.			Sources: WUENIC, 2021 and Global Burden of Disease, 2019	

Declines in coverage of the rotavirus vaccine, 2020-21

Countries (*eligible for Gavi support)	2021	2020	% Rotavirus Decline	Child Diarrhea Deaths (2019)
Congo	23	60	62%	877
Myanmar*	33	49	33%	1,774
Guatemala	64	85	25%	974
Mauritania*	53	71	25%	822
Ecuador	60	75	20%	108
Madagascar*	48	60	20%	10,970
Sierra Leone*	75	90	17%	1,209
Lesotho*	74	87	15%	353
Paraguay	68	80	15%	65
Palestine	87	99	12%	13
Cote d'Ivoire*	58	65	11%	3,978
Uzbekistan*	80	90	11%	118
Kiribati	80	89	10%	8
São Tomé and Príncipe*	78	87	10%	3
Brazil	69	76	9%	1,820
Senegal*	84	92	9%	3,000
Guinea-Bissau*	72	79	9%	647
Sudan	84	92	9%	5,359
Angola	36	39	8%	7,088
Djibouti*	66	72	8%	116
Mozambique	73	79	8%	4,231
Marshall Islands	53	57	7%	1
Gambia*	79	85	7%	200
Ethiopia*	65	70	7%	25,139
Cameroon*	65	67	3%	13,472
Colombia	86	87	1%	250
Afghanistan*	59	62	5%	4,109
Costa Rica	91	97	6%	10
Tanzania*	77	82	6%	3,301
Nicaragua*	87	92	5%	94
Bolivia	71	74	4%	286
Guyana	93	97	4%	17
Honduras	80	83	4%	473
Iraq	41	42	2%	381
Burundi*	94	96	2%	5,644
Rwanda*	89	91	2%	1,442
Uganda*	87	88	1%	4,493

Declines in coverage of the rotavirus vaccine, 2020-21

Countries (*eligible for Gavi support)	2021	2020	% Rotavirus Decline	Child Diarrhea Deaths (2019)
Not included Bahamas, Estonia, Finland, and Latvia				Sources: WUENIC, 2021 and Global Burden of Disease, 2019