



JOINT STATEMENT

ENABLING THE INTRODUCTION OF LIFESAVING PNEUMONIA VACCINES FOR CHILDREN IN FRAGILE SETTINGS

9 March 2023

"South Sudan is still seeking Gavi support and the support of other donors to be able to meet the co-financing obligation, which remains one of the stumbling blocks for the introduction of the pneumococcal vaccine."

Dr Victoria Anib Majur, Ministry of Health, South Sudan, 2022

Pneumonia is the leading infectious killer of children under five, claiming the lives of an estimated 672,000 children in 2019 alone. This number is greater than all child deaths from HIV/AIDS, malaria, and tuberculosis combined.

The life-saving potential of the pneumococcal conjugate vaccine (PCV) is well known. PCV is a highly effective vaccine that targets the leading bacterial cause of child death from pneumonia in. Following introduction, it reduces infections and deaths quickly, enabling countries to make rapid progress on achieving their child survival goals.

Despite the power of the PCV, the latest **WHO/UNICEF** vaccine coverage estimates indicate that only 51% of children globally received three doses in 2021. Many of the world's most vulnerable children are not protected because they live in fragile countries where vaccines are not available to most children.

This includes Chad, Guinea, Somalia, and South Sudan who are among the last Gavi-eligible countries in Africa to introduce the PCV. Across these four countries, pneumonia is killing around 40,000 children under five each year.

By introducing the PCV, these countries could prevent the deaths of more than 92,000 children by 2030 and take a major leap forward to achieving the Sustainable Development Goal on child survival.

Political will is high. The governments in the four African countries have made it clear they want to introduce the PCV, but will need external financing support to meet the Gavi co-financing requirement. These governments also face technical barriers in navigating the Gavi application process and other vaccine delivery challenges.

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

What is needed now to protect the estimated 10 million children under five in these four countries is approximately \$US1 million per year for co-financing support.

Other innovative models of PCV co-financing relief exist. For example, in 2018, the Asian Development Bank (ADB) partnered with four Pacific Island countries who are not Gavi-eligible - Tonga, Samoa, Vanuatu, Tuvalu - to co-finance three vaccines at once including PCV, rotavirus, and Human papillomavirus (HPV).

ADB provided phased financial support for the initial years until the government took over the costs. Other examples of creative solutions to PCV co-financing for both Gavi- and non-Gavi-eligible countries 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 also Gavi-eligible countries, why not the children of Chad, Guinea, Somalia, and South Sudan? Why do the world's most vulnerable children continue to miss out on the most lifesaving vaccines?

Since the release of our previous joint statement on 9 June 2022 calling on Gavi to provide additional support to these four countries, there have been several important new developments.

First, Gavi has announced a revised [Fragility, Emergencies and Displaced Populations Policy](#) on 1 July 2022. This provides an opportunity to introduce a new suite of Gavi support options with a greater level of flexibility and tailoring for countries experiencing severe economic distress, widespread conflict, and/or disasters that are severely undermining the functioning of government.

Further, following the Gavi Board's focus on equity as the "organizing principle" for [Gavi's Strategy 5.0](#) and their priority to reach "zero-dose" children - children that have not received even one dose of the DTP vaccine, Gavi announced a new \$US100 million [Zero-Dose Immunization Program](#) (ZIP). World Vision, the International Rescue Committee (IRC) and other partners are tasked with reaching zero-dose children in 11 countries, including Chad, Somalia, and South Sudan.

It is vital that the ZIP program is able to protect children with PCV (and rotavirus vaccine) in Chad, Somalia, and South Sudan. The ZIP program is an opportunity for fragile settings to explore innovative delivery approaches (e.g., integrated vaccine and other interventions campaigns) and address the co-financing requirement.

With these developments, Gavi has demonstrated that it understands the specific challenges of vaccination in fragile and conflict settings and is taking concrete steps to partner with stakeholders to ensure that the most vulnerable children are protected with the same vaccines that children in other countries routinely receive.

Accordingly, we urge Gavi to:

- Welcome and support applications in 2023 for the introduction of PCV vaccine (and rotavirus if the countries choose) from the governments of Chad, Guinea, Somalia, and South Sudan such that by 2024, these countries would be well on their way to vaccinating their children with the PCV (and rotavirus).
- Announce a time-limited pause in the co-financing requirement, or a phased joint approach with other partners (such as multilateral and regional development banks and private philanthropies) for financial support for these two vaccines in these four countries - the last remaining Gavi-eligible African countries to introduce the PCV.
- Ensure the ZIP program is able to include PCV and rotavirus vaccine so that the children of Chad, Somalia, and South Sudan do not miss out again, and that zero-dose children in Burkina Faso, Cameroon, Niger, Nigeria, Mali, Ethiopia, and Sudan are also protected with PCV as part of the ZIP program, as pneumonia is a major killer of children in all of these countries.
- Ensure the Gavi-eligible countries have access to the relative lives saved impact of each vaccine so they determine which vaccines can prevent the most child deaths in their countries and help them accelerate achievement of SDG 3.2.

The challenges and urgency of vaccinating children in fragile settings are not going away. The economic cost 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.

We now have a real and feasible opportunity to accelerate the introduction of a lifesaving vaccine to protect children living in fragile, conflict, and displaced populations against pneumonia – and also diarrhea - two of the leading threats to their survival.

*We can do this together.
Together let us put an end to pneumonia, the biggest killer of young children.*

See also the Every Breath Counts reports:

Introducing the Pneumococcal Conjugate Vaccine (PCV) in Somalia, Guinea, South Sudan, and Chad, February 2022

The Critical Role of Pneumonia-Fighting Vaccines in an Era of Respiratory Pandemics, April 2022
Co-financing the Pneumococcal Conjugate Vaccine (PCV): Country Case Studies, May 2022

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